



2010 Rates & Benefits



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Why Medshield?

Thank you for choosing one of our exciting products for 2010.

As one of the largest and longest standing medical schemes in South Africa, we understand that members are looking for a medical scheme that provides a product that meets day-to-day needs, that answers customer queries, that handles claims efficiently, and that pays out timeously. With this in mind, we have once again focused on the delivery of real value to our members. For 2010, we've decided to give you even more to access on a day-to-day basis under our "Always There For You" promise. Before we look at the benefits in more detail, let's look at the reasons why Medshield is the best choice in the marketplace.

We're always there for you...

Medshield will always be there for you, all year round, with a comprehensive range of inclusive benefits, such as GP visits, optometry, dentistry and maternity benefits, that we actually want you to use. Most importantly, we take excellent in-hospital benefits as a given, ensuring that our members enjoy generous benefits that very few competitors can match. In addition, we've listened to our members calls, affirming that real value is found out-of-hospital.

So we've based our value offer around everyday needs that the market recognises and ultimately has to pay for. These inclusive benefits cover all day-to-day areas such as maternity, optometry, dentistry and GP visits, tied together with the new benchmark in quality care – Medshield's Always There Wellness and Always There Baby Programme - all things which on other schemes can have you digging deep in your pockets. Many schemes force members to pay for these benefits out of savings or with co-payments, so it's a pleasant surprise to know that with Medshield, your monthly medical scheme contribution will cover such expenses. The fact that it extends all year round ensures the value is ongoing.

We're established...

Medshield, with an operating history starting in 1968, has experience and credibility on its side. Due to this extensive experience in the healthcare sector, we truly understand the needs of our members. Today the scheme is one of the largest in the country with over 73 000 principal members with a total of approximately 175 000 lives covered. Perhaps most importantly, our financial stability makes Medshield a safe haven for our members. We have been awarded one of the highest ratings in the industry – an AA- Global Credit Rating for our claims paying ability.

We focus on value...

While many schemes pay lip service to value, Medshield lives up to the promise. Our strong financial position allows us to offer some of the most extensive benefits in the market, packaged without excessive co-payments and without forcing members to pay benefits out of "savings". Compare our benefits against our competitors, versus the price that you pay for them, and you will see the true value of Medshield.

2010 sees a streamlined options offering, with our 3 options representing value in every sense of the word; MediBonus, MediPlus and MediValue.

We pay our members' claims timeously...

For the last few years, we have consistently achieved a Global Credit Rating of AA- on our ability to pay claims. This is due to the large amount of finance we have available known as the 'solvency ratio', which is exceeding 48% (regulations only require a 25% solvency ratio). This means that we have more than sufficient funds to pay claims, as well as a healthy membership base, which means there aren't excessive drains on these finances. This creates a sound platform for you to have your claims paid on time.

Our first-class customer service through self-administration...

With the administrator being your key contact point with the Scheme, we have decided to focus on providing even more value gains, and even better customer service, by going the route of self-administration. What this means, is that we don't outsource your critical claims and queries to a third party, we handle them ourselves, with one of the best administration software platforms and the most efficient staff you can find. For you, that means better care, and better value.

Benefits

What are the Benefits?

Our products continue to evolve for the better, altered to provide a greater benefit value. Day-to-day benefits are what our members utilise most regularly and our products have real substance, usability and tangible benefits that make a noticeable difference to you. In 2010 we offer 3 clearly defined options, each one offering significantly different benefit limits and covering the full spectrum of choice.

The options for 2010 are:		
MEDIBONUS	MEDIPLUS	MEDIVALUE
Our top-end, comprehensive and unlimited overall annual limit option	Our prime middle/ upper-income unlimited overall annual limit option	Our secondary middle-income option

High Risk Benefits

Day-To-Day Benefits

This refers to out-of-hospital benefits incurred for medical costs such as doctor visits or medication obtained from a pharmacy.

In-hospital Benefits

With Medshield's in-hospital benefits you are guaranteed the best care and the most cost effective hospitalisation.

- Covering costs related to a hospital stay.
- Ensuring ease of access and prior authorisation for hospital admission.

Chronic Medication

Chronic medication is costly and often leads to early exhaustion of benefits. Medshield's Chronic Medication programme saves you money by:

- Using its specialist medical team to assess whether your prescribed medicines are appropriate and / or whether there are less expensive but equally effective alternatives.
- Covering medicine costs for life-threatening diseases such as hypertension and / or disabling chronic conditions like arthritis.

Value Added Benefit

Emergency Medical Services

With Medshield you and your family have access to 24 hour emergency medical services. The preferred provider for Emergency Services effective from 1 November 2009 is Europ Assistance South Africa (Pty) Ltd. During the past 26 years they have offered, 24 hours a day, 7 days a week, 365 days a year assistance.

Europ Assistance SA aims to ensure that professional assistance is provided to clients as an added benefit, whether a client has a life-threatening emergency or simply requires medical advice on day to day ailments.

The services are offered in all official languages to Medshield members.

YOUR PERSONAL 24 HOUR HEALTH ADVISOR

Members call a toll-free number, 0861 006 337, and a highly experienced and competent nurse identifies the nature of the situation, supplies the required information using a sophisticated software programme, as well as their own clinical experience.

WHEN SHOULD YOU CALL YOUR PERSONAL NURSE?

