

HIVCare Programme – 2024

Who we are

The Malcor Medical Aid Scheme (referred to as ‘the Scheme’), registration number 1547, is the medical scheme that you are a member of. This is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as ‘the administrator’) is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

Overview

This document gives you information about the HIVCare Programme. It explains your cover for hospital admissions related to HIV and AIDS and how we pay for HIV medicine. We also give you information on the doctor consultations, laboratory tests and X-rays the Scheme covers.

About some of terms we use in this document

You might come across some terms in the document that you may not be familiar with. Here are the terms with their meaning.

Terminology	Description
Shortfall	The Malcor Medical Aid Scheme pays service providers at a set rate, the Scheme Rate. If the service providers charge higher fees than this rate, you will have to pay the outstanding amount from your pocket.
Maximum Medical Aid Price (MMAP)	This is the Maximum Medical Aid Price that the Fund will reimburse for an interchangeable multi-source pharmaceutical product.
Scheme Rate	This is the rate that Malcor Medical Aid Scheme sets for paying claims from healthcare professionals.
Payment arrangements	The Scheme has entered into payment arrangements with various healthcare professionals and providers that have agreed to be reimbursed at an agreed rate. This ensures full cover with no co-payments.

The HIVCare Programme at a glance

You have access to clinically sound and cost-effective treatment

We base the HIVCare protocols on the Southern African HIV Clinicians’ Society and South African Department of Health guidelines. Approval of HIV-related services is subject to Prescribed Minimum Benefit guidelines and your benefits.

We deal with each case with complete confidentiality

HIV and AIDS are a sensitive matter, whether one has the condition or not. Our HIV healthcare team respects your right to privacy and will always deal with any HIV- and AIDS-related query or case with complete confidentiality.

There is no overall limit for hospitalisation for members who register on the HIVCare Programme

For members who register on the HIVCare Programme there is no limit to the hospital cover. Members must always get approval for their hospital admissions. The Scheme Rules always inform us of how we pay for treatment.

Malcor Medical Aid Scheme covers a specified number of consultations and HIV-specific blood tests

For members who are registered on the HIVCare Programme, the Scheme pays for four GP consultations and one specialist consultation a person each year for the management of HIV.

The Scheme also pays for HIV-specific blood tests for members who are registered on the HIVCare Programme. These tests are a measure of the extent of the HI virus and are instrumental in managing the patient's response to treatment. The specific tests are listed in the *Benefits available for you section*.

We pay for antiretroviral medicine from our HIV medicine list up to the Scheme Rate for medicine

Members who test positive for HIV have cover for antiretroviral medicine that are on our HIV medicine list (formulary). This includes treatment for prevention of mother-to-child transmission, treatment of sexually transmitted infections and HIV-related (or AIDS-defining) infections. We will fund for supportive medicine whose conditions meet our requirements for cover (clinical entry criteria). Our case managers will coordinate HIV medicine applications and monitor the member's use of antiretroviral treatment to ensure the treatment is effective.

For preventive treatment in case of sexual assault, mother-to-child transmission, trauma or workman's compensation, any HIV waiting periods do not apply to preventive medicine. Members must preauthorise their treatment. We pay treatment according to national treatment guidelines. Except for prevention of mother-to-child transmission of the HIV virus, members do not need to meet the clinical entry criteria to register on the HIVCare Programme for this preventive treatment.

We provide cover for nutritional feeds to prevent mother-to-child transmission

Nutritional feeds are covered for babies born to HIV-positive mothers up to six months old from date of birth, according to the HIV nutritional and mother-to-child prevention milk formula list (formulary). We approve the first month upfront however the infant needs to be registered on your health policy in order to qualify for the remaining five months.

Getting the most out of your benefits

Register on the HIVCare Programme to access comprehensive HIV benefits

Call us on 0860 100 698, fax 011 539 3151 or email HIV_Diseasemanagement@malcormedicalaid.co.za to register.

HIVCare team will only speak to you, the patient, or your treating doctor about any HIV-related query.

Use approved medicine on our medicine list

The Scheme does not cover experimental, unproven or unregistered treatments or practices.

You have cover for approved medicine on our HIV medicine list (formulary) if your healthcare provider charges the Scheme Rate for medicine. We will pay up to 100% of Maximum Medical Aid Price (MMAP) or 100% of the Scheme Rate, where no MMAP is available for approved medicine not on the medicine list. You will be responsible to pay any shortfall from your pocket.

Use a healthcare provider who participates in our payment arrangements

You have full cover for healthcare providers with whom we have a payment arrangement, including GPs and specialists. The Scheme will pay the account up to the agreed rate. If you don't use a healthcare provider who we have an arrangement with, you will be responsible for any shortfall between what the provider charges and what the Scheme pays.

Tell us about where you'll be having your treatment and who your treating doctor is, and we'll confirm if we have an agreement with the healthcare provider. If you choose to have your treatment at a provider who we have an arrangement with, there will be no shortfall in payment. Remember that any plan benefits still apply in this case.

Log in to www.malcormedicalaid.co.za to find medical services and providers where you will be covered without a co-payment.

Take your HIV medicine as prescribed and send test results when we ask for them

We will only fund your HIV treatment if the Scheme has approved it. It is important that you remain compliant with your treatment plan. Once you've registered on the HIVCare Programme, you'll need to send us follow-up tests when we ask for them, for us to assist you in the ongoing management of your condition.

