

2016 Benefits & Contributions

MAJOR MEDICAL BENEFITS – IN HOSPITAL

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
OVERALL ANNUAL LIMIT	Unlimited.
EXTENDED BENEFIT COVER (up to 200%)	For specified services and procedures only where a beneficiary is hospitalised.
HOSPITALISATION: Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the Medshield Hospital Network. Clinical Protocols apply.	Unlimited.
SURGICAL PROCEDURES As part of an authorised event.	Unlimited. Extended Benefit Cover (up to 200%)
MEDICINE ON DISCHARGE FROM HOSPITAL: Included in the hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge.	Limited to R300 per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.
ALTERNATIVES TO HOSPITALISATION: Treatment only available immediately following an event. Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the Medshield Hospital Network. Includes the following: <ul style="list-style-type: none"> • Physical Rehabilitation • Sub-Acute facilities • Nursing services • Hospice Clinical Protocols apply.	R300 000 per family per annum.
GENERAL, MEDICAL AND SURGICAL APPLIANCES: Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. Hiring or buying of Appliances, External Accessories and Orthotics: <ul style="list-style-type: none"> • Stoma Products and Incontinence Sheets related to Stoma Therapy • CPAP Apparatus for Sleep Apnoea: Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the Preferred Provider. Clinical Protocols apply.	Unlimited if pre-authorised. Limited to PMB only.
OXYGEN THERAPY EQUIPMENT: Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the DSP or Network Provider. Clinical Protocols apply.	Unlimited subject to PMB and PMB level of care.
HOME VENTILATORS: Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the DSP or Network Provider. Clinical Protocols apply.	Unlimited subject to PMB and PMB level of care.
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the DSP or Network Provider. Clinical Protocols apply.	Unlimited.
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS: As part of an authorised event during hospital admission, including Medical and Dental Specialists or General Practitioners.	Unlimited. Extended Benefit Cover (up to 200%)
SLEEP STUDIES: Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the Medshield Hospital Network. Includes the following: <ul style="list-style-type: none"> • Diagnostic Polysomnograms Clinical Protocols apply.	Unlimited.
ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION: Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the Medshield Hospital Network or Centre of Excellence. Includes the following: <ul style="list-style-type: none"> • Immuno-Suppressive Medication • Post Transplantation Biopsies and Scans • Related Radiology and Pathology Clinical Protocols apply.	Unlimited subject to PMB and PMB level of care. Organ harvesting is limited to the Republic of South Africa. Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
PATHOLOGY AND MEDICAL TECHNOLOGY: As part of an authorised event. Clinical Protocols apply.	Unlimited.
PHYSIOTHERAPY: As part of an authorised event.	Unlimited.
PROSTHESIS AND DEVICES INTERNAL: Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the Medshield Hospital Network. Surgically Implanted Devices. Clinical Protocols apply.	R27 000 per family per annum. 25% upfront co-payment for non-PMB. Sub-limits may apply.
PROSTHESIS EXTERNAL: Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. Including Ocular Prosthesis. Clinical protocols apply.	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.
LONG LEG CALLIERS: Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider.	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.
GENERAL RADIOLOGY: As part of an authorised event. Clinical Protocols apply.	Unlimited. 1 Bone Densitometry scan per beneficiary per annum.
SPECIALISED RADIOLOGY: Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the DSP or Network Provider. Includes the following: <ul style="list-style-type: none"> • CT scans, MUGA scans, MRI scans, Radio isotope studies • CT Colonography (Virtual colonoscopy) • Interventional Radiology replacing Surgical Procedures Clinical Protocols apply.	1 scan per family per annum. 10% upfront co-payment for non-PMB. Subject to Specialised Radiology Limit. No co-payment applies to CT Colonography. Unlimited.
CHRONIC RENAL DIALYSIS: Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the DSP or Network Provider. Haemodialysis and Peritoneal Dialysis includes the following: Material, Medication, related Radiology and Pathology Clinical Protocols apply.	Unlimited subject to PMB and PMB level of care. 40% upfront co-payment for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB and non-PMB.
NON-SURGICAL PROCEDURES AND TESTS As part of an authorised event.	Unlimited. Extended Benefit Cover (up to 200%)
NON SURGICAL PROCEDURES AND TESTS IN PRACTITIONERS' ROOMS <ul style="list-style-type: none"> • Procedures and Tests in Practitioners' rooms <ul style="list-style-type: none"> • Routine diagnostic Endoscopic Procedures in Practitioners' rooms 	Unlimited. Medshield Private Rates (up to 200%) apply if procedure is performed in Practitioners' rooms. Refer to Addendum B in your 2016 Benefit Guide for a list of services.No benefits out of hospital. Unlimited. Medshield Private Rates (up to 200%) apply if procedure is performed in Practitioners' rooms. Refer to Addendum B in your 2016 Benefit Guide for a list of services.
MENTAL HEALTH: Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the Medshield Hospital Network. Up to a maximum of 3 days if patient is admitted by a General Practitioner. <ul style="list-style-type: none"> • Rehabilitation for Substance Abuse • 1 rehabilitation programme per beneficiary per annum • Consultations and visits, Procedures, Assessments, Therapy, Treatment and/or Counselling in-hospital • Consultations and visits, Procedures, Assessments, Therapy, Treatment and/or Counselling out-of-hospital 	R30 000 per family per annum. 25% upfront co-payment for the use of a non-Medshield Network Hospital. DSP applicable from Rand one for PMB and non-PMB admissions. Subject to PMB and PMB level of care. Subject to Mental Health Limit. Subject to PMB only.
HIV & AIDS Subject to pre-authorisation and registration with the relevant Managed Healthcare Programme on 0860 50 60 80 (+27 11 912 1000) and must be obtained from the DSP. Includes the following: <ul style="list-style-type: none"> • Anti-retroviral and related medicines • HIV/AIDS related Pathology and Consultations • National HIV Counselling and Testing (HCT) 	As per Managed Healthcare Protocols. Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a 40% upfront co-payment.

