

 <p>mediscor pbm Pharmaceutical Benefit Management Solutions Together</p>	<p><b>MEDISCOR (PTY) LTD</b> 1257 South Street, Centurion PO Box 8796, Centurion, 0046 Tel: (012) 674 8000 Fax: (012) 674 8001</p>	<p><b>NOTIFICATION 49 OF 2013</b></p>
		<p><b>3 December 2013</b></p>

<b>Medical Scheme</b>	SPECTRAMED Medical Scheme
<b>Administrator</b>	Vmed
<b>Information Relevant to</b>	Benefits and Options for 2014
<b>Effective Date</b>	1 January 2014

With effect 1 January 2014, Mediscor will be applying the scheme rules for SPECTRAMED Medical Scheme as outlined below.

**Herewith the detail for submitting medicine claims to Mediscor:**

<b>1.</b>	<b>Scheme Code (PCN)</b>	<b>MDS0062</b>
<b>2.</b>	<b>Switch Destination Code</b>	<b>ROSP0000</b>
<b>3.</b>	<b>EDI Activation Code (Dispensing Doctors)</b>	<b>522P</b>
<b>4.</b>	<b>Reference Pricing</b>	<b>Yes</b>
<b>5.</b>	<b>Maximum supply of medicine</b>	<b>30 Days</b>
<b>6.</b>	<b>Days supply of the dispensed medicine</b>	<b>Yes / Compulsory</b>
<b>7.</b>	<b>Membership number as per membership card</b>	<b>Yes / Compulsory</b>
<b>8.</b>	<b>Dependant code as per membership card</b>	<b>Yes / Compulsory</b>
<b>9.</b>	<b>Dependant first name as per membership card</b>	<b>Yes / Compulsory</b>
<b>10.</b>	<b>Dependant date of birth</b>	<b>Yes / Compulsory</b>
<b>11.</b>	<b>Dependant's gender (male/female)</b>	<b>Yes / Compulsory</b>
<b>12.</b>	<b>Practice number of the prescriber</b>	<b>Yes / Compulsory</b>
<b>13.</b>	<b>ICD-10 diagnosis code</b>	<b>Yes / Compulsory</b>
<b>14.</b>	<b>9 digit NAPPI code of medicine dispensed</b>	<b>Yes / Compulsory</b>
<b>15.</b>	<b>Membership number requirements</b>	<b>11 numerical</b>
<b>16.</b>	<b>Payments to providers</b>	<b>Vmed</b>
<b>17.</b>	<b>Chronic pre-authorisation</b>	<b>Mediscor ChroniLine™</b>
<b>18.</b>	<b>Reimbursement structure – Dispensing doctors</b>	<b>SEP + 30%/R23.40</b>
<b>19.</b>	<b>Reimbursement structure – Pharmacies</b>	<b>SEP + 28%/R28</b>
<b>20.</b>	<b>Over the counter (OTC)</b>	<b>SEP + 28%/R28</b>

- **SEP (VAT Incl.) and Dispensing Fee (VAT Excl.)**
- **Reimbursement structure will be applied on scheduled medicines (0 – 8) and unscheduled products.**
- **Formulary Reference Price (FRP) – information available on [www.mediscor.net](http://www.mediscor.net)**
- **Formulary Reference Price Plus (FRP PLUS) – information available on [www.mediscor.net](http://www.mediscor.net)**
- **Mediscor Reference Price (MRP) – information available on [www.mediscor.net](http://www.mediscor.net)**
- **ICD-10 codes – information available on [www.medicalschemes.com](http://www.medicalschemes.com)**

**IMPORTANT:** The details below serve as a **GUIDELINE ONLY**. Due to the complexities of various levies, co-payments, formularies and exclusion criteria; **service providers must** refer to our **on-line responses** to apply the correct rules.

Herewith the scheme rules for SPECTRAMED Medical Scheme effective from 1 January 2014:

**Options for 2014:**

- **COBALT**
- **AZURE**
- **CAPRI**
- **CYAN**
- **AQUA**

<b>BENEFITS APPLICABLE</b>	<b>LEVY / CO-PAYMENT</b>	<b>MRP / FRP /FRP Plus</b>	<b>EXCLUSIONS</b>
My Saver <b>(AQUA – no benefit)</b>	No	MRP	3, 4, 5, 14, 15, 24, 25, 27, 30, 31, 32, 61
Accumulated My Saver <b>(AQUA – no benefit)</b>			
Non-CDL Chronic <b>(AQUA – no benefit)</b>			
OTC <b>(AQUA – no benefit)</b>	<b>COBALT</b> No / Maximum of R100 per script <b>AZURE</b> No / Maximum of R100 per script <b>CAPRI</b> No / Maximum of R75 per script <b>CYAN</b> No / Maximum of R75 per script		
Oncology PMB	<b>DSP:</b> No <b>Non-DSP:</b> 40%		
Oncology Non-PMB <b>(AQUA – no benefit)</b>	<b>DSP:</b> No <b>Non-DSP:</b> 40%		
Oncology Biological PMB <b>(AQUA – subject to PMB's)</b>	<b>DSP:</b> No <b>Non-DSP:</b> 40%		
Oncology Biological Non-PMB <b>(AQUA – subject to PMB's)</b>	<b>DSP:</b> No <b>Non-DSP:</b> 15% <b>COBALT</b> 20% <b>AZURE</b> 25% <b>CAPRI</b> 30% <b>CYAN</b>		
Organ Transplant PMB	<b>DSP:</b> No <b>Non-DSP:</b> 40%		
Organ Transplant Non-PMB <b>(AQUA – no benefit)</b>	<b>DSP:</b> No <b>Non-DSP:</b> 40%		

