



A MESSAGE FROM THE SCHEME



Dear Medshield Member,
**PREDICT, PREVENT AND PRIORITISE
YOUR HEALTH IN 2026**

As we wound down 2025, Medshield Medical Scheme extends heartfelt gratitude to you, our valued member, for your continued trust, support and partnership throughout 2025. Your commitment to prioritising your health inspires us to continually improve how we serve you.

Looking ahead to 2026, we're proud to introduce an even stronger, more innovative, and more member-focused benefit offering, built on our Partner for Life promise and centred on Predicting and Preventing.

Healthcare is changing, and so are we. Medshield's 2026 benefits are designed to help members take control of their health earlier, manage conditions more effectively, and access quality healthcare with fewer out-of-pocket expenses.

HERE'S WHAT YOU CAN LOOK FORWARD TO IN 2026:

- **More proactive care** - Members can look forward to annual mammogram screenings starting at age 30, diabetic retinal screening for early detection, and annual eye tests paid from risk.
- **Smarter chronic care** - Continuous Glucose Monitoring (CGM) for children up to age 18, supporting accurate diabetes management and peace of mind for parents and caregivers.
- **Expanded virtual access** - Additional Virtual Care General Practitioner consultations are now covered from risk across all options, giving members convenient access to healthcare anywhere.
- **Enhanced mental wellness support** - Our refined mental health benefits will provide greater access to therapy, treatment, and sustainable interventions for long-term well-being.
- **Improved optical and day-to-day benefits** - Substantially higher limits

for frames, lenses and contact lenses mean more freedom of choice and less pressure on your savings or day-to-day.

With a lower-than-average contribution adjustment, enhanced benefits, and our **strong AA GCR credit rating with a stable outlook**, Medshield remains financially sound, reliable and committed to providing healthcare that works better, not harder.

To help you make the most of your medical aid, we've included an additional article in this newsletter with benefits that will help stretch your funds, to ensure you have access to quality healthcare throughout the year.

May your holidays be filled with rest, joy, and good health. Thank you for choosing Medshield, your trusted *Partner for Life*.

Warm regards,
Medshield Medical Scheme

MAKE YOUR BENEFITS LAST

Smart Ways to Manage Your Medical Aid Cover



There are practical ways to continue accessing quality healthcare without worrying about your benefits running out too soon.

SAVE MORE WITH SMARTCARE

The SmartCare Benefit helps you manage your out-of-pocket expenses while maintaining access to essential healthcare services.

With SmartCare, you get:

- **Unlimited Pharmacy or Clinic Private Nurse Consultations** – available on all Medshield benefit options.
- **Nurse-led Virtual GP Consultations** – which are limited to a specific number per year, depending on your selected benefit plan.

These consultations are ideal for managing minor ailments, getting health advice, or supporting chronic condition management, all without dipping into your day-to-day or savings benefits.

TAKE ADVANTAGE OF VIRTUAL CARE

If your benefit option includes **Virtual Care: GP Consultations**,

you can connect with a healthcare professional remotely for advice, prescriptions, or treatment. It's a cost-effective, time-saving option that helps you stay healthy without the added travel or doctor's fees.

VISIT NETWORK GPs FOR ADDED VALUE

Specific Medshield benefit options also include **additional GP consultations and visits to Network GPs** within Medshield's network. These visits give you extra access to quality healthcare, even when your day-to-day or savings benefits are nearly depleted. Check your plan to see if your selected option includes this benefit and where your nearest Network GP is located.

PLAN AHEAD AND STAY INFORMED

Understanding what you've used and what's still available helps you make the most of your coverage.

Your Medshield benefit structure is designed to support sustainable, affordable healthcare all year-round, so that you can focus on your health.

Stay covered, stay informed with Medshield as your **Partner for Life**.

MEDSHIELD CONTACT CENTRE AND WHATSAPP LINE AVAILABILITY DURING THE FESTIVE SEASON



As the holiday season approaches, we would like to inform our members of Medshield's operating hours and service availability during December 2025.