<p>INFERTILITY INTERVENTIONS AND INVESTIGATIONS: Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the DSP. Clinical Protocols apply.</p>	<p>Limited to interventions and investigations only. Refer to Addendum A in your 2016 Benefit Guide for a list of procedures and blood tests.</p>
<p>BREAST RECONSTRUCTION (following an Oncology event): Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the DSP or Network Provider. Post Mastectomy (including all stages) Clinical Protocols apply.</p>	<p>R80 000 per family per annum. Subject to Overall Annual Limit. Extended Benefit Cover (up to 200%) Co-payments and prosthesis limit as stated under Prosthesis is not applicable to Breast Reconstruction.</p>
<p>MATERNITY Benefits</p>	
<p>ANTE-NATAL CONSULTATIONS</p>	<p>6 Ante-Natal consultations per pregnancy.</p>
<p>PREGNANCY RELATED SCANS AND TESTS</p>	<p>Limited to the following: Two 2D Scans per pregnancy.</p>
<p>CONFINEMENT AND POST-NATAL CONSULTATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from Medshield Hospital Network.</p> <ul style="list-style-type: none"> • Confinement in hospital • Delivery by a General Practitioner or Medical Specialist • Confinement in a registered birthing unit or out of hospital <ul style="list-style-type: none"> - Midwife consultations per pregnancy - Delivery by a registered Midwife or a Practitioner <ul style="list-style-type: none"> - Hire of water bath and oxygen cylinder <p>Clinical Protocols apply.</p>	<p>Unlimited. Unlimited. Unlimited. Extended Benefit Cover (up to 200%) 4 Post-Natal consultations per pregnancy. Medshield Private Rates (up to 200%) applies to a registered Midwife only. Unlimited.</p>
<p>ONCOLOGY Benefits</p>	
<p>ONCOLOGY LIMIT</p> <ul style="list-style-type: none"> • Active Treatment: Including Stoma Therapy, Incontinence Therapy and Brachytherapy. • Oncology Medicine • Radiology and Pathology: Only Oncology related Radiology and Pathology as part of an authorised event. • PET and PET-CT: Limited to 1 Scan per family per annum 	<p>Unlimited subject to PMB and PMB level of care. Subject to Oncology Limit. ICON Standard Protocols apply. Subject to Oncology Limit. ICON Standard Protocols apply. Subject to Oncology Limit. Subject to Oncology Limit.</p>
<p>INTEGRATED CONTINUOUS CANCER CARE: Social worker psychological support during cancer care treatment.</p> <p>SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS</p> <ul style="list-style-type: none"> • Macular Degeneration <p>Clinical Protocols apply.</p>	<p>6 visits per family per annum. Subject to Oncology Limit. Subject to PMB only. Subject to PMB only.</p>
<p>DENTISTRY Benefits</p>	
<p>BASIC DENTISTRY</p> <ul style="list-style-type: none"> • In hospital <p>Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the Medshield Hospital Network. Dental Protocols apply.</p>	<p>Unlimited.</p>
<p>MAXILLO-FACIAL AND ORAL SURGERY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the Medshield Hospital Network. Non-elective surgery only. Dental Protocols apply.</p>	<p>R10 000 per family per annum. Extended Benefit Cover (up to 200%) only applicable to Maxillo-facial Surgery.</p>
<p>AMBULANCE Services</p>	
<p>EMERGENCY MEDICAL SERVICES Subject to pre-authorisation by Netcare 911. Clinical Protocols apply.</p>	<p>Unlimited.</p>
<p>MEDICORE OPTION</p>	
<p>Principal Member</p>	<p>PREMIUM R1 767</p>
<p>Adult Dependant</p>	<p>R1 488</p>
<p>Child</p>	<p>R402</p>

(Contribution rate is applicable to the member's first, second and third biological or legally adopted children only, excluding students)