

HIVCare Programme 2026

Who we are

MEDIPOS Medical Scheme (referred to as 'the Scheme'), registration number 1548 is a not-for-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), that administers the Scheme.

General contact details

You can call us on **0860 100 078** or visit www.medipos.co.za for more information.

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 doctor consultations, laboratory tests and X-rays covered by the Scheme .

About some of the 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
Medical Scheme Rate	This is the rate that MEDIPOS sets for paying claims from healthcare providers.
Payment arrangements	The Scheme has entered into payment arrangements with various healthcare providers that have agreed to be reimbursed at an agreed rate. This ensures full cover with no co-payments.
Shortfall	The Scheme pays service providers at a set rate, the Medical Scheme Rate. If the healthcare providers charge fees that are higher than this rate, you will have to pay the outstanding amount.
**MaPS Advisor	MaPS Advisor is a medical and provider search tool which is available on the MEDIPOS website.
Therapeutic Reference Price (TRP)	MEDIPOS pays up to a monthly reference price for a medicine class. This applies to medicine that is not listed on the medicine list. The therapeutic reference price only applies to Option C.

Terminology	Description
Chronic Drug Amount (CDA)	The Chronic Drug Amount is the monthly amount that we pay up to for a medicine class. The Chronic Drug Amount applies to Options A and B.

** The value-added service - MaPS Advisor - is owned by Discovery Health (Pty) Ltd.

The HIVCare Programme at a glance

What is HIV?

HIV (Human Immunodeficiency Virus) is a virus that attacks the body's immune system. There is currently no cure for HIV, however with access to effective HIV prevention, early diagnosis, treatment and care it can be managed.

If HIV is not treated it can progress to AIDS.

What is AIDS?

AIDS (Acquired Immunodeficiency Syndrome) is an advanced stage of HIV. This is where HIV is on final stage of progression.

Signs and symptoms of HIV and AIDS

The only way to know if you are HIV-positive is by going for an HIV test that is done by a qualified health care provider.

The signs and symptoms of HIV differ depending on the stage of infection.

After few weeks of being infected, a person might have or experience the following symptoms:

- Fever
- Headache
- Rash
- Sore throat

As the infection progressively weakens the immune systems, a person might have the following signs and symptoms:

- Swollen lymph nodes
- Weight loss
- Fever
- Diarrhea
- Cough

A well-managed chronic condition equals a Healthy Life!

Five Key Pillars to make your HIV Journey a Success				
1	2	3	4	5
<p>Protect your family and your partner against HIV and AIDS</p> <p>If tested positive for HIV, you can protect your family and loved ones against the HIV virus by doing the following:</p> <ul style="list-style-type: none"> • Don't share used or unsterilised needles • Use condoms every time you have sex. • Continue taking your HIV medicine as prescribed by your doctor. • If your partner is not on treatment, advise her or him to have a conversation with the healthcare provider about taking PrEP (Pre-Exposure Prophylaxis) 	<p>See your HIV General Practitioner(GP) regularly.</p> <p>Having a doctor who you trust and see regularly will help ensure that your condition is well managed. Your doctor will discuss your medicine and blood test results with you. You should also ask your doctor any questions you may have about your chronic condition.</p>	<p>Take your medicine</p> <p>Taking your medicine as prescribed by your doctor will help you live a long and healthy life.</p> <p>Here are some of the benefits of taking your HIV medicine correctly:</p> <ul style="list-style-type: none"> • Your viral load will be suppressed, meaning your body has very low levels of the virus (less than 200 copies of HIV per milliliter of blood). • Your CD4 count will increase which means that your immune system is getting stronger. • The virus will grow slower. If you skip your doses or do not stick to your medicine routine, you will give the virus a chance to grow quicker, meaning you may get sick or infect your loved ones. 	<p>Go for viral load test regularly</p> <p>Viral load means the amount of virus that the infected person has in their blood. A low viral load shows that an HIV treatment is working, while a high viral load shows that you are not taking your HIV medicine as you should, or the virus is becoming resistant to the medicine.</p> <p>It is important to keep going for viral load testing, as this can help your doctor to identify any potential issues early on. If a viral load test shows that your body is not responding well to the medicine, your doctor can immediately change your treatment.</p> <p>You need to go for viral load testing at least twice a year.</p>	<p>Live a healthy lifestyle regularly</p> <p>Living a healthy lifestyle is very important, as it can help you prevent other chronic diseases and long-term illness. How to improve your lifestyle:</p> <ul style="list-style-type: none"> • Eating a well balanced diet can strengthen your immune system and help you maintain a healthy weight. • Regular exercise can help you lower your risk of developing other chronic conditions such as diabetes and cardiovascular disease.

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 (PMB) 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

There is no limit to the hospital cover however, members must always get approval for their hospital admissions. The Scheme rules always inform us as to how we pay for treatment.

