

# 2024 Benefits & Contribution Adjustments



MediBonus

BENEFIT DESCRIPTION	
Adult and Travel Vaccination	Limit increased to <b>R1 885</b> per family
Alternatives to Hospitalisation	Limit increased to <b>R103 700</b> per family
Alternatives to Hospitalisation: Terminal Care Benefit	Sub-limit increased to <b>R43 500</b> per family
Appliances: General, Medical and Surgical	Limit increased to <b>R16 550</b> per family
Appliances: Peak flow meters, Nebulizers, Glucometers and Blood pressure monitors (Motivation required)	Sub-limit increased to <b>R930</b> per beneficiary subject to the Appliance benefit
Contraception: Medication (Oral Birth Control)	Limit increased to <b>R210</b> per month per female beneficiary
Day-to-Day Limits	Limit increased to <b>M0 R13 500</b> <b>M+1 R18 900</b> <b>M+2 R21 000</b> <b>M+3 R23 100</b> <b>M+4 R25 100</b>
Dentistry: Specialised	Limit increased to <b>R20 350</b> per family
HIV & Aids: Antiretroviral and related medication	<b>Reduced</b> co-payment
Maternity: Paediatric Consultations for beneficiaries under 2 years old	<b>2 Visits</b> per beneficiary
Maxillo-Facial Surgery	Limit increased to <b>R21 950</b> per family
Medication: Chronic	Limit increased to <b>R34 650</b> per family and <b>R17 325</b> per beneficiary. <b>Reduced</b> co-payment
Medication: Discharge from Hospital - TTO	Limit increased to <b>R875</b> per admission
Medication: Pharmacy Advised Therapy	Script limit increased to <b>R270</b> per script
Mental Health: In- and Out-of-Hospital	Limit increased to <b>R48 100</b> per family
Oncology Limit	Limit increased to <b>R580 570</b> per family
Oncology: Specialised Drugs	Sub-limit increased to <b>R234 700</b> per family
Oncology: Breast Reconstruction	Limit increased to <b>R98 800</b> per family
Optical: Frames and/or Lens Enhancements	Limit increased to <b>R1 250</b> per beneficiary
Optical: Readers	Limit increased to <b>R200</b>
Organ, Tissue & Haemopoietic Stem Cell (Bone Marrow) Transplantation: Corneal Grafts and Transplants	Limit increased to <b>R48 950</b> International <b>R21 000</b> Local
Physiotherapy: In-Hospital	Limit increased to <b>R3 100</b> per beneficiary
Prosthesis and Devices: Internal	Limit increased to <b>R56 000</b> per family
Prosthesis and Devices: Internal - Hips and Knees	Sub-limit increased to <b>R37 300</b> per beneficiary
Refractive Surgery	Limit increased to <b>R20 750</b> per family
Specialised Radiology (In- and Out-of-Hospital)	Limit increased to <b>R26 000</b> per family
Wellness: PSA Screening	<b>1 test per male beneficiary</b> between 50 - 69 years



# Monthly Contributions

MEDIBONUS OPTION	PREMIUM
Principal Member	R7 587
Adult Dependant	R5 328
Child*	R1 578

\*Contribution rate is applicable to the member's first, second and third biological or legally adopted children only, excluding students.

**DEFINITION:**

Adult Dependant: A dependant who is 21 years or older, excluding a student up to age of 28 years (as per the Scheme Rules).

Child Dependant: A dependant under the age of 21 years, including a student (as per the Scheme Rules) under the age of 28.

The following services will attract upfront co-payments:

Non-PMB Internal Prosthesis and Devices	20% upfront co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	30% upfront co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	30% upfront co-payment
Voluntary use of a non-Medshield Pharmacy obtained out of formulary medication	30% upfront co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	40% upfront co-payment
Voluntary use of a non-ICON provider - Oncology	40% upfront co-payment

In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB

Endoscopic procedures (refer to <b>Addendum B*</b> )	R1 000 upfront co-payment
Functional Nasal surgery	R1 000 upfront co-payment
Laparoscopic procedures	R2 000 upfront co-payment
Arthroscopic procedures	R2 000 upfront co-payment
Wisdom Teeth extraction in a Day Clinic	R900 upfront co-payment
Impacted Teeth, Wisdom Teeth and Apicectomy	R2 000 upfront co-payment
Hernia Repair (except in infants)	R3 000 upfront co-payment
Back and Neck surgery	R4 000 upfront co-payment
Nissen Fundoplication	R5 000 upfront co-payment
Hysterectomy	R5 000 upfront co-payment

Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addition to the above co-payments.

