MultiChoice
Medical Aid Scheme

# MEMBER GUIDE 2027

MultiChoice Medical Aid Scheme, here for your needs to protect your health.



Administered by
Discovery Health

# SO, WHAT'S IN THIS **MEMBER GUIDE?**


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This Member Guide provides you with a summary of the 2027 benefits and features of MultiChoice Medical Aid Scheme pending approval from the Council for Medical Schemes. MultiChoice Medical Aid Scheme is a closed Scheme and is administered by Discovery Health. Detailed benefit documents may be obtained from www.mcmas.co.za if you are registered as an online user.

In all instances, if there is any discrepancy between this document and the CMS approved Scheme Rules, the registered Rules will always prevail. Please consult the Scheme Rules on www.mcmas.co.za. The benefits outlined in this guide are a summary. These benefits are reviewed annually and amended in line with the requirements of the Medical Schemes Act and also take into account the requirements of the Consumer Protection Act where it relates to the business of a medical scheme.

# **COMMITTED** TO QUALITY HEALTHCARE IN 2027

## AFFORDABLE, COMPREHENSIVE COVER YOU CAN RELY ON.

*Your health and wellbeing remain at the heart of the decisions we make. As we enter 2027, the Board of Trustees remains committed to providing access to high-quality healthcare while balancing affordability with the long-term sustainability of the Scheme.*

*Healthcare costs continue to increase at a rate above general inflation, driven by higher utilisation of healthcare services, rising hospital and specialist costs, and ongoing medical inflation. Based on current healthcare cost projections, a contribution increase of 11.55% would of been required, to fully fund the Scheme's expected healthcare costs for 2027.*

*Recognising the financial pressures facing many members, the Board took a balanced approach and approved a lower contribution increase than would otherwise have been necessary. While this decision places additional pressure on the Scheme's reserves and increases the importance of ongoing cost management initiatives, the Board believes it represents an appropriate balance between maintaining the Scheme's long-term financial sustainability and ensuring healthcare cover remains affordable for members.*

*To help keep the contribution increase as affordable as possible, the Board has made some changes to benefits for the coming year. Without these changes, contributions would have needed to increase by 11.55% to cover the expected rise in healthcare costs. The Board carefully evaluated the impact of each proposed change and sought to minimise any effect on members while helping to manage the overall cost of healthcare cover. As a result, an average contribution increase of 5.9% was approved, together with targeted benefit changes, including adjustments to Medical Savings Account allocations, the introduction of a sub-limit for the Conservative Dentistry Benefit, and changes to reimbursement levels for certain specialist services. Members are encouraged to join one of the virtual information sessions where these changes and their impact will be explained in more detail.*

***What this means for you in 2027***

- *The Scheme remains financially sound.*
- *Comprehensive healthcare benefits have been retained.*
- *Benefit limits have generally been increased to assist with rising healthcare costs.*
- *The average contribution increase, effective 1 January 2027, is 5.9%.*

*The Board of Trustees remains focused on balancing affordability, member value and the long-term sustainability of the Scheme, ensuring that the Scheme continues to provide meaningful healthcare cover for you and your family.*

*Thank you for your continued trust in the Scheme. We look forward to supporting you and your family with access to quality healthcare cover throughout 2027.*

To make the most of your cover in 2027, we encourage you to review this brochure and visit our website (www.mcmas.co.za) for a better understanding of your available benefits. Please also share this information with your dependants if they are members of the MultiChoice Medical Aid Scheme.




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# **ABOUT THE** SCHEME

## WHAT IS THE M-MED OPTION?

The M-Med Option is the name of the single benefit option of the MultiChoice Medical Aid Scheme, which is administered by Discovery Health (Pty) Ltd and registered with the Council for Medical Schemes. MultiChoice Medical Aid Scheme is a closed medical scheme that is not open to the public and only people employed by specified employer groups are allowed to join. This helps us to design our own benefits to meet our members' needs and means that you have access to richer benefits compared to many other schemes.

## WHO CAN JOIN THE SCHEME?

***In terms of the Employer's Policy, all permanent employees at the companies listed below are required to join the MultiChoice Medical Aid Scheme. Scheme membership is a compulsory condition of employment. The only exception applies to employees who are existing members of their spouse's medical scheme.***

- DSTV Media Sales (Pty) Ltd
- Electronic Media Network Ltd (M-Net)
- Irdeto South Africa
- MultiChoice (Pty) Ltd
- MultiChoice Group (Pty) Ltd
- MultiChoice Group Services (Pty) Ltd
- MultiChoice Group Treasury (Pty) Ltd
- MultiChoice Support Services (Pty) Ltd
- Orbicom (Pty) Ltd
- SuperSport Intl. (Pty) Ltd

## WHICH OF YOUR DEPENDANTS ARE ELIGIBLE TO JOIN?

- Your spouse or partner in a committed and serious relationship that is similar to a marriage including mutual dependency and a shared and common household.
- Your children, up to the age of 29. Children who are 21 and older will be charged the adult dependant rate. You will pay for a maximum of three children at the child dependant rate if your children are under the age of 21 years.
- You have 60 days in which to register a new spouse to avoid underwriting penalties and waiting periods being imposed. We count the 60 days from the date of marriage.
- You have 60 days in which to register a newborn baby to avoid underwriting penalties and waiting periods being imposed. We count the 60 days from the date of birth.
- Ex-spouses are not considered to be eligible dependants and must be removed as dependants within 60 days of your divorce. We count 60 days from the date displayed on your divorce decree.

Phone the MultiChoice Medical Aid Scheme call centre on **0860 11 66 33** or speak to your HR representative if you need additional information about dependants.


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# **WHY** MULTICHOICE MEDICAL AID SCHEME?

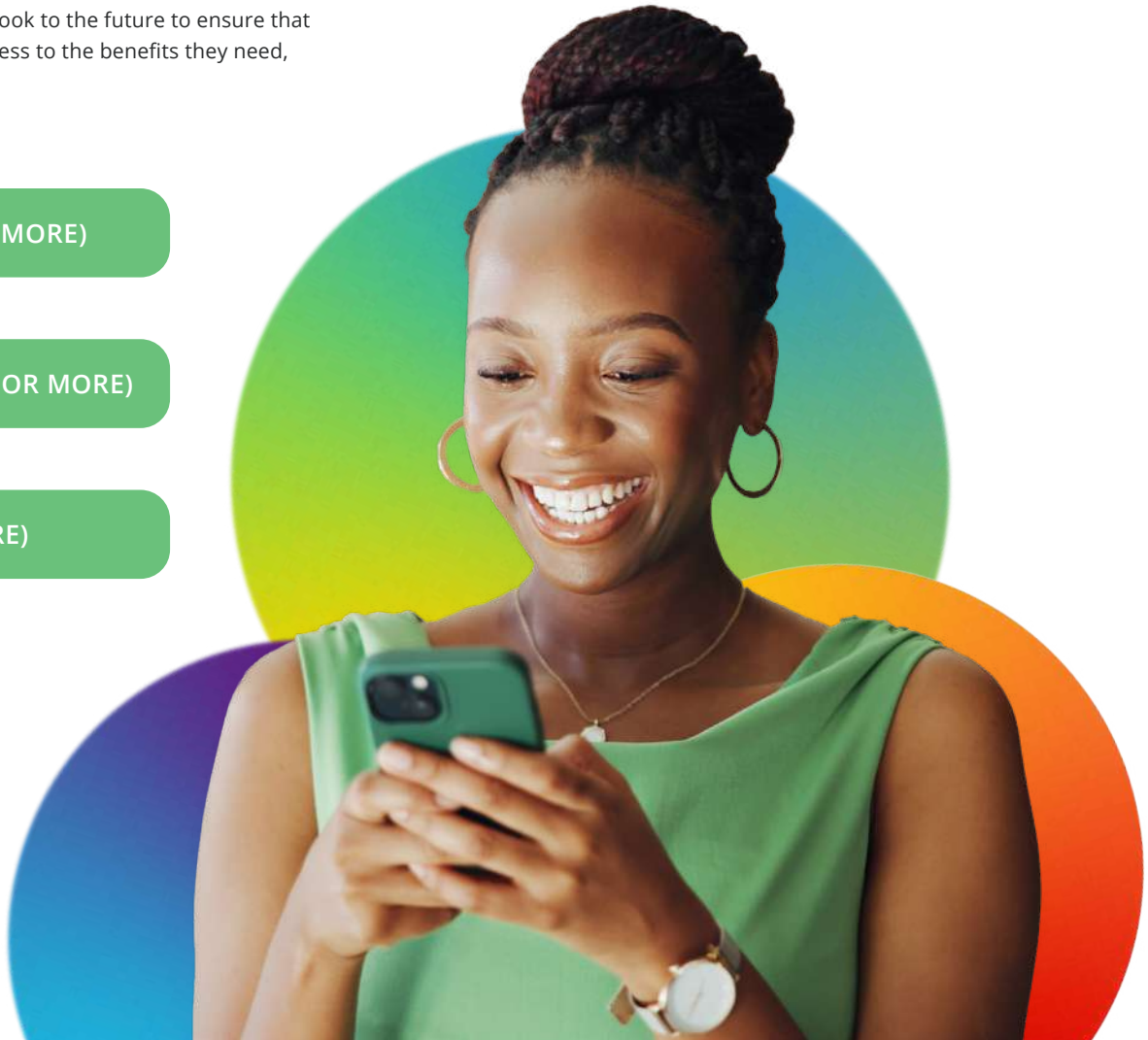
MCMAS is in great financial shape, having a younger average Scheme membership, and a lower number of pensioners than the industry average.

You can take great comfort in knowing that the Scheme's Board of Trustees don't just look at how well we're doing today, but also look to the future to ensure that even as the Scheme ages, our members have access to the benefits they need, when they need it.

AFFORDABILITY (CLICK FOR MORE)

VALUE FOR MONEY (CLICK FOR MORE)

SIMPLICITY (CLICK FOR MORE)





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# **TERMS** WE USE

## MEDICAL SAVINGS ACCOUNT

The Medical Savings Account covers the cost of day-to-day expenses such as visits to GPs and dentists, as well as the cost of medication subject to the availability of funds in the Medical Savings Account. The full annual amount is available on 1 January every year and any leftover savings are carried over to the following year. These carried over funds become known as the Accumulated Savings Account.

## SELF-PAYMENT GAP

When your Medical Savings Account runs out, you enter what we call the Self-payment Gap. This means that you have to pay most of your day-to-day expenses yourself until you reach the threshold levels to access your Above Threshold Benefit. You must continue to submit your claims to us for processing even though you are in a Self-payment Gap. We add these up to reach your Threshold.

## ABOVE THRESHOLD BENEFIT

When member's cumulative expenses equal the Annual Threshold amount, the member enters the Above Threshold Benefit. Once the member enters the Above Threshold Benefit, the Scheme covers the cost of certain day-to-day medical expenses.

## EXTENDED MAJOR MEDICAL EXPENSES BENEFIT

Paid at 100% of Scheme Rate. Covers the hospital account and all related, approved costs incurred while in hospital. The limit for the Major Medical Expenses Benefit is R3 218 710 per family per year. We call this limit the overall annual limit.

## ACCUMULATED SAVINGS ACCOUNT

Accumulated Savings Account is unused Medical Savings Account carried over from previous years

- Accumulated savings will accrue interest at a rate equivalent to the actual interest earned, less fees and costs.
- Carryover funds may be used to fund shortfalls during the Self-payment Gap or any other expenses not covered.

### PLEASE NOTE

You have to pay the difference between what the healthcare professional charges and what the Scheme pays if the provider charges more than the Scheme Rate.



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# **GLOSSARY** OF KEY TERMS

| TERM | ACRONYM | WHAT |
|---|---|---|
| Designated Service Provider | DSP | The doctors, specialists, hospitals and pharmacies that the medical scheme has negotiated preferential rates with in-offering their benefits for Prescribed Minimum Benefit Conditions. |
| Direct Payment Arrangement | DPA | Discovery Health on behalf of MultiChoice Medical Aid Scheme implement payment arrangements in an effort to reduce payment frustration for members and healthcare professionals. Participating doctors agree to charge a set rate, as determined by Discovery Health on behalf of the Scheme. This rate is based on what is affordable to the Scheme as well as appropriate for healthcare professionals. |
| Emergency medical services | EMS | Ambulance etc. |
| External medical items | EMI | Medical items used on the exterior of the body such as prosthetic limbs, wheelchairs, crutches etc. |
| Family size descriptions | M | Single member |
| | M + 1 | Member plus 1 beneficiary |
| | M + 2 | Member plus 2 beneficiaries |
| | M + 3 | Member plus 3 beneficiaries |
| | M + 4 | Member plus 4 beneficiaries |
| | M + 4+ | Member plus 4 or more beneficiaries |
| In-Hospital | IH | Refers to all related, approved costs etc. during procedures (emergency or elected) which occur during a hospital stay. |
| Out-of-Hospital | OH | Refers to any procedures, treatment or care and claims for medicine and devices which occur without an overnight hospital stay. Also known as 'Day-to-day'. |
| Over-the-counter | OTC | Medicine schedule 0–2 |
| Preferred providers | PP | A provider chosen by the Scheme to provide specific services to its members. These services may be furnished at discounted rates. Members must visit these providers to enjoy specific cover. |
| Self-payment Gap | SPG | The Self-payment Gap happens when members of the Scheme run out of funds in their Medical Savings Accounts before reaching the Annual Threshold. When a Self-payment Gap is in force, members are personally responsible for the payment of all day-to-day medical expenses, except those covered by the Extended Major Medical Expenses Benefit. |


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# OPTIONS TO **GUARANTEE PAYMENT IN FULL**

## MAKE THE FULL COVER CHOICE

You have the choice of being covered in full when you see a specialist in hospital, as well as for your chronic medicine and GP consultations. Use the tools described below to minimise (or avoid altogether) the amount you have to pay from your pocket.

