



**MALCOR**  
MEDICAL AID SCHEME

Administered by  **Discovery Health**

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## **BENEFIT GUIDE**

2015





# MALCOR MEDICAL AID SCHEME BENEFIT GUIDE 2015

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## A HEALTHY APPROACH TO QUALITY AND CARE IN 2015

This brochure provides you with a summary of the benefits and features of the Malcor Medical Aid Scheme, pending approval from the Council for Medical Schemes. The Malcor Medical Aid Scheme is a closed Scheme, and is administered by Discovery Health (Pty) Ltd.

Detailed benefit documents may be obtained from [www.malcormedicalaid.co.za](http://www.malcormedicalaid.co.za) if you are registered as an online user. Please share this information with your dependants if they are also members of the Malcor Medical Aid Scheme.

We at the Malcor Medical Aid Scheme work hard on our promise to provide you with the best of care at all times. In delivering on this promise, we always need to balance the cost of healthcare with the benefits we provide to make sure that as a member of the Malcor Medical Aid Scheme you continue to enjoy the best of care in 2015.

This year, the Malcor Medical Aid Scheme continues to ensure the care and services you receive make a significant difference in your life. Please read through your benefit guide and access the website to see what we have in store for you in 2015.



## WHO CAN JOIN THE MALCOR MEDICAL AID SCHEME?

The Malcor Medical Aid Scheme is the in-house health care vehicle for a number of associated employer groups. Those currently making use of it include, but are not limited to, Foodcorp, Unitrans Motor Holdings, Defy Appliances, Aspen Pharmacare and Omnia.

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*Membership is available to all employees of approved employers subject, in certain cases, to the satisfactory outcome of a medical examination.*

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### ELIGIBLE DEPENDANTS

- A member's spouse or partner in a committed and serious relationship similar to marriage including mutual dependency and a shared and common household.
- You have 30 days in which to register a new spouse. We count the 30 days from the date of marriage.
- You have 30 days in which to register a newborn baby. We count the 30 days from the date of birth.



## IMPORTANT INFORMATION

### CHANGING PLANS

Members have freedom of choice between the four plans. Members may change plans with effect from January each year. Members may request a plan change at the end of the year when the year-end communication is sent out by the Scheme.

### ABOUT THIS BENEFIT GUIDE

This electronic booklet serves as a guide to the Malcor Medical Aid Scheme. It consists of information pertaining to membership and benefits. This benefit guide is merely a summary of the benefits and features of the Malcor Medical Aid Scheme plans and is subject to the rules of the Malcor Medical Aid Scheme. The rules of the Scheme will apply under all circumstances. Members who require further information should contact their personnel departments or the Scheme at 0860 100 698.

### MALCOR RATE

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 Malcor Rate in those instances.

### HOW TO CONTACT US (PLAN A, B AND C)

For any queries, call us on 0860 100 698 or visit our website [www.malcormedicalaid.co.za](http://www.malcormedicalaid.co.za)

Visit the walk-in centre at the following places:

*Gauteng  
16 Fredman Drive  
Sandton  
2196*

*Durban  
41 Imvubupark Place,  
Riverhorse Valley Business Estate  
Durban  
4019*

*Cape Town  
Knowledge Park  
Heron Crescent  
Century City  
7441*

*Port Elizabeth  
BPO Building  
Coega IDZ  
Zone 4  
Port Elizabeth  
6001*

*Centurion  
Corner of Oak and Tegel Avenue  
Highveld Techno Park  
Centurion  
0157*

### HOW TO CONTACT US (PLAN D)

*24 hour pre-authorisations: 0860 002 402  
Dentistry: 0860 104 925  
24 hour medical emergency: 0861 086 911*

## GET THE MOST OUT OF YOUR COVER

### MAKE THE FULL COVER CHOICE

We offer members of Plans A, B and C the choice to be covered in full for hospitalisation, specialists, chronic medicine and GP consultations. Look out for the Full Cover Choice stamp in this benefit guide. It shows you when to use our range of online tools that guide you to full cover.

Remember that your claims are still subject to the overall annual limit. We have payment arrangements with certain specialists and GPs. These specialists and GPs agree to join the Discovery Health specialist network and GP network to which you have access. We will refer to the networks and payment arrangements throughout the benefit guide.

### MEMBERS ON THE MALCOR MEDICAL AID SCHEME MAY HAVE A CO-PAYMENT IF OTHER SPECIALISTS ARE USED

If you are treated by a specialist who does not participate in the payment arrangement, the Malcor Medical Aid Scheme will cover up to 100% of the Malcor Rate. Please log into the Malcor Medical Aid Scheme website ([www.malcormedicalaid.co.za](http://www.malcormedicalaid.co.za)) to find your nearest network specialist.