\*No In-Hospital Endoscopic procedural co-payment applicable for children 8 years and younger.

The Medshield Specialist Network list shall be as designated in writing by the Scheme from time to time.

Medshield Medical Scheme Rules indicate that a member is entitled to change from one benefit option to another provided that the change is made with effect 1 January of any financial year, therefore mid-year option changes are not permitted.



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# 2024 Benefits & Contribution Adjustments



MediCore

BENEFIT DESCRIPTION	
Alternatives to Hospitalisation	Limit increased to <b>R47 300</b> per family
Alternatives to Hospitalisation: Terminal Care Benefit	Sub-limit increased to <b>R43 500</b> per family
Contraception: Medication (Oral Birth Control)	Limit increased to <b>R210</b> per month per female beneficiary
HIV & AIDS: Antiretroviral and related medication	<b>Reduced</b> co-payment
Maxillo-Facial Surgery	Limit increased to <b>R14 300</b> per family
Medication: Discharge from Hospital - TTO	Limit increased to <b>R410</b>
Medication: Chronic	<b>Reduced</b> co-payment
Mental Health: In- and Out-of-Hospital	Limit increased to <b>R41 300</b> per family
Oncology: Breast Reconstruction	Limit increased to <b>R98 800</b> per family
Organ, Tissue & Haemopoietic Stem Cell (Bone Marrow) Transplantation: Corneal Grafts and Transplants	Limit increased to <b>R48 950</b> International <b>R21 000</b> Local
Physiotherapy: In-Hospital	Limit increased to <b>R3 100</b> per beneficiary
Prosthesis and Devices: Internal	Limit increased to <b>R39 650</b> per family
Prosthesis and Devices: Internal - Hips and Knees	Sub-limit increased to <b>R37 300</b> per beneficiary
Specialised Radiology: In- and Out-of-Hospital	Limit increased to <b>R11 150</b> per family
Wellness: PSA Screening	<b>1 test per male beneficiary</b> between 50 - 69 years



# Monthly Contributions

MEDICORE OPTION	PREMIUM
Principal Member	R3 474
Adult Dependant	R2 940
Child*	R801

\*Contribution rate is applicable to the member's first, second and third biological or legally adopted children only, excluding students.

## DEFINITION:

Adult Dependant: A dependant who is 21 years or older, excluding a student up to age of 28 years (as per the Scheme Rules).

Child Dependant: A dependant under the age of 21 years, including a student (as per the Scheme Rules) under the age of 28.

## The following services will attract upfront co-payments:

Non-PMB Internal Prosthesis and Devices	25% upfront co-payment
Voluntary use of a non-Medshield Network Hospital	25% upfront co-payment
Voluntary use of a non-Medshield Network Hospital - Mental Health	25% upfront co-payment
Voluntary use of a non-Medshield Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	25% upfront co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	30% upfront co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	30% upfront co-payment
Voluntarily obtained out of formulary medication	30% upfront co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	40% upfront co-payment
Voluntary use of a non-ICON provider - Oncology	40% upfront co-payment

## In-Hospital Procedural upfront co-payments for non-PMB

Endoscopic procedures (refer to <b>Addendum B*</b> )	R2 000 upfront co-payment
Hernia Repair (except in infants)	R3 000 upfront co-payment
Laparoscopic procedures	R4 000 upfront co-payment
Arthroscopic procedures	R4 000 upfront co-payment
Nissen Fundoplication	R5 000 upfront co-payment
Hysterectomy	R5 000 upfront co-payment
Functional Nasal surgery	R5 000 upfront co-payment
Back and Neck surgery	R8 000 upfront co-payment

Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addition to the above co-payments.

\*No In-Hospital Endoscopic procedural co-payment applicable for children 8 years and younger.