Our Contact Centre and WhatsApp line remain dedicated to supporting you; however, please take note of the following closures during the holiday period:

- **Friday, 12 December 2025** - Contact Centre closed for the day
- **Wednesday, 24 December 2025** - Contact Centre and agent WhatsApp line closed from 12:00, but the self-service capability will continue working
- **Wednesday, 31 December 2025** - Contact Centre and agent WhatsApp line closed from 12:00, but the self-service capability will continue working
- **All Public Holidays** - Contact Centre and WhatsApp line closed

While our Contact Centre and WhatsApp line will be unavailable during these times, members can continue to access Medshield's self-service options for convenient, 24/7 support.

SELF-SERVICE OPTIONS AVAILABLE

You can manage your membership and healthcare needs anytime, anywhere through the **Medshield Member App**, the **Member Login Zone** on our website or the **WhatsApp Self -service channel**.

THE MEMBER APP AND WEBSITE MEMBER LOG-IN ZONE

Visit www.medshield.co.za and click on Login, or download the Medshield App from your app store, available on the Apple App Store and the Google Play Store. If you've already registered on one platform, use the same username and password on the other.

Services available on both platforms include:

- Viewing your membership card digitally
- Viewing monthly statements
- Viewing current claims
- Submitting new claims or queries
- Updating personal details
- Accessing your tax and member certificates
- Viewing and requesting hospital or dental authorisations
- Accessing the document library
- Using the Provider Locator to find healthcare professionals or facilities
- Viewing the Scheme Rules; and
- Accessing the Virtual GP Consultation platform

For assistance outside of closure times, members can email member@medshield.co.za. Queries will be addressed once normal operations resume.

Thank you for your continued support and for making your health a priority throughout the year.

REVIEW. REFLECT.

Realign Your Medshield Cover for 2026



The 2026 Benefit Option Change window is open, allowing you to review your Medshield plan and make sure it still meets your healthcare and financial needs. You have until 31 December 2025 to make any adjustments.

If you're happy with your current plan, no action is required. Your 2025 option will automatically carry over into 2026. Please be aware that changes to your benefit option cannot be made mid-year, so this is your opportunity to update your plan if your circumstances or needs have changed.

PLANS BUILT FOR VALUE, FLEXIBILITY AND WELLNESS

Medshield's 2026 benefit options have been refined to deliver more value and protection where it matters most. These enhancements reflect our ongoing commitment to being your *Partner for Life*.

Whether you prefer a Traditional or Savings plan, there's a Medshield option that balances affordability, flexibility, and peace of mind.

CHOOSING BETWEEN TRADITIONAL AND SAVINGS PLANS

To help you make the right choice, it's essential to understand the difference between the two structures:

- **Traditional Plans** provide fixed benefit limits across categories such as GP visits, dental, optical, and specialist care. These plans are ideal for those who prefer predictable and well-structured benefits.
- **Savings Plans** allocate part of your contribution to a Medical Savings Account (MSA), giving you more control over your day-to-day healthcare spending. Once your MSA is depleted, you'll pay out-of-pocket unless specific benefits cover those costs.

Your choice should reflect your lifestyle, health needs, and budget.

When to Consider an Upgrade

An upgrade could be worthwhile if:

- You often exhaust your day-to-day or MSA benefits before year-end.
- You're expecting significant life changes such as a new dependant, a planned procedure, or chronic condition management.
- You want broader provider flexibility or more preventive care coverage.

While upgrades may come with a slightly higher monthly contribution, they offer added protection and long-term peace of mind.

HOW TO CHANGE YOUR BENEFIT OPTION

You can make your changes quickly and conveniently:

For Direct Paying Members: Log in to your Medshield Member Login Zone at www.medshield.co.za and select the Option Change tab or download the Option Change form on the scheme's website at https://medshield.co.za/wp-content/uploads/2025/10/2026-MDS_Option_Change_Request_Form_2025_Oct-2025.pdf.

For Corporate Members: Submit your completed Option Change form to your HR department by 13 December 2025. HR will forward signed and stamped forms to the Scheme.

Email Submissions: Send your completed form to optionchange@medshield.co.za. Download the form here: <https://bit.ly/41phegB>.

