

# 2016 Benefits & Contributions

## MAJOR MEDICAL BENEFITS – IN HOSPITAL

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
<b>OVERALL ANNUAL LIMIT</b>	<b>Unlimited.</b>
<b>HOSPITALISATION:</b> Subject to pre-authorization by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the Medshield Hospital Network. <b>Clinical Protocols apply.</b>	<b>Unlimited.</b>
<b>SURGICAL PROCEDURES:</b> As part of an authorised event.	<b>Unlimited.</b>
<b>MEDICINE ON DISCHARGE FROM HOSPITAL:</b> Included in the hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge.	Limited to <b>R500</b> per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.
<b>ALTERNATIVES TO HOSPITALISATION</b> Treatment only available immediately following an event. Subject to pre-authorization by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the Medshield Hospital Network. <b>Includes the following:</b> <ul style="list-style-type: none"> <li>Physical Rehabilitation</li> <li>Sub-Acute facilities</li> <li>Nursing services</li> <li>Hospice</li> </ul> <b>Clinical Protocols apply.</b>	<b>R47 000</b> per family per annum.
<b>GENERAL, MEDICAL AND SURGICAL APPLIANCES:</b> Service must be pre-approved or pre-authorized by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. <b>Hiring or buying of Appliances, External Accessories and Orthotics:</b> <ul style="list-style-type: none"> <li>Peak Flow Meters, Nebulizers, Glucometers and Blood Pressure Monitors (motivation required)</li> <li>Hearing Aids (including repairs)</li> <li>Wheelchairs (including repairs)</li> <li>Stoma Products and Incontinence Sheets related to Stoma Therapy</li> <li>CPAP Apparatus for Sleep Apnoea: Subject to pre-authorization by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the Preferred Provider.</li> </ul> <b>Clinical Protocols apply.</b>	<b>R7 000</b> per family per annum.  <b>R750</b> per beneficiary per annum. Subject to Appliance Limit. Subject to Appliance Limit. Subject to Appliance Limit. Unlimited if pre-authorized. Subject to Appliance Limit.
<b>OXYGEN THERAPY EQUIPMENT:</b> Subject to pre-authorization 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. <b>Clinical Protocols apply.</b>	<b>Unlimited.</b>
<b>HOME VENTILATORS:</b> Subject to pre-authorization 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. <b>Clinical Protocols apply.</b>	<b>Unlimited.</b>
<b>BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood)</b> Subject to pre-authorization by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services can be obtained from the DSP or Network Provider. <b>Clinical Protocols apply.</b>	<b>Unlimited.</b>
<b>MEDICAL PRACTITIONER CONSULTATIONS AND VISITS:</b> As part of an authorised event during hospital admission, including Medical and Dental Specialists or General Practitioners.	<b>Unlimited.</b>
<b>REFRACTIVE SURGERY:</b> Subject to pre-authorization by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services can be obtained from the Medshield Hospital Network. <b>Includes the following:</b> <ul style="list-style-type: none"> <li>Lasik</li> <li>Radial Keratotomy</li> <li>Phakic Lens Insertion</li> </ul> <b>Clinical Protocols apply.</b>	<b>R7 000</b> per family per annum. Including hospitalisation, if not authorised, payable from Day-to-Day Limits.
<b>SLEEP STUDIES:</b> Subject to pre-authorization by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services can be obtained from the Medshield Hospital Network. <b>Includes the following:</b> <ul style="list-style-type: none"> <li>Diagnostic Polysomnograms</li> <li>CPAP Titration</li> </ul> <b>Clinical Protocols apply.</b>	<b>Unlimited.</b> <b>Unlimited.</b>
<b>ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION</b> Subject to pre-authorization by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services can be obtained from the Medshield Hospital Network or Centre of Excellence. <b>Includes the following:</b> <ul style="list-style-type: none"> <li>Immuno-Suppressive Medication</li> <li>Post Transplantation Biopsies and Scans</li> <li>Related Radiology and Pathology</li> </ul> <b>Clinical Protocols apply.</b>	<b>R140 000</b> per family per annum. <b>25% upfront</b> co-payment for the use of a non-Medshield Network Hospital. 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.
<b>PATHOLOGY AND MEDICAL TECHNOLOGY:</b> As part of an authorised event. <b>Clinical Protocols apply.</b>	<b>Unlimited.</b>
<b>PHYSIOTHERAPY:</b> As part of an authorised event.	<b>Unlimited.</b>
<b>PROSTHESIS AND DEVICES INTERNAL:</b> Subject to pre-authorization by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the Medshield Hospital Network. <b>Surgically Implanted Devices. Clinical Protocols apply.</b>	<b>R29 000</b> per family per annum. <b>25% upfront co-payment</b> for non-PMB. <b>Sub-limits may apply.</b>
<b>PROSTHESIS EXTERNAL:</b> Service must be pre-approved or pre-authorized by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. <b>Including Ocular Prosthesis. Clinical protocols apply.</b>	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.
<b>LONG LEG CALLIERS:</b> Service must be pre-approved or pre-authorized 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.
<b>GENERAL RADIOLOGY:</b> As part of an authorised event. <b>Clinical Protocols apply.</b>	<b>Unlimited.</b> In or Out of hospital.
<b>SPECIALISED RADIOLOGY:</b> Subject to pre-authorization 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. <b>Includes the following:</b> <ul style="list-style-type: none"> <li>CT scans, MUGA scans, MRI scans, Radio isotope studies</li> <li>CT Colonography (Virtual colonoscopy)</li> <li>Interventional Radiology replacing Surgical Procedures</li> </ul> <b>Clinical Protocols apply.</b>	<b>R9 540</b> per family per annum. <b>10% upfront co-payment</b> for non-PMB.  Subject to Specialised Radiology Limit. No co-payment applies to CT Colonography. <b>Unlimited.</b>
<b>CHRONIC RENAL DIALYSIS:</b> Subject to pre-authorization 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. <b>Haemodialysis and Peritoneal Dialysis includes the following:</b> <ul style="list-style-type: none"> <li>Material, Medication, related Radiology and Pathology</li> </ul> <b>Clinical Protocols apply.</b>	<b>R175 000</b> per family per annum. <b>40% upfront co-payment</b> for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB and non-PMB.
<b>NON-SURGICAL PROCEDURES AND TESTS:</b> As part of an authorised event.	<b>Unlimited.</b>
<b>MENTAL HEALTH:</b> Subject to pre-authorization 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 <b>3 days</b> if patient is admitted by a General Practitioner. <ul style="list-style-type: none"> <li>Rehabilitation for Substance Abuse</li> <li>1 rehabilitation programme per beneficiary per annum</li> <li>Consultations and visits, Procedures, Assessments, Therapy, Treatment and/or Counselling</li> </ul>	<b>R26 000</b> per family per annum. <b>25% upfront co-payment</b> for the use of a non-Medshield Network Hospital. DSP applicable from Rand one for PMB and non-PMB admissions. Subject to Mental Health Limit.  Subject to Mental Health Limit.
<b>HIV &amp; AIDS:</b> Subject to pre-authorization and registration with the relevant Managed Healthcare Programme on 0860 50 60 80 (+27 11 912 1000) and must be obtained from the DSP. <b>Includes the following:</b> <ul style="list-style-type: none"> <li>Anti-retroviral and related medicines</li> <li>HIV/AIDS related Pathology and Consultations</li> <li>National HIV Counselling and Testing (HCT)</li> </ul>	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 <b>40% upfront co-payment.</b>
<b>INFERTILITY INTERVENTIONS AND INVESTIGATIONS:</b> Subject to pre-authorization by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services must be obtained from the DSP. <b>Clinical Protocols apply.</b>	Limited to interventions and investigations only. <b>Refer to Addendum A</b> in your 2016 Benefit Guide for a list of procedures and blood tests.