The Medshield Specialist Network list shall be as designated in writing by the Scheme from time to time.

Medshield Medical Scheme Rules indicate that a member is entitled to change from one benefit option to another provided that the change is made with effect 1 January of any financial year, therefore mid-year option changes are not permitted.



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# 2024 Benefits & Contribution Adjustments



MediCurve

## BENEFIT DESCRIPTION

Alternatives to Hospitalisation	Limit increased to <b>R32 100</b> per family
Alternatives to Hospitalisation: Terminal Care Benefit	Sub-limit increased to <b>R13 290</b> per family
Contraception: Medication (Birth Control)	Limit increased to <b>R175</b> per month per female beneficiary
HIV & Aids: Antiretroviral and related medication	<b>Reduced</b> co-payment
Maxillo-Facial Surgery	<b>R5 800</b> per family
Medication: Acute	Limit increased to <b>R610</b> per family
Medication: Chronic	<b>Reduced</b> co-payment
Medication: Discharge from Hospital - TTO	Limit increased to <b>R480</b>
Medication: Pharmacy Advised Therapy - Included in Day-to-Day Limit	Limit increase to <b>R385</b> per family
Medication: Pharmacy Advised Therapy	Script limit increased to <b>R110</b> per script
Oncology: Breast Reconstruction	Limit increased to <b>R98 800</b> per family
Optical Limit	Limit increased to <b>R940</b> per beneficiary every 24 months
Optical: Readers	Limit increased to <b>R200</b>
Physiotherapy: In-Hospital	Limit increased to <b>R3 100</b> per beneficiary
Prosthesis and Devices: Internal - Hips and Knees	Sub-limit increased to <b>R37 300</b> per beneficiary
Specialised Radiology: In- and Out-of-Hospital	Limit increased to <b>R5 800</b> per family
Wellness: PSA Screening	<b>1 test per male beneficiary</b> between 50 - 69 years



## Monthly Contributions

MEDICURVE OPTION	PREMIUM
Principal Member	R1 584
Adult Dependant	R1 584
Child	R1 584

### The following services will attract upfront co-payments:

Voluntary use of a non-MediCurve Network Hospital	25% upfront co-payment
Voluntary use of a non-MediCurve Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	25% upfront co-payment
Voluntary use of a non-MediCurve Network Hospital - Mental Health	25% upfront co-payment
Voluntary use of a non-DSP for chronic medication	30% upfront co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	30% upfront co-payment
Voluntary obtained out of formulary medication	30% upfront co-payment
Voluntary use of a non-DSP or non-MediCurve Network Pharmacy	30% upfront co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	40% upfront co-payment
Voluntary use of a non-ICON provider - Oncology	40% upfront co-payment
Voluntary use of a non-MediCurve Family Practitioner	40% upfront co-payment
Dental Consultations	R150 upfront co-payment
Optical Test	R100 upfront co-payment
Optical Spectacles	R100 upfront co-payment
Family Practitioner Consultations and Visits	R100 upfront co-payment
Acute medicine per line item	R10 upfront co-payment

### In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB

Endoscopic Procedures (Refer to <b>Addendum B*</b> )	R2 000 upfront co-payment
Oral Surgery	R4 000 upfront co-payment
Maxillo-Facial Surgery	R4 000 upfront co-payment
Wisdom Teeth extraction in a Day Clinic	R1 800 upfront co-payment
Impacted Teeth, Wisdom Teeth and Apicectomy	R4 000 upfront co-payment
Hysterectomy	R5 000 upfront co-payment

*Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addition to the above co-payments.*

*\*No In-Hospital Endoscopic procedural co-payment applicable for children 8 years and younger.*

The Medshield Specialist Network list shall be as designated in writing by the Scheme from time to time.

Medshield Medical Scheme Rules indicate that a member is entitled to change from one benefit option to another provided that the change is made with effect 1 January of any financial year, therefore mid-year option changes are not permitted.