- Assessment of symptoms
- Medical Advice
- Counselling
- Medication advice

EMERGENCY MEDICAL SERVICES OFFERED

- Dispatching an ambulance
- Emergency telephonic medical guidance
- Transport to the most appropriate hospital

Benefit Management Programme

Traditionally medical schemes focused on payment of claims. Now Medshield achieves real cost savings through quality medical care by utilising programmes that manage treatment and medicines.

This includes:

- Using a pre-authorisation system whereby our professionals, together with your healthcare providers, ensure the most appropriate and cost effective treatment.
- Providing integrated care that addresses diseases or conditions in their entirety, as opposed to being only event focused.
- Offering managed care for chronic medication, hospitalisation and HIV/AIDS.

Always There Programmes

Most medical scheme products are almost impossible for members to understand. Medshield has opted to make this easier by packaging our product benefits around programmes developed under our "Always There For You " promise. These are the Always There Wellness Programme and the Always There Baby Programme.

Always There Wellness Programme

The Always There Wellness Programme takes preventative care and health maintenance to a new level. Whilst other schemes focus on movies and magazines, we focus on making a real difference to your health long-term.

- Flu vaccine (1 per beneficiary 18 years and older per year, to a maximum of R70.00)
- Pap Smear (1 per female beneficiary 13 years and older per year)
- Bone Densitometry (1 per female beneficiary per year)

Always there Baby Programme

The Always There Baby Programme seeks to take complete care of members during pregnancy and after birth, with the best maternity benefits in the market. These include:

- 12 GP, specialist or midwife consults.
- Two 2D sonar scans.
- 1 Amniocentesis per pregnancy.
- Compulsory vaccinations required by the Department of Health paid from risk. (According to age appropriateness)

Always there Diabetic Programme

The Diabetes management programme (DMP) is a diabetes treatment programme that is designed specifically to help people with diabetes to manage their diabetes better. Medshield has partnered with the Centre for Diabetes (CDE) to make this programme available to you. The CDE has branches country-wide, and diabetes treatment and management services are made available to you, at no additional charge.

The additional benefits available to you include:

- Consultations with a Doctor specially trained in diabetes management, a Diabetes Educator and a Dietician;
- Annual screening visits to an Ophthalmologist (eye specialist) and Podiatrist (foot specialist);
- ALL necessary laboratory tests for diabetes monitoring and management;
- ALL diabetes medication including Insulin and tablets for diabetes;
- ALL diabetes supplies including needles & syringes, blood glucose meters and test strips;
- Access to a 24-hour "Hot-line" to deal proactively with any acute problems.

To join the CDE programme or to obtain more information, refer to page 16 for their contact details.

Aid for AIDS Programme

Medshield has partnered with Aid for AIDS, which has 10 years of experience in providing HIV disease management solutions, with 40,000 patients currently registered, and has implemented HIV workplace programmes for a number of multinational companies in Southern Africa.

Key Benefits Of The Programme:

- Available to all members.
- Comprehensive and confidential DMP with:
 - Education/Awareness component.
 - Managed access to ART and other related drugs, prophylaxis and investigations.
 - Clinical support of providers and guidelines.
 - Monitoring and recording results.
 - Analysis of outcomes and claims data.

Services Offered to Employer Groups

- Epidemiological & Demographic
 - Actuarial prevalence assessment and modeling.
 - Voluntary counselling and testing (VCT).
- Financial
 - Impact analysis.
- Living with HIV/AIDS
 - KAP (Knowledge, Attitudes and Practices) surveys.
 - Education and awareness programmes.
- Legal & Ethical
 - Workplace policies and procedures.
 - Setting up policies and communication of the policy.
- Clinical Disease Management Programme
 - Including administrative services and claims processing.

Understanding your Benefits

Choosing your medical aid option shouldn't be confusing which is why we've put together a selection of the most common questions our members ask about their plan and benefits.

Top 5 questions to ask yourself

When choosing a plan that's right for you, ask yourself these five questions:

- What is the status of my health and the health of my family?
- What health requirements do I have? E.g. What medication/treatments do I require?
- How many dependants will be included on option? E.g. My spouse and/or children.
- What can I afford? This could save me in future medical expenses.
- What are my benefits and what is the limit for each? E.g. What is my limit for dental care?

If you have any further questions which are not covered in our FAQ section below, please contact Medshield on 086 000 2120 (General Enquiries).

What is an Overall Annual Limit (OAL)?

This is the total amount available for benefits from which ALL benefits are payable. If the OAL has been depleted NO further benefits will be payable.

Example:

OAL is R100 000 and optical benefit is R1 000. If member makes use of the R1 000 for an optical claim the OAL will be reduced to R99 000. If member has an accident and uses the R100 000 for hospital and then needs to make use of the optical benefit of R1 000, the R1 000 will no longer be available as the OAL is now R0.00.

What is a sub-limit?

A sub-limit is a limit within a limit.

Example:

Optical Benefit is R2 000 for the principal member plus 1 beneficiary.

Of that R2 000, R500 may be used for a frame. If the member used the R2 000 for lenses there would be R0.00 available for the frame. If the member used R500 for the frame, there would be R1 500 available for the lenses.

What are Prescribed Minimum Benefits (PMBs)?

The benefits in respect of relevant health services prescribed by the regulations under the Act, and rendered by State hospitals or Designated Service Provider according to clinical protocols and criteria.