BENEFITS APPLICABLE	LEVY / CO-PAYMENT	MRP / FRP /FRP Plus	EXCLUSIONS
HIV/AIDS	<p align="center"><b>All options</b></p> <p align="center"><b>DSP: No</b> <b>Non-DSP: 40%</b></p>	MRP	
Prescribed Minimum Benefits (PMB)	<p align="center"><b><u>COBALT</u></b></p> <p align="center"><b>Spectra Prime Formulary:</b> <b>DSP: No</b> <b>Non-DSP: 40%</b></p> <p align="center"><b><u>AZURE</u></b></p> <p align="center"><b>Spectra Focus Formulary:</b> <b>DSP: No</b> <b>Non-DSP: 40%</b></p> <p align="center"><b><u>CYAN</u></b></p> <p align="center"><b>Spectra Vital Formulary:</b> <b>DSP: No</b> <b>Non-DSP: 40%</b></p> <p align="center"><b><u>CAPRI/AQUA</u></b></p> <p align="center"><b>Spectra Vital Formulary:</b> <b>DSP: No</b> <b>Non-DSP: 40%</b></p>	<p align="center"><b>COBALT</b></p> <p align="center">FRP PLUS</p> <p align="center"><b>AZURE</b></p> <p align="center">FRP / FRP Plus</p> <p align="center"><b>CYAN</b></p> <p align="center">FRP</p> <p align="center"><b>CAPRI/AQUA</b> <b>A</b></p> <p align="center">Formulary products only</p>	3, 4, 5, 14, 15, 24, 25, 27, 30, 31, 32, 61
Chronic Biological <b>(CAPRI , CYAN, AQUA – no benefit)</b>	25%	N/A	
Ex-Gratia	<p align="center">Can have one of the following:</p> <p align="center">No 10% 20% 25% 30% 40% 50% 70% 75%</p>	MRP	
Benefit Booster <b>(CAPRI , CYAN, AQUA – no benefit)</b>	No	N/A	

BENEFITS APPLICABLE	LEVY / CO-PAYMENT	MRP / FRP /FRP Plus	EXCLUSIONS
Non CDL PMB	<p align="center"><b><u>COBALT</u></b></p> <p align="center"><b>Spectra Prime Formulary:</b>  <b>DSP: No</b>  <b>Non-DSP: 40%</b></p> <p align="center"><b><u>AZURE</u></b></p> <p align="center"><b>Spectra Focus Formulary:</b>  <b>DSP: No</b>  <b>Non-DSP: 40%</b></p> <p align="center"><b><u>CYAN</u></b></p> <p align="center"><b>Spectra Vital Formulary:</b>  <b>DSP: No</b>  <b>Non-DSP: 40%</b></p> <p align="center"><b><u>CAPRI/AQUA</u></b></p> <p align="center"><b>Spectra Vital Formulary:</b>  <b>DSP: No</b>  <b>Non-DSP: 40%</b></p>	<p align="center"><b>COBALT</b></p> <p align="center">FRP PLUS</p> <p align="center"><b>AZURE</b></p> <p align="center">FRP</p> <p align="center"><b>CYAN</b></p> <p align="center">FRP</p> <p align="center"><b>CAPRI/AQUA</b></p> <p align="center">Formulary products only</p>	<p align="center">3, 4, 5, 14, 15, 24, 25, 27, 30, 31, 32, 61</p>

- **FRP and FRP Plus**

Members will be liable for payment of the difference in price between the product they selected and the formulary reference price on all non-formulary products. Please refer to the real-time response for all co-payment details.

**PRESCRIBED MINIMUM BENEFITS (PMBs):**

Members need to apply and register for PMBs and Chronic Medicine Benefits with **Mediscor ChroniLine™** on 0860 119 553.

**IF YOU REQUIRE ANY ASSISTANCE, PLEASE CONTACT:**

**Mediscor's Contact Centre** : **0860 113 238 or 0860 117 705**

**Mediscor ChroniLine™** : **0860 119 553**

**Mediscor E-mail** : [helpdesk@mediscor.co.za](mailto:helpdesk@mediscor.co.za)

Please send any questions regarding this communiqué to [updates@mediscor.co.za](mailto:updates@mediscor.co.za)

Kind Regards

**ILSE STEYN**