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# 2024 Benefits & Contribution Adjustments



MediPhila

## BENEFIT DESCRIPTION

Alternatives to Hospitalisation: Terminal Care Benefit	Sub-limit increased to <b>R14 400</b> per family
Contraception: Medication (Oral Birth Control)	Limit increased to <b>R140</b> per month per female beneficiary
Day-to-Day Limit	Limit increased to <b>R3 800</b>
Dentistry: Basic	Limit increased to <b>R1 700</b> per family. Subject to Specialised Dentistry
Dentistry: Specialised	Limit increased to <b>R6 900</b> per family
HIV & AIDS: Antiretroviral and related medication	<b>Reduced</b> co-payment
Medication: Acute	Limit increased to <b>R1 650</b> per family
Medication: Chronic	<b>Reduced</b> co-payment
Medication: Discharge from Hospital - TTO	Limit increased to <b>R235</b> per admission
Medication: Pharmacy Advised Therapy	Script limit increased to <b>R100</b> per script
Optical Limit	1 pair of Optical lenses and a frame, limited to <b>R940</b> per beneficiary every 24 months.
Optical: Readers	Limit increased to <b>R200</b>
Oncology: Vitreoretinal Benefit	Limit increased to <b>R22 150</b> per family
Organ, Tissue & Haemopoietic Stem Cell (Bone Marrow) Transplantation: Corneal Grafts and Transplants	Limit increased to <b>R48 950</b> International <b>R21 000</b> Local
Physiotherapy: In-Hospital	Limit increased to <b>R3 100</b> per beneficiary
Prosthesis and Devices: Internal - Hips and Knees	Sub-limit increased to <b>R37 300</b> per beneficiary, subject to PMB and PMB level of care
Specialised Radiology: In- and Out-of-Hospital	Increased to <b>R7 800</b> per family
Wellness: PSA Screening	<b>1 test per male beneficiary</b> between 50 - 69 years



## Monthly Contributions

MEDI PHILA OPTION	PREMIUM
Principal Member	R1 851
Adult Dependant	R1 851
Child	R477

### The following services will attract upfront co-payments:

Voluntary use of a non-MediPhila Network Hospital  
 Voluntary use of a non-MediPhila Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant  
 Voluntary use of a non-DSP for Chronic Medication  
 Voluntary use of a non-DSP for HIV & AIDS related medication  
 Voluntarily obtained out of formulary medication  
 Non-Network Emergency FP consultations (once the two allocated visits have been depleted)  
 Voluntary use of a non-ICON provider - Oncology  
 Voluntary use of non-MediPhila Network Hospital for Mental Health admissions  
 Voluntary consultation with a Medical Specialist without a referral from a MediPhila Network FP

**25% upfront** co-payment

**25% upfront** co-payment

**30% upfront** co-payment

**30% upfront** co-payment

**30% upfront** co-payment

**40% upfront** co-payment

**40% upfront** co-payment

**40% upfront** co-payment

**40% upfront** co-payment

### In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB

Wisdom Teeth extraction in a Day Clinic  
 Impacted Teeth, Wisdom Teeth and Apicectomy  
 Hysterectomy

**R1 800 upfront** co-payment

**R4 000 upfront** co-payment

**R5 000 upfront** co-payment

*Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addition to the above co-payments.*

*\*No In-Hospital Endoscopic procedural co-payment applicable for children 8 years and younger.*

The Medshield Specialist Network list shall be as designated in writing by the Scheme from time to time.

Medshield Medical Scheme Rules indicate that a member is entitled to change from one benefit option to another provided that the change is made with effect 1 January of any financial year, therefore mid-year option changes are not permitted.



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# 2024 Benefits & Contribution Adjustments