What is a Designated Service Provider (DSP)?

A healthcare provider or group of providers selected by the Scheme as the preferred provider or providers to provide to its members diagnosis, treatment and care in respect of one or more of the Prescribed Minimum Benefit conditions.

What is my Annual Medical Expense Limit?

This is the defined monetary value allocated for out of hospital day to day health care and is based on family size. (Benefits such as Optical, Basic dentistry GP and maternity visits, does not come out of AMEL)

What is the National Health Reference Price List (NHRPL)?

This is a price list for health services published by the Council for Medical Schemes (CMS) and is used to reimburse service providers.

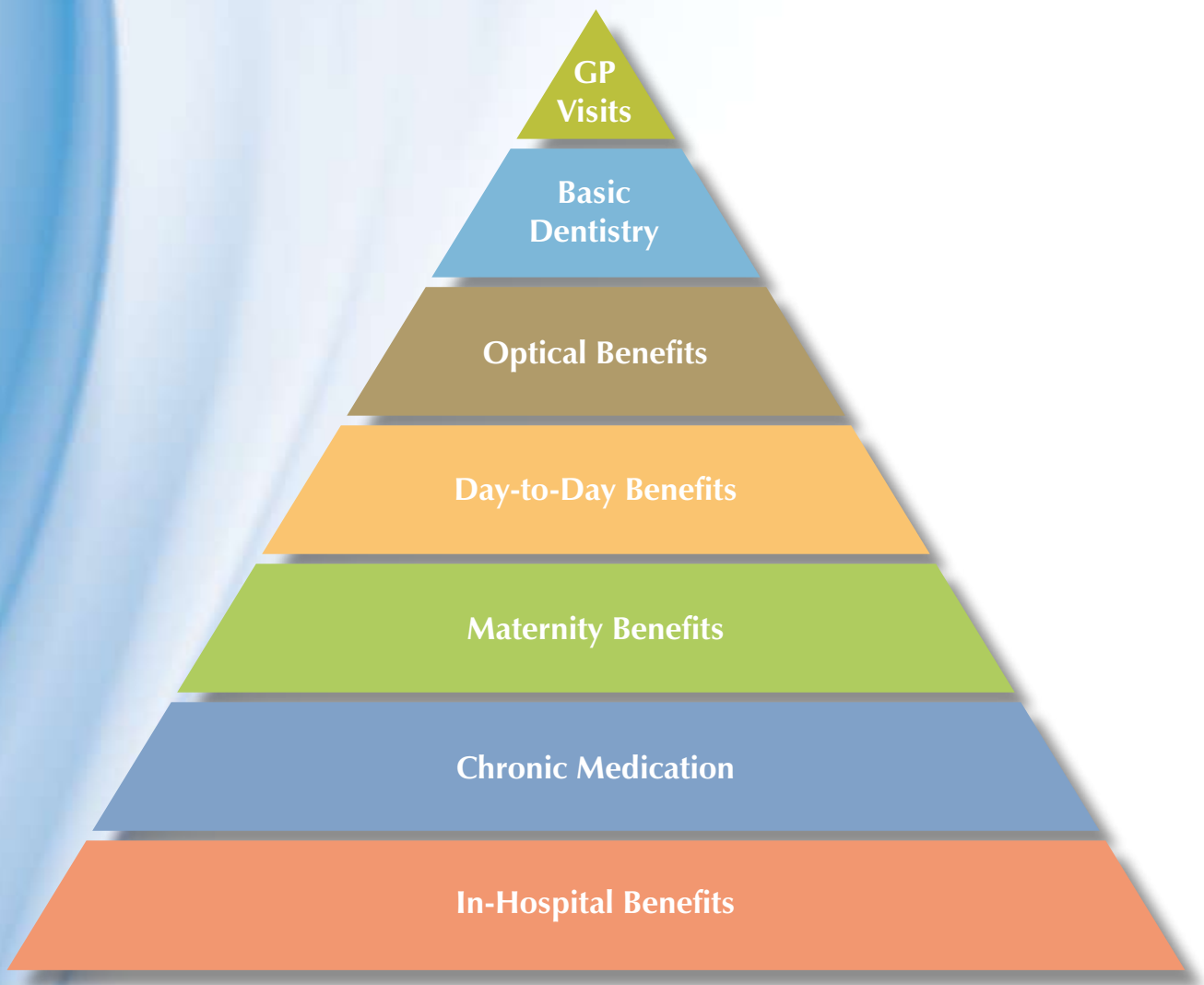
What is the Medshield Tariff (MS Tariff)?

This is the rate at which Medshield will settle claims and is based on the NHRPL.

What is the Medshield Private Tariff?

This is the higher rate at which Medshield will settle claims and is based on 300% of the Medshield Tariff.

What an option plan comprises of:



At Medshield we want to talk value, but not in some loose, ill-defined type of way. We want to talk about how we deliver value, and what that ultimately means for members.

- Members want clarity - to know where they stand.
- They want to be adequately covered so they have peace of mind,
- They want to know that they're covered not just for major medical emergencies, but for all of life's little medical moments too
- They want to experience a real sense of value for money in their terms, not their schemes'

Medshield will always be there for you, all year round, with a comprehensive range of inclusive benefits that we actually want you to use.