MEDiPOS 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 per 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 HIV 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 Medical Scheme Rate for medicines

Members who test positive for HIV have cover for antiretroviral medicines 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 pay 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 medicine, to ensure the treatment is effective.

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

Getting the most out of your benefits

Register on the HIVCare Programme to access comprehensive HIV benefits

Call us on **0860 100 078**, or email hiv@medipos.co.za to register.

The 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 Medical Scheme Rate for medicines.

For clinically appropriate antiretroviral medicine that is not on the list, we will pay up to a monthly Chronic Drug Amount for Option A and Option B and up to the Therapeutic Reference Price (TRP) for Option C. You will be responsible for the payment of any shortfall for medicines not on the list, or if the pharmacy charges more than the Medical Scheme Rate/Reference Price for medicines.

Use a healthcare provider who is a designated service provider

You have full cover with healthcare providers that are designated service providers. The Scheme will pay the account up to the agreed rate. If you use a non-designated service provider, you will be responsible for any shortfall between what the provider charges and what the Scheme pays.

Let us know where you'll be having your treatment and who your treating doctor is and we'll confirm if we have an agreement with the doctor. If you choose to have your treatment at a doctor who we have an arrangement with there will be no shortfall in payment. Please remember that the benefits of any option still apply in this case.

The MaPS tool (Medical and Provider Search) on www.medipos.co.za helps you find healthcare providers where you will be covered without a co-payment.

Go to www.medipos.co.za for more details.

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 (PMBs) are minimum benefits for specific conditions that all medical schemes are required to cover according to clinical guidelines. In terms of the Medical Scheme 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 PMBs. A DSP is a healthcare provider who has a payment arrangement with the Scheme to provide treatment or services at a contracted rate and without any co-payments from you.

All medical schemes in South Africa have to include the PMBs in the benefit options they offer to their members. There are however certain requirements that you must meet before you can benefit from the PMBs.

These are the requirements that apply to access Prescribed Minimum Benefits

- Your condition must be part of the list of defined conditions for PMBs. You may need to send us the results of your medical tests and investigations that confirm the diagnosis for your medical condition;
- Your treatment must match the treatments included as part of the defined benefits for your medical condition;
- You must use healthcare providers who are designated service providers . There are some cases where this is not necessary, for example a life-threatening emergency.

HIV is classified as a PMB 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 PMBs is available at www.medipos.co.za

Your doctor can appeal for additional cover

The Scheme covers certain basic out-of-hospital treatments related to HIV infection as a PMB. 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 PMBs.

If the additional cover is approved, the Scheme will pay the claims for these treatments in full if your doctor is a designated service provider. You may be responsible for part of the claim if we do not have an arrangement with your doctor and they charge higher than what the Scheme pays.

If the additional cover is declined, it will fund from the next appropriate day-to-day benefit subject to available limits. If the limit is depleted you will have to pay these accounts from your own pocket.

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 pre-authorise your hospital admission at least 72 hours before you go in. Please call us on **0860 100 078** and follow the prompts to get approval.

GP and specialist consultations

If you have registered on the HIVCare Programme, we pay for four consultations including one specialist consultation for HIV per person for each year. The Scheme may cover additional consultations, including those with pediatricians, if necessary.

If you haven't registered on the programme, the consultation costs will be paid from available funds in your day-to-day benefits, up to the Medical Scheme Rate. You must pay any shortfall from your own pocket.

HIV antiretroviral and HIV-supportive medicine

Approved antiretroviral medicine not on our HIV medicine list will be covered up to the monthly Chronic Drug Amount (CDA) for Options A & B and up to the Therapeutic Reference Price for Option C. You will be

required to pay any shortfall from your own pocket if your provider charges more than the Medical Scheme Rate.

If your approved supportive medicine is on our HIV supportive medicine list, we will pay for it up to the Medical Scheme Rate.

You have cover of up to R685 per person each year for the multivitamins and vaccinations shown below. Flu vaccinations will be paid from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin forte	715460001
Multivitamin orange	838500005
Multivitamin	838500005
Heberbio hbv sgl dose 1ml adult	701659001
Euvax b vial 1ml	713048001

HIV-monitoring blood tests

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. If you have registered on the HIVCare Programme, the Scheme pays for these blood tests up to the Medical 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
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	2
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- 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 Primary Care Benefit.

Complaints process

You may lodge a complaint or query with MEDiPOS Medical Scheme directly at **0860 100 078** or send an email to enquiries@medipos.co.za.

If your query or complaint is not resolved to your satisfaction, address a complaint in writing to the Principal Officer at the Scheme's registered address. Please be sure to include the reference number obtained through your direct contact with the Scheme.

Should your complaint remain unresolved, you may lodge a formal dispute by following the MEDiPOS internal disputes process, which is explained on the website at www.medipos.co.za.

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 via email at complaints@medicalschemes.co.za.
Contact centre: 0861 123 2677/ website www.medicalschemes.co.za.