

## Cover for pregnancy and childbirth 2023

### Who we are

The MultiChoice Medical Aid Scheme (referred to as 'the Scheme'), registration number 1241, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

### How we cover pregnancy and childbirth in 2023

The Maternity Benefit covers day-to-day and in-hospital medical expenses for expecting mothers and newborns.

### Overview

This document tells you how the Scheme covers you for pregnancy and childbirth. Continue reading to understand what is included in your maternity benefit and how to get the most out of your benefit. You'll also find information about the cover available, including the Prescribed Minimum Benefits and the available benefits for antenatal care and childbirth.

### About some of the terms we use in this document

There are a number of terms we refer to in this document that you may not be familiar with. We give you the meaning of these terms.

Terminology	Description
<b>Prescribed Minimum Benefits (PMBs)</b>	A set of conditions that all medical schemes must provide a basic level of cover for. This basic level of cover includes the diagnosis, treatment and costs of the ongoing care for the treatment of these conditions.
<b>Related accounts</b>	Any account other than the hospital account for in-hospital care. This could include the gynaecologist/obstetrician and anaesthetist's account amongst others.
<b>Shortfall or co-payment</b>	The Scheme pays service providers at a set Scheme Rate. If the doctor's accounts are higher than this rate, the member will have to pay the outstanding amount from his or her pocket.

## The Maternity Benefit

### We pay out-of-hospital consultations, tests and scans from your available day-to-day benefits or the Maternity Risk Benefit

We pay certain expenses related to your pregnancy from the available funds in your day-to-day benefits (Medical Savings Account (MSA) and/or Above Threshold Benefit (ATB)). This includes midwife, GP, gynaecologist or obstetrician consultations and healthcare services such as amniocentesis and non-stress tests as well as pregnancy blood tests and scans.

You have full cover for healthcare providers who we have an arrangement with, and we pay up to 100% of the Scheme Rate for other healthcare professionals. To find a healthcare professional we have an arrangement with, use the MaPS Advisor tool by logging in to [www.mcmas.co.za](http://www.mcmas.co.za).

If you have spent all the funds in your MSA and are in a Self-payment Gap, you still have access to gynaecologist or obstetrician consultations and scans through the Extended Major Medical Expenses Benefit. The following rules apply:

- If you use a healthcare provider who we have an arrangement with, you have cover for unlimited gynaecologist or obstetrician consultations and two 2D scans.
- Any 3D or 4D scans will be paid up to the rate of a 2D scan only.
- These claims do not accumulate towards the Above Threshold Benefit (ATB).

Once your Above Threshold Benefit (ATB) is exhausted you have access to unlimited consultations with a gynaecologist or obstetrician as well as unlimited 2D scans (3D or 4D scans covered up to the rate of a 2D scan). You must use providers who we have an arrangement with.

### We pay for antenatal classes from your day-to-day benefits

We pay for antenatal classes up to 100% of the Scheme Rate from your Medical Savings Account and Above Threshold Benefit subject to available funds. If you run out of funds in your Medical Savings Account or Above Threshold Benefit you must pay these costs yourself. If these classes are billed by a nurse, the annual limit for Allied, Therapeutic and Psychology services also applies.

### Your cover for your hospital stay depends on the type of delivery

You have cover for three (3) days and two (2) nights for a normal delivery and four (4) days and three (3) nights for a delivery by caesarean section, if approved. Where we confirm cover, we will give you an authorisation number to use when booking your bed at the hospital.

If you need to stay in hospital longer than the number of days we approved, your doctor will need to send a letter to motivate this.

We will pay for home nursing from your Major Medical Expenses Benefit if you decide to leave the hospital earlier. We will cover the days for which you receive home nursing up to the length of stay we normally cover in hospital. Always confirm with your healthcare professional, when leaving the hospital earlier and advise us to avoid possible short-payments on claims.

### Discovery HomeCare

Discovery HomeCare is a unique home-based healthcare service that offers you quality care in the comfort of your home. As part of this service, home nursing will be available to provide postnatal care to

healthy mothers and babies agreeing to be discharged one day early. Postnatal care includes three home visits or one home visit and two night-nurse visits. If you are interested in receiving this service, please discuss this with your treating doctor. If your doctor agrees to this, please email [homecare@discovery.co.za](mailto:homecare@discovery.co.za) or call us on **0860 11 66 33**.