We've based our value offer around everyday needs that the market recognises. These inclusive benefits cover all day-to-day areas such as maternity, optometry, dentistry and GP visits. The fact that extends all year round ensures the value is ongoing.

MediBonus

In-hospital Benefits

OVERALL ANNUAL LIMIT	Unlimited	
*HOSPITALISATION General, High Care & Intensive Care Ward Fees; Theatre, Drugs & Equipment Medicine on discharge (TTO)	Unlimited	100% of negotiated tariff
*ALTERNATIVES TO HOSPITALISATION Step-Down Facilities and Rehabilitation	On day of discharge, R300 per admission (Excluding registered Chronic Medication)	
*SURGICAL PROCEDURES In-Hospital Out-of-Hospital	R70 000 per Family	MS Tariff
EMERGENCY SERVICES Ambulance Services	Unlimited Unlimited	MS Private Tariff MS Private Tariff
BLOOD & PRODUCTS	Unlimited if preferred provider is used	MS Tariff
MENTAL HEALTH Hospitalisation, Procedures, Consultants, Visits, Assessment, Therapy and counselling (IN or OUT of hospital)	Unlimited	MS Tariff
ASSOCIATED HEALTH SERVICES Dialysis (Chronic) Organ Transplant Oncology Biologicals and specialised Drugs Prosthesis (Internal / External)	R35 000 per Family	MS Tariff
RADIOLOGY General (X-Rays in-hospital) *Specialised (MRI/CAT Scans in and out combined)	Unlimited Unlimited R450 000 per Family R180 000 per Family (Specialised drugs accumulates to the oncology limit R38 000 per Family	MS Tariff MS Tariff MS Tariff MS Tariff
PATHOLOGY & MEDICAL TECHNOLOGY In-Hospital	Unlimited	MS Tariff
*MATERNITY Hospitalisation, Post-Natal Services, Midwifery & Delivery	Unlimited	MS Tariff
PHYSIOTHERAPY & BIKINETICS In-Hospital	Unlimited	MS Tariff
NON-SURGICAL PROCEDURES & TESTS In-Hospital	Unlimited	MS Private Tariff
GENERAL PRACTITIONERS & SPECIALISTS Consultations & Visits	Unlimited	MS Private Tariff
*HIV & AIDS (Subject to Aid for AIDS) Anti-retroviral & Related Medicines	Unlimited subject to protocols and use of preferred provider Any medication that is voluntarily obtained from provider other than DSP, the member is liable for a 40% co-payment	100% Cost
*APPLIANCES Medical and Surgical	R10 750 per Family	MS Tariff
*OXYGEN AND HOME VENTILATION	Unlimited	MS Tariff
DENTISTRY Maxillo-Facial	Unlimited	MS Private Tariff
OPTICAL Refractive Surgery	R14 400 per Family	MS Tariff
Chronic Medicines Chronic Registration is subject to approval of Chronic Application	R10 500 per beneficiary to a maximum of R21 000 per Family. Below limit: all chronic diseases covered. Above limit: PMB's only (strictly according to algorithms).	100% Cost
Maternity Benefits GENERAL PRACTITIONERS, SPECIALISTS & MIDWIFES Consultations Visits	12 x consultations	MS Tariff
RADIOLOGY Sonar scans of fetus	2 x 2D scans	MS Tariff
AMNIOCENTESIS	1 per pregnancy	MS Tariff

Day-to-day Benefits

Overall / Annual Day-to-Day Limit	M+0 : R5 300 M+1 : R7 500 M+2 : R8 300 M+3 : R9 100 M+4+ : R9 900	
SPECIALISTS Consultations & Visits	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
MEDICINES Acute Medicines Pharmacist Advised Therapy Medicines	Subject to Annual Medical Expense Limit (AMEL) Sub-limit of M+0 - R550, M+1+ - R950 Max of R160 per Script Subject to Annual Medical Expense Limit (AMEL)	100% Cost 100% Cost
DENTISTRY Advanced & Osseo-Integrated Implants	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
RADIOLOGY General (X-Rays out-of-hospital only)	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
PATHOLOGY & MEDICAL TECHNOLOGY Out-of-Hospital	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
PHYSIOTHERAPY & BIOKINETICS Out-of-Hospital	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
ALTERNATIVE HEALTHCARE PRACTITIONERS Aromatherapy, Homeopathy, Iridology, Naturapathy, Osteopathy, Reflexology, Ayurvedic, Phytotherapy, Acupuncture	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
PARAMEDICAL & OTHER THERAPIES Audiology, Dieticians, Hearing Aid Accousticians, Orthoptics, Podiatry, Occupational & Speech Therapy	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
NON-SURGICAL PROCEDURES & TESTS Out-of-Hospital	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff

GP Visits

M+0 : 13 visits	MS Tariff
M+1 : 15 visits	MS Tariff
M+2 : 17 visits	MS Tariff
M+3 : 19 visits	MS Tariff
M+4 : 21 visits	MS Tariff
M+5+ : 23 visits	MS Tariff

Basic Dentistry

Unlimited (Subject to Protocols)	MS Tariff
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Optical Benefits

Eye Examination	1 per beneficiary per annum	MS Tariff
Spectacles/Contact Lenses/Multifocal Lenses and Readers Frames	Joint Limit (Subject to Protocols) M+0: R2 100, M+1+-R3 200 Sub-limit of R1 200 Subject to Joint Optical Limit.	MS Tariff 100% Cost

Rates

Principal Member:	R2004
Adult Dependant:	R1321
Child:	R386

*Subject to Scheme Approved or Pre-Authorisation

DISCLAIMER: These benefits act as a summary and do not supercede the Annexures, Scheme Rules, Membership Rules and Scheme Protocols

Any questions?