MediPlus

BENEFIT DESCRIPTION	PRIME & COMPACT
Adult Vaccination	Limit increased to <b>R470</b> per family
Alternatives to Hospitalisation	Limit increased to <b>R73 940</b> per family
Alternatives to Hospitalisation: Terminal Care Benefit	Sub-limit increased to <b>R43 200</b> per family
Appliances: General, Medical and Surgical	Limit increased to <b>R10 840</b> per family
Appliances: Peak flow meters, Nebulizers, Glucometers and Blood pressure monitors	Sub-limit increased to <b>R930</b> per beneficiary subject to the appliance benefit
Contraception: Medication (Oral Birth Control)	Limit increased to <b>R210</b> per month per female beneficiary
Chronic Renal Dialysis	Limit increased to <b>R216 180</b>
Day-to-Day Limits	Limit increased to: <b>M0 R9 850</b> <b>M+1 R13 755</b> <b>M+2 R15 385</b> <b>M+3 R17 310</b> <b>M+4 R19 000</b>
Dentistry: Specialised	Limit increased to <b>R14 600</b> per family
Hospitalisation: Back and Neck surgery	<b>Reduced</b> co-payment
HIV & AIDS: Antiretroviral and related medication	<b>Reduced</b> co-payment
Maternity: Paediatric Consultations for beneficiaries under 2 years old	<b>2 Visits</b> per beneficiary
Maxillo-Facial Surgery	Limit increased to <b>R18 760</b> per family
Medication: Chronic	Limit increased to <b>R7 850</b> per beneficiary and <b>R15 700</b> per family. <b>Reduced</b> co-payment
Medication: Discharge from Hospital -TTO	Limit increased to <b>R640</b> per admission
Medication: Pharmacy Advised Therapy	Script limit increased to <b>R270</b> per script
Mental Health: In- and Out-of-Hospital	Limit increased to <b>R36 350</b> per family
Oncology Limit	Limit increased to <b>R296 500</b> per family
Oncology: Specialised Drugs	Sub-limit increased to <b>R137 200</b> per family
Oncology: Breast Reconstruction	Limit increased to <b>R98 800</b> per family
Organ, Tissue & Haemopoietic Stem Cell (Bone Marrow) Transplantation including Hospitalisation	Limit increased to <b>R172 940</b> per family
Organ, Tissue & Haemopoietic Stem Cell (Bone Marrow) Transplantation: Corneal Grafts and Transplants	Limit increased to <b>R48 950</b> International <b>R21 000</b> Local
Optical: Frames and/or Lens Enhancements	Limit increased to <b>R680</b> per beneficiary
Optical: Readers	Limit increased to <b>R200</b> per beneficiary
Physiotherapy: In-Hospital	Limit increased to <b>R3 100</b> per beneficiary
Prosthesis and Devices: Internal	Limit increased to <b>R42 650</b> per family
Prosthesis and Devices: Internal - Hips and Knees	Sub-limit increased to <b>R37 300</b> per beneficiary
Refractive Surgery	Limit increased to <b>R10 950</b> per family
Specialised Radiology: In- and Out-of-Hospital	Limit increased to <b>R14 860</b> per family
Wellness: PSA Screening	<b>1 test per male beneficiary</b> between 50 - 69 years



## Monthly Contributions

MEDIPLUS OPTION	PRIME	COMPACT
Principal Member	R4 539	R4 125
Adult Dependant	R3 240	R2 943
Child*	R1 017	R927

\*Contribution rate is applicable to the member's first, second and third biological or legally adopted children only, excluding students.

### DEFINITION:

Adult Dependant: A dependant who is 21 years or older, excluding a student up to age of 28 years (as per the Scheme Rules).

Child Dependant: A dependant under the age of 21 years, including a student (as per the Scheme Rules) under the age of 28.

### The following services will attract upfront co-payments:

Specialised Drugs for Oncology, non-Oncology and Biological Drugs  
 Non-PMB Internal Prosthesis and Devices  
 Voluntary use of a non-Medshield Network Hospital (Prime or Compact as applicable)  
 Voluntary use of a non-Medshield Network Hospital - Mental Health  
 Voluntary use of a non-Medshield Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant  
 Voluntary use of a non-DSP or a non-Medshield Pharmacy Network  
 Voluntary use of a non-DSP for HIV & AIDS related medication  
 Voluntarily obtained out of formulary medication  
 Voluntary use of a non-DSP provider - Chronic Renal Dialysis  
 Voluntary use of a non-ICON provider - Oncology

15% **upfront** co-payment  
 20% **upfront** co-payment  
 25% **upfront** co-payment  
 25% **upfront** co-payment  
 25% **upfront** co-payment  
 30% **upfront** co-payment  
 30% **upfront** co-payment  
 30% **upfront** co-payment  
 40% **upfront** co-payment  
 40% **upfront** co-payment