<p><b>BREAST RECONSTRUCTION (following an Oncology event):</b> 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. <b>Post Mastectomy</b> (including all stages) <b>Clinical Protocols apply.</b></p>	<p><b>R80 000</b> per family per annum. Co-payments and Prosthesis limit as stated under Prosthesis is not applicable for Breast Reconstruction.</p>
<p><b>MATERNITY Benefits</b></p>	
<p><b>ANTE-NATAL CONSULTATIONS</b></p>	<p><b>12 Ante-Natal</b> consultations per pregnancy.</p>
<p><b>ANTE-NATAL CLASSES</b></p>	<p><b>R500</b> per family.</p>
<p><b>PREGNANCY RELATED SCANS AND TESTS</b></p>	<p><b>Limited to the following: Two 2D Scans</b> per pregnancy. <b>1 Amniocentesis</b> per pregnancy.</p>
<p><b>CONFINEMENT AND POST-NATAL CONSULTATIONS:</b> Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701) and services can be obtained from Medsheld Hospital Network.</p> <ul style="list-style-type: none"> <li>• <b>Confinement in hospital</b></li> <li>• <b>Delivery by a General Practitioner or Medical Specialist</b></li> <li>• <b>Confinement in a registered birthing unit or out of hospital</b></li> </ul> <p>- Midwife consultations per pregnancy - Delivery by a registered Midwife or a Practitioner</p> <p>- Hire of water bath and oxygen cylinder <b>Clinical Protocols apply.</b></p>	<p><b>Unlimited.</b> <b>Unlimited.</b> <b>Unlimited.</b></p> <p><b>4 Post-Natal</b> consultations per pregnancy. <b>Medsheld Private Rates (up to 200%)</b> applies to a registered Midwife only. <b>Unlimited.</b></p>
<p><b>ONCOLOGY Benefits</b></p>	
<p><b>ONCOLOGY LIMIT</b></p> <ul style="list-style-type: none"> <li>• <b>Active Treatment:</b> Including Stoma Therapy, Incontinence Therapy and Brachytherapy.</li> <li>• <b>Oncology Medicine</b></li> <li>• <b>Radiology and Pathology:</b> Only Oncology related Radiology and Pathology as part of an authorised event.</li> <li>• <b>PET and PET-CT:</b> Limited to <b>1 Scan</b> per family per annum.</li> </ul> <p><b>INTEGRATED CONTINUOUS CANCER CARE:</b> Social worker psychological support during cancer care treatment.</p> <p><b>SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS</b></p> <ul style="list-style-type: none"> <li>• <b>Macular Degeneration</b> <b>Clinical Protocols apply.</b></li> </ul>	<p><b>R230 000</b> per family per annum. Subject to Oncology Limit. <b>ICON Standard</b> Protocols apply. Subject to Oncology Limit. <b>ICON Standard</b> Protocols apply. Subject to Oncology Limit. Subject to Oncology Limit. <b>10% upfront co-payment</b> for non-PMB. <b>6 visits</b> per family per annum. Subject to Oncology Limit. <b>R100 000</b> per family per annum. Subject to Oncology Medicine Limit. <b>15% upfront co-payment</b> for non-PMB. <b>R40 000</b> per family per annum. Subject to Oncology Medicine Limit.</p>
<p><b>CHRONIC MEDICINE Benefits</b></p>	
<ul style="list-style-type: none"> <li>• The use of a Medsheld Pharmacy Network Provider is applicable from Rand one</li> <li>• Supply of medication is limited to <b>one month</b> in advance</li> </ul>	<p><b>R5 035</b> per beneficiary per annum limited to <b>R10 070</b> per family per annum. Medicines will be approved in line with the Medsheld <b>Restrictive Formulary</b> applicable.</p>
<p><b>DENTISTRY Benefits</b></p>	
<p><b>BASIC DENTISTRY</b></p> <ul style="list-style-type: none"> <li>• <b>In hospital</b> 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 Medsheld Hospital Network.</li> <li>• <b>Out of hospital</b> According to the Dental Managed Healthcare Programme and Protocols.</li> </ul> <p><b>Dental Protocols apply.</b></p>	<p><b>Unlimited.</b></p> <p><b>Unlimited.</b></p>
<p><b>ENHANCED DENTISTRY:</b> 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 Medsheld Hospital Network. Includes all services related to Implants. <b>Dental Protocols apply.</b></p>	<p><b>R10 000</b> per family per annum.</p>
<p><b>ORTHODONTIC TREATMENT:</b> Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2120 (+27 10 597 4701) <b>Dental Protocols apply.</b></p>	<p>Subject to Enhanced Dentistry Limit.</p>
<p><b>ADVANCED DENTISTRY:</b> According to the Dental Managed Healthcare Programme and Protocols. <b>Dental Protocols apply.</b></p>	<p><b>R5 000</b> per family per annum. Limited to and included in the Enhanced Dentistry Limit.</p>
<p><b>WISDOM TEETH AND APICECTOMY:</b> 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 Medsheld Hospital Network. <b>Dental Protocols apply.</b></p>	<p>Subject to Enhanced Dentistry Limit.</p>