See page 13 for the answers.

MediBonus

MediPlus

In-hospital Benefits

OVERALL ANNUAL LIMIT	Unlimited	
*HOSPITALISATION General, High Care & Intensive Care Ward Fees; Theatre, Drugs & Equipment Medicine on discharge (TTO)	Unlimited On day of discharge, R300 per admission (Excluding registered Chronic Medication)	100% of negotiated tariff
*ALTERNATIVES TO HOSPITALISATION Step-Down Facilities and Rehabilitation	R46 000 per Family	MS Tariff
*SURGICAL PROCEDURES In-Hospital Out-of-Hospital	Unlimited Unlimited	MS Tariff MS Tariff
EMERGENCY SERVICES Ambulance Services	Unlimited if Preferred Provider is used	MS Tariff
BLOOD & PRODUCTS	Unlimited	MS Tariff
MENTAL HEALTH Hospitalisation, Consultations & Procedures, Visits, Assessments, Therapy and Counselling (IN and OUT of hospital)	R26 000 per Family	MS Tariff
ASSOCIATED HEALTH SERVICES Dialysis (Chronic) Organ Transplant Oncology Biologicals and specialised Drugs Prosthesis (Internal/External)	R175 000 per Family R140 000 per Family R230 000 per Family R100 000 per Family (Specialised Drugs accumulate to the Oncology limit) R29 000 per Family	MS Tariff MS Tariff MS Tariff MS Tariff MS Tariff
RADIOLOGY General (X-Rays in-hospital) *Specialised (MRI/CAT Scans in and out combined)	Unlimited R8 700 per Family	MS Tariff MS Tariff
PATHOLOGY & MEDICAL TECHNOLOGY In-Hospital	Unlimited	MS Tariff
*MATERNITY Hospitalisation, Post-Natal Services, Midwifery & Delivery	Unlimited	MS Tariff
PHYSIOTHERAPY & BIOKINETICS In-Hospital	Unlimited	MS Tariff
NON-SURGICAL PROCEDURES & TESTS In-Hospital	Unlimited	MS Tariff
GENERAL PRACTITIONERS & SPECIALISTS Consultations & Visits	Unlimited	MS Tariff
*HIV & AIDS (Subject to Aid for AIDS) Anti-retroviral & Related Medicines	Unlimited subject to protocols and use of preferred providers The member is liable for a 40% co-payment for any medication that is voluntarily obtained from a provider other than the DSP	100% Cost
*APPLIANCES Medical and Surgical	R7 000 per Family	MS Tariff
*OXYGEN & HOME VENTILATION	(Unlimited)	MS Tariff
DENTISTRY Maxillo-Facial	R12 250 per Family	MS Tariff
OPTICAL Refractive Surgery	R7 000 per Family	MS Tariff

Chronic Medicines

Chronic Registration is subject to approval of Chronic Application

R4 650 per beneficiary to a maximum of R9 300 per Family.
Below limit: all chronic diseases are covered
Above limit: PMBs only (strictly according to algorithms)

Maternity Benefits

GENERAL PRACTITIONERS, SPECIALISTS & MIDWIFES
Consultations & Visits

12 x consultations
MS Tariff

RADIOLOGY
Sonar scans of fetus

2 x 2D scans
MS Tariff

AMNIOCENTESIS

1 per pregnancy
MS Tariff

Day-to-day Benefits

Annual Medical Expense Limit	M+0 : R3 800 M+1 : R5 300 M+2 : R6 000 M+3 : R6 700 M+4+ : R7 300	
SPECIALISTS Consultations & Visits	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
MEDICINES Acute Medicines Pharmacist Advised Therapy	Subject to Annual Medical Expense Limit (AMEL) Sub-limit of M+0 - R350, M+1+ - R580 Max of R160 Script (Subject to Annual Medical Expense Limit (AMEL))	100% Cost 100% Cost
DENTISTRY Advanced & Osseo-Integrated Implants	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
RADIOLOGY General (X-Rays out-of-hospital only)	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
PATHOLOGY & MEDICAL TECHNOLOGY Out-of-Hospital	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
PHYSIOTHERAPY & BIKINETICS Out-of-Hospital	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
ALTERNATIVE HEALTHCARE PRACTITIONERS Aromatherapy, Homeopathy, Iridology, Naturapathy, Osteopathy, Reflexology, Ayurvedic, Phytotherapy, Acupuncture	Subject to Annual Medical Expense Limit (AMEL)	100% Cost
PARAMEDICAL & OTHER THERAPIES Audiology, Dieticians, Hearing Aid Accousticians, Orthoptics, Podiatry, Occupational & Speech Therapy	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
NON-SURGICAL PROCEDURES & TESTS Out-of-Hospital	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff

GP Visits

M+0 : 9 visits	MS Tariff
M+1 : 11 visits	MS Tariff
M+2 : 13 visits	MS Tariff
M+3 : 15 visits	MS Tariff
M+4 : 17 visits	MS Tariff
M+5+ : 19 visits	MS Tariff