## NETWORK SPECIALISTS ARE PAID DIRECTLY AND IN FULL

When you use healthcare professionals who participate in Discovery Health Premier Specialist Network payment arrangements, the Scheme will cover their approved procedures and consultations in full. These participating healthcare professionals are also Designated Service Providers for Prescribed Minimum Benefits. Remember, we fund claims up to the overall annual limit, except in the case of Prescribed Minimum Benefits where we fund them in full. If you are treated in hospital by a specialist who does not participate in the payment arrangement, the Scheme will cover up to 200% of the Scheme Rate.

## WHEN YOU NEED TO GO TO THE DOCTOR, USE MAPS ADVISOR, AVAILABLE ON OUR WEBSITE

MaPS Advisor – our Medical and Provider Search tool helps you find a healthcare professional who we have an agreement with. These healthcare professionals have agreed to only charge you the Scheme Rate and we pay them in full.




Please log into the MultiChoice Medical Aid Scheme website (**www.mcmas.co.za**) to find your nearest network provider.

## MATERNITY BENEFITS

As part of our drive to provide full cover choices and ensure that you save on day-to-day medical expenses, we will cover antenatal consultations and scans through the Major Medical Expenses Benefit when you have spent your annual Medical Savings Account allocation and are in your Self-payment Gap. You will have cover for unlimited consultations and two 2D pregnancy scans through the Extended Major Medical Expenses Benefit, if you use a gynaecologist or obstetrician who we have a payment arrangement with.

## GP NETWORK DOCTORS ARE PAID DIRECTLY AND IN FULL

When you see a GP in the Discovery Health GP Network, their consultation code will be paid in full, from the Medical Savings Account. If you enter a Self-payment Gap or exhaust your Above Threshold Benefit, this consultation code will also be paid in full, from the Extended Major Medical Expenses Benefit. If a participating GP treats you while in hospital, the GP will be paid up to 200% of the Scheme Rate. The Scheme also pays for certain pathology tests and prescribed medicine ordered by a network GP when you are in a Self-payment Gap, through the Extended Major Medical Expenses Benefit.



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# **SCHEME** CONTRIBUTIONS

## MONTHLY CONTRIBUTION TABLES AND SALARY BANDS

1 January 2027 – 31 December 2027: MultiChoice Medical Aid Scheme monthly contributions, including 20.5% Medical Savings Account.

| TOTAL ANNUAL INCOME | PRINCIPAL | ADULT | CHILD* |
|---|---|---|---|
| Income band | Rands | Rands | Rands |
| **R0 – R254 000** | R2 675 | R901 | R272 |
| **R254 001 – R362 000** | R3 135 | R1 531 | R577 |
| **R362 001 – R574 000** | R4 078 | R2 886 | R1 087 |
| **R574 001 – R857 000** | R4 797 | R3 836 | R1 447 |
| **R857 001 – R1 351 000** | R5 539 | R4 413 | R1 651 |
| **R1 351 001 – R2 250 000** | R5 733 | R4 574 | R1 708 |
| **R2 250 001+** | R5 755 | R4 591 | R1 716 |

These income bands apply until 31 December 2027. A maximum of three children (under 21 years old) are calculated in the total contribution, the rest are free.

## CONTRIBUTION PENALTIES FOR PERSONS JOINING LATE IN LIFE

***The Board may, in addition to the contributions stated, impose contribution penalties up to the specified ratio for a late-joiner.***

A late-joiner is an applicant or adult dependant who, at the date of application for membership or admission as a dependant, is 35 years of age or older. Any beneficiary who enjoyed coverage with one or more medical schemes prior to 1 April 2001, with no break in cover of more than three consecutive months since 1 April 2001, is excluded.

| PENALTY BANDS | MAXIMUM PENALTY |
|---|---|
| **1 – 4 years** | 0.05 x risk contribution |
| **5 – 14 years** | 0.25 x risk contribution |
| **15 – 24 years** | 0.50 x risk contribution |
| **25+ years** | 0.75 x risk contribution |

Any amount of years of creditable coverage will be subtracted from the applicant's current age to determine the applicable penalty. Creditable coverage is the previous periods of medical scheme cover (medical schemes registered in South Africa). You will need to send us proof of this cover so we can determine the correct penalty amount to apply.


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# **DAY-TO-DAY** BENEFITS

*Here's how we pay for these claims.*

01

## MEDICAL SAVINGS ACCOUNT AND ACCUMULATED SAVINGS ACCOUNT

- Used first
- Medical Savings Account allocated in January every year
- Accumulated Savings Account is unused Medical Savings Account carried over from previous years

02

## SELF-PAYMENT GAP

- When you have run out of your Medical Savings Account but have not yet reached your Above Threshold Benefit
- Pay claims from your own pocket
- Must continue to submit claims to close the gap

03

## EXTENDED MAJOR MEDICAL EXPENSES BENEFIT

- The Scheme covers these claims for you when you are in your Self-payment Gap
- You are never completely without day-to-day cover

04

## ABOVE THRESHOLD BENEFIT

- Used last
- The Scheme funds these claims for you when you reach the Threshold


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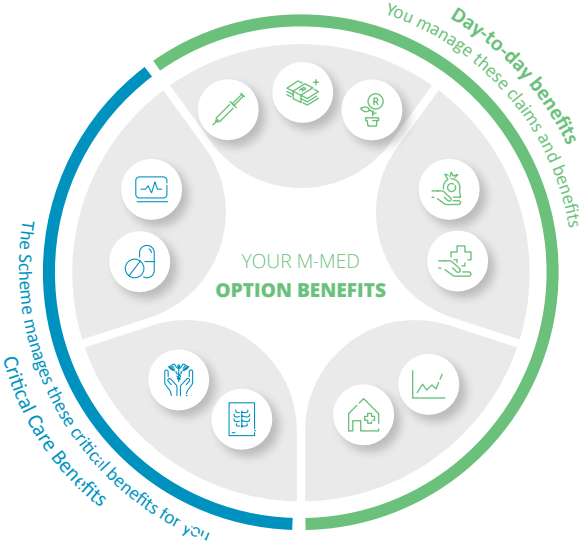
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# DAY-TO-DAY BENEFITS




## MEDICAL SAVINGS ACCOUNT

- Full Medical Savings Account given to you upfront
- Your monthly contribution contains 1/12 of the annual balance – you pay it back over the year
- Prorated if you join mid-year
- If you have spent all of your Medical Savings Account and you withdraw from the Scheme mid-year, you will have to pay back the Medical Savings Account that you have not yet paid for in your contributions (clawback)
- Fixed portion of your contribution
- Set at 20.5%
- Claims paid from here first and at Scheme Rates
- Sub-limits apply for certain benefits
- You earn 2.5% interest on positive accrued funds in your current year Medical Savings Account
- What you don't use, gets carried over to your Accumulated Savings Account for use the following year

## SELF-PAYMENT GAP

- Temporary gap in cover
- No Medical Savings Account available and you haven't reached your Above Threshold Benefit
- You pay from your pocket
- Continue to submit claims so we know when to start paying from your Above Threshold Benefit

## EXTENDED MAJOR MEDICAL EXPENSES

- Unlimited cover
- Day-to-day cover
- Network providers only
- Available when you are in a Self-payment Gap (No Medical Savings Account and haven't reached Above Threshold Benefit)
- Includes:
  - GP consultation fees
  - Prescribed medicine from a network pharmacy
  - Certain blood tests
  - Maternity consultations and two 2D scans
  - Two casualty visits at a network casualty doctor and virtual paediatric consultations at a network paediatrician

## ABOVE THRESHOLD BENEFIT

- Once your day-to-day expenses reach a fixed rand amount, called the Annual Threshold (after the Self-payment Gap), the Scheme will pay your claims from the Above Threshold Benefit at the Scheme Rate
- Sub-limits apply for certain benefits
- Above Threshold Benefit is capped each year
- Calculated by family size

## ACCUMULATED SAVINGS ACCOUNT

- Medical Savings Account funds carried over from the previous year
- Accumulated savings will accrue interest at a rate equivalent to the actual interest earned, less fees and costs
- Carryover funds may be used to fund shortfalls during the Self-payment Gap or any other expenses not covered



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# **DAY-TO-DAY** BENEFITS (CONTINUED)

*CLAIMS ARE FIRST PAID FROM THE MEDICAL SAVINGS ACCOUNT AND AFTERWARDS FROM THE ABOVE THRESHOLD BENEFIT SUBJECT TO THE LIMITS BELOW.*

**Important note:** All limits are prorated if you join MultiChoice Medical Aid Scheme after 1 January of each year. This means that the limit is divided over the number of months remaining in the year.

| BENEFIT | RATE OF REIMBURSEMENT | ANNUAL BENEFIT LIMITS 2027 |
|---|---|---|
| Professional services | | |
| GPs and specialists (except network GPs) | 100% of Scheme Rate | Subject to available funds in the Medical Savings Account and Above Threshold Benefit. |
| Network GPs | 100% of Scheme Rate | Network GP consultation code funded in full from the Medical Savings Account and Above Threshold Benefit. Once the funds in the Medical Savings Account and Above Threshold Benefit are depleted, the Scheme funds unlimited network GP consultation codes. |
| Non-PMB trauma services obtained from a casualty unit: consultations, facility fee and consumables | 100% of Scheme Rate | Subject to available funds in the Medical Savings Account and Above Threshold Benefit.<br>If the member has depleted the Medical Savings Account and has not yet reached the Above Threshold Benefit, or where the member has depleted the Above Threshold Benefit, the member has access to two casualty visits at a network casualty doctor, per child under the age of 10 years, per year. The payment of these claims is subject to the availability of the overall annual limit. These two casualty visit claims will not accumulate to the Threshold.<br>If a non-network provider is used, the claims will be paid from the available funds in the Medical Savings Account or Above Threshold Benefit. |
| Optical benefits (including frames, lenses and contact lenses) | 100% of Scheme Rate | R8 080 per beneficiary per year. Eye examination fee or consultation not subject to the limit. Subject to funds in the Medical Savings Account and Above Threshold Benefit. If a network optician is used, a 20% discount may be enjoyed by the member for frames and lenses. |
| Radial keratotomy or excimer laser procedures Subject to preauthorisation | 100% of Scheme Rate | **Criteria:**<br>Minus six dioptres and less, R15 360 per qualifying eye, limited to R30 670 per family every two years.<br>More than minus six dioptres, limited to R3 960 per beneficiary every two years.<br>Subject to funds in the Medical Savings Account and Above Threshold Benefit. |



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# **DAY-TO-DAY** BENEFITS (CONTINUED)

| BENEFIT | RATE OF REIMBURSEMENT | ANNUAL BENEFIT LIMITS 2027 |
|---|---|---|
| Allied, Therapeutic and Psychology Benefit (acousticians, biokineticists, chiropractors, dietitians, homeopaths, nursing providers, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrics, counsellors, social workers, speech and hearing therapists) | 100% of Scheme Rate | Subject to funds in the Medical Savings Account and Above Threshold Benefit.<br>Annual sub-limits apply:<br>M: R24 040<br>M + 1: R32 560<br>M + 2: R39 910<br>M + 3+: R46 080<br>Once these benefit limits have been depleted, and subject to available day-to-day benefits, you may apply for additional sessions to be approved for funding. Complete the form titled 'Application for additional allied therapeutic and psychology benefits' available on the website. Once your application has been assessed, a defined number of additional sessions may be approved for funding. |
| Allied, Therapeutic and Psychology Extender Benefit (Allied healthcare services including: chiropractors, biokineticists, occupational therapists, physiotherapists, psychologists, speech and hearing therapists for certain conditions) | 100% of Scheme Rate | Benefit entry criteria apply upon application, as this benefit is only for a defined list of conditions. If granted, the Allied, Therapeutic and Psychology Benefit limit will not apply. Paid from Major Medical Expenses Benefit, subject to the overall limit, once the Medical Savings Account and Above Threshold Benefit have been depleted. |
| Diabetes<br><br>Telemetric glucometer<br>Continuous Glucose Monitoring device sensors for use with Freestyle Libre (Abbot), MediLink and Enlite (Medtronic) and Dexcom G6 (Ethitec) devices | If registered with the DiabetesCare Programme via your nominated Premier Plus GP, claims are paid in full at 100% of the Scheme Rate | Funded at Scheme Rate only.<br>Limited to one per year per qualifying beneficiary registered as a chronic member with diabetes.<br>Paid up to the following limits when prescribed by a network provider:<br>Adults: R1 570 per person per month<br>Children (under 18): R2 092 per person per month<br>Note the following:<br>Benefit only available to those living with Type 1 Diabetes.<br>Should the sensors be obtained from a non-network provider, funding will be from the available day-to-day benefits. |