<p><b>MAXILLO-FACIAL AND ORAL SURGERY:</b> 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 Medsheld Hospital Network. Non-elective surgery only. <b>Dental Protocols apply.</b></p>	<p><b>R12 985</b> per family per annum.</p>
<p><b>DAY-TO-DAY Benefits</b></p>	
<p><b>DAY-TO-DAY LIMIT</b></p>	<p><b>Limited to the following:</b> <b>M = R6 310</b> <b>M+1 = R8 800</b> <b>M+2 = R9 910</b> <b>M+3 = R11 130</b> <b>M4+ = R12 190</b></p>
<p><b>GENERAL PRACTITIONER CONSULTATIONS AND VISITS</b></p>	<p>Subject to Day-to-Day Limit.</p>
<p><b>MEDICAL SPECIALIST CONSULTATIONS AND VISITS</b></p>	<p><b>1 visit</b> per family per annum. Thereafter subject to Day-to-Day Limit.</p>
<p><b>CASUALTY/EMERGENCY VISITS</b> Facility fee, Consultations and Medicine. If retrospective authorisation for emergency is obtained from the relevant Managed Healthcare Programme within 72 hours, benefits will be subject to Overall Annual Limit. Only bona fide emergencies will be authorised.</p>	<p>Subject to Day-to-Day Limit.</p>
<p><b>MEDICINES AND INJECTION MATERIAL</b></p> <ul style="list-style-type: none"> <li>• <b>Acute medicine</b></li> <li>• Medsheld medicine pricing and formularies apply.</li> <li>• <b>Pharmacy Advised Therapy (PAT)</b></li> </ul>	<p>Subject to Day-to-Day Limit. Subject to Day-to-Day Limit.</p> <p><b>Further limited to:</b> <b>M0 = R500 or M1+ = R920, R170</b> per script.</p>
<p><b>OPTICAL LIMIT:</b> Subject to relevant Optometry Managed Healthcare Programme and Protocols.</p> <ul style="list-style-type: none"> <li>• <b>Optometric refraction</b> (Eye test)</li> <li>• <b>Spectacles and Contact Lenses:</b> Single vision lenses, Bifocal lenses, Varifocal lenses, Lens add-ons, Contact lenses</li> <li>• <b>Frames</b> (including repair costs)</li> <li>• <b>Readers:</b> If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical Practitioner or a registered Pharmacy</li> </ul>	<p><b>R1 650</b> per beneficiary every 2 years. <b>1 test</b> per beneficiary per annum. Subject to Optical Limit.</p> <p>Subject to Optical Limit. <b>R130</b> per beneficiary per annum. Subject to Optical Limit.</p>
<p><b>PATHOLOGY AND MEDICAL TECHNOLOGY:</b> Subject to the relevant Pathology Managed Healthcare Programme and Protocols.</p>	<p>Subject to Day-to-Day Limit.</p>
<p><b>PHYSIOTHERAPY, BIKINETICS AND CHIROPRACTICS</b></p>	<p>Subject to Day-to-Day Limit.</p>
<p><b>GENERAL RADIOLOGY:</b> Subject to the relevant Radiology Managed Healthcare Programme and Protocols.</p>	<p>Subject to Day-to-Day Limit.</p>
<p><b>SPECIALISED RADIOLOGY:</b> Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701)</p>	<p><b>1 Bone Densitometry scan</b> per beneficiary per annum. In or Out of hospital.</p>
<p><b>NON-SURGICAL PROCEDURES AND TESTS</b></p> <ul style="list-style-type: none"> <li>• <b>Non-Surgical Procedures</b></li> <li>• <b>Procedures and Tests in Practitioners' rooms</b></li> <li>• <b>Routine diagnostic Endoscopic Procedures in Practitioners' rooms</b></li> </ul>	<p>Limited to and included in the Specialised Radiology limit of <b>R9 540</b> per family per annum. <b>10% upfront co-payment</b> for non-PMB.</p> <p>Subject to Day-to-Day Limit. Subject to Day-to-Day Limit. <b>Unlimited.</b> <b>Refer to Addendum B</b> in your 2016 Benefit Guide for a list of services. <b>Unlimited.</b> <b>Refer to Addendum B</b> in your 2016 Benefit Guide for the list of services.</p>
<p><b>MENTAL HEALTH:</b> Consultations and visits, Procedures, Assessments, Therapy, Treatment and/or Counselling.</p>	<p>Limited to and included in the Mental Health Limit of <b>R26 000</b> per family per annum.</p>
<p><b>MIRENA DEVICE:</b> Includes consultation, pelvic ultra sound, sterile tray, device and insertion thereof, if done on the same day. Subject to the <b>4 year</b> clinical protocols. Procedure to be performed in Practitioners' rooms. <b>On application only.</b></p>	<p><b>1 per female</b> beneficiary. Subject to the Overall Annual Limit.</p>
<p><b>ADDITIONAL MEDICAL SERVICES:</b> Audiology, Dietetics, Genetic Counselling, Hearing Aid Acoustics, Occupational Therapy, Orthoptics, Podiatry, Speech Therapy and Private Nurse Practitioners.</p>	<p>Subject to Day-to-Day Limit.</p>
<p><b>ALTERNATIVE HEALTHCARE SERVICES:</b> Only for registered: Acupuncturist, Homeopaths, Naturopaths, Osteopaths and Phytotherapists.</p>	<p>Subject to Day-to-Day Limit.</p>