Basic Dentistry

Unlimited (Subject to Protocols)	MS Tariff
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Optical Benefits

Eye Examination	1 per beneficiary per annum	MS Tariff
Spectacles/Contact Lenses/Multifocal Lenses and Readers Frames	Joint Limit for all Optical benefits (Subject to Protocols) M+0: R1 000 M+1+: R1 850 Sub-limit of R660 Subject to Joint Optical Limit.	MS Tariff MS Tariff 100% Cost

Rates

Principal Member:	R1328
Adult Dependant:	R911
Child:	R286

*Subject to Scheme Approved or Pre-Authorisation

DISCLAIMER: These benefits act as a summary and do not supercede the Annexures, Scheme Rules, Membership Rules and Scheme Protocols

Any questions?

See page 13 for
the answers.

MediPlus

MediValue

In-hospital Benefits

OVERALL ANNUAL LIMIT	R200 000 - Single, R300 000 - Family	
*HOSPITALISATION General, High Care & Intensive Care Ward Fees; Theatre, Drugs & Equipment Medicine on discharge (TTO)	Subject to Overall Annual Limit On day of discharge, R300 per admission (Excluding registered Chronic Medication)	100% of negotiated tariff
*ALTERNATIVES TO HOSPITALISATION Step-Down Facilities and Rehabilitation	R23 000 per Family	MS Tariff
*SURGICAL PROCEDURES In-Hospital Out-of-Hospital	Subject to Overall Annual Limit Subject to Overall Annual Limit	MS Tariff MS Tariff
EMERGENCY SERVICES Ambulance Services	Unlimited if preferred provider is used	MS Tariff
BLOOD & PRODUCTS	Subject to Overall Annual Limit	MS Tariff
MENTAL HEALTH Hospitalisation, Consultations, Procedures, Visits, Assessments, Therapy and Counselling (IN and OUT of hospital)	Limited to PMB (public facility only)	MS Tariff
ASSOCIATED HEALTH SERVICES Dialysis (Chronic) Organ Transplant Oncology Biologicals and Specialised Drugs Prosthesis (Internal/External)	Subject to PMB Subject to PMB Subject to PMB Subject to PMB Subject to PMB	MS Tariff MS Tariff MS Tariff MS Tariff MS Tariff
RADIOLOGY General (X-Rays in-hospital) *Specialised (MRI/CAT Scans in and out combined)	Subject to Overall Annual Limit R4 700 per Family	MS Tariff MS Tariff
PATHOLOGY & MEDICAL TECHNOLOGY In-Hospital	Subject to Overall Annual Limit	MS Tariff
*MATERNITY Hospitalisation, Post-Natal Services, Midwifery & Delivery	Subject to Overall Annual Limit	MS Tariff
PHYSIOTHERAPY & BIOKINETICS In-Hospital	Subject to Overall Annual Limit	MS Tariff
NON-SURGICAL PROCEDURES & TESTS In-Hospital	Subject to Overall Annual Limit	MS Tariff
GENERAL PRACTITIONERS & SPECIALISTS Consultations & Visits	Subject to Overall Annual Limit	MS Tariff
*HIV & AIDS (Subject to Aid for AIDS) Anti-retroviral & Related Medicines	Unlimited subject to protocols and use of preferred providers Any medication that is voluntarily obtained from provider other than DSP, the member is liable for a 40% co-payment	100% Cost
*APPLIANCES Medical and Surgical	R2 000 per Family incl ext prosthesis	MS Tariff
*OXYGEN & VENTILATION	Subject to Overall Annual Limit	MS Tariff
DENTISTRY Maxillo-Facial	R5 750 per Family	MS Tariff

Chronic Medicines

Chronic Registration is subject to approval of Chronic Application

PMBs only - according to a fixed formulary
Any formulary PMB medication voluntarily obtained or PMB medication that is voluntarily obtained from a provider other than the DSP will have a 40% co-payment
Subject to Approval of Chronic Application

Maternity Benefits

GENERAL PRACTITIONERS, SPECIALISTS & MIDWIFES Consultations & Visits	12 x consultations	MS Tariff
RADIOLOGY Sonar scans of fetus	2 x 2D scans	MS Tariff
AMNIOCENTESIS	1 per pregnancy	MS Tariff

Day-to-day Benefits

Any questions?

See page 13 for the answers.

Annual Medical Expense Limit	M+0 : R1 750 M+1 : R2 200 M+2 : R2 650 M+3 : R3 100 M+4+ : R3 400	
SPECIALISTS Consultations & Visits	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
MEDICINES Acute Medicines Pharmacist Advised Therapy	Subject to Annual Medical Expense Limit (AMEL) Sub-limit of M+0 - R150, M+1+ - R250 Max of R160 per Script (Subject to Annual Medical Expense Limit (AMEL))	100% Cost 100% Cost
DENTISTRY Basic Dentistry, Advanced & Osseo-Integrated Implants	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
RADIOLOGY General (X-Rays - out-of-hospital only)	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
PATHOLOGY & MEDICAL TECHNOLOGY Out-of-Hospital	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
PHYSIOTHERAPY & BIOKINETICS Out-of-Hospital	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
ALTERNATIVE HEALTHCARE PRACTITIONERS Aromatherapy, Homeopathy, Iridology, Naturapathy, Osteopathy, Reflexology, Ayurvedic, Phytotherapy, Acupuncture	Subject to Annual Medical Expense Limit (AMEL)	100% Cost
PARAMEDICAL & OTHER THERAPIES Audiology, Dieticians, Hearing Aid Accousticians, Orthoptics, Podiatry, Occupational & Speech Therapy	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
NON-SURGICAL PROCEDURES & TESTS Out-of-Hospital	Subject to Annual Medical Expense Limit (AMEL)	MS Tariff