### WHEN YOU NEED TO GO TO THE DOCTOR - MaPS ADVISOR

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

Log into [www.malcormedicalaid.co.za](http://www.malcormedicalaid.co.za) and click on our MaPS tool. You will be able to search for providers by geographical location or speciality. Each provider shown on the MaPS tool is shown with a tag to indicate whether or not they are a network doctor.

## WHEN YOU'RE AT THE DOCTOR - HEALTHID

HealthID, Discovery Health's iPad application for healthcare professionals, is the first of its kind in South Africa. Many doctors in the network who have an iPad will be able to access your health records with your consent. Remember that member confidentiality will be protected at all times and can only be accessed with your consent.

## MANAGING DIABETES DIGITALLY

From 2015, the Malcor Medical Aid Scheme will fund the telemetric glucometer for all members registered for diabetes. These devices provide an efficient and simple user interface for capturing blood glucose readings and insulin medicine levels, and for logging exercise and meals – all in real-time. The data captured through these devices integrates seamlessly with HealthID (an application that doctors can download) to access members' information remotely and identify risks in a timely manner.

These benefits allow doctors to spend less time downloading data and more time focusing on the health of patients, making diabetes management easier for members of the Malcor Medical Aid Scheme. These benefits will be available from January 2015 through Dis-Chem pharmacies and will be funded subject to your external medical appliances limit and overall out-of-hospital limit.





## BENEFITS OF THE MALCOR MEDICAL AID SCHEME

### FOUR INNOVATIVE COVER PLANS

PLAN A	PLAN B
<p>A traditional, fully comprehensive plan designed for those seeking complete healthcare cover Excellent out-of-hospital limits All in-hospital costs are covered at 100% of the Malcor Rate</p>	<p>A traditional, fully comprehensive plan designed for those seeking decent healthcare cover Good out-of-hospital limits All in-hospital costs are covered at 100% of the Malcor Rate</p>
PLAN C	PLAN D
<p>A traditional, fully comprehensive plan designed for those seeking basic healthcare cover Limited out-of-hospital expenses All in-hospital costs are covered at 100% of the Malcor Rate</p>	<p>Low cost, network option administered by EnableMed Choice of own GP and access to private hospitals Chronic medication as per Government Chronic Disease list</p>

*Plans A, B and C offer traditionally designed medical aid benefits and generally only differ in the level of out-of-hospital benefits available.*

#### GP NETWORK

When you see a GP in the GP Network, their consultation code will be paid in full. If you choose to use a GP that is not in the network, the Scheme will reimburse your consultation at the Malcor Rate.

Please log into the Malcor Medical Aid Scheme website ([www.malcormedicalaid.co.za](http://www.malcormedicalaid.co.za)) to find your nearest participating GP.

#### FULL COVER FOR SPECIALISTS PARTICIPATING IN OUR SPECIALIST NETWORK

The Malcor Medical Aid Scheme offers members access to the Discovery Health Premier Specialist Network. You can benefit by using healthcare professionals participating in the networks because the Malcor Medical Aid Scheme will cover their approved procedures and consultations in full. Healthcare professionals who participate in the networks 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.



## COVER FOR GOING TO CASUALTY

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

## HIVCARE PROGRAMME

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. Malcor members are encouraged to enrol on the HIVCare Programme with Discovery Health by calling 0860 100 698.

Their casemanagers 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 are of utmost importance.

## COVER FOR HIV PROPHYLACTICS

If you, as a Malcor member, 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 100 698 as treatment must start as soon as possible.

This treatment is paid for by the Malcor Medical Aid Scheme.

## BLOOD TRANSFUSIONS

Blood transfusions are covered at 100% of the Malcor Rate.

## ONCOLOGY PROGRAMME

If you are diagnosed with cancer, you must register on the Malcor Medical Aid Scheme's Oncology Programme. The Malcor Medical Aid Scheme's Oncology Programme follows the ICON protocols and guidelines. Please register by calling 0860 100 698.

# GUIDE TO **BENEFITS**

## GENERAL GUIDELINES

- Members and their dependants are entitled to benefits from the date their membership commences as reflected on their membership cards.
- There are certain limitations and exclusions applicable to all members. To avoid incurring personal liability for medical treatment, members should, if in any doubt, refer to the Scheme's rules or contact the Scheme for clarification prior to agreeing to such treatment.
- It is recommended that members who are about to embark on any costly treatment that does not require specific pre-authorisation, such as orthodontic treatment, submit quotations to the Scheme in order to obtain advice as to how the Scheme can best cater for their treatment. In some cases the Scheme can obtain the same treatment at a reduced cost elsewhere.

- PLAN D members are required to pre-authorise all benefits BEFORE consulting with service providers.
- Annual limits are apportioned according to the period of membership in relation to the benefit year i.e. 1 January to 31 December.