### **We cover home births with a registered midwife**

We pay for home births from your Major Medical Expenses Benefit. We will only cover the costs of a registered midwife with a valid practice number.

### **We cover water births in hospital or at home**

If you choose to have a water birth in hospital, we will pay up to three (3) days and two (2) nights. The cost of the birthing pool is included in the global fee for the admission. If you choose to hire one, you will need to pay for it.

If you choose to have a water birth at home, we will pay the hiring cost of a birthing pool from your Major Medical Expenses Benefit. This must be hired from a provider who has a registered practice number. If you choose to have a water birth or natural delivery at home, we will pay up to two (2) days' midwifery care (including delivery) from your Hospital Benefit. The midwife must be registered, and have a valid practice number.

### **We pay for medical devices and appliances for your pregnancy and baby from your day-to-day benefits**

We pay external medical items prescribed by your doctor (like apnea monitors) from the available funds in your day-to-day benefits, up to the External Medical Items benefit limit. These items must be registered products that are bought from registered providers. Please note that breast pumps are paid if you have funds available in the Accumulated Savings Account (ASA).

### **We cover medically necessary circumcisions from the Hospital Benefit**

Please pre-authorise the procedure with us by calling **0860 11 66 33**.

Circumcisions that are not medically necessary are covered from the available funds in your day-to-day benefits.

### **There are certain items we do not cover**

- Mother and baby packs that hospitals supply.
- The bed-booking fee that some hospitals may require you to pay.
- Your lodger or border fees if your baby needs to stay in hospital for longer and you choose to stay on.
- The cost of a birthing pool for water births if you choose to hire a birthing pool outside of what is supplied.

## **Getting the most out of your maternity benefits**

### **Tell us about your pregnancy as soon as you are 12 weeks pregnant**

The Scheme covers the birth of your baby either in hospital with a doctor or midwife, or at home with the help of a midwife. It is important to call and notify us of your pregnancy as soon as you are 12 weeks pregnant so that you always know how we cover your pregnancy-related healthcare services, whether these are received in- or out-of-hospital.

### Use healthcare providers who we have a payment arrangement with

You have full cover for healthcare providers who we have an arrangement with, and up to 100% of the Scheme Rate for other healthcare professionals. To find a healthcare professional we have an arrangement with, use the MaPS Advisor tool by logging in to [www.mcmas.co.za](http://www.mcmas.co.za).

### Understand your benefits

Prescribed Minimum Benefits (PMBs) are a set of conditions which all medical schemes must provide a basic level of cover for. The Prescribed Minimum Benefit regulations include funding for antenatal care where it is necessary to hospitalise the mother before she gives birth.

To access full cover for your hospitalisation as a Prescribed Minimum Benefit, you must use a hospital, doctor, specialist or other healthcare professional who we have an arrangement with. We will pay the account in full up to the agreed Scheme Rate. If you choose to use a hospital or healthcare professional who we do not have an arrangement with, you will be responsible for any difference between what is charged and what we pay.

Pregnant mothers who need to be admitted during their pregnancy can apply for in-hospital PMB cover by calling us on **0860 11 66 33**. For more information on the Prescribed Minimum Benefits log in to [www.mcmas.co.za](http://www.mcmas.co.za).

### Register your baby within 30 days of the birth

We automatically cover newborns under the parent's name up to the last day of the calendar month that he or she is born. For example, if your baby is born on 20 May, he or she will have automatic cover from 20 May until 31 May under your name. To ensure all medical treatment for your baby is covered, you are advised to register your baby on your medical aid within 30 days from the date of birth.

Your baby will be registered from their date of birth; however, contributions will only be charged from the first day of the month following the birth.

**Please note** that we allow up to 60 days for the baby to be added from the date of birth, without underwriting. If the baby is added after 60 days, the child's application will be underwritten and waiting periods may be applied.

### Contact us

For more information log in to [www.mcmas.co.za](http://www.mcmas.co.za) or call us on **0860 11 66 33**.

### Complaint process

You may lodge a complaint or query with the MultiChoice Medical Aid Scheme directly on **0860 11 66 33** or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following the MultiChoice Medical Aid Scheme internal disputes process.

Members who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or email [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za). Customer Care Centre: **0861 123 267**/website [www.medicalschemes.co.za](http://www.medicalschemes.co.za).