



| 2024 |

## CHRONIC MEDICATION BENEFIT GUIDE

Chronic medication is covered for a list of diseases if the chronic condition is registered on the **Disease Management Program**.

### HOW IT WORKS

A chronic medical condition is a physical health condition that persists for a long period and requires ongoing management and treatment, such as asthma, cardiac failure, diabetes, and hypertension.

When being treated for a health condition that hasn't been confirmed as a chronic condition, your network GP can refer you for basic diagnostic pathology tests, subject to a list of **approved tariff codes**.

For example, if your network GP wants to test for hypertension, the following blood tests will be covered if they refer you during one of your consultations:

- 4025: Cholesterol, HDL/LDL, triglycerides
- 4026: LDL cholesterol (chemical determination)
- 4027: Cholesterol total

Remind your network GP to refer you to **Ampath, Lancet or PathCare**.

#### GOOD TO KNOW

Once diagnosed, your network GP will help register you for the **Disease Management Program** with **Unity Health**, our health insurance administrator.

Your network GP can:

- call the **Disease Management Department** at **0860 119 553** for telephonic authorisation.
- mail a script with ICD-10 codes, relevant pathology results, and a copy of your ID and membership card to [preauth@mediscor.co.za](mailto:preauth@mediscor.co.za).
- fax the script to **0866 151 509** with your membership details.

Once registered to receive chronic medication, the treatment plan will be activated, and related claims will be paid from the chronic medication basket of benefits.

Treatment plans are additional benefits designed to manage your chronic condition optimally, like seeing your network GP for a chronic script renewal consultation without pre-authorisation.

Your claims will be managed and allocated to be paid from the correct benefits.

Once your treatment plan is active, a **Unity Health Wellness Specialist** will contact you, informing you of the complete **Disease Management Program**, discuss chronic medication compliance, usage education, storage, etc.

You'll also receive an email and SMS with the treatment plan details that you can share with your network GP.

Prescribed medication is subject to the **approved Mediscor formulary** and the **Formulary Reference Pricing (FRP)**, which may be amended occasionally.

To learn more about the **Mediscor formulary**, contact us at **011 781 4488** or email [health@stratumbenefits.co.za](mailto:health@stratumbenefits.co.za).

Non-formulary medication won't be covered.



CHRONIC MEDICATION AND SCRIPT RENEWAL

Collect your chronic medication from any **Mediscor pharmacy**, or it can be delivered by courier.

Examples of **Mediscor pharmacies** are:







The pharmacy will require a valid script and your membership details.

Your chronic script is renewable once every 6 months, meaning you'll only have to visit your network GP twice a year for script renewals.

Take the script to your nearest approved pharmacy for your monthly supply. Alternatively, you can receive your medication via courier delivery through **Medipost** – a national pharmacy delivering medication to more than 595 000 patients across South Africa.

Here's how it works.

| WHEN COLLECTED  | MONTH 1 - 5  | MONTH 6  |
|---|--|--|
|  | Go directly to the pharmacy to get your monthly supply.    |  Visit your network GP to renew your chronic script. Go to the pharmacy to get your monthly supply. Return to your network GP when another script is due <b>6 months</b> later.   |
| WHEN DELIVERED  | MONTH 1 - 5  | MONTH 6  |
|  | <b>Medipost</b> pharmacy will deliver your monthly supply. |  Visit your network GP to renew your chronic script. Email the script to <a href="mailto:mrx2@medipost.co.za">mrx2@medipost.co.za</a> . <b>Medipost</b> will contact you to confirm the delivery address. Your monthly supply will be delivered to you. Return to your network GP when another script is due <b>6 months</b> later. |

WHAT WE COVER

The **ESSENTIAL PRIMARY PLUS DAY-TO-DAY BENEFIT OPTION** covers **8 chronic conditions**.

The **CORPORATE ESSENTIAL DAY-TO-DAY BENEFIT OPTION** covers **27 chronic conditions**.

**ESSENTIAL PRIMARY PLUS DAY-TO-DAY BENEFIT OPTION**

- asthma;
- chronic obstructive pulmonary disorder;
- diabetes type 1 & 2;
- epilepsy;
- hyperlipidaemia;
- hypertension;
- HIV/AIDS; and
- tuberculosis.

**CORPORATE ESSENTIAL DAY-TO-DAY BENEFIT OPTION**

- Addison's disease;
- bi-polar mood disorder;
- cardiac failure;
- chronic renal disease;
- Crohn's disease;
- diabetes insipidus;
- dysrhythmia;
- epilepsy;
- HIV/AIDS;
- hypertension;
- hypothyroidism;
- Parkinson's disease;
- schizophrenia;
- tuberculosis; and
- asthma;
- bronchiectasis;
- cardiomyopathy disease;
- coronary artery disease;
- chronic obstructive pulmonary disorder;
- diabetes mellitus type 1 & 2;
- glaucoma;
- haemophilia;
- hyperlipidaemia;
- multiple sclerosis;
- rheumatoid arthritis;
- systemic lupus erythematosus;
- ulcerative colitis.

Claims will be paid subject to your chronic benefits and the approved **Mediscor** formulary.

Chronic medication prescribed by your network GP from the approved formulary has **no benefit limit**.

WAITING PERIOD

A **12 Month Chronic Medication Waiting Period** applies from your policy's start date and each dependant's cover start date unless otherwise specified in your Certificate of Membership.

This waiting period doesn't apply to employer groups when **20 or more** employees join on a compulsory basis.

*This benefit guide is a summary and does not replace any information provided in your Policy Schedule. If there are any differences, please refer to your Policy Schedule. Terms and conditions apply.*