<b>WELLNESS Benefits</b>	
Flu Vaccination	<b>1 per beneficiary 18+ years</b> old to a maximum of <b>R80</b> .
Pap Smear	<b>1 per female</b> beneficiary.
Bone Density (for Osteoporosis and bone fragmentation)	<b>1 per beneficiary 50+ years</b> old <b>every 3 years</b> .
Health Risk Assessment (Pharmacy or GP)	<b>1 per beneficiary 18+ years</b> old per annum.
TB Test	<b>1 test</b> per beneficiary.
National HIV Counselling Testing (HCT)	<b>1 test</b> per beneficiary.
Mammogram (Breast Screening)	<b>1 per female</b> beneficiary <b>40+ years</b> old <b>every 2 years</b> .
Pneumococcal Vaccination	<b>1 per annum</b> for high risk individuals and for beneficiaries <b>60+ years</b> old.
Birth Control (Oral Contraceptive Medication)	Restricted to <b>1 month's</b> supply to a maximum of <b>12 prescriptions</b> per annum per female beneficiary, with a script limit of <b>R130</b> . Limited to the Scheme's Contraceptive formularies and protocols.
Adult Vaccination	<b>R300</b> per family per annum.
Child Immunisations	Immunisation programme as per the Department of Health Protocol and specific age groups.