Prescribed Minimum Benefits (PMBs) cover

The Prescribed Minimum Benefits are minimum benefits for specific conditions that the Medical Scheme Act defines that all medical schemes are required to cover, according to clinical guidelines. In terms of the Act and its regulations, all medical schemes must cover the costs related to the diagnosis, treatment and care of any life-threatening emergency medical condition, a defined set of 270 defined diagnoses (Diagnostic

Treatment Pairs Prescribed Minimum Benefits or DTPMBs), and 27 chronic conditions.

You may be required to use a designated service provider (DSP) to have full cover for Prescribed Minimum Benefits. A DSP is a hospital or healthcare provider who has a payment arrangement with the Scheme to provide treatment or services at a contracted rate and without any co-payments by you.

All medical schemes in South Africa have to include the Prescribed Minimum Benefits in the health plans they offer to their members. There are, however, certain requirements that a member must meet before he or she can benefit from the Prescribed Minimum Benefits.

These are the requirements that apply to access Prescribed Minimum Benefits

- Your condition must be part of the list of defined conditions for Prescribed Minimum Benefits. You may need to send us the results of your medical tests and investigations that confirm the diagnosis for your medical condition.
- The treatment you need must match the treatments included as part of the defined benefits for your medical condition.
- You must use a doctor, specialist or other healthcare provider who the Scheme has a payment arrangement with. There are some cases where this is not necessary, for example a life-threatening emergency.

HIV is classified as a Prescribed Minimum Benefit condition for members who qualify for cover. However, only certain treatment protocols are available for funding from this benefit.

More information on our approach to Prescribed Minimum Benefits is available at www.malcormedicalaid.co.za

Your doctor can appeal for additional cover

The Scheme covers certain basic out-of-hospital treatments related to HIV infection as a Prescribed Minimum Benefit. You can ask for additional cover, if your condition requires this, through an appeals process. We will review the individual circumstances of the case, however it's important to note that an appeals process doesn't guarantee a positive outcome and neither does it change the way we cover Prescribed Minimum Benefits.

If the additional cover is approved, the Scheme will pay the claims for these treatments in full, if we have a payment arrangement with your doctor. You may be responsible to pay part of the claim if we do not have an arrangement with your doctor and he or she charges higher than what the Scheme pays.

We pay all other out-of-hospital treatments from the applicable benefit detailed in the Scheme Rules (and summarised in the Malcor Benefit Guide), if available on your plan type. If your plan does not cover the out-of-hospital treatments, you will be responsible to pay these from your pocket.

Malcor Medical Aid Scheme Plan

Hospital admissions

Cover for all costs while you are hospitalised is not automatic. When you know you are going to hospital, you need to tell us beforehand. You must preauthorise your admission to hospital at least 48 hours before you go in. Please phone DiscoveryCare on 0860 100 698 and follow the prompts to get approval.

When you contact us, please have specific information about your procedure and admission available, so that we can assist you.

GP and specialist consultations

If you have registered on the HIVCare Programme, we pay for four GP consultations including one specialist consultation for HIV, per person, per year. The Scheme may pay more consultations including paediatricians, if needed.

If you haven't registered on the programme, the consultation costs will be paid from available funds in your overall annual out-of-hospital benefit, up to the Scheme Rate. Limits may apply depending on your plan type and you must pay any shortfall from your pocket.

HIV antiretroviral and HIV-supportive medicine

Antiretroviral medicine not on our HIV medicine list will be covered from your available acute medication benefit. You will be responsible to pay any shortfall from your pocket if your provider charges more than the Scheme Rate.

If your approved supportive medicine is on our HIV supportive medicine list, we will pay for it up to the Scheme Rate for medicine. You have cover of up to R580 per person, per year for the multivitamins and vaccination shown below. Flu vaccinations will be paid from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin forte	715460001
Multivitamin orange	838500005
Multivitamin	799173002
Heberbio hbv sgl dose 1ml adult	701659001

HIV-monitoring blood tests

If you have registered on the HIVCare Programme, the Scheme pays for these blood tests up to the Scheme Rate:

Test	Number of tests we cover for each person a year
CD4 count	4
Viral load	4
ALT	3
Full blood count (FBC)	4

Test	Number of tests we cover for each person a year
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	1
Liver function test (LFT)	1
HIV drug resistance test (genotype)	1 (we only cover this test if we have approved funding before the test is done)

HIV drug resistance test

You do not automatically qualify to have this test covered from the Scheme's risk benefits, authorisation for the test is a prerequisite. Authorisation applies for requests for tests done in-hospital and out-of-hospital.

The authorisation process is used to manage risk to ensure that you receive best-practice HIV care, based on clinical evidence, to ensure optimal quality of care and health outcomes. It is important that the authorisation process be followed for every request.

If you haven't registered on the HIVCare Programme, the test costs will be paid from the applicable benefit detailed in the Scheme Rules (and summarised in the Malcor Benefit Guide), if available on your plan type. If your plan does not cover the treatments, you will be responsible to pay these from your pocket.

Funding

If you are on Plan C all approved HIV treatment accumulates to the Out-of-hospital Overall Annual Limits. Where the Out-of-hospital Overall Annual Limits are depleted and treatment for HIV has been approved this will fund through the limits. If you are on Plan A or B approved treatment accumulates to the In-hospital Overall annual limits

Contact us

Tel: 0860 100 698 • PO Box PO Box 8012, Greenstone, 1616 • www.malcormedicalaid.co.za

Complaint process

You may lodge a complaint or query with Malcor Medical Aid Scheme directly on 0860 100 698 or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following Malcor Medical Aid Scheme's internal disputes process.

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