Where Plan A members reach limits in any of the benefit categories and believe that exceptional circumstances exist which warrant consideration being given for the Scheme to grant additional benefits, they should complete an ex-gratia form, which may be obtained from the website, [www.malcormedicalaid.co.za](http://www.malcormedicalaid.co.za), and sent to the Scheme. These will be forwarded to the Trustees and/or Scheme's medical advisors for review.

## MALCOR MEDICAL AID SCHEME EMERGENCY SERVICE

Cover is provided for emergency medical evacuations. The Discovery Medicopters, supported by ground staff, provide medical support and air evacuation in extreme critical cases. The emergency helicopters operate from Johannesburg, Cape Town and Durban.

## 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 emergency medical services while overseas, that would normally be covered by the Malcor Medical Aid Scheme, you can claim the reimbursement of the cost of these services back from the Malcor Medical Aid Scheme on your return. The Malcor Medical Aid Scheme will refund you at the Malcor Rate that would have been paid if emergency medical services had been obtained in South Africa.

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*In an emergency, please call the Discovery 911 emergency services number which you will find on your membership card and the car sticker you have been provided with (Plan A, B and C only)*  
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## BENEFITS 2015

### PRE-AUTHORISATION FOR HOSPITALISATION

You must call the Malcor Medical Aid Scheme on 0860 100 698, to get pre-authorisation for all your hospital treatment, except in the case of an emergency.

You will be given an authorisation number approving your treatment. In the case of an emergency where you are unable to phone the Malcor Medical Aid Scheme to obtain authorisation in advance, you or a family member must call the Scheme within three days from the date of admission.

Should no authorisation be obtained, the Scheme will not pay the claims.

### PRE-AUTHORISATION IS ALSO REQUIRED FOR THE FOLLOWING TREATMENT

- Chronic Renal Dialysis
- Oncology and radiotherapy
- Hospice
- Sterilisation
- Infertility treatments
- Step-down and rehabilitation facilities in the private sector
- Specialised dentistry in hospital
- Registered nursing services
- “Super antibiotics”
- “Biologicals”

# HOSPITAL BENEFITS

TREATMENT CATEGORY	REIMBURSEMENT RATE	PLAN A	PLAN B	PLAN C	PLAN D
Overall hospital benefit covers the hospital account and all related, approved costs incurred while in hospital. We call this limit the overall annual limit.	100% of the Malcor Rate Subject to pre-authorisation	Unlimited	Limited to R1 000 000 per family per year	Limited to R1 000 000 per family per year	Limited to R500 000 per family per year
GPs, specialists, psychologists and physiotherapists	100% of the Malcor Rate Subject to pre-authorisation Physiotherapy in hospital must be referred by the treating doctor	Specialist network and GP network applies	Specialist network and GP network applies	Specialist network and GP network applies	Specialist network and GP network applies
Dental procedures (performed in-hospital by dentist or dental specialist)	100% of the Malcor Rate Subject to pre-authorisation	Unlimited	Limited to R1 000 000 per family per year	Included in Annual Out-of-Hospital Limit	No benefit
Blood transfusions	100% of the Malcor Rate Subject to pre-authorisation	100% of the Malcor Rate	100% of the Malcor Rate	100% of the Malcor Rate	100% of the Malcor Rate
MRI/CT scans	100% of the Malcor Rate Subject to pre-authorisation	Unlimited	Limited to R1 000 000 per family per year	Limited to R1 000 000 per family per year	Limited to R500 000 per family per year
Radiology	100% of the Malcor Rate Subject to pre-authorisation	Unlimited	Limited to R1 000 000 per family per year	Limited to R1 000 000 per family per year	Limited to R500 000 per family per year
Pathology	100% of the Malcor Rate	Unlimited	Limited to R1 000 000 per family per year	Limited to R1 000 000 per family per year	Limited to R500 000 per family per year