* Limits are applicable to both in- and out-of-hospital claims



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# **DAY-TO-DAY** BENEFITS (CONTINUED)

| BENEFIT | RATE OF REIMBURSEMENT | ANNUAL BENEFIT LIMITS 2027 |
|---|---|---|
| **Medicines** | | |
| Acute medicine | 100% of Scheme Medicine Rate | Prescription only. Subject to available funds in the Medical Savings Account and Above Threshold Benefit. |
| Self-prescribed or pharmacy-prescribed medicines (Schedule 0, 1 and 2) | 100% of Scheme Medicine Rate | M: R1 310<br>M1+: R1 460 |
| Oral contraceptives | 100% of Scheme Medicine Rate | R292 per beneficiary per month. Subject to available funds in the Major Medical Expenses Benefit. This is not funded from the Medical Savings Account or Above Threshold Benefit. |
| **Investigations** | | |
| Radiology | 100% of Scheme Rate | Subject to available funds in the Medical Savings Account and Above Threshold Benefit. |
| Pathology<br>Point-of-care device testing | 100% of Scheme Rate | Subject to available funds in the Medical Savings Account and Above Threshold Benefit. If the Discovery Health pathology form is used, the pathology codes are paid by the Scheme when the funds in the Medical Savings Account and Above Threshold Benefit have been depleted.<br>Point-of-care device testing covered from Chronic Illness Benefit for members registered on the programme, when your doctor uses the defined integration solution to submit claims for tests using these devices. |
| Endoscopic procedures<br>Out-of-hospital subject to authorisation | 100% of Scheme Rate | Subject to Major Medical Expenses Benefit. |
| MRI and CT scans* | 100% of Scheme Rate | Subject to overall annual limit. R32 730 per family per year. |
| Intrauterine devices (In- and out-of-hospital) | 100% of Scheme Medicine Rate | Subject to available funds in the Medical Savings Account and Above Threshold Benefit at all times. Device is paid on an out-of-hospital basis even if the procedure is performed in hospital. |

* Limits are applicable to both in- and out-of-hospital claims



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# **DAY-TO-DAY** BENEFITS (CONTINUED)

| BENEFIT | RATE OF REIMBURSEMENT | ANNUAL BENEFIT LIMITS 2027 |
|---|---|---|
| Oral and Dental Benefit | | |
| Conservative (basic) dentistry | 100% of Scheme Rate | R9 200 per beneficiary per year, subject to available funds in the Medical Savings Account and Above Threshold Benefit. |
| Specialised dentistry** | 100% of Scheme Rate | M: R22 930<br>M1: R30 490<br>M2: R38 300<br>M3: R45 860<br>M4+: R53 430<br>Subject to available funds in the Medical Savings Account and Above Threshold Benefit.<br>All specialised dentistry, such as implants and crowns, are funded from the Medical Savings Account and Above Threshold Benefit, regardless of whether the procedure is performed in hospital or not. |

** Specialist network applies; if a network specialist is used claims are paid in full. If a network specialist is not used, claims paid up to 200% of Scheme Rate and the claims will be paid to you.





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# **DAY-TO-DAY** BENEFIT VALUES

## ANNUAL MEDICAL SAVINGS ACCOUNT VALUES

| TOTAL ANNUAL INCOME | MEDICAL SAVINGS ACCOUNT | | |
|---|---|---|---|
| Income bands | Principal | Adult | Child |
| R0 – R254 000 | R6 648 | R2 268 | R684 |
| R254 001 – R362 000 | R7 824 | R3 804 | R1 440 |
| R362 001 – R574 000 | R10 080 | R7 116 | R2 676 |
| R574 001 – R857 000 | R11 748 | R9 420 | R3 528 |
| R857 001 – R1 351 000 | R13 536 | R10 764 | R4 008 |
| R1 351 001 – R2 250 000 | R13 908 | R11 100 | R4 164 |
| R2 250 001+ | R13 908 | R11 100 | R4 164 |

Your annual Medical Savings Account value is calculated by adding together the value per beneficiary (subject to a maximum of three children). Income bands apply until 31 December 2027.

## THRESHOLD VALUES

| THRESHOLD LEVEL | | | |
|---|---|---|---|
| Income bands | Principal | Adult | Child |
| R0 – R254 000 | R8 603 | R2 890 | R869 |
| R254 001 – R362 000 | R10 109 | R4 915 | R1 845 |
| R362 001 – R574 000 | R12 971 | R9 197 | R3 461 |
| R574 001 – R857 000 | R15 137 | R12 102 | R4 551 |
| R857 001 – R1 351 000 | R17 370 | R13 846 | R5 187 |
| R1 351 001 – R2 250 000 | R17 864 | R14 256 | R5 334 |
| R2 250 001+ | R17 864 | R14 256 | R5 334 |

Your Threshold value is calculated by adding together the value per beneficiary (subject to a maximum of three children). Income bands apply until 31 December 2027.

## SELF-PAYMENT GAP VALUES

| TOTAL ANNUAL INCOME | SELF-PAYMENT GAP | | |
|---|---|---|---|
| Income bands | Principal | Adult | Child |
| R0 – R254 000 | R1 955 | R622 | R185 |
| R254 001 – R362 000 | R2 285 | R1 111 | R405 |
| R362 001 – R574 000 | R2 891 | R2 081 | R785 |
| R574 001 – R857 000 | R3 389 | R2 682 | R1 023 |
| R857 001 – R1 351 000 | R3 834 | R3 082 | R1 179 |
| R1 351 001 – R2 250 000 | R3 956 | R3 156 | R1 170 |
| R2 250 001+ | R3 956 | R3 156 | R1 170 |

Your annual Self-payment Gap value is calculated by adding together the value per beneficiary (subject to a maximum of three children). Income bands apply until 31 December 2027.

## ABOVE THRESHOLD BENEFIT VALUES

| FAMILY SIZE | ABOVE THRESHOLD BENEFIT (ATB) |
|---|---|
| Single Member | R37 140 |
| Member + 1 | R49 840 |
| Member + 2 | R62 980 |
| Member + 3+ | R76 000 |

Your Above Threshold Benefit value is calculated by adding together your total family size, i.e. all beneficiaries and is not split by income band.







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# **MEDICINE** BENEFIT

| | TYPE OF MEDICINE | | PRESCRIBED BY | PAID FROM |
|---|---|---|---|---|
| HOSPITAL | **Medicines given to you while you are in hospital** (you are an admitted patient) | | | **Major Medical Expenses Benefit** |
| | **Medicines given to you when you leave the hospital** (you are being discharged as a patient). Medicine is billed by the hospital directly – you are not handed a script to collect from the pharmacy (seven days only) | | | **Major Medical Expenses Benefit** |
| | **Medicines given to you when you leave the hospital** (you are being discharged as a patient). Medicine is not billed by the hospital directly – you are handed a script to collect from the pharmacy (seven days only) | or | | **Day-to-day Benefits** (Medical Savings Account and/or Above Threshold Benefit). Accumulates to the Above Threshold Benefit. Limited to seven day supply. |
| OUT-OF-HOSPITAL | **Prescribed Acute Medicines** (Schedule 0 – 6) | or | | **Day-to-day Benefits** (Medical Savings Account and/or Above Threshold Benefit). Accumulates to the Above Threshold Benefit. A defined list of medicines are paid for by the Scheme while you are in your Self-payment Gap. |
| | **Self-prescribed or pharmacy-prescribed medicines** (Over-the-counter medicines – Schedule 0 – 2) | | or | **Day-to-day Benefits** (Medical Savings Account and/or Above Threshold Benefit). Accumulates to the Above Threshold Benefit. Limited to R1 310 per single member per year and R1 460 per family per year. A defined list of medicines are paid for by the Scheme while you are in your Self-payment Gap and make use of a Designated Service Provider. |
| | **Approved Chronic Medicines** (you have applied for Chronic Illness Benefit cover and the medicines have been approved and registered) | or | | **Chronic Illness Benefit** Accumulates to the Chronic Illness Benefit Medicine Limit |

Hospital Pharmacy Doctor Self



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# **DENTAL** BENEFIT

## TREATMENTS

### WHAT IS CONSERVATIVE DENTISTRY?

Drilling, filling, extractions, cleaning, root canal, check up

### WHAT IS SPECIALISED DENTISTRY?

Maxillo-facial, surgery, implants/crowns, wisdom extracts, inlays, bridgework, orthodontics, making and repairing dentures, periodontics, and osseo-integrated implants

### DOES MULTICHOICE MEDICAL AID SCHEME COVER CONSERVATIVE DENTISTRY IN-HOSPITAL?

**Children 12 years and younger:**

Yes (if pre-authorised and approved, it is paid from Major Medical Expenses Benefit)

**Persons over the age of 12 years:**

No – this is always funded from your day-to-day benefits

## OUT-OF-HOSPITAL TREATMENT

### LIMITS

Conservative dentistry 100% of Scheme Rate. R9 200 per beneficiary per year, subject to available funds in the Medical Savings Account and Above Threshold Benefit.

All specialised dentistry, such as implants and crowns, are funded from your Medical Savings Account and Above Threshold Benefit, regardless of whether the procedure is performed in hospital or not.

### HOW WE PAY FOR OUT-OF-HOSPITAL TREATMENT

- Available Medical Savings Account*
- Above Threshold Benefit*

Dentistry benefits are pro-rated according to the number of months left in the calendar year when you join the Scheme.

* *Limits apply*

Specialised dentistry* **100% of Scheme Rate**.

M: R22 930; M1: R30 490; M2: R38 300; M3: R45 860; M4+: R53 430

*Subject to funds in the Medical Savings Account and Above Threshold Benefit.*

## IN-HOSPITAL TREATMENT OR A DAY CASE FACILITY

(only applicable if under the age of 12)

- Phone us for authorisation
- Dentist to fill in specialised dental form
- The Dental Advisor will review your application for dental treatment in hospital
- We will let you know whether your treatment has been approved or declined from your Major Medical Expenses Benefit.

**Please allow enough time for the review process. You need to pre-authorise your in-hospital dental treatment and submit your dental form for review at least 10 days before your procedure (except in the case of an emergency).**

Claims → Major Medical Expenses Benefit

**All specialised dentistry, such as implants and crowns, are funded from your Medical Savings Account and Above Threshold Benefit, regardless of whether the procedure is performed in hospital or not.**



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# EXTENDED MAJOR MEDICAL EXPENSES BENEFIT

## THE EXTENDED MAJOR MEDICAL EXPENSES BENEFIT EXTENDS YOUR DAY-TO-DAY COVER FOR ESSENTIAL HEALTHCARE SERVICES.

***This benefit gives you access to medical cover even when you run out of day-to-day benefits. We pay for these so you don't have to! There are some rules to using the Benefit, so please read carefully.***

**Major Medical Expenses Benefit:**

Extended for when you run out of cover

### BLOOD TESTS

**Where do you go?**
- Partner pharmacy clinics

**Is it limited?**
- No

**When does this kick in?**
- Self-payment Gap period
- Above Threshold Benefit exhausted

### GP CONSULTATIONS

**Where do you go?**
- Network GP

**Is it limited?**
- No

**When does this kick in?**
- Self-payment Gap period
- Above Threshold Benefit exhausted

### PRESCRIBED MEDICINE (SCHEDULE 3 AND ABOVE)

**Where do you go?**
- Network pharmacy

**Is it limited?**
- Yes

**When does this kick in?**
- Self-payment Gap period

### SELF-PRESCRIBED MEDICINES (SCHEDULE 0,1 & 2)

**Where do you go?**
- Network pharmacy

**Is it limited?**
- Yes – R1 310 per single member per year and R1 460 per family per year

**When does this kick in?**
- Self-payment Gap period

### ANTENATAL SCANS

**Where do you go?**
- Network gynaecologist

**Is it limited?**
- Yes – 2 x 2D scans

**When does this kick in?**
- Self-payment Gap period
- Above Threshold Benefit exhausted

### ANTENATAL CONSULTATIONS

**Where do you go?**
- Network gynaecologist

**Is it limited?**
- No

**When does this kick in?**
- Self-payment Gap period
- Above Threshold Benefit exhausted

### TWO CASUALTY VISITS PER CHILD

**Where do you go?**
- Network casualty provider

**Is it limited?**
- Two visits

**When does this kick in?**
- Self-payment Gap period
- Above Threshold Benefit exhausted

**Additional** allied, therapeutic and psychology services

The Allied, Therapeutic and Psychology Benefit has certain limits in place. Once these are depleted, you can apply for additional cover.