Please note: Forms received after 15 December 2025 may only reflect in the February 2026 contribution cycle, with any credits applied toward the February payment.

SUPPORT WHEN YOU NEED IT

Before making your decision, consult your financial or healthcare advisor.

They can help you review:

- Prescribed Minimum Benefits (PMBs)
- Chronic and formulary medicine lists
- Network provider requirements
- The financial impact of your chosen option

You can also compare all 2026 options by visiting the 2026 Product section on the Medshield website for the latest Benefit Guides and Contribution Tables.

STAY INFORMED. STAY COVERED.

The Option Change window closes on **31 December 2025**. Don't miss your chance to tailor your plan for the year ahead.

DO WHAT'S RIGHT EVERY TIME

STOP FRAUD, WASTE, ABUSE AND ERROR.

Be alert. Be accountable.
Be the reason we stay protected.



MEDSHIELD
medical scheme
Partner for Life

Your Quick Guide to protecting your medical aid from FWAE

QUESTION 1 WHAT IS FWAE?

FWAE stands for Fraud, Waste, Abuse and Error – behaviours or mistakes that drain resources from medical aid schemes.

QUESTION 2 HOW DOES IT AFFECT ME?

Every rand lost through FWAE is money taken from the shared pool of member contributions. That means higher premiums and fewer benefits for you.

QUESTION 3 IS IT STILL FRAUD IF I JUST USE BENEFITS I DON'T REALLY NEED?

Yes. Wasteful use of benefits still drains funds meant for all members and contributes to higher costs.

QUESTION 4 WHAT HAPPENS IF SOMEONE IS CAUGHT COMMITTING FRAUD?

Schemes take a zero-tolerance approach. Membership can be terminated, employment affected, and criminal charges laid.

QUESTION 5 HOW CAN I HELP PREVENT FWAE?

By checking your claims, protecting your membership details, refusing to collude in false claims, and reporting suspicious activity.

QUESTION 6 CAN I REPORT FRAUD ANONYMOUSLY?

Yes. Dedicated whistleblower hotlines allow you to report in confidence or anonymously.

Fraud, Waste, Abuse & Error aren't just a scheme problem. They're everyone's problem. By following these steps, you protect your benefits - and every member's future.



- Check your claims for accuracy
- Keep your membership card and details safe
- Never share your membership number
- Don't accept cash for claims you didn't receive
- Report suspicious behaviour via the official whistleblower channels

EIGHT WAYS TO SUBMIT A REPORT TO THE WHISTLE BLOWERS ETHICS HOTLINE



Call directly on the toll-free number 0800 112 811
Use the dedicated Whistle Blowers hotline number to make a report via the live answering service.



Download and use the Whistle Blowers app
Download the secure Whistle Blowers app from Google Play or the Apple App Store. The app guides you through the reporting process.



SMS to 33490
Send your report via the SMS line from anywhere in South Africa at a cost of R1.50.



Post a letter of your report
Send a letter of your report to Whistle Blowers via post using the below details:
Freepost KZN665, Musgrave, South Africa, 4062



Report online at www.whistleblowing.co.za
Visit the Whistle Blowers website to report and make your submission via the online reporting platform.



Fax your report
Send your report to Whistle Blowers via a fax line:
Toll-free on **0800 212 689**



Email to information@whistleblowing.co.za
Send an email of your report privately to Whistle Blowers.



WhatsApp
Send your report to Whistle Blowers via WhatsApp on:
031 308 4664

Remember, reports can be submitted anonymously or in confidence.

GOOD GOVERNANCE IS THE CORNERSTONE OF SUSTAINABLE HEALTHCARE



In an era where trust defines longevity, good governance is no longer a corporate formality; it is the foundation of sustainable healthcare. For medical schemes, it determines how effectively they manage risk, ensure accountability, and build the confidence of members who rely on them for their well-being.

At Medshield Medical Scheme, governance is more than compliance. It is the discipline that underpins every decision, every policy, and every relationship with members, employees, healthcare providers and other stakeholders. Through integrity, transparency, and ethical leadership, Medshield ensures that its governance framework translates directly into stability, credibility, and better health outcomes for its members.