### In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB

Endoscopic procedures (refer to **Addendum B\***)  
 Functional Nasal surgery  
 Hernia Repair (except in infants)  
 Laparoscopic procedures  
 Arthroscopic procedures  
 Wisdom Teeth extraction in a Day Clinic  
 Impacted Teeth, Wisdom Teeth and Apicectomy  
 Nissen Fundoplication  
 Hysterectomy  
 Back and Neck surgery

R1 500 **upfront** co-payment  
 R1 500 **upfront** co-payment  
 R3 000 **upfront** co-payment  
 R3 500 **upfront** co-payment  
 R3 500 **upfront** co-payment  
 R1 575 **upfront** co-payment  
 R3 500 **upfront** co-payment  
 R5 000 **upfront** co-payment  
 R5 000 **upfront** co-payment  
 R5 000 **upfront** co-payment

Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addition to the above co-payments.

\*No In-Hospital Endoscopic procedural co-payment applicable for children 8 years and younger.

The Medshield Specialist Network list shall be as designated in writing by the Scheme from time to time.

Medshield Medical Scheme Rules indicate that a member is entitled to change from one benefit option to another provided that the change is made with effect 1 January of any financial year, therefore mid-year option changes are not permitted.



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# 2024 Benefits & Contribution Adjustments



MediSaver

BENEFIT DESCRIPTION	
Adult Vaccination	Limit increased to <b>R470</b> per family
Alternatives to Hospitalisation	Limit increased to <b>R77 850</b> per family
Alternatives to Hospitalisation: Terminal Care Benefit	Sub-limit increased to <b>R43 200</b> per family
Appliances: General, Medical and Surgical	Limit increased to <b>R11 600</b> per family
Appliances: Peak flow meters, Glucometers and Blood pressure monitors	Sub-limit increased to <b>R930</b> per beneficiary subject to the appliance benefit
Chronic Renal Dialysis	Limit increased to <b>R309 100</b> per family
Contraception: Medication (Oral Birth Control)	Limit increased to <b>R210</b> per month per female beneficiary
Dentistry: Specialised	Limit increased to <b>R14 550</b> per family
HIV & Aids: Antiretroviral and related medication	<b>Reduced</b> co-payment
Maternity: Paediatric Consultations for beneficiaries under 2 years old	<b>2 Visits</b> per beneficiary
Maxillo-Facial Surgery	Limit increased to <b>R21 950</b> per family
Medication: Chronic	<b>Reduced</b> co-payment
Medication: Discharge from Hospital - TTO	Limit increased to <b>R760</b> per admission
Medication: Pharmacy Advised Therapy	Script limit increased to <b>R270</b> per script
Mental Health: In- and Out-of-Hospital	Limit increased to <b>R48 700</b> per family
Mental Health: Consultations and Visits Out-of-Hospital	Sub-limit increased to <b>R5 850</b> per family
Mental Health: Rehabilitation for Substance Abuse	Sub-limit increased to <b>R17 300</b> per family
Oncology Limit	Limit increased to <b>R389 100</b> per family
Oncology: Medication	Sub-limit increased to <b>R259 500</b> per family subject to the Oncology limit
Oncology: PET Scans	Sub-limit increased to <b>R24 700</b> per family
Oncology: Breast Reconstruction	Limit increased to <b>R98 800</b> per family
Optical: Readers	Limit increased to <b>R200</b>
Organ, Tissue & Haemopoietic Stem Cell (Bone Marrow) Transplantation including Hospitalisation	Limit increased to <b>R309 100</b> per family
Organ, Tissue & Haemopoietic Stem Cell (Bone Marrow) Transplantation: Corneal Grafts and Transplants	Limit increased to <b>R48 950</b> International <b>R21 000</b> Local
Physiotherapy: In-Hospital	Limit increased to <b>R3 100</b> per beneficiary
Prosthesis and Devices: Internal	Limit increased to <b>R51 500</b> per family
Prosthesis and Devices: Internal - Hips and Knees	Sub-limit increased to <b>R37 300</b> per beneficiary
Refractive Surgery	Limit increased to <b>R10 900</b> per family
Specialised Radiology: In- and Out-of-Hospital	Limit increased to <b>R23 100</b> per family
Wellness: PSA Screening	<b>1 test per male beneficiary</b> between 50 - 69 years



## Monthly Contributions

MEDISAVER OPTION	PREMIUM	SAVINGS (INCLUDED IN PREMIUM)
Principal Member	R4 524	R679
Adult Dependant	R3 747	R562
Child*	R1 101	R165

\*Contribution rate is applicable to the member's first, second and third biological or legally adopted children only, excluding students.