TREATMENT CATEGORY	REIMBURSEMENT RATE	PLAN A	PLAN B	PLAN C	PLAN D
Internal prostheses	100% of the Malcor Rate Subject to pre-authorisation	R60 000 per beneficiary per year	R40 000 per beneficiary per year	R20 000 per beneficiary per year	R15 000 per beneficiary per year
Stents	100% of the Malcor Rate Subject to pre-authorisation	Bare metal stents: limited to R9 600 per stent Drug eluting stents: limited to R15 200 per stent All other stents are limited to one per lesion, to a maximum of three lesions. Subject to the overall annual limit	Bare metal stents: limited to R9 600 per stent Drug eluting stents: limited to R15 200 per stent All other stents are limited to one per lesion, to a maximum of three lesions. Subject to the overall annual limit	Bare metal stents: limited to R9 600 per stent Drug eluting stents: limited to R15 200 per stent All other stents are limited to one per lesion, to a maximum of three lesions. Subject to the overall annual limit	Bare metal stents: limited to R9 600 per stent Drug eluting stents: limited to R15 200 per stent All other stents are limited to one per lesion, to a maximum of three lesions. Subject to the overall annual limit
External surgical appliances* (including walking sticks, commodes, bed pans, toilet seat raisers, crutches, etc.) SEPARATE LIMITS FOR: Walker with wheels  Wheelchairs  Hearing aids	100% of cost    100% of cost	R3 000 per beneficiary per year   R500 per beneficiary per year R3 000 per beneficiary per year R15 000 per beneficiary per year	R2 000 per beneficiary per year   R340 per beneficiary per year R2 000 per beneficiary per year R10 000 per beneficiary per year	Included in Annual Out-of-Hospital Limit	No benefit
Laparoscopic procedures	100% of the Malcor Rate Subject to pre-authorisation	Unlimited	Limited to R1 000 000 per family per year	Limited to R1 000 000 per family per year	No benefit

\* External surgical appliances are paid from your day-to-day benefits and accumulate to your External Surgical Appliances Limit, even if claimed as part of a hospital event. Only certain items, such as traction and embolytic stockings, are paid from the Hospital Benefit.

# OUT-OF-HOSPITAL BENEFITS

TREATMENT CATEGORY	REIMBURSEMENT RATE	PLAN A	PLAN B	PLAN C	PLAN D
<b>OVERALL ANNUAL LIMIT PER FAMILY</b>					
Annual limit per family	100% of the Malcor Rate	R100 000 per family per year	R62 000 per family per year	Annual Out-of-Hospital limit per dependant category  M: R5 780 M1: R10 400 M2: R12 710 M3: R15 020 M4+: R17 335	Overall annual limit Limited to R500 000 per family per year
<b>CONSULTATIONS</b>					
GPs and homeopathic consultations	100% of the Malcor Rate GP Network applies	Unlimited	M: 6 visits M1: 12 visits M2: 16 visits M3: 20 visits M4+: 24 visits  Thereafter 50% of Malcor Rate and limited to overall annual limit above.	Included in Annual Out-of-Hospital Limit	Overall annual limit Limited to R500 000 per family per year. DSP usage only.  No benefits for homeopaths



TREATMENT CATEGORY	REIMBURSEMENT RATE	PLAN A	PLAN B	PLAN C	PLAN D
<b>CONSULTATIONS</b> continued					
Specialists	100% of the Malcor Rate Premier A and B Specialist Network applies	M:7 visits M1: 12 visits M2: 17 visits M3: 24 visits M4+: 26 visits	M: 4 visits M1: 8 visits M2: 11 visits M3: 14 visits M4+: 17 visits	Included in Annual Out-of-Hospital Limit	Limited to four visits per family per year only on referral from a network GP
Additional Prenatal consultations		10 visits	6 visits		
<b>DENTAL</b>					
Dental procedures (performed out-of-hospital by dentist or dental specialist)	100% of the Malcor Rate	M: R8 180 M1: R13 630 M2: R17 725 M3: R21 820 M4+: R25 905	M: R3 755 M1: R6 255 M2: R8 130 M3: R10 005 M4+: R10 625	Included in Annual Out-of-Hospital Limit	Conservative dentistry only No benefits for maxillo facial and oral surgery nor specialised dentistry No benefits for in-hospital dental treatment
Dental therapist		R1 125 per family per year	R795 per family per year		
<b>RADIOLOGY</b>					
MRI/CT scans	100% of the Malcor Rate Subject to pre-authorisation	Unlimited	Limited to R1 000 000 per family per year	Limited to R1 000 000 per family per year	No benefit
Radiology	100% of the Malcor Rate	M: R2 725 M1: R4 770 M2: R6 135 M3: R7 495 M4+: R8 860 Funded at 80% of the Malcor Rate when the limit has been exceeded.	M: R1 325 M1: R2 320 M2: R2 980 M3: R3 645 M4+: R4 305 Funded at 80% of the Malcor Rate when the limit has been exceeded.	Included in Annual Out-of-Hospital Limit	Limited to R500 per beneficiary per year