GOVERNANCE AS THE FRAMEWORK FOR TRUST

For Medshield, governance is the “G” that gives structure to its ESG commitments – a system of checks, balances, and accountability that keeps the Scheme both compliant and compassionate.

Effective governance ensures that Medshield operates with fairness, transparency, and integrity, while safeguarding the assets and trust of its members. It also promotes ethical behaviour through clear guiding principles, structured oversight, and mechanisms that ensure the Scheme makes decisions responsibly and in the best interests of members.

Governance plays a particularly vital role in ensuring long-term sustainability. It reduces legal risks, promotes compliance with laws and regulations, and creates tools to identify and manage risk effectively. It also establishes standards for service delivery and continuous improvement, ensuring that member health outcomes and quality of care are strengthened. When done well, governance builds the kind of trust that cannot be legislated, only earned.

STRUCTURE, STANDARDS AND COMPLIANCE

Medshield’s governance practices are guided by King IV principles, aligning with global best practice while addressing the realities of South Africa’s healthcare sector. In a system shaped by transformation and affordability pressures, good governance must be both ethical and adaptable.

The Board of Trustees provides strategic oversight and fiduciary direction in accordance with the Medical Schemes Act and Scheme Rules. Independent experts support the Board through specialist committees, while the executive management team executes operational goals under their supervision. This structure ensures independence between oversight and management while promoting accountability.

Transformation and diversity remain central to the Board’s composition. Co-opted Trustees and independent experts are appointed based on skill, experience, and representation, aligning with



South Africa's transformation goals. Succession Planning across all management levels further ensures leadership continuity and stability within the organisation.

Robust governance frameworks and internal controls underpin Medshield's operations and set clear standards for ethical conduct, decision-making and accountability.

A combined assurance approach, regulatory alignment, and ongoing compliance monitoring ensure adherence to the Medical Schemes Act and related regulations. Active participation in industry associations keeps the Scheme informed of regulatory developments and best practice within the healthcare sector.

Integrity is further reinforced by transparent reporting mechanisms and safe channels enabling employees and stakeholders to raise concerns. In this way, transparency is not only encouraged but also protected.

RISK, RESILIENCE AND CONTINUOUS IMPROVEMENT

Medshield takes a Scheme-wide approach to risk management, integrating mitigation strategies into planning and daily operations. The Scheme's Risk Management Framework, aligned with ISO 31000 and King IV, identifies and manages risks across strategic, operational, financial, and compliance areas.

Emerging risks such as cyber threats, political instability, and climate-related disruptions are reviewed annually with assurance providers. The risk appetite adopted by the Scheme supports proactive identification and management of both threats and opportunities.

- **Fraud prevention** is a key governance priority. Medshield partners with dedicated industry providers to detect and address Fraud, Waste, and Abuse (FWA), safeguarding member funds, promoting accountability, and enhancing industry integrity.
- **Technology** has become an essential tool in governance execution. Medshield uses digital board packs, e-governance tools, virtual meetings, and automated compliance reports to streamline oversight and enhance accuracy. Its ISO 9001 certification mandates regular policy reviews and continuous improvement, ensuring processes remain relevant and competitive.

- **Training and development** underpin this approach. All employees receive ESG-related onboarding, while trustees and independent experts participate in formal governance education, including the Council for Medical Schemes' Trustee Programme. It ensures a consistent understanding of fiduciary duties and embeds governance as a living practice rather than a static policy.
- **Stakeholder engagement** is equally critical. Internally, governance reports are presented quarterly to the Board and committees. Externally, the Scheme uses members', providers' and Brokers' newsletters, awareness campaigns, and social media updates to engage stakeholders. Insights from customer experience surveys inform operational decisions, ensuring that governance remains responsive to members' needs and expectations.

As part of its regulatory compliance, Medshield follows directives from the Council for Medical Schemes (CMS), which issues guidelines on the application of the Medical Schemes Act. The Scheme undergoes regular internal audits and implements corrective actions to maintain compliance and transparency.

THE FOUNDATION OF TRUST

Ultimately, governance is about trust – trust that the Scheme manages members' contributions responsibly, that decisions are transparent, and that leadership remains accountable to the members of the Scheme.