GP Visits

M+0 : 6 visits M+1 : 8 visits M+2 : 10 visits M+3 : 11 visits M+4 : 12 visits M+5+ : 13 visits	MS Tariff MS Tariff MS Tariff MS Tariff MS Tariff MS Tariff
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Basic Dentistry

Subject to Annual Medical Expense Limit (AMEL)	MS Tariff
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Optical Benefits

Eye Examination	1 per beneficiary per annum	MS Tariff
Spectacles/Contact Lenses/Multifocal Lenses and Readers Frames	Joint Limit (Subject to Protocols) M+0: R880 Sub-limit of R440 Subject to Joint Optical Limit.	MS Tariff 100% Cost

Rates

Principal Member:	R811
Adult Dependant:	R693
Child:	R214

*Subject to Scheme Approved or Pre-Authorisation

DISCLAIMER: These benefits act as a summary and do not supercede the Annexures, Scheme Rules, Membership Rules and Scheme Protocols

MediValue

Membership

Who is the Principal Member?

This is the person stipulated as responsible for the option and who will benefit from the medical cover of your option.

Who would be defined as a dependant?

A dependant is any other member that is listed as a beneficiary on your medical aid option.

Who is a beneficiary?

The beneficiary is the person designated as the recipient of the medical scheme benefits under the stipulated option. Both the Principal Member and the dependant are classified as beneficiaries.

If the Principal Member dies, will his/her dependants still be covered?

Yes, without any break in membership, provided contributions are paid. It is important to inform Medshield if you choose not to continue.

How long does it take for an application to be processed – how long before I get a membership number and can start using my benefits?

If all the information required on the application form has been completed accurately, the application form will be processed within 5 working days. You may start using your benefits from your registered benefit date and have paid your first month's contributions.

How do I add or remove a dependant?

A dependant/beneficiary change form must be completed to add/remove a dependant/beneficiary. Please attach necessary documentation – such as birth certificate, marriage certificate, court order, affidavit, or any other documentation that may be requested by the Underwriter in the Membership department, or stated on the form.

Contributions

What are my contributions or premiums?

This is the amount that you as a member have agreed to pay towards your medical aid option on a monthly basis.

Must my employer subsidise my contributions to Medshield?

No, subsidies are conditions of employment and the Act does not address such conditions.

Am I entitled to benefits while serving notice of termination?

Yes, until the last day of membership, provided your contributions are being paid and you have benefits available.

What role does my employer play in my relationship with Medshield?

The employer may determine whether or not the employees are entitled to belong to one or more schemes or whether the employees have total freedom of choice of scheme. The employer also determines, generally within the framework of conditions of service, negotiations between the workforce and organised labour, such as trade unions/personnel organisations or staff, what level of subsidies will apply to different categories of employees or in general.

Is Medshield entitled to cancel my membership when my employer fails to pay the membership contribution?

Yes, since your employer pays the contributions on behalf of its employees and since Medshield has a contract with you, the member. The Scheme must give the employer and/or member written notice that if the contributions are not paid up within the stipulated period, membership may be cancelled. If the contributions are in arrears for a period of 30 days or longer, Medshield will suspend your membership and refuse to settle claims. If your contributions are in arrears for a period of 2 months or more, Medshield will terminate your membership.

Benefits

What are benefits? (see pages 7 to 12)

Those medical and healthcare services and medicines made available within your chosen medical aid option.

When does my benefit cycle start?

Medshield's benefit year runs from 01 January to 31 December.

What is pro-ration?

Pro-ration is the proportional reduction of benefits if a member joins after January, i.e. from 01 February onwards. (I.e. if member joins in February 11 months remains in the benefit year which mean only 11 months worth of benefits would be available to the member.)

How does pro-ration work?

Benefits are calculated for a period of 12 months. If a member joins later in the year, benefits are calculated according to the number of months remaining in the year.

May I "borrow" benefits from next year to supplement this year's benefits?

No. Benefits are available for 1 year only.

May unused benefits from a previous year be carried over to the next year?

No. The benefit cycle starts anew on 1 January of every year.

May Medshield request Pre-Authorisation or a second opinion before making benefits available?

Yes, except in the case of emergency where the member has 2 working days to obtain the necessary authorisation and approval.

To what extent are the Prescribed Minimum Benefits restricted?

No restrictions, co-payments, waiting periods or exclusions may be applied to any person in respect of the Prescribed Minimum Benefits if the services are rendered by State hospitals or DSPs.

In instances where services are voluntarily obtained from a non-DSP, co-payments may apply or waiting periods may be imposed only on beneficiaries who do not have credible medical coverage, as stipulated in the Medical Scheme Act.

Why are some chronic illnesses covered and some not?

The diseases that have been chosen are the most common, are life threatening, and those for which treatment would improve the quality of the member's life.