***See Page 13 of this guide for more information.***

**Unlimited** benefits for certain allied, therapeutic and psychology services

The Allied, Therapeutic and Psychology Extender Benefit gives you access to unlimited clinically appropriate cover for biokineticists, acousticians, physiotherapists or chiropractors, psychologists, occupational therapists and speech and hearing therapists. This cover is for a defined list of conditions. You must apply to make use of this Benefit.



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# **PREVENTION** AND CARE

## PREVENTATIVE BENEFITS

***This benefit covers a range of vaccines that are aimed at keeping you and your family healthy.***

### SEASONAL FLU VACCINE

- One seasonal flu vaccine per beneficiary per year
- Covered from the Major Medical Expenses Benefit
- Further flu vaccines are funded from the Medical Savings Account or Above Threshold Benefit

### HUMAN PAPILLOMAVIRUS VACCINATION (HPV)

- Consists of three doses of vaccines
- Administered to male and female beneficiaries
- From age nine years to age 40 years
- Prevents cervical and other cancers caused by the human papillomavirus
- Vaccine is paid from the Major Medical Expenses Benefit

### CHILDHOOD IMMUNISATION BENEFIT

- Childhood vaccines
- Children up to and including the age of 12 years
- Includes BCG, oral polio, rotavirus, diphtheria, tetanus, acellular pertussis, inactivated polio and haemophilus influenza type B, hepatitis B, measles and pneumococcal vaccine
- Administered in line with the Department of Health immunisation schedule
- Vaccine is paid from Major Medical Expenses Benefit

### PNEUMOCOCCAL VACCINATION

- Certain high risk individuals
- Individuals aged 65 and older
- Individuals with certain respiratory conditions
- Children who are repeatedly admitted to hospital with pneumonia
- Aimed at preventing repeat admissions to hospital for pneumonia
- Vaccine is paid from the Major Medical Expenses Benefit

### PLEASE NOTE

In all instances, if your service provider charges a consultation fee to administer the vaccine, the consultation will be paid from your day-to-day benefits. This range of vaccine benefits covers the cost of the vaccine only.



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# PREVENTION AND CARE (CONTINUED)

## SCREENING BENEFITS

*The Screening Benefit covers a range of screening healthcare services to keep you healthy. This benefit covers certain tests at a Discovery Wellness Network provider or at the annual MultiChoice Medical Aid Scheme corporate wellness day. We help make your Medical Savings Account last longer by paying for your Screening Benefit from the Major Medical Expenses Benefit (limited to one approved test per beneficiary per year).*

### SCREENING TEST CONSISTING OF

- Blood glucose
- Blood pressure
- Cholesterol
- Body Mass Index

### PAP SMEAR

- One Pap smear per female beneficiary every second year
- This benefit covers the Pap smear code (pathology code)
- The Pap smear is paid from the Major Medical Expenses Benefit
- Further Pap smears are funded from the Medical Savings Account or Above Threshold Benefit

### BOWEL SCREENING

- One faecal occult test per male and female beneficiary every two years
- Must be between 45 and 75 years old
- Includes the cost of a GP consultation

### PROSTATE-SPECIFIC ANTIGEN TEST BENEFIT

- One prostate-specific antigen test per male beneficiary every second year
- This benefit covers the prostate-specific antigen test code (pathology code)
- The prostate-specific antigen test is paid from the Major Medical Expenses Benefit
- Further prostate-specific antigen tests are funded from the Medical Savings Account or Above Threshold Benefit

### MAMMOGRAM

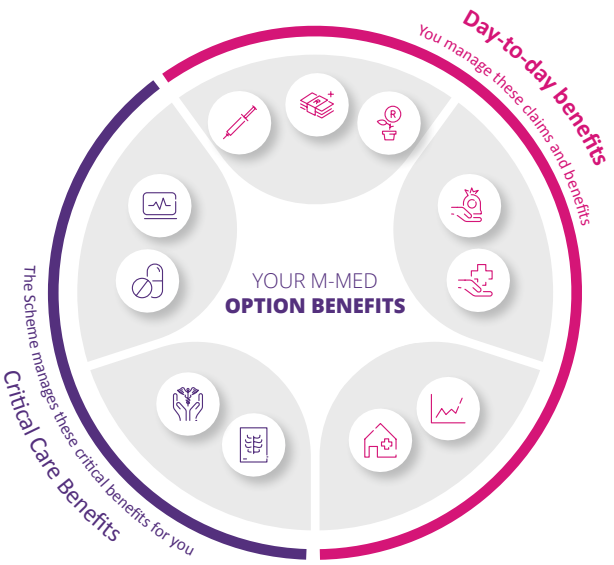
- One mammogram per female beneficiary every two years
- Must be 18 years or older
- Further mammograms are funded from the Medical Savings Account or Above Threshold Benefit
- High risk members have access to one mammogram every year





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# CRITICAL CARE BENEFITS




## MAJOR MEDICAL EXPENSES BENEFIT (IN-HOSPITAL)

- Extensive private hospital cover
- You must pre-authorise for hospitalisation, except in an emergency
- If you do not have your admission for a planned procedure authorised, you will have to pay the first R500 of the total admission
- Pre-authorise at least 72 hours in advance

## PREVENTATIVE BENEFIT

- Covers a range of vaccines and other preventative benefits that are aimed at keeping you and your family healthy.
- Funded from the Major Medical Expenses

## SCREENING BENEFIT

- Covers a range of screening healthcare services to keep you healthy
- Funded from the Major Medical Expenses Benefit

## ASSISTED REPRODUCTIVE THERAPY BENEFIT

- Funding for consultations, ultrasounds, oocyte retrieval, embryo transfer, admission and laboratory fees
- For members aged 25 – 42 years
- Limit of R147 530 per person per year
- You must pre-authorise your treatment before using this benefit.

## CHRONIC ILLNESS BENEFIT

- Provides cover for medicine for conditions where ongoing medicine is required
- Prescribed for three consecutive months or longer
- Includes a list of 27 conditions (including HIV and AIDS) known as the Prescribed Minimum Benefits (PMB) Chronic Disease List (CDL)
- You need to nominate a Network GP to manage your chronic condition/s to avoid a co-payment
- You have to apply by sending us an application form
- You and your nominated doctor need to complete the form
- We will tell you whether we have approved your cover
- If approved, you can claim from this benefit

## ONCOLOGY BENEFIT

- Extensive oncology cover
- Access to the latest technology and treatment subject to pre-authorisation
- Funding for radiotherapy and chemotherapy
- Funding for scans and related treatment
- Supportive therapy included

## SPECIALISED MEDICINE BENEFIT

- Cover for a defined list of specialised medicine
- Includes biologics
- Up to R185 350 for each person each year
- A co-payment of up to 20% may apply



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# **CRITICAL CARE** BENEFITS

## COVER FOR GOING TO CASUALTY

If you have to go to a casualty facility or an emergency room and you are admitted to hospital, the costs of the casualty visit will be covered from your Major Medical Expenses Benefit, as long as we confirm your admission. If you go to a casualty or emergency room and you are not admitted to hospital, we will pay the costs from your day-to-day benefits. Some casualties charge a facility fee, which we do not cover.

## COVER FOR EMERGENCIES

Your health benefits also include cover for medical emergencies in South Africa.

- **Emergencies in South Africa:** In an emergency, call Discovery 911 on 0860 999 911 – this number is displayed on your membership card for easy reference.
- Cover while travelling overseas: If you require any medical services that would normally be covered by the Scheme while on holiday overseas, you can claim these back from the Scheme on your return. The Scheme will refund you at the Scheme Rate that would have been paid if this medical treatment had been obtained in South Africa.

## MAJOR MEDICAL EXPENSES BENEFIT (IN-HOSPITAL BENEFITS)

**Important note**: All limits are prorated if you join the Scheme after 1 January of each year. This means that the limit is divided over the number of months remaining in the year.





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# MAJOR MEDICAL EXPENSES BENEFIT (IN-HOSPITAL BENEFITS)

| BENEFIT | RATE OF REIMBURSEMENT | ANNUAL BENEFIT LIMITS 2027 |
|---|---|---|
| Major Medical Expenses Benefit | 100% of Scheme Rate | Covers the hospital account and all related, approved costs incurred while in hospital.<br>The limit for the Major Medical Expenses Benefit is R3 218 710 per family per year.<br>We call this limit the overall annual limit. |
| Hospital accounts | 100% of Scheme Rate | Subject to overall annual limit. |
| Day surgery procedures | 100% of Scheme Rate | Defined list of procedures subject to the service being performed in a Day Surgery Network facility. Subject to overall annual limit. If the service of a non-network facility is used voluntarily, a deductible of R7 550 applies per admission. |
| GPs, specialists, psychologists and physiotherapists | 200% of Scheme Rate** | Subject to overall annual limit. Specialist network applies. Physiotherapy in hospital must be referred by the treating doctor. |
| Anaesthetists | 200% of Scheme Rate | Subject to overall annual limit. Outside of Scheme Networks. |
| Dentists (In-hospital conservative dentistry for children 12 years and younger only) | 100% of Scheme Rate | Subject to overall annual limit. |
| Maxillo-facial and oral surgery | 100% of Scheme Rate** | Subject to overall annual limit. Specialist network applies. |
| Radiology and pathology | 100% of Scheme Rate | Subject to overall annual limit. |
| Shoulder replacement prosthesis | 100% of Scheme Rate | R58 210 per prosthesis per admission.<br>R116 280 for bilateral joint replacement. |
| Hip or knee replacement prosthesis | 100% of Scheme Rate | R41 840 per prosthesis per admission.<br>R83 690 for bilateral joint replacement. |
| Spinal prosthesis and/or devices | 100% of Scheme Rate | Unlimited if prosthesis is supplied by preferred provider. If not supplied by the preferred provider limited to R35 530 per level and R71 090 for two or more levels. Further limited to two levels per procedure and one procedure per year per beneficiary. |
| All other internal prostheses cumulatively (including internal nerve stimulators, cochlear implants and auditory brain implants) | 100% of Scheme Rate | R91 330 per beneficiary per annum. |



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# MAJOR MEDICAL EXPENSES BENEFIT (IN-HOSPITAL BENEFITS) (CONTINUED)

| BENEFIT | RATE OF REIMBURSEMENT | ANNUAL BENEFIT LIMITS 2027 |
|---|---|---|
| Oncology Benefit: Chemotherapy and radiotherapy* | 100% of Scheme Rate or reference price (whichever is applicable) | R692 410 per family per year. Subject to overall annual limit. |
| Dialysis | 100% of Scheme Rate | Subject to overall annual limit. |
| External medical appliances* | 100% of Scheme Rate | R35 530 per prosthesis per beneficiary per year. Subject to overall annual limit. |
| Hearing aids* | 100% of Scheme Rate | R73 490 per beneficiary every two years. Subject to overall annual limit. |
| Prosthetics (artificial limbs and eyes) | 100% of Scheme Rate | R130 090 per family per year. Subject to overall annual limit. |
| Oxygen (home use) | 100% of Scheme Rate | Limited to the Designated Service Provider negotiated Rate per beneficiary per month. Subject to overall annual limit. The Designated Service Provider, must be used. |
| Mental Health Benefit | 200% of Scheme Rate | 21 days per beneficiary per year. Specialist network applies. The hospital will be paid up to the contracted or agreed rate. Subject to overall annual limit and PMBs.<br>2 additional consultations per beneficiary, with a psychologist post-discharge.<br>**Relapse Prevention Programme*:**<br>2 psychiatric visits<br>6 counselling sessions<br>Care coordination services<br>*Offered in addition to existing mental health benefits and the Prescribed Minimum Benefits. |
| Mental Health Benefit | 200% of Scheme Rate | **Enhanced out-patient care:**<br>Members with Major Depression or Episodic Depression within the last 12 months are eligible for enrolment.<br>Programme duration is 12 months upon receipt of a clinical motivation and results of a PHQ-9 assessment.<br>Enrolment must be done by a Premier Plus GP and a network psychologist must be used. |



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# MAJOR MEDICAL EXPENSES BENEFIT (IN-HOSPITAL BENEFITS) (CONTINUED)

| BENEFIT | RATE OF REIMBURSEMENT | ANNUAL BENEFIT LIMITS 2027 |
|---|---|---|
| Alcohol and drug rehabilitation | 100% of Scheme Rate | 21 days per beneficiary per year when admitted to an approved facility. R7 920 per family per year for non-PMB treatment received out-of-hospital. Subject to overall annual limit and PMBs. |
| Detox (Prescribed Minimum Benefits) | 100% of Scheme Rate | Three days per beneficiary per year. |
| Terminal Care Benefit | 100% of Scheme Rate | |
| – In-patient (non-PMB) | 100% of Scheme Rate | Subject to overall annual limit. |
| – Nursing visit at home (non-PMB) | 100% of Scheme Rate | Subject to available funds in the Medical Savings Account/Above Threshold Benefit. |
| – PMB instances | 100% of cost subject to PMB regulations and use of Designated Service Provider | Subject to the overall annual limit and PMB regulations. |
| Advanced Illness Benefit for patients needing end-of life and palliative care: Defined list of out of hospital benefits | 100% of Scheme Rate | Subject to overall annual limit. Subject to registration by the treating physician. Cover subject to authorisation, approved treatment guidelines and managed care criteria. |
| Advanced Illness Member Support Programme provides benefits for patients and their family when they are considering the impact of a terminal disease in the long term. | 100% of Scheme Rate for a defined basket of care | Includes:<br>One consultation with a healthcare provider trained in palliative care.<br>Two consultations with a social worker or registered counsellor or psychologist trained in palliative care.<br>Subject to overall annual limit. Cover subject to authorisation. |
| Organ transplants | 100% of Cost, up to 200% of Scheme Rate outside of specialist networks and Premier Rate providers** | Subject to overall annual limit. Specialist network applies. |
| Endoscopic procedures | 100% of Scheme Rate | Subject to overall annual limit. |
| MRI and CT scans* | 100% of Scheme Rate | R32 730 per family per year.<br>Subject to overall annual limit. |