The governance environment for medical schemes continues to evolve within a complex regulated healthcare landscape. By embedding proactive risk management, maintaining transparency, and collaborating with peers, Medshield demonstrates that strong governance is the most effective response to complexity.

At Medshield, good governance is not an obligation; it is a deliberate choice that defines who we are. It is the architecture of accountability that supports everything else, from financial stability and service quality to long-term member confidence. Because in healthcare, trust is everything, and trust begins with governance.

MANAGING YOUR CHRONIC CONDITION

– Stay Covered and Up to Date



With the 2026 Option Change window open, it's the perfect time to review your healthcare needs, especially if you're living with a chronic condition that requires ongoing medication and treatment.

Your benefit option determines how your chronic condition is covered, so it's essential to ensure your selected plan aligns with your current health needs. Some conditions are covered under the Chronic Disease List (CDL), while others may only be covered as Prescribed Minimum Benefits (PMBs).

WHY YOU NEED TO UPDATE YOUR CHRONIC SCRIPTS EACH YEAR

Every year, new prescriptions and authorisations must be submitted to ensure continued access to your chronic medication. This ensures your treatment remains active and that payment comes from your Chronic Medicine Benefit rather than your Day-to-Day or Savings allocations.

FOLLOW THESE EASY STEPS TO REGISTER OR RENEW YOUR CHRONIC MEDICINE

STEP 1: CALL OR EMAIL

Your doctor or pharmacist can contact Mediscor on 086 000 2120 or email medshieldauths@mediscor.co.za.

Have the following details ready:

- **Membership details** - Benefit option and your membership number
- **Patient details** - Name, dependant code (on your membership card), and date of birth
- **Doctor's details** - Initials, surname, and practice number
- **Diagnosis details** - Chronic condition diagnosed, and the ICD-10 code
- **Prescribed medicine** - Medicine name, strength, and dosage frequency

If additional information or motivation is required, Mediscor will contact you and/or your doctor.

STEP 2: REGISTRATION

Qualified pharmacists and pharmacy assistants will review your registration in line with Scheme Rules and clinical protocols. Your application will be processed according to the formularies appropriate for the condition and benefit option. Different types of formularies apply to the conditions covered under the various plans.

Check if your medicine is on the formulary:

Visit www.mediscor.co.za/search-client-medicine-formulary to confirm if your medication is covered in the formulary under your benefit option. If not, ask your doctor about an alternative available on the formulary; otherwise, an upfront co-payment will apply.

STEP 3: CHRONIC MEDICINE

Take your script to the Chronic Medicine Designated Service Provider (DSP) network pharmacy for your benefit option/plan and collect your medicine, or have it delivered.

STEP 4: AUTHORISATION

Once your application has been processed, you'll receive a standard medicine authorisation and treatment letter.

If additional test results or a motivation are required, follow up promptly with your treating doctor to avoid delays in approval.

Chronic Medicine Authorisation Contact Centre: Monday to Friday | 07:30 – 17:00

Remember

- Renew your chronic prescriptions each year.
- Review your benefit option before the end of the Option Change window on **31 December 2025** to ensure it still meets your health needs.
- Always use your DSP pharmacy to avoid unnecessary out-of-pocket costs.

Stay on top of your chronic care and keep your health a priority.

UNDERSTANDING BROKERS AND HOW THEY SUPPORT YOU



When it comes to managing your medical scheme membership, it helps to know who's in your corner. Each month, the medical scheme pays a small portion of your contribution toward broker fees, a regulated component designed to ensure you have access to professional, accredited advice when making decisions about your healthcare cover.

THE ROLE OF A BROKER

A broker is your go-to professional for guidance and support throughout your medical scheme journey. Whether you're comparing benefit options, completing a membership application, or dealing with a claims query, a broker can simplify the process and help you make informed decisions.

Here's how a broker can assist you:

- **Provide expert advice** on selecting the right medical scheme and benefit option for your health needs and budget.
- **Help with applications** when joining a medical scheme or changing options.
- **Offer ongoing support** with claims, benefit queries, and understanding your scheme and benefit rules.
- **Guide you** on accessing value-added benefits such as wellness and chronic care programmes.

