Major Medical Benefits: In-Hospital

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
OVERALL ANNUAL LIMIT	**Unlimited.** The use of the Prime Hospital Network applies.	**Unlimited.** The use of the Compact Hospital Network applies.
HOSPITALISATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. **Clinical Protocols apply.**	**Unlimited.** Specialist services from treating/ attending specialists are subject to pre-authorisation. The use of the Prime Hospital Network applies.	**Unlimited.** Specialist services from treating/ attending specialists are subject to pre-authorisation. The use of the Compact Hospital Network applies.
SURGICAL PROCEDURES As part of an authorised event.	**Unlimited.**	**Unlimited.**
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 **R525** per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.	Limited to **R525** 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 11 671 2011) and services must be obtained from the Medshield Hospital Network. **Includes the following:** • **Physical Rehabilitation** • **Sub-Acute Facilities** • **Nursing Services** • **Hospice**	**R34 600** per family per annum. **25% upfront co-payment** applies for use of non-DSP.	**R34 600** per family per annum. **25% upfront co-payment** applies for use of non-DSP.
• **Terminal Care** **Clinical Protocols apply.**	**R14 400** per family per annum. Subject to the Alternatives to Hospitalisation Limit.	**R14 400** per family per annum. Subject to the Alternatives to Hospitalisation Limit.
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:**	**R3 100** per family per annum.	**R3 100** per family per annum.
• **Peak Flow Meters, Nebulizers, Glucometers and Blood Pressure Monitors** (motivation required)	**R930** per beneficiary per annum. Subject to Appliance Limit.	**R930** per beneficiary per annum. Subject to Appliance Limit.
• **Hearing Aids** (including repairs)	Subject to Appliance Limit.	Subject to Appliance Limit.
• **Wheelchairs** (including repairs)	Subject to Appliance Limit.	Subject to Appliance Limit.
• **Stoma Products and Incontinence Sheets related to Stoma Therapy**	Unlimited if pre-authorised.	Unlimited if pre-authorised.
• **CPAP Apparatus for Sleep Apnoea** Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Preferred Provider. **Clinical Protocols apply.**	Subject to Appliance Limit.	Subject to Appliance Limit.
OXYGEN THERAPY EQUIPMENT Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care.	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 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care.	Unlimited subject to PMB and PMB level of care.

Major Medical Benefits: In-Hospital

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
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 11 671 2011) and services can be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.** The use of the Prime Hospital Network applies.	**Unlimited.** The use of the Compact Hospital Network applies.
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners.	**Unlimited.**	**Unlimited.**
SLEEP STUDIES Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services can be obtained from the Medshield Hospital Network. **Includes the following:** • **Diagnostic Polysomnograms** • **CPAP Titration** **Clinical Protocols apply.**	 **Unlimited.** **Unlimited.**	 **Unlimited.** **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 11 671 2011). **Includes the following:** • **Immuno-Suppressive Medication** • **Post Transplantation and Biopsies and Scans** • **Related Radiology and Pathology** • **Corneal Grafts and Transplant** (International) • **Corneal Grafts and Transplant** (Local) **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care. **25% upfront co-payment** for the use of a non-Prime 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. **R48 950** per beneficiary for internationally sourced cornea. Subject to the Overall Annual Limit. **R21 000** per beneficiary for locally sourced cornea. Subject to the Overall Annual Limit.	Unlimited subject to PMB and PMB level of care. **25% upfront co-payment** for the use of a non-Compact 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. **R48 950** per beneficiary for internationally sourced cornea. Subject to the Overall Annual Limit. **R21 000** per beneficiary for locally sourced cornea. Subject to the Overall Annual Limit.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event, and excludes allergy and vitamin D testing. **Clinical Protocols apply.** Preferred Provider Network will apply.	**Unlimited.**	**Unlimited.**
PHYSIOTHERAPY In-Hospital Physiotherapy is subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). In lieu of hospitalisation, also refer to 'Alternatives to Hospitalisation' in this benefit guide.	**R3 100** per beneficiary per annum. Thereafter subject to Day-to-Day Limit, unless specifically pre-authorised.	**R3 100** per beneficiary per annum. Thereafter subject to Day-to-Day Limit, unless specifically pre-authorised.
PROSTHESIS AND DEVICES INTERNAL Surgically implanted devices are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. Preferred Provider Network will apply. **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care. **Sub-limit** for hips and knees: **R37 300** per beneficiary - subject to PMB and PMB level of care.	Unlimited subject to PMB and PMB level of care. **Sub-limit** for hips and knees: **R37 300** per beneficiary - subject to PMB and PMB level of care.
PROSTHESIS EXTERNAL Services 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.**	Unlimited subject to PMB and PMB level of care.	Unlimited subject to PMB and PMB level of care.
LONG LEG CALLIPERS 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.	Unlimited subject to PMB and PMB level of care.	Unlimited subject to PMB and PMB level of care.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
GENERAL RADIOLOGY As part of an authorised event. **Clinical Protocols apply.**	**Unlimited.**	**Unlimited.**
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Includes the following:** • **CT scans, MUGA scans, MRI scans, Radio Isotope studies** • **CT Colonography (Virtual colonoscopy)** • **Interventional Radiology replacing Surgical Procedures** **Clinical Protocols apply.**	**R10 860** per family per annum, In- and Out-of-Hospital. Subject to Specialised Radiology Limit. No co-payment applies to CT Colonography. **Unlimited.**	**R10 860** per family per annum, In- and Out-of-Hospital. 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 11 671 2011) 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.	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.
NON SURGICAL PROCEDURES AND TESTS As part of an authorised event. The use of the Medshield Specialist Network may apply.	**Unlimited.**	**Unlimited.**
MENTAL HEALTH Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the relevant Hospital Network. The use of the Medshield Specialist Network may apply. Up to a maximum of **3 days** if patient is admitted by a Family Practitioner. • **Rehabilitation for Substance Abuse** **1 rehabilitation programme per beneficiary per annum** • **Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling**	Unlimited subject to PMB and PMB level of care. **25% upfront co-payment** for the use of a non-Prime Network Hospital. DSP applicable from Rand one for PMB admissions. Unlimited subject to PMB and PMB level of care. Unlimited subject to PMB and PMB level of care.	Unlimited subject to PMB and PMB level of care. **25% upfront co-payment** for the use of a non-Compact Network Hospital. DSP applicable from Rand one for PMB admissions. Unlimited subject to PMB and PMB level of care. Unlimited subject to PMB and PMB level of care.
HIV & AIDS Subject to pre-authorisation and registration with the relevant Managed Healthcare Programme on 086 014 3258 and must be obtained from the DSP. **Includes the following:** • **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 **30% upfront co-payment.**	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 **30% upfront co-payment.**
INFERTILITY INTERVENTIONS AND INVESTIGATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP. The use of the Medshield Specialist Network may apply. **Clinical Protocols apply.**	Limited to interventions and investigations only. **Refer to Addendum A** for the list of procedures and blood tests.	Limited to interventions and investigations only. **Refer to Addendum A** for the list of procedures and blood tests.