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# MAJOR MEDICAL EXPENSES BENEFIT (IN-HOSPITAL BENEFITS) (CONTINUED)

| BENEFIT | RATE OF REIMBURSEMENT | ANNUAL BENEFIT LIMITS 2027 |
|---|---|---|
| Screening Benefit: Group of tests consisting of blood glucose test, blood pressure test, cholesterol test, Body Mass Index (BMI) HbA1C and Lipogram included for high risk members only | Up to a maximum of the Scheme Rate for group of tests | One test per beneficiary per year limited to Scheme Rate. Subject to overall annual limit. |
| Children's Screening Benefit: Group of age appropriate tests including, but not limited to growth, blood pressure and health tracking | Up to a maximum of 100% of the Scheme Rate | Subject to overall annual limit. For children between the ages of two and 18 years.<br>One test per qualifying beneficiary per annum. Limited to the agreed tariff per basket of tests, or per test if taken individually. Subject to services performed at a Designated Service Provider pharmacy or provider only. |
| Childhood vaccinations up to age 12 Per Department of Health guidelines | Up to a maximum of 100% of the Scheme Medicine Rate for the vaccination | Subject to overall annual limit. |
| Seasonal influenza vaccine | Up to a maximum of 100% of the Scheme Medicine Rate for the vaccination | Subject to overall annual limit.<br>One per beneficiary per year. |
| Human papillomavirus vaccination (HPV) between age nine and 40 years<br>Per Department of Health guidelines | Up to a maximum of 100% of the Scheme Medicine Rate for the vaccination | Subject to overall annual limit.<br>Three dose course per qualifying beneficiary. |
| Pneumococcal vaccination for qualifying beneficiaries only<br>High risk beneficiaries | Up to a maximum of 100% of the Scheme Medicine Rate for the vaccination | Subject to overall annual limit.<br>One per qualifying beneficiary every five years. |
| Preventative Screening Benefit: Pap smear | Up to a maximum of 100% of the Scheme Rate (Pap smear code only) | Subject to overall annual limit. One per female beneficiary every second year.<br>Additional Pap smears are covered from the Medical Savings Account or Above Threshold Benefit. |
| Preventative Screening Benefit: Prostate-specific antigen test | Up to a maximum of 100% of the Scheme Rate (prostate-specific antigen code only) | Subject to overall annual limit. One per male beneficiary every second year.<br>Additional prostate-specific antigen tests are covered from the Medical Savings Account or Above Threshold Benefit. |

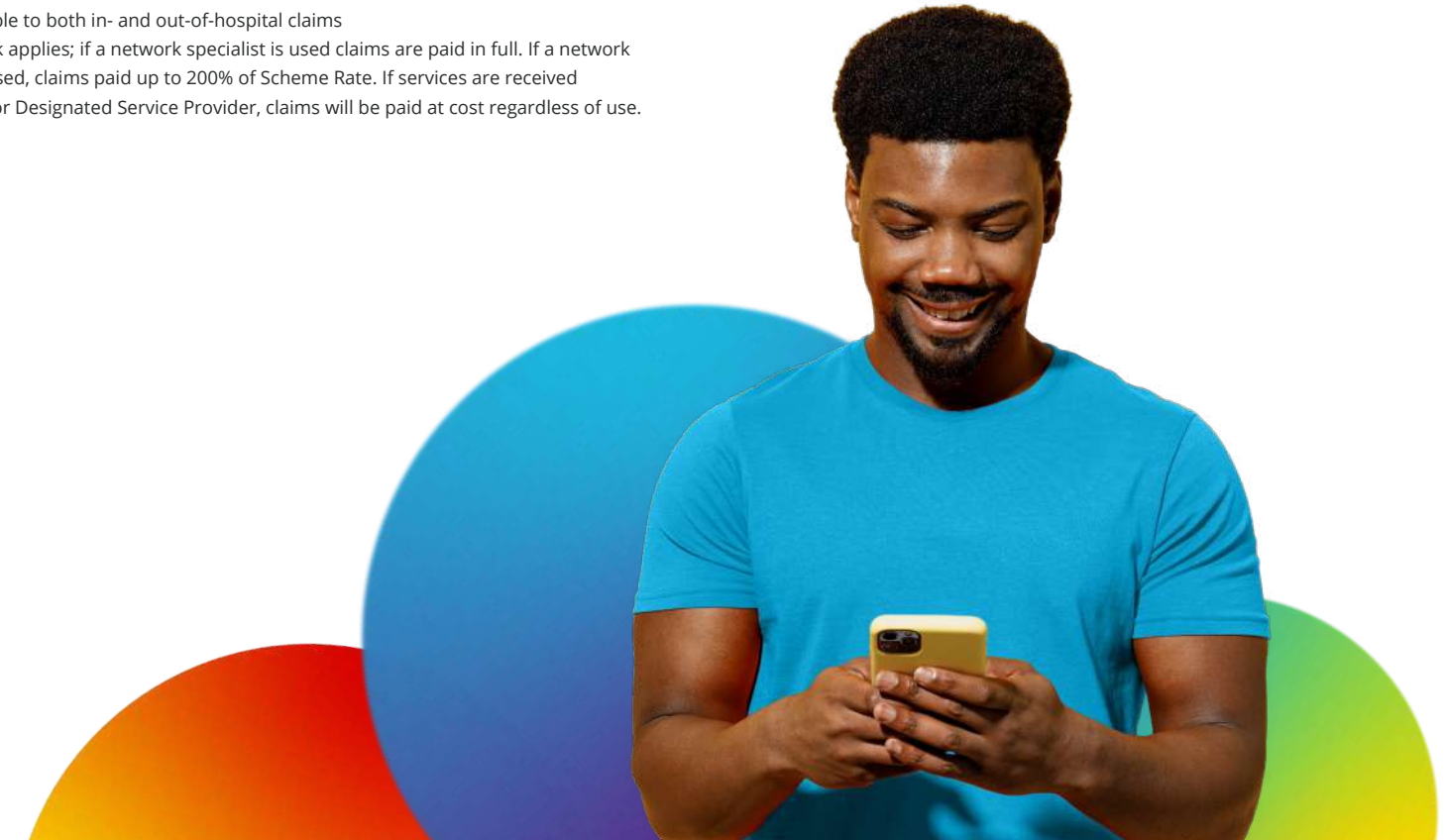


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# MAJOR MEDICAL EXPENSES BENEFIT (IN-HOSPITAL BENEFITS) (CONTINUED)

| BENEFIT | RATE OF REIMBURSEMENT | ANNUAL BENEFIT LIMITS 2027 |
|---|---|---|
| Termination of pregnancy | 100% of Scheme Rate | Subject to overall annual limit. |
| TTOs (take home medicine) | 100% of Scheme Rate | Payable from Major Medical Expenses Benefit if submitted as part of hospital account.<br>Limited to a seven day supply. |
| Specialised Medicine Benefit<br>Specific list of medicines | 100% of Scheme Medicine Rate for PMB treatment, a 20% co-pay may apply. | Subject to R185 350 per beneficiary per year.<br>Subject to the overall annual limit. |

* Limits are applicable to both in- and out-of-hospital claims
** Specialist network applies; if a network specialist is used claims are paid in full. If a network specialist is not used, claims paid up to 200% of Scheme Rate. If services are received at a state facility or Designated Service Provider, claims will be paid at cost regardless of use.





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# **CHRONIC ILLNESS** COVER

## COVER FOR CHRONIC CONDITIONS

***The Chronic Illness Benefit provides cover for medicine for conditions where ongoing medicine is required for a period of three consecutive months or longer. This will include the list of 27 conditions (including HIV and AIDS) known as the Chronic Disease List (CDL) and Non-PMB conditions also known as Additional Disease List (ADL).***

You can start claiming for chronic medicines once we have approved your cover. You need to complete a Chronic Illness Benefit application form with your doctor and send it to us.

We will then review your application and tell you if your cover has been approved. You can get the latest Chronic Illness Benefit application form on the website at **www.mcmas.co.za**

When approved for a Chronic Disease List condition, you also have access to a treatment basket of consultations, tests and procedures for the diagnosis and ongoing management of your condition.

## HOW WE PAY FOR CHRONIC MEDICINE

We pay for medicine up to a maximum of the Scheme Medicine Rate. The Scheme Medicine Rate for medicines is the price of medicine as well as a fee for dispensing it. The MultiChoice Medical Aid Scheme takes part in the Discovery Health negotiated contracts with over 2 000 pharmacies, who have agreed to charge no more than this rate. If you use a pharmacy outside of this network, you may have a co-payment on the dispensing fee charged by the pharmacist.

Chronic cover for Prescribed Minimum Benefits and non- Prescribed Minimum Benefits are covered in full if you use a Network pharmacy and have registered for chronic cover.

Chronic cover is limited to R173 950 per family per year.

Once the annual benefit limit has been reached, claims related to Additional Disease List conditions will be rejected. Claims related to Prescribed Minimum Benefit (PMB) conditions will continue to be funded at the Scheme Rate.

## COVER FOR CHRONIC CONSULTATIONS

You must nominate a GP in the Discovery Health Network to be your primary care doctor to manage your chronic conditions. You need to inform the Scheme of your nomination by contacting the MultiChoice Medical Aid Scheme call centre on 0860 11 66 33.

For full cover on your GP consultations you must visit your nominated GP. If you use a non-network and/or a non-nominated GP you will have to pay a minimum of 20% co-payment of the consultation fee.

Find a network doctor by logging in to **www.mcmas.co.za** > Hospital and doctor visits > Find a healthcare professional or call 0860 11 66 33.





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# PRESCRIBED MINIMUM BENEFITS (PMBs) AND DESIGNATED SERVICE PROVIDERS (DSPs)

## WHAT ARE PRESCRIBED MINIMUM BENEFITS?

***Prescribed Minimum Benefits are prescribed by law as a minimum benefit package that each medical scheme member is entitled to.***

The Council for Medical Schemes require all medical schemes to adhere to the regulations under the Medical Schemes Act to provide for full cover for certain conditions at Designated Service Providers, even when scheme exclusions or certain waiting periods apply, or when the member has reached the limit for a benefit.

## HOW PRESCRIBED MINIMUM BENEFIT CLAIMS ARE PAID

**Your cover depends on whether you choose to use the Scheme's Designated Service Providers (DSPs).**

The Scheme has selected hospital networks and other service providers as our Designated Service Providers or 'network'. The latest list of hospitals and other service providers is available on **www.mcmas.co.za**

If you choose to use the Scheme's Designated Service Providers, we pay your medical expenses in full, from your Major Medical Expenses Benefit. If you choose not to use Designated Service Providers, we pay for medical expenses incurred up to the Scheme Rate. You will be responsible for the balance.

## WHAT WE COVER AS PRESCRIBED MINIMUM BENEFITS

The Prescribed Minimum Benefits make provision for the cover of the diagnosis, treatment and ongoing care of:

- 271 diagnoses and their associated treatment
- 27 chronic conditions including HIV
- Emergency conditions

## PLEASE NOTE

If you are involuntarily admitted to a hospital which is not part of the Designated Service Providers, you will be transferred to a state or relevant network hospital as soon as a bed becomes available, or as soon as you are stable enough to be transferred. However, if you decline to move to a state or relevant network hospital, medical expenses incurred during your admission will be paid up to a maximum of the Scheme Rate. This will be calculated from the date that you opted to stay in a hospital that is not part of the Scheme's Designated Service Providers.

The associated treatment (Diagnostic Treatment Pairs) links a specific condition to a cost effective treatment and ensures high-quality care. The standard of practice and protocols that apply are aligned with the level of care in the public sector. The treatment and care of the Diagnostic Treatment Pairs Prescribed Minimum Benefits (DTPMB) conditions may include medication, consultations and investigations or procedures.