**At Birth:** Tuberculosis (BCG) and Polio (OPV).

**At 6 Weeks:** Polio (OPV), Diptheria, Tetanus, Whooping Cough (DTP), Hepatitis B, Hemophilus Influenza B (HIB), Rotavirus, Pneumococcal.

**At 10 Weeks:** Polio, Diptheria, Tetanus, Whooping Cough (DTP), Hepatitis B, Hemophilus Influenza B (HIB), Rotavirus, Pneumococcal.

**At 14 Weeks:** Polio, Diptheria, Tetanus, Whooping Cough (DTP), Hepatitis B, Hemophilus Influenza B (HIB), Pneumococcal.

**At 9 Months:** Measles, Pneumococcal.

**At 18 Months:** Polio, Diptheria, Tetanus, Whooping Cough (DTP), Measles OR Measles, Mumps and Rubella (MMR).

**At 6 Years:** Polio, Diptheria and Tetanus (DT).

**At 12 Years:** Diptheria and Tetanus (DT).

<b>AMBULANCE Services</b>	
<b>EMERGENCY MEDICAL SERVICES</b> Subject to pre-authorisation by Netcare 911. <b>Clinical Protocols apply.</b>	<b>Unlimited.</b>
<b>MEDIPLUS OPTION</b>	
<b>Principal Member</b>	<b>R2 325</b>
<b>Adult Dependant</b>	<b>R1 632</b>
<b>Child</b>	<b>R510</b>

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