May the Scheme insist that I use only specific medicine?

Yes. The Scheme pays strictly in accordance with the Medicine Price List (MPL) which, in most cases, are generic medicine only. Formularies apply to chronic medicine, i.e. only certain generic medicines will be covered.

What are Generic Medicines?

Generic medicines are chemically identical to their brand name equivalents. They have the same active ingredients, the same strength, quality, dosage and results. The only differences are that generics may look different and they are far cheaper than branded medicines.

What benefits do I have for ambulance care?

Europ Assistance is Medshield's preferred provider from 1 November 2009. Their contact number in case of an emergency is 0861 006 337. Although your Emergency Services benefit is unlimited if the preferred provider is used it is important to note that a Pre-authorisation is required for all emergency services transport requests.

What benefits are NOT covered by the Scheme?

Only those benefits as listed in the Scheme Rules will be provided. The following are examples of services NOT covered. Kindly note that this is not an exhaustive list – always contact the Scheme if you are uncertain.

- Treatment resulting from wilful or self-inflicted injury
- Investigations, operations or treatments for cosmetic purposes
- Examinations for insurance, employment, visas, pilot and driver's licence
- Holidays for recuperative purposes
- Experimental treatments
- Sleep therapy
- Unregistered medicine
- Fertility treatment not covered under PMB
- Purchase of tonics, vitamin supplements, and so on.
- Services obtained from non-registered service providers.

Claims and Payment of Accounts

What is a claim and how do I make one?

A claim is the formal application for payment that the member or dependant would submit to their medical scheme in accordance with your medical aid option.

What is the MPL? Medicine Price List

The Medicine Price List (MPL) is a reference pricing system which specifies a limited amount per medicine or group of drugs. The medical scheme will only reimburse the member according to the amounts stipulated in the MPL.

Within what period of time must my account for services or claim reach Medshield?

The account must reach the scheme no later than the last day of the fourth month following the month in which the service was rendered. If we receive your claim after this date, it is a stale claim and we will not pay the claim.

What details must be on my claim?

The following details must appear on all claims:

- Name and contact details of member
- Medical Aid Number
- Name and contact details as well as practice number of supplier
- Details of treatment, including applicable tariff and ICD-10 code
- Details of patient
- Whether to pay supplier or member

When must a procedure be authorised?

All hospital and certain major medical benefits must be authorised. For contact details, please refer to page 16.

Can I see any doctor for a consultation?

Yes.

What is the process for claim submissions that I have settled upfront?

You must submit the claim, with the necessary proof of payment, within the 4 month claim period timeframe.

How often may I change options?

You may only change options once a year, when the option selection changes are communicated to members. This change is effective from 01 January of every new year.

Road Accident Fund (RAF)

Compensation for Occupational Injury and Disease (COID)

Medshield will not be liable for the payment of any costs incurred by a member which arose or may have arisen as a result of the actions or admissions of a third party.

Medshield does not accept liability for the payment of claims that can be recovered from a third party, however, it will pay members' medical expenses in terms of the benefit structure of their particular product option pending recovery of funds from the RAF by Alexander Forbes and refunding of the amount paid by Medshield.

It is the member's responsibility to disclose all and any information that might impact on decisions by the scheme relating to a member's claim." If this is not done, exclusions will apply.

Medshield reserves the right to pend payment on third party related accounts should the member not cooperate in furnishing the Scheme or Alexander Forbes with the required documentation, which includes an undertaking signed by the member and/or is attorney to confirm that the Scheme will be re-imbursed with any amount recovered from a third party in respect of expenses incurred by the Scheme.

It is strongly advised that members lodging claims first seek clarity on these issues.

Important information and contact details

Customer Service Centre

086 000 2120

Claims Submission

Postal Address: PO Box 4346, Randburg, 2125

General Queries

Email: member@medshield.co.za
Website: www.medshield.co.za

Broker Centre

Call Centre: 086 000 2120
Email: broker@medshield.co.za

Other Contacts

Aid for AIDS

Email: afa@afadm.co.za
Patient Care: 086 010 0646
Conf Fax Line: 080 060 0733
Practitioner Line: 080 022 7700

Centre for Diabetes & Endocrinology

Email: members@cdecentre.co.za
Call Centre: 011 712 6000
Website: www.cdecentre.co.za

Disease Management

Email: dm@mso.co.za
Call Centre: 086 010 1306

Hospital Authorisation

Email: medshield@mso.co.za
Call Centre: 086 000 2121 (Mon-Fri)

Chronic Medication Authorisation

Email: cmm@medscheme.co.za
Call Centre: 086 010 0608

Chronic Medicine Dispensary (DSP)

Email: help@chronicmedicine.com
Call Centre: 086 063 3420

Pharmacy Direct (DSP)

Email: orders@pharmacydirect.co.za
Call Centre: 086 002 7800

Clicks Direct Medicines (DSP)

Email: clicksdirectmedicines@dirmed.co.za
Call Centre: 086 144 4405

Emergency Services (Europ Assistance)

24hr Line: 086 100 6337

Oncology Management Programme

Email: oncology@mso.co.za
Call Centre: 086 000 2121



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www.medshield.co.za

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	Mthatha	(047) 532 2873 / 2877
North West Province	Mafikeng	(018) 381 7642 / 43