**REMEMBER**

**Your hospital admission is subject to approval and pre-authorisation. If you need to be admitted for emergency medical treatment, please arrange for authorisation 24 hours after your admission or have a family member contact us to arrange this.**



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## IMPORTANT NOTE

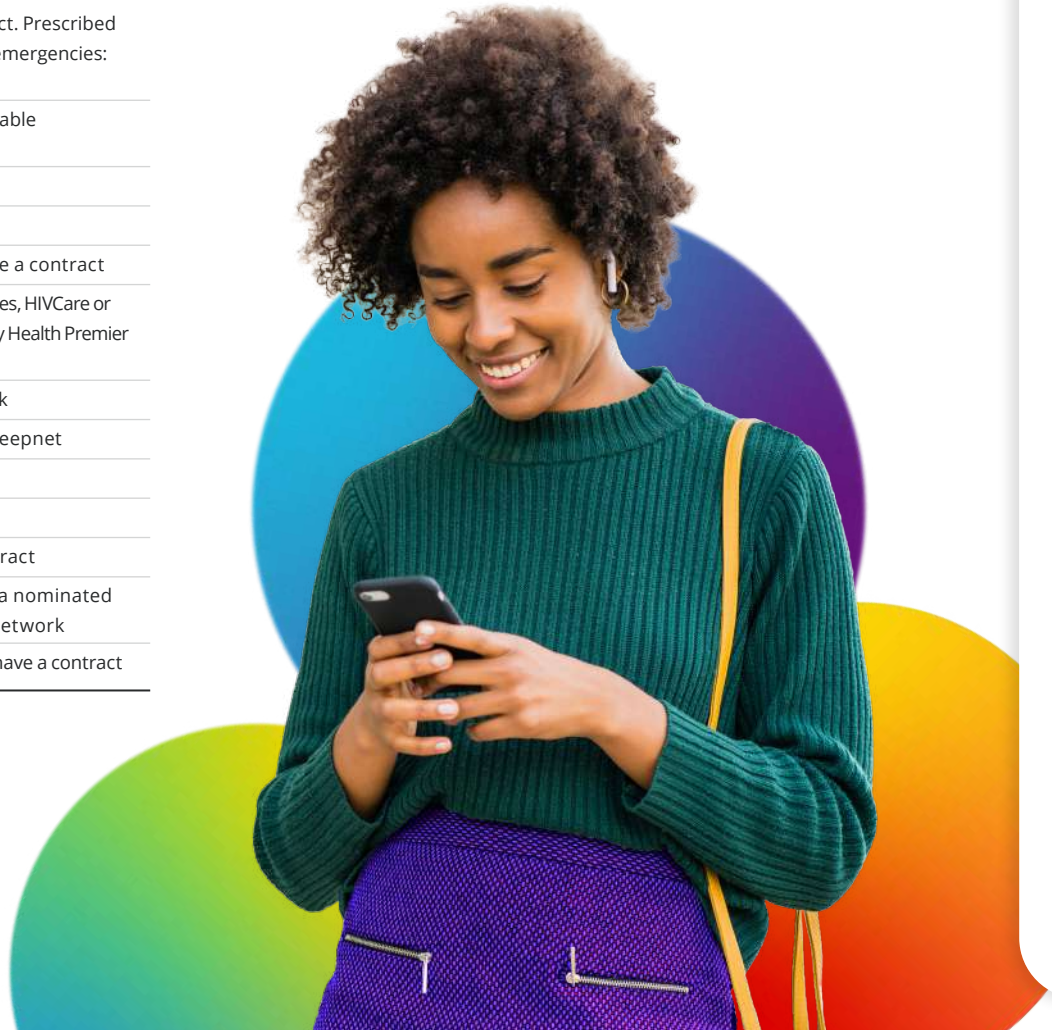
This member guide is merely a summary of the benefits and features of MultiChoice Medical Aid Scheme and is subject to the rules of the Scheme, which will apply under all circumstances.

## HOW TO CONTACT US

For any queries, call us on **0860 11 66 33**
or visit our website **www.mcmas.co.za**

## THE SCHEME'S DESIGNATED SERVICE PROVIDERS (DSPS)

| | |
|---|---|
| **Hospital** | All hospitals with whom we have a contract. Prescribed Minimum Benefit admissions, excluding emergencies: The Scheme's Hospital Network |
| **Day Surgery Network** | Defined list of day surgery facilities applicable to a defined list of day procedures. |
| **HIV and AIDS medicine** | HIV network pharmacies |
| **Drug and alcohol rehabilitation** | SANCA, Nishtara Lodge and Ramot |
| **Renal Dialysis** | All dialysis providers with whom we have a contract |
| **General practitioners** | Discovery Health GP Network, and for Diabetes, HIVCare or Cardio Care Programme, GPs in the Discovery Health Premier Practice Network |
| **Specialists** | Discovery Health Premier A and B Network |
| **Home oxygen** | VitalAire, Oxygen & General, Ecomed, Sleepnet |
| **Emergency services** | Discovery 911 |
| **Compassionate care** | Hospice |
| **Wound care** | Any provider with whom we have a contract |
| **Diabetes** | DiabetesCare Programme, enrolled via a nominated Discovery Health Premier Practice GP Network |
| **Pathology** | All pathology laboratories with whom we have a contract |





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# DAY SURGERY NETWORK
# FOR SPECIFIC DAY SURGERY PROCEDURES

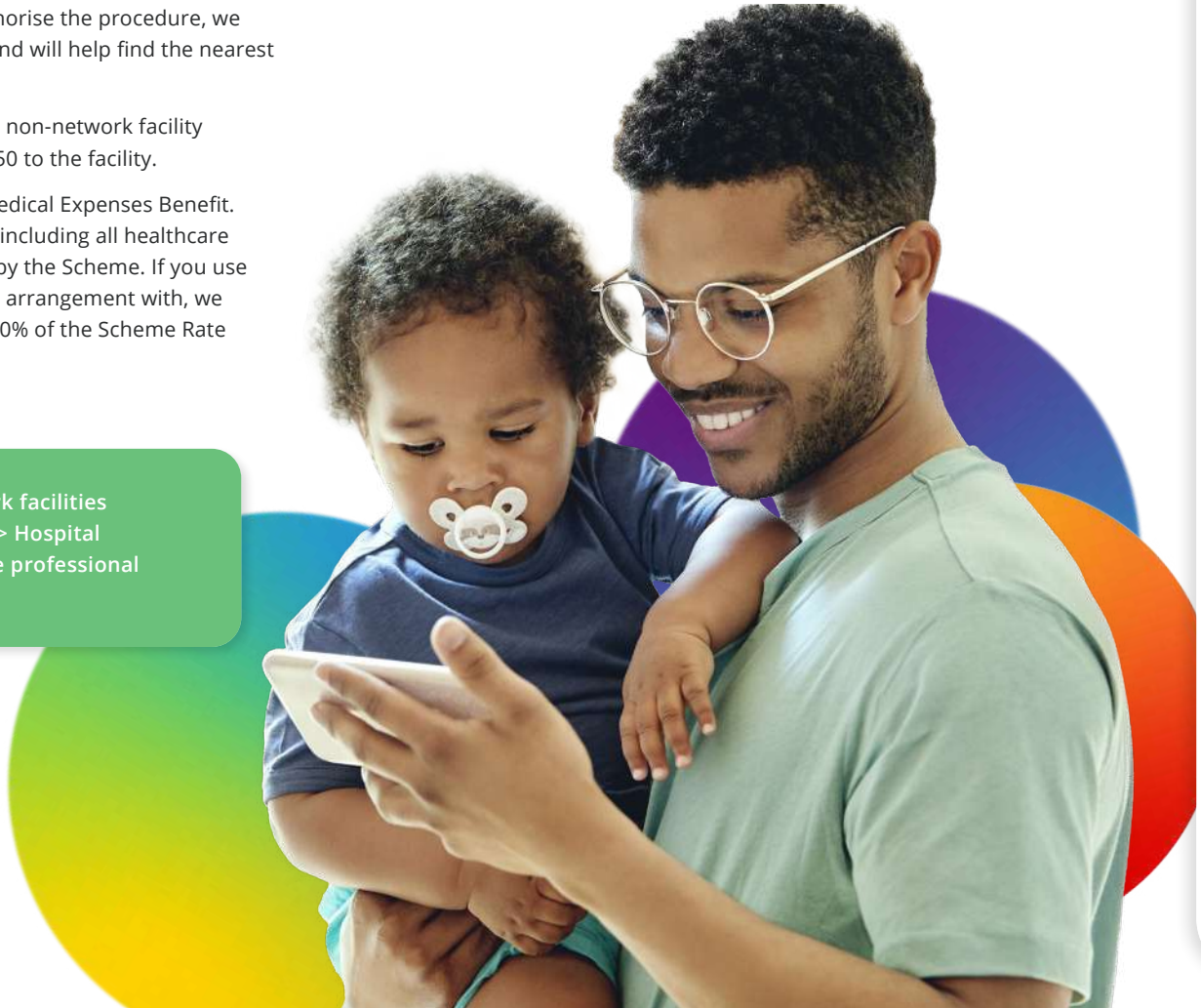
## DAY SURGERY PROCEDURES

The Scheme has identified certain day surgery facilities as Designated Service Providers for specific procedures. The treatment and care for any procedure listed below as a Day Surgery Procedure, must be obtained from one of our Day Surgery Network facilities. When you preauthorise the procedure, we will inform you about the network requirement and will help find the nearest network facility to you.

If you choose to undergo treatment and care at a non-network facility you will have to pay a deductible amount of R7 550 to the facility.

We will pay these procedures from your Major Medical Expenses Benefit. We pay for services related to your hospital stay, including all healthcare professionals, services and medicine authorised by the Scheme. If you use healthcare professionals that we have a payment arrangement with, we will pay for these services in full. We pay up to 100% of the Scheme Rate for other healthcare professionals.

You can find all Day Surgery Network facilities by logging in to **www.mcmas.co.za** > Hospital and doctor visits > Find a healthcare professional or by using the Discovery app.





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# LIST OF PROCEDURES COVERED IN THE DAY SURGERY NETWORK

*The following is a list of procedures to be performed in our Day Surgery Network.*

## B

### BIOPSIES

- Skin, subcutaneous tissue, soft tissue, muscle, bone, lymph, eye, mouth, throat, breast, cervix, vulva, prostate, penis, testes

### BREAST PROCEDURES

- Mastectomy for gynaecomastia
- Lumpectomy (fibroadenoma)

## E

### EAR, NOSE AND THROAT PROCEDURES

- Tonsillectomy and/or adenoidectomy
- Repair nasal turbinates, nasal septum
- Simple procedures for nose bleed (extensive cautery)
- Sinus lavage
- Scopes (nasal endoscopy, laryngoscopy)
- Middle ear procedures (mastoidectomy, myringoplasty, grommets)

### EYE PROCEDURES

- Cataract surgery
- Corneal transplant
- Treatment of glaucoma
- Other eye procedures (removal of foreign body, conjunctival surgery (repair laceration, pterygium), glaucoma surgery, probing and repair of tear ducts, vitrectomy, retinal surgery, eyelid surgery, strabismus repair)

## G

### GANGLIONECTOMY

#### Gastrointestinal

- Gastrointestinal scopes (oesophagoscopy, gastroscopy, colonoscopy, sigmoidoscopy, proctoscopy, anoscopy)
- Anorectal procedures (treatment of haemorrhoids, fissure, fistula)

### GYNAECOLOGICAL PROCEDURES

- Diagnostic Dilatation and Curettage
- Endometrial ablation
- Diagnostic Hysteroscopy Colposcopy with LLETZ
- Examination under anaesthesia
- Diagnostic laparoscopy
- Simple vulval and introitus procedures: Simple hymenotomy, partial hymenectomy, simple vulvectomy, excision of Bartholin's gland cyst
- Vaginal, cervix and oviduct procedures: Excision vaginal septum, cyst or tumour, tubal ligation or occlusion, uterine cervix cerclage, removal cerclage suture
- Suction curettage
- Uterine evacuation and curettage



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# LIST OF PROCEDURES COVERED IN THE DAY SURGERY NETWORK (CONTINUED)

## O

### ORTHOPAEDIC PROCEDURES

- Arthroscopy, arthrotomy (shoulder, elbow, knee, ankle, hand, wrist, foot, temporomandibular joint), arthrodesis (hand, wrist, foot)
- Minor joint arthroplasty (intercarpal, carpometacarpal and metacarpophalangeal, interphalangeal joint arthroplasty)
- Tendon and/or ligament repair, muscle debridement, fascia procedures (tenotomy, tenodesis, tenolysis, repair/reconstruction, capsulotomy, capsulectomy, synovectomy, excision tendon sheath lesion, fasciotomy, fasciectomy). Subject to individual case review
- Repair bunion or toe deformity
- Treatment of simple closed fractures and/or dislocations, removal of pins and plates. Subject to individual case review

## N

### NERVE PROCEDURES

- Neuroplasty median nerve, ulnar nerve, digital, nerve of hand or foot

## R

### REMOVAL OF FOREIGN BODY

- Subcutaneous tissue, muscle, external auditory canal under general anaesthesia

## S

### SIMPLE SUPERFICIAL LYMPHADENECTOMY

### Skin procedures

- Debridement
- Removal of lesions (dependent on site and diameter)
- Simple repair of superficial wounds

### SIMPLE HERNIA PROCEDURES

- Umbilical hernia repair
- Inguinal hernia repair

## U

### UROLOGICAL

- Cystoscopy
- Male genital procedures (circumcision, repair of penis, exploration of testes and scrotum, orchiectomy, epididymectomy, excision hydrocoele, excision varicocele, vasectomy)



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# SUITE OF **PATIENT MANAGEMENT PROGRAMMES**

## DIABETES CARE

### DIABETES CARE PROGRAMME

You have access to this benefit if you are registered on the Chronic Illness Benefit for diabetes type 1 or 2 (or a related cardiometabolic condition), and meet the programme's benefit entry criteria. The programme aims to help members with diabetes achieve improved health outcomes through:

- Strong care coordination
- Evidence-based clinical pathways
- Advice and support with making lifestyle changes

Enrolled members will have access to a range of fully integrated specialised diabetes management assets, for example:

- Endocrinologist's consults
- GP consults
- Diabetic nurse educator
- Dietitian consults
- Biokineticist consults
- Diabetes-specific coaching and condition management
- Pathway navigator
- Related blood tests
- Foot screening
- Eye screening
- Patient and provider interface using a digital health platform
- Condition management through remote monitoring and screening

Your Discovery Health Premier Plus network GP can enroll you on the Diabetes Care Programme. You must see a network GP to avoid a 20% co-payment on their consultations for diabetes and/or any cardiovascular disease (hypertension, hyperlipidaemia or ischaemic heart disease).