It's important to remember that using a broker is entirely your choice. Brokers act as your trusted representative, ensuring you understand your benefits and get the best value from your medical scheme.

HOW BROKERS ARE PAID

All brokers are accredited by the Council for Medical Schemes (CMS) and are compensated monthly by the Scheme to maintain fairness, transparency, and consistency across the industry. The CMS regulates the commission paid to brokers under the Medical Schemes Act. (131 of 1998).

BROKER ACCREDITATION AND MEMBER PROTECTION

Only CMS-accredited brokers are authorised to provide healthcare broker services. Accreditation ensures brokers meet strict professional standards and always act in the best interests of members. Medical schemes may not pay commissions to unaccredited brokers.

To confirm whether your broker is accredited, visit the CMS website for the most up-to-date list of authorised brokers and other regulated entities.

At Medshield, we're committed to transparency and empowering our members to make informed healthcare choices. Whether you work with a broker or manage your membership directly, understanding how brokers operate helps you get the most value from your medical scheme.

Source: Council for Medical Schemes (CMS) – Understanding Healthcare Brokers and Broker Fees

UNDERSTANDING PMBS, DTPS AND YOUR TREATMENT PLAN



H healthcare can be tricky, but understanding your benefits empowers you to make informed decisions about your care.

WHAT ARE PRESCRIBED MINIMUM BENEFITS (PMBS)?

Prescribed Minimum Benefits (PMBS) are a set of essential healthcare benefits that all medical schemes in South Africa must cover, no matter which option you belong to.

PMBS ensure that members have access to:

- Emergency medical care
- 271 Diagnosis Treatment Pairs (DTPs), which are conditions paired with specific treatments that must be covered
- 26 Chronic Disease List (CDL) conditions that require long-term medication

WHY PMBS MATTER

PMBS exist to:

- Guarantee access to minimum levels of care for all members
- Ensure continuous healthcare even when day-to-day or savings benefits are depleted

WHAT ARE DTPS AND CDLS?

- **DTPs (Diagnosis Treatment Pairs)** - Link a confirmed diagnosis to the corresponding treatment that must be funded under PMBS, such as dialysis for renal failure.
- **CDLs (Chronic Disease List)** - These are 26 chronic illnesses, including, but not limited to, diabetes, asthma, and hypertension, that must be covered for chronic medication and treatment.

Both DTPs and CDLs fall under PMBS but are managed through different registration processes.

FOLLOW THESE STEPS TO REGISTER FOR THE DTP PMB CHRONIC CARE PROGRAMME

- **Step 1: Consult with Your Doctor**
Schedule a consultation with your GP or specialist to confirm your diagnosis.

- **Step 2: Complete the Application Form**
Your doctor must complete the DTP PMB application form, available on the Medshield website: www.medshield.co.za/members/scheme-forms-for-members once the diagnosis is confirmed.
- **Step 3: Submit the Form**
Your doctor must email the completed form to Mediscor at medshieldapmb@mediscor.co.za.
- **Step 4: Review and Feedback**
Mediscor will review your application and provide initial feedback to you, your doctor, or your broker.
- **Step 5: Check Validity and Classification**
Mediscor will verify the application to determine whether it qualifies for DTP PMB or CDL chronic treatment.
 1. If it's a DTP PMB request, it will proceed for PMB assessment.
 2. If it's a chronic treatment request, you will be instructed to send the form to medshieldauths@mediscor.co.za.
- **Step 6: Processing the Request**
If classified as a DTP PMB, Mediscor will apply clinical guidelines to review and finalise the request.
- **Step 7: Outcome Notification**
You and your doctor will receive the outcome. If approved, you'll get a PMB confirmation letter and a treatment care plan. If declined, Mediscor will provide feedback explaining the decision.
- **Step 8: Annual Renewal**
Your DTP PMB treatment care plan must be renewed every year to maintain uninterrupted access to your treatment.

PMBS protect your right to essential healthcare regardless of your benefit option. By understanding how DTPs, CDLs, and treatment plans work, you can make informed choices and ensure your care remains continuous, comprehensive, and covered.