TREATMENT CATEGORY	REIMBURSEMENT RATE	PLAN A	PLAN B	PLAN C	PLAN D
<b>PATHOLOGY</b>					
Pathology	100% of the Malcor Rate within the limit	M: R2 725 M1: R4 770 M2: R6 135 M3: R7 495 M4+: R8 860  Funded at 80% of the Malcor Rate when the limit has been exceeded.	M: R1 325 M1: R2 320 M2: R2 980 M3: R3 645 M4+: R4 305  Funded at 80% of the Malcor Rate when the limit has been exceeded.	Included in Annual Out-of-Hospital Limit	Limited to R500 per beneficiary per year
<b>TERMINAL CARE</b>					
Hospice Subject to pre-authorisation by the Scheme	100% of the Malcor Rate	100% of the Malcor Rate Subject to 120 days per family per year	100% of the Malcor Rate Subject to 120 days per family per year	100% of the Malcor Rate Subject to 120 days per family per year	Subject to PMBs and pre-authorisation
<b>ONCOLOGY</b>					
Oncology  Subject to PMBs as prescribed. Treatment subject to designated service provider protocols and guidelines and pre-authorisation by the scheme and ICON	100% of the Malcor Rate	100% of the Malcor Rate  Limited to R500 000 per family per year	100% of the Malcor Rate  Limited to R300 000 per family per year	100% of the Malcor Rate  Limited to R200 000 per family per year	100% of the Managed Care Rate Subject to pre-authorisation and ICON

TREATMENT CATEGORY	REIMBURSEMENT RATE	PLAN A	PLAN B	PLAN C	PLAN D
<b>ANCILLARY SERVICES</b>					
Blood transfusions	100% of the Malcor Rate	100% of the Malcor Rate	100% of the Malcor Rate	Included in Annual Out-of-Hospital Limit above	100% of cost
Ambulance Services	100% of the Malcor Rate	100% of the Malcor Rate	100% of the Malcor Rate	Included in Annual Out-of-Hospital Limit above	100% of cost Subject to pre-authorisation Emergency within 72 hours
Clinical technologists	100% of the Malcor Rate	100% of the Malcor Rate	100% of the Malcor Rate	Included in Annual Out-of-Hospital Limit above	PMBs only Subject to pre-authorisation
Auxiliary Services including: Physiotherapists Private Nursing (pre-authorisation required) Home Confinements Podiatrists Chiropractors Clinical Psychologists Psychiatric Treatment Orthoptists Audiologists and Speech Therapists Occupational Therapists Dietitians Biokineticists	100% of the Malcor Rate	100% of Malcor Rate Subject to annual limit per family of R12 615	100% of Malcor Rate Subject to annual limit per family of R8 755	100% of Malcor Rate Included in Annual Out-of-Hospital Limit above	No benefit. Covered in respect of PMB treatment only

TREATMENT CATEGORY	REIMBURSEMENT RATE	PLAN A	PLAN B	PLAN C	PLAN D
<b>OPTICAL</b>					
Spectacles and contact lenses	100% of the Malcor Rate Members who use the optical network will enjoy a 20% discount on frames and lenses upfront	Single member R3 770 Member with dependants R7 545	Single member R1 890 Member with dependants R3 780	Included in Annual Out-of-Hospital Limit	Limited to R600 per person, benefit payable once every 24 months No benefits for contact lenses
Eye tests	100% of the Malcor Rate	1 test per beneficiary per year	1 test per beneficiary per year	1 test per beneficiary per year. Included in Annual Out-of-Hospital Limit	Included in the limit of R600 above
Radial Keratectomy and Excimer Laser	100% of the Malcor Rate	100% of the Malcor Rate limited to R13 000 per beneficiary	No benefit	No benefit	No benefit
<b>EXTERNAL SURGICAL APPLIANCES</b>					
External surgical appliances (including walking sticks, commodes, bed pans, toilet seat raisers, crutches, etc.)	100% of cost	R3 000 per beneficiary per year	R2 000 per beneficiary per year	Included in Annual Out-of-Hospital Limit	No benefit
SEPARATE LIMITS FOR Walker with wheels	100% of cost	R500 per beneficiary per year	R340 per beneficiary per year		
Wheelchairs		R3 000 per beneficiary per year	R2 000 per beneficiary per year		
Hearing aids		R15 000 per beneficiary per year	R10 000 per beneficiary per year		

TREATMENT CATEGORY	REIMBURSEMENT RATE	PLAN A	PLAN B	PLAN C	PLAN D
<b>MEDICATION</b>					
Chronic medicines (PMBs)	100% of the Malcor Medication Rate	Unlimited and covers CDL and non-CDL chronic conditions.	Unlimited and covers PMBs. Covers CDL conditions as per a formulary.	Unlimited and covers PMBs. Covers CDL conditions as per a formulary.	Unlimited and covers CDL and non CDL PMBs subject to Pre-authorisation and registration per treatment protocols medicine formulary
Chronic medicines (Non PMBs and preferred providers)	100% of the Malcor Medication Rate	Preferred provider is Dis-Chem	Preferred provider is Dis-Chem	Preferred provider is Dis-Chem Included in Annual Out-of-Hospital Limit above	
Acute medicines and Homeopathic Remedies	100% of the Malcor Medication Rate	100% of Malcor Rate Limited to:  M: R9 175 M1: R13 110 M2: R17 035 M3: R22 285 M4+: R24 905	100% of Malcor Rate Limited to:  M: R4 460 M1: R6 370 M2: R8 280 M3: R10 835 M4+: R12 110	100% of Malcor Rate  Included in Annual Out-of-Hospital Limit above	100% of DSP Reference Price Unlimited subject to medicines being dispensed or prescribed by nominated GP using the specified medicine formulary
<b>SCREENING BENEFITS*</b>					
Dis-Chem WellScreen (Comprehensive and Basic)	100% of the Malcor Rate	2 visits per beneficiary per year	1 visit per beneficiary per year	Included in Annual Out-of-Hospital Limit above	No benefit