Find a network doctor by logging in to **www.mcmas.co.za** > Hospital and doctor visits > Find a healthcare professional or **call 0860 11 66 33.**

Limits, clinical guidelines and policies apply to some healthcare services and procedures. Please check the benefit tables included in this benefit brochure.



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# SUITE OF **PATIENT MANAGEMENT PROGRAMMES** (CONTINUED)

## CARDIO CARE PROGRAMME

The Cardio Care Programme is designed to offer our members approved for certain heart-related conditions the optimal care from the best service providers in a coordinated network, to ensure the best outcomes and quality of life for our members. To access the programme, you need to be 18 years or older and registered on the Chronic Illness Benefit with hypertension, hyperlipidaemia and/or ischaemic heart disease. A nominated GP in the Premier Plus GP network can enroll you onto the programme. The Cardio Care Programme is based on clinical and lifestyle guidelines. The programme gives you and your Premier Plus GP access to various tools to monitor and manage your condition and to ensure you have access to high-quality coordinated care. You and your GP can track your progress on a personalised dashboard. This will help you to identify the steps you should take to manage your condition and remain healthy over time. For more information, please visit the website at **www.mcmas.co.za**.

The Scheme covers these treatments from the Major Medical Expenses Benefit if you are registered on the Programme. This way, you can save your Medical Savings Account.

## GLUCOSE MONITORS

We also cover approved glucose monitoring devices and test strips that help you and your doctor with the effective management of your condition.

Sensors for the Freestyle Libre (Abbot), MediLink and Enlite (Medtronic) and Dexcom G6 (Ethitec) devices are paid up to the following limits when prescribed by a network provider:

Adults: **R1 570** per person per month

Children (under 18): **R2 092** per person per month

**NOTE THE FOLLOWING:**

**Benefit only available to those living with Type 1 diabetes.**

**Should the sensors be obtained from a non-network provider, funding will be from the available day-to-day benefits.**

## READMISSION PREVENTION BENEFIT

The main focus of this benefit is to improve the readmission rates by ensuring that patients discharged from acute care do not suffer a relapse or deterioration that may require readmission to hospital.

The benefit has three components:

- Coaching
- A GP follow-up consultation
- A medicine reconciliation at the point of discharge performed by the treating doctor.

This Benefit is only available to members being admitted with specific conditions such as acute myocardial infarction/ischaemic heart disease, pneumonia, heart failure and Chronic Obstructive Pulmonary Disease (COPD).



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## COVER FOR HIV AND AIDS

> ***For members living with HIV and AIDS, the HIVCare Programme provides comprehensive disease management. We take the utmost care to protect the right to privacy and confidentiality of our members. Please enrol on the HIVCare Programme with Discovery Health by calling 0860 11 66 33. Their trained counsellors will assist you and guide you with your treatment plan and benefits.***

Members or dependants who are HIV positive but have not yet enrolled are encouraged to do so. Your health and medical treatment and that of your family, is of utmost importance.

When you register for our HIVCare Programme you are covered for the all-inclusive care that you need. You get access to clinically sound and cost-effective treatment and you can be assured of confidentiality at all times. Approved medicines on our medicine list are covered in full.

Medicines not on our list are covered up to a set monthly amount. You will need to get your medicine from a Designated Service Provider to avoid a 20% co-payment. Please log in to the MultiChoice Medical Aid Scheme website **(www.mcmas.co.za)** to find the pharmacies (Designated Service Providers) that form part of the HIV network.

You must nominate a GP in the Discovery Health Network as your primary care doctor to manage your chronic conditions. Please inform the Scheme of your nomination by contacting the MultiChoice Medical Aid Scheme call centre on **0860 11 66 33**.

For full cover on your GP consultations you must visit your nominated GP. If you use a non-network and/or a non-nominated GP you will have to pay a minimum co-payment of 20% of the consultation fee.

Find a network doctor by logging in to **www.mcmas.co.za** and navigating to Hospital and doctor visits > Find a healthcare professional or **call 0860 11 66 33**.

## THE DISEASE PREVENTION PROGRAMME

The Disease Prevention Programme is a 12-month coaching programme to help you reduce the risk of developing chronic diabetes. We assess your age, family history and other health data (such as BMI and cholesterol levels) and give you a risk rating based on your results. If you're identified as high-risk, you'll be enrolled in the programme and have access to additional benefits to help you make life-long changes to your lifestyle.

The programme is available to all members 18 years and older. If you meet the criteria, our Health Coaches will contact and encourage you to visit your Premier Plus GP, who can enrol you on the programme.

Once you're enrolled, you'll have the following benefits (Basket of Care):

- Up to 2 consultations with a Premier Plus GP
- Up to 2 dietitian visits
- Up to 2 fasting blood glucose tests
- 1 lipogram
- 1 serum creatinine
- Up to 12 coaching sessions from our Health Care Services team.

## COVER FOR HIV PROPHYLACTICS

If you need HIV prophylactics to prevent HIV infection from mother-to-child, occupational and traumatic exposure to HIV or sexual assault, please call Discovery Health immediately on **0860 11 66 33** as treatment must start as soon as possible. This treatment is paid for by the MultiChoice Medical Aid Scheme from the Major Medical Expenses Benefit.

## COVER FOR CANCER

> ***If you're diagnosed with cancer, we cover you from the DiscoveryCare Oncology Programme once we have approved your cancer treatment.***

We cover your treatment up to the Scheme Rate or reference price, whichever is applicable, and applicable threshold of R692 410. Cancer treatment that is a Prescribed Minimum Benefit is always covered at 100% of the Scheme Rate beyond this limit. All cancer-related healthcare services are covered up to 100% of the Scheme Rate. You might have a co-payment if your healthcare professional charges above this rate.

The Scheme's Oncology Programme follows the South African Oncology Consortium guidelines to ensure that you have access to the most appropriate level of treatment for the particular stage of your cancer.



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## MENTAL HEALTH CARE PROGRAMME

The Mental Health Care Programme is designed to offer our members diagnosed with acute or episodic major depression the optimal care from the best service providers in a coordinated network, to ensure the best outcomes and quality of life. A GP in the Premier Plus GP network or a psychologist in the Mental Health Care Programme Network can do the assessment to confirm the diagnosis and enroll you onto the programme. The programme runs over a 6 month period but can be extended to 12 months by your enrolling provider where clinically appropriate.

Benefits available on the Mental Health Care Programme:

- Up to three consultations with your enrolling Premier Plus provider
- Referral to a psychologist for a psychotherapy consultation
- Antidepressant medicine if enrolled by a Premier Plus provider

## SPINAL CARE PROGRAMME

The **Conservative Care** element of this Programme is available to members who are determined to be at increased risk of spinal surgery. Access to the benefit requires referral from a spinal surgeon and includes access to:

- A network of physiotherapists trained in managing back pain, supported by a panel of specialist surgeons.
- Up to six face-to-face consultations with an appropriately registered allied healthcare professional, of which two may be virtual consultations, where appropriate.

The **Spinal Surgery Network** provides full cover for approved spinal surgery admissions. The network consists of hospitals, surgeons, anaesthetists and allied healthcare professionals that are contracted to the network based on clinical outcomes.

## ADVANCED ILLNESS MEMBER SUPPORT PROGRAMME

Provides benefits for you and your family when you are considering the impacts of the disease in the long term. Authorisation is required.

## ADVANCED ILLNESS BENEFIT

Provides funding for the care of patients with end-of-life stage diseases and covers, amongst others, the following out-of-hospital services:

GP or Specialist consultations, home based care, Hospice nursing care, general nursing care, oxygen, pain management, wound care, counselling, pathology and medicine (per defined baskets), and appropriate feeds.

Your palliative care provider needs to register you on this programme.





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# **EXTRA** BENEFITS

## ACCESS TO WORLD-CLASS MEDICAL COVER

### HOSPITAL AT HOME BENEFIT

Experience has shown that hospital-level care can be delivered safely in a home-setting for a range of clinically appropriate conditions. Members will have access to funding for select low acuity medical conditions, as well as a range of clinically-appropriate services and procedures to safely manage any referred medical and post-operative admission.

Admissions to Hospital at Home are subject to pre-authorisation in lieu of hospitalisation. The pre-authorisation enables risk-based funding for approved remote monitoring devices and healthcare services for patients who meet the clinical and benefit criteria.

While receiving care at home, members have 24/7 access to an in person and a virtual care team. This real-time connection ensures that patients can always reach a clinician if they have questions or concerns. Family members are kept up-to-date on the patient's progress, either during the home visits, or through a virtual consultation. Depending on a patient's specific needs, consultations with allied healthcare professionals may be incorporated into their personalised care plan.

### PROGRAMME ENROLMENT

All treating physicians will be made aware of the programme.

Treating providers, in conjunction with Discovery Health's in-hospital case managers will identify members and inform them of the programme based on clear criteria.

### PROGRAMME FUNDING

All services offered as part of the Hospital at Home programme fund from the Major Medical Benefits where there is a valid preauthorisation in lieu of hospitalisation. This unlocks risk-based funding for approved devices and healthcare services for those who meet the clinical and benefit criteria. Patient specific eligibility criteria applies for use of certain services, as determined by the treating care team.

### DEVICES

Qualifying members will have funding for a defined list of registered devices funded up to 100% of the Scheme Rate.

The applicable registered remote monitoring devices will be delivered directly to qualifying members by the nurse on their first visit.





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# **EXTRA** BENEFITS (CONTINUED)

## SPECIALISED MEDICINE BENEFIT

***You have cover for a defined list of the latest treatments through the Specialised Medicine Benefit, up to a maximum of 100% of the Scheme Medicine Rate, and limited to R185 350 for each person each year.***

A co-payment of up to 20% applies for some medication, you must meet the benefit entry criteria to get authorisation to claim for these medicines.

**This benefit covers a specific list of new and advanced medicines. This is a limited benefit and there may be co-payments that you may have to pay, depending on the medical condition and the type of medicine that is used. You need to apply for authorisation to qualify for the benefit.**

## ASSISTED REPRODUCTIVE THERAPY BENEFIT

If you meet the Scheme's benefit entry criteria, you have cover for one or two annual cycles of ART, depending on your age. The benefit includes cover for consultations, ultrasounds, oocyte retrieval, embryo transfer, admission and laboratory costs. We pay up to a maximum of 75% of the Scheme Rate and up to a limit of R147 530 per person per year. You will need to pay up to 25% of the costs and any amount in excess of the Scheme Rate.

## PROCEDURES IN ROOMS BENEFIT

The Scheme will pay for a defined list of procedures performed in specialist rooms. The specialist determines whether the procedure is safe to perform in the rooms, and after getting authorisation, the procedure will be covered from the Major Medical Expenses Benefit, subject to the overall annual limit.