\* Limited to a specified number of screening tests (refer benefit table above)

# MEDICINE BENEFITS

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*GENERAL GUIDELINES - The following guidelines apply to all medication covered by the Scheme*  
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## GENERIC MEDICATION

Generic medicines are produced once patents of original drugs have expired. They have the same active ingredients as the original medicines. They may, however, be in a different form from the original drug and will not be in the same packaging. By using generics, a cost saving of up to 50% can be obtained. However, members are still assured of quality because all generic medicines sold in South Africa must be approved by the Medicines Control Council.

## MAXIMUM MEDICAL AID PRICE (M.M.A.P.)<sup>®</sup>

The Scheme covers the cost of medication up to the recommended M.M.A.P.<sup>®</sup> This price represents the lowest average price available in the marketplace for a particular classification of drug. This price is in most cases the lowest average generic price as well.

Members are fully responsible for the difference between the actual price charged for medication and the related M.M.A.P.<sup>®</sup> level. For this reason members are urged to ask their doctors to prescribe generic medication wherever possible. If there is no generic alternative, then the full cost of the original drug will be paid by the Scheme.

## MEDICINE PRICE STRUCTURE

Current legislation regulates the pricing of all medication and the Scheme will cover medication up to a maximum of this Single Exit Price, subject to the M.M.A.P.<sup>®</sup>

Legislation also allows for a dispensing fee to be charged and this is covered by the Scheme up to the amount charged by the Scheme's DSP, being Dis-Chem.

**However, administrative costs, including those for faxes, telephone calls, transaction and delivery fees and any other sundry fees charged by the medication supplier, are not covered by the Scheme.**



# ACUTE MEDICATION GUIDELINES

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*GENERAL GUIDELINES - The following guidelines  
apply to all medication covered by the Scheme*  
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## ACUTE MEDICATION PREFERRED PROVIDER

Dis-Chem have been appointed as the Scheme's Designated Service Provider (DSP) for all acute medicine requirements. Dis-Chem have offered the Scheme a beneficial dispensing fee structure.

All acute medicine is to be obtained from Dis-Chem. Should a member choose to obtain their acute medication from a provider who is unable to match this dispensing fee arrangement, they will be personally liable for any resultant differences.

## PHARMACY ADVISED THERAPY (P.A.T.)

Pharmacists can prescribe and dispense schedule 0, 1 and 2 drugs for the treatment of minor ailments such as dysmenorrhoea, headaches, sinusitis, abdominal colic, stomach cramps, dyspepsia, heartburn, constipation, diarrhoea, muscular pain, coughs and colds, flu, sprains, insect bites, rashes, itchy skin, hayfever, nausea and vomiting, migraines, worms, vaginitis, anti-fungal and anti-viral conditions. These costs will be paid by the Scheme and deducted off the relevant plan-specific acute medicine limit.



THE PRESCRIBED ACUTE MEDICINE LIMITS ARE AS FOLLOWS:

	SINGLE	MEMBER + 1	MEMBER + 2	MEMBER + 3	MEMBER + 4
PLAN A	R9 175	R13 110	R17 035	R22 285	R24 905
PLAN B	R4 460	R6 370	R8 280	R10 835	R12 110
PLAN C	Subject to overall annual limit				



## CHRONIC MEDICATION GUIDELINES

*The following additional guidelines apply to chronic medication covered by the Scheme*

Chronic medicine is medicine which is used to treat or maintain chronic, life threatening conditions which, without appropriate maintenance therapy, will result in life threatening incidents due to acute worsening of the condition or long term complications.

## CHRONIC MEDICATION DSP

Dis-Chem has been appointed as the Scheme's Designated Service Providers (DSP) for all chronic medicine requirements. Dis-Chem has offered the Scheme a beneficial dispensing structure. All chronic medicine is to be obtained from Dis-Chem. Should members choose to obtain their chronic medication from a provider who is unable to match this dispensing fee arrangement, then the member will be liable for any resultant differences.

## CHRONIC DISEASE LIST CONDITIONS (ALL PLANS)

All members qualify for chronic medication for the following 26 CDL conditions that qualify as PMBs under the regulations to the Medical Schemes Act:

- Addison's Disease
- Asthma
- Bipolar Mood Disorder
- Bronchiectasis
- Cardiac Failure
- Cardiomyopathy
- Chronic Renal Disease
- Coronary Artery Disease
- Chronic Obstructive Pulmonary Disorder
- Crohn's Disease
- Diabetes Insipidus
- Diabetes Mellitus Type 1
- Diabetes Mellitus Type 2
- Dysrhythmia
- Epilepsy
- Glaucoma
- Haemophilia
- HIV/AIDS
- Hypertension
- Hypothyroidism
- Hyperlipidaemia
- Multiple Sclerosis
- Parkinson's Disease
- Rheumatoid Arthritis
- Schizophrenia
- Systemic Lupus
- Ulcerative Colitis
- Erythematosis

### WHAT DOES THE SCHEME PAY FOR MEDICATION FOR THE 26 CDL CONDITIONS?

Medication for this benefit is payable in full by the Scheme subject to compliance with the medicine formulary, M.M.A.P.® and treatment rules that the Scheme may impose in terms of the regulations.

### WHAT IS A MEDICINE FORMULARY FOR CDL CONDITIONS?

A Medicine Formulary is a limited list of registered medicines which complies with the minimum treatment guidelines (algorithms) specified by the Council for Medical Schemes for each of the 26 CDL conditions. This formulary list of medicines will contain, amongst others, generic equivalents as well as therapeutic alternative medicines.

## CHRONIC DISEASE LIST CONDITIONS (ALL PLANS)

### WHAT RULES GOVERN ACCESS TO CDL MEDICINE BENEFITS?

1. Every member and/or beneficiary must register their CDL condition with the Medical Scheme.
2. Application forms can be obtained from paypoints, or they can be downloaded from the Scheme's website: [www.malcormedicalaid.co.za](http://www.malcormedicalaid.co.za)
3. A letter will then be sent to members who apply giving a list of the approved medicines for their particular chronic condition.
4. Registered members will only be entitled to receive medicines included in the Scheme's Formulary list of approved medicines for CDL conditions.
5. The Scheme has, in terms of the Act, contracted with Dis-Chem as Designated Service Providers. They can be contacted on:  
**Dis-Chem Direct Careline: 0860 347 243**  
**Dis-Chem Direct Fax No: 0866 418 311**  
**E-mail: [direct@dischem.co.za](mailto:direct@dischem.co.za)**
6. Where members do not comply with the above registration requirements, such claims will be deducted off the acute medicine limit for Plan A and B members and the out-of-hospital limit for Plan C members.



## PLAN A ONLY – FURTHER CHRONIC BENEFITS

The following conditions may also be regarded as chronic provided suitable motivation is supplied as follows:

Arthritis	A fully detailed medical report is required.
Osteoporosis	A bone mineral density test (not older than 18 months) is required. This will be evaluated according to WHO (World Health Organization) standards and will only be approved as a chronic benefit if the criteria are met.
Reflux oesophagitis	A gastroscopy report substantiating the need for long term maintenance therapy is required.
Acne	Acne treatment can be authorised under the chronic medicine benefit provided valid motivation from a dermatologist is provided. If the application is successful, the medication to treat the acne will be authorised under the chronic benefit for a specified period of time.

## CLAIM PAYMENT PROCEDURE

The Scheme pays the applicable Malcor Rate directly to providers as standard practice. If medical providers charge in excess of Malcor Rates, the member will then have to settle the balance with the relevant provider.

Should a member pay a provider directly and submit his claim with proof of receipt, the Scheme will refund the Malcor Rate to the member.

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*NB! All medical aid refunds are done electronically and members are urged to ensure their banking details with the Scheme are always updated.*  
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### IMPORTANT TIPS WHEN CLAIMING

When claiming from the Scheme for your medical costs, whether these are hospital, chronic or day-to-day, 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 for whom the service was done
- 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 of the date of service, otherwise we will consider them expired and not pay them
- Always remember to keep copies of your claims for your records
- To see the status of your claim, you can go to [www.malcormedicalaid.co.za](http://www.malcormedicalaid.co.za) from 1 March 2015.

## IMPORTANT NOTES

1. 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.
2. The Malcor 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 the Scheme.

## HOW TO CLAIM

### EMAIL AND FAX

You can fax your claims to us on 0860 FAX CLAIMS (0860 329 252), or scan and email your claim to [claims@discovery.co.za](mailto:claims@discovery.co.za)

### POST

You can post your claims to the following address:  
PO Box 1181  
Parklands  
2121

### CLAIM DROP-OFF BOXES

You can drop your claims in the Discovery claims drop-off boxes situated around the country, in convenient places such as pharmacies and medical practices, as well as most Virgin Active or Planet Fitness gyms.