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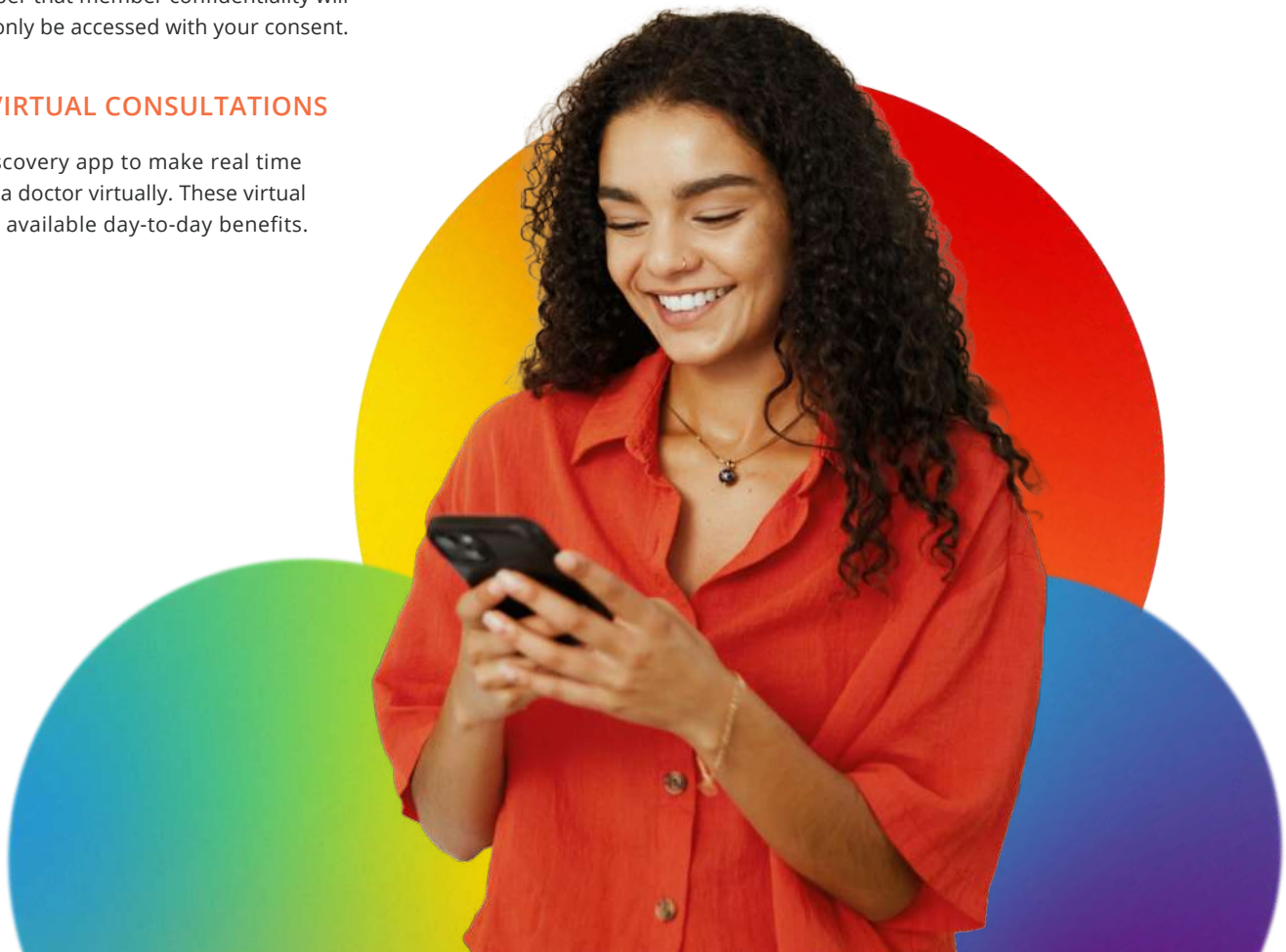
# **ADVANCED TECHNOLOGY** AND CONVENIENCE

## WHEN YOU'RE AT THE DOCTOR – HEALTHID

HealthID, Discovery Health's iPad and web-based application for healthcare professionals, is the first of its kind in South Africa. Many doctors who have an iPad or desktop/laptop will be able to access your health records with your consent, allowing them to help provide you with the best of care. Remember that member confidentiality will be protected at all times and can only be accessed with your consent.

## ONLINE BOOKINGS AND VIRTUAL CONSULTATIONS

You can conveniently use our Discovery app to make real time online bookings and connect with a doctor virtually. These virtual consultations are paid from your available day-to-day benefits.





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# USEFUL **INFORMATION**

## IMPORTANT TIPS WHEN CLAIMING

When claiming from MultiChoice Medical Aid Scheme for your medical costs, whether these are hospital, chronic or day-to-day claims, these steps apply:

- When sending claims, please make sure the following details are clear:
  - Your membership number
  - The service date
  - Your doctor's details and practice number
  - The amounts charged
  - The relevant consultation, procedure or NAPPI code and diagnostic (ICD-10) codes
  - The name and birth date of the dependant who was treated
  - If paid, attach your receipt or make sure the claim says 'paid'
- Check with your healthcare provider if they have sent your claims to us to avoid duplicates
- Send your claims within four months, otherwise we will consider them expired and not pay them
- Remember to always keep copies of your claims for your records
- To see the status of your claim, you can go to **www.mcmas.co.za**

## PROVIDERS YOU USE MUST BE REGISTERED

Healthcare practices must be appropriately registered with the Board of Healthcare Funders (BHF) and must have a valid practice number in order for claims to be considered for payment.

## SCHEME RATE

The Scheme Rate is set by the Scheme for reimbursement or it is the rate agreed between the Scheme and the provider. Discovery Health has been mandated to negotiate certain rates on behalf of MultiChoice Medical Aid Scheme.

This is the amount of money the Scheme pays for a specific type of medical procedure, treatment or consultation. There are, however, certain healthcare professionals with whom the Scheme has negotiated rates. The negotiated tariff replaces the Scheme Rate in those instances.

### EMAIL

You can email your claim to **claims@mcmas.co.za.**

Should you wish to query your claim submission please email **service@mcmas.co.za** or call the Call Centre on **0860 11 66 33.**

Access the **Smartphone App** and use the **Submit a claim** option on your device to scan or add a photo of your claim. You can also upload a PDF of the claim.


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# USEFUL **INFORMATION** (CONTINUED)

## FRAUD PREVENTION AND REPORTING

> ***Fraud remains a massive challenge within the South African healthcare system.***

Each year, billions of rands of healthcare funds in the medical scheme industry are lost due to fraudulent activities. This affects you and every other Scheme member, because you end up having to pay more for your monthly contributions due to fraudulent claims paid by the Scheme.

## MULTICHOICE MEDICAL AID SCHEME NEEDS YOUR HELP TO OVERCOME THIS CHALLENGE

The Scheme is committed to fighting fraud. By following these tips, you too can help us in the fight against fraud:

- **Ask for a copy of the claim:** This will enable you to make sure that the service or treatment paid for by the Scheme actually took place.
- **Check your statements regularly:** Make sure claims paid match the services you and your family received.
- **Keep your details safe:** Do not lend your membership card to anyone. If they're not your beneficiary, they're not entitled to benefits. You are responsible for keeping your card and membership details safe.
- **Beware of offers to 'make a plan':** Do not accept any proposals offering to offset co-payments or levies on any service or item.
- **Provide full and accurate information when asked to do so:** When completing application forms or applying for benefits, always disclose all information in full detail, even when applying on behalf of a beneficiary. Omissions and non-disclosures are considered fraudulent.

**IMPORTANT**

**The Scheme views fraud in a very serious light as it affects all members and their beneficiaries. In terms of the rules of the Scheme and the Medical Schemes Act 131 of 1998, the Scheme may terminate your membership if you have been found to have been party to fraud or a beneficiary of fraud. You may also be blacklisted with the relevant credit bureau. The Scheme is also obliged to inform your employer who may take further disciplinary action.**

## WHEN IN DOUBT, CONTACT US

Fraud is a criminal offence of a serious nature. If you suspect any fraudulent behaviour relating to your healthcare cover, you can remain anonymous and use the following details to contact us:

- Toll-free phone number: **0800 004 500**
- SMS number: **33490**
- Email: **discoveryforensics@whistleblowing.co.za**
- Or email **forensics@discovery.co.za** directly to investigate the matter


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## MEMBER DEBT

> ***You are given your Medical Savings Account upfront each year but you contribute toward this every month when you pay your contributions (annual allocation divided by 12). You may spend your whole Medical Savings Account early in the year or you may save it.***

If you resign from your employer and you are no longer eligible to remain on the Scheme as a member, your membership needs to be withdrawn and you will need to join another medical scheme.

If you have spent more of your Medical Savings Account than what you have contributed, the amount that you have overspent will be due back to the Scheme. We call this member debt.

You may also create member debt by taking off one or more of your dependants during the year.

Remember that your Medical Savings Account allocation is based on family size so by reducing your family size you reduce your Medical Savings Account allocation.

In certain instances, some employees may receive a salary adjustment that forces them to drop to a lower income band on the Scheme.

Again, the Medical Savings Account allocation is affected by this. We will communicate with you should you be affected by this during the year. The Scheme takes member debt very seriously as it places a burden on the rest of the Scheme. A Member Debt Administrator will be in contact with you if debt is owed to the Scheme. It is important to note that member debt you may incur will be deducted from your salary by your employer's payroll division and will be paid over to the Scheme to settle the debt that is owed.





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# EXCLUSIONS

***The Scheme shall pay in full, without any co-payment or use of deductibles, the diagnosis, treatment and care costs of the Prescribed Minimum Benefits as per Regulation 8 of the Act. Furthermore, where a protocol or formulary drug preferred by the Scheme has been ineffective or would cause harm to a beneficiary, the Scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by Regulation 15H and 15I of the Act.***

1. EXCLUSIONS: with due regard to the prescribed minimum benefits:

   1.1 The Scheme acknowledges no claim and shall not grant benefits in respect of the following:

   (a) (i) Patent preparations, including tonics, drugs, slimming preparations, toiletries and cosmetics advertised to the public.

   (ii) Patent foods including baby foods.

   (iii) Bandages, cotton wool, adhesive plaster and other such items, except when prescribed and used during surgical procedures or operations performed in a consulting room or during hospitalisation

   (iv) Unregistered medication

   (v) Experimental treatments/procedures

   (vi) Contraceptive devices (eg: Mirena IUCD), except as provided for in these Rules

   (vii) Surgical and/or medical treatment in respect of obesity

   (b) Adjustment of spectacle frames and cost of any instrument, excluding spectacles and contact lenses, for improving eyesight.

   (c) Hypnotherapy other than by a psychiatrist.

   (d) Holiday for recuperative purposes.

   (e) Transport of patients or any travelling expenses relating to illness or an accident apart from ambulance services.

   (f) Cost of medical, surgical or other aids, appliances, apparatus and instruments unless prescribed by a medical practitioner.

   (g) Treatment by someone other than a medical practitioner or a dentist, except where benefits are specifically provided for in the rules.

   (h) Operations, treatments and procedures for cosmetic purposes or those recommended for psychological reasons only.

   (i) Cost of prosthesis, except for PMBs and where it is implanted as an integral part of the operation, to give life and for the recovery of bone structure or sense organs and breast reconstruction after a mastectomy.

   (j) Cost of surgical shoes, except surgical boots.

   (k) Cost of services rendered by

      i) persons who are not a recognised professional body in terms of any law;

      ii) any institution not registered in accordance with any Act, except a state or provincial hospital.

   (l) Consultation after hours at the member's choice.

   (m) Examinations for insurance, employment, visas, pilot and driving licences or examinations for enrolment to University and College.

   (n) Any travelling or conveyance by whomsoever and of whatsoever nature except by Ambulance or Ambulance Aircraft.

   (o) Costs of appointments cancelled or not kept by members.

   (p) Except for PMBs, long term care, which includes health, social and/or personal care services required on a long term basis by personnel with chronic illness. Old age or associated frail care, or care in respect of a disability or mental retardation, or the supervision of someone in the completion of tasks or reminding him/her to complete tasks.

   (q) Operations, treatments and procedures deemed to be clinically or medically inappropriate in terms of medical opinion(s) received from the Benefit Option's case managers.

   (r) Operations, treatments and procedures inclusive of any emergency or other medical transport costs undergone or incurred outside of the borders of Republic of South Africa.



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# YOUR PERSONAL **INFORMATION**

There's some important information you need to know about how the Scheme (MultiChoice Medical Aid Scheme) and its Administrator (Discovery Health) may store and use your information, and how we will communicate with you.

The Scheme or Administrator may change this Privacy Statement at any time. If you believe that the Scheme or Administrator have used your personal information contrary to this Privacy Statement, we encourage you to first follow our internal complaints process to resolve the complaint. We explain the complaints and disputes process on the website. If you are not satisfied after this process, you have the right to lodge a complaint with the Information Regulator, under POPIA.

**CONTACT DETAILS FOR THE INFORMATION REGULATOR ARE:**

Woodmead North Office Park, 54 Maxwell Drive Woodmead, Johannesburg, 2191

P.O Box 31533 | Braamfontein, Johannesburg, 2017

**POPIAComplaints@inforegulator.org.za** or
**PAIAComplaints@inforegulator.org.za**

**Click here** for the latest version of our Privacy Statement.





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MultiChoice
Medical Aid Scheme

You may lodge a complaint or query with MultiChoice Medical Aid Scheme by completing an online complaints form on **www.mcmas.co.za** 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 Scheme's internal disputes process on the Scheme's website. 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**

Customer Care Centre: **0861 123 267** | Website: **www.medicalschemes.co.za**

Administered by
Discovery Health

**MultiChoice Medical Aid Scheme | 1 Discovery Place, Sandton 2146 | 0860 11 66 33 | www.mcmas.co.za**
**Registration number 1241. Administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. An authorised financial services provider.**

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