The Malcor Medical Aid Scheme claims boxes will remain in place at the various employer groups and you may continue to use these.



# PRESCRIBED MINIMUM BENEFITS (PMB) AND DESIGNATED SERVICE PROVIDERS (DSPS)

## WHAT IS A PMB?

Prescribed Minimum Benefits are prescribed by law as a minimum benefit package to which each medical scheme member is entitled to. The Council for Medical Scheme's regulations require that medical schemes need to provide cover for certain conditions even when scheme exclusions or waiting periods apply, or when the member has reached the limit for a benefit.

## WHAT WE COVER AS A PRESCRIBED MINIMUM BENEFIT

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

- 270 diagnoses and their associated treatment
- 27 chronic conditions
- Emergency treatment.

## HOW PMB CLAIMS ARE PAID

Your cover depends on whether you choose to use the Malcor Medical Aid Scheme's Designated Service Providers (DSPs) or not.

The Malcor Medical Aid Scheme has selected Discovery Health hospital networks and other service providers as our Designated Service Providers (DSPs) or "networks". We also have contracts with specific State facilities that are also part of our DSPs. The latest list of hospitals and other service providers is available on [www.malcormedicalaid.co.za](http://www.malcormedicalaid.co.za)

If you choose to use the Malcor Medical Aid Scheme's DSPs, the Scheme will pay your medical expenses in full, from your Hospital Benefit. If you choose not to use a DSP, the Scheme will pay for medical expenses incurred while you are admitted to hospital at up to the Malcor Rate. You will be responsible for the balance as a co-payment.

## PLEASE NOTE

If you are involuntarily admitted to a hospital which is not a Scheme DSP, you will be transferred to a 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 network hospital, medical expenses incurred during your admission will be paid up to a maximum of the Malcor Rate. This will be calculated from the date that you opted to stay in a hospital that is not part of the Malcor Medical Aid Scheme's list of DSPs.

## 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.





## MOTOR VEHICLE ACCIDENTS

The following procedure is advised should members be involved in motor vehicle accidents:

Members will be sent an incident report form which needs to be completed, signed and returned to the Scheme as soon as possible. It is vital that as much detail as possible is included. This will help to ensure that the MVA investigation is conducted efficiently and quickly.



## REPORTING **FRAUD** OR **MALPRACTICE**

Be part of the solution and not the problem. Report any fraudulent or unethical practice to us and take an active role in combating crime.

### **FRAUD HOTLINE (ANONYMOUS)**

To report any crime related activity, call us anonymously on our toll-free number 0800 004 500 or SMS your report to 43477. This is a totally independent, professional hotline service.



# EXCLUSIONS

## EXCLUSIONS

Malcor is governed by registered rules which determine the benefits, contributions and exclusions. Listed below are examples of the most common exclusions:

- Acupuncture
- Cosmetic treatment
- Infertility treatment
- Injuries caused by alcohol or drug abuse
- Nutritional supplements
- Sleep therapy
- Viagra and similar products
- Hypnotherapy
- All costs relating to sunglasses
- Wilfully self-inflicted injuries and suicide
- Herbalists and herbal treatment
- Injuries arising from professional or competitive sport
- Injuries arising from motorised speed contests and trials
- Patent and proprietary medicines
- Treatment for obesity
- Vitamins and minerals

*This is not a complete list and should members be in doubt of any exclusion, they should contact the Scheme at 0860 100 698.*

# ABBREVIATIONS AND DEFINITIONS

## ABBREVIATIONS AND DEFINITIONS

The following is a list of abbreviations used in the booklet:

- Scheme or Malcor..... The Malcor Medical Aid Scheme
- Trustees ..... The Board of Trustees of the Scheme
- Hospital/s ..... Hospitals, Private Nursing Homes, and Day Clinics
- CDL ..... Chronic Disease List – A legislated list of 27 chronic diseases forming part of the Prescribed Minimum Benefits
- M.M.A.P.<sup>®</sup> ..... Maximum Medical Aid Price<sup>®</sup>
- MALCOR RATE / TARIFF ..... The rate at which the Scheme reimburses claims
- Malcor Medication Rate: ..... This is the single exit price (SEP) for medicines plus the relevant dispensing fee.
- PMB ..... Prescribed Minimum Benefits

# NOTES

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Malcor Medical Aid Scheme | 16 Jersey Drive, Longmeadow | Edenvale | 0860 100 698 | [www.malcormedicalaid.co.za](http://www.malcormedicalaid.co.za)

Malcor Medical Aid Scheme. Registration number: 1547. Administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07.  
An authorised financial services provider.