### DEFINITION:

**Adult Dependant:** A dependant who is 21 years or older, excluding a student up to age of 28 years (as per the Scheme Rules).

**Child Dependant:** A dependant under the age of 21 years, including a student (as per the Scheme Rules) under the age of 28.

### The following services will attract upfront co-payments:

Specialised Drugs for Oncology, non-Oncology and Biological Drugs	20% <b>upfront</b> co-payment
Non-PMB Internal Prosthesis and Devices	25% <b>upfront</b> co-payment
Voluntary use of a non-Compact Network Hospital	25% <b>upfront</b> co-payment
Voluntary use of a non-Compact Network Hospital - Mental Health	25% <b>upfront</b> co-payment
Voluntary use of a non-Compact Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	25% <b>upfront</b> co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	30% <b>upfront</b> co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	30% <b>upfront</b> co-payment
Voluntarily obtained out of formulary medication	30% <b>upfront</b> co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	40% <b>upfront</b> co-payment
Voluntary use of a non-ICON provider - Oncology	40% <b>upfront</b> co-payment

### In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB

Endoscopic procedures (refer to <b>Addendum B*</b> )	R1 500 <b>upfront</b> co-payment
Hernia Repair (except in infants)	R3 000 <b>upfront</b> co-payment
Laparoscopic procedures	R3 500 <b>upfront</b> co-payment
Arthroscopic procedures	R3 500 <b>upfront</b> co-payment
Wisdom Teeth extraction in a Day Clinic	R1 575 <b>upfront</b> co-payment
Impacted Teeth, Wisdom Teeth and Apicectomy	R3 500 <b>upfront</b> co-payment
Nissen Fundoplication	R5 000 <b>upfront</b> co-payment
Hysterectomy	R5 000 <b>upfront</b> co-payment
Functional Nasal surgery	R5 000 <b>upfront</b> co-payment
Back and Neck surgery	R7 000 <b>upfront</b> co-payment

Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addition to the above co-payments.

\*No In-Hospital Endoscopic procedural co-payment applicable for children 8 years and younger.

The Medshield Specialist Network list shall be as designated in writing by the Scheme from time to time.

Medshield Medical Scheme Rules indicate that a member is entitled to change from one benefit option to another provided that the change is made with effect 1 January of any financial year, therefore mid-year option changes are not permitted.



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# 2024 Benefits & Contribution Adjustments



MediSwift

## BENEFIT DESCRIPTION

Alternatives to Hospitalisation	Limit increased to <b>R22 800</b> per family
Alternatives to Hospitalisation: Terminal Care Benefit	Sub-limit increased to <b>R43 500</b> per family
Consultations and Visits Out-of-Hospital: Medical Specialists	<b>1 visit</b> per family
Contraception: Medication (Birth Control)	Limit increased to <b>R210</b> per month per female beneficiary
HIV & Aids: Antiretroviral and related medication	<b>Reduced</b> co-payment
Maxillo-Facial Surgery	<b>R14 300</b> per family
Medication: Chronic	<b>Reduced</b> co-payment
Medication: Discharge from Hospital - TTO	Limit increased to <b>R220</b>
Mental Health: In-Hospital	Limit increased to <b>R39 250</b>
Oncology: Breast Reconstruction	Limit increased to <b>R98 800</b> per family
Organ, Tissue & Haemopoietic Stem Cell (Bone Marrow) Transplantation: Corneal Grafts and Transplants	Limit increased to <b>R48 950</b> International <b>R21 000</b> Local
Physiotherapy: In-Hospital	Limit increased to <b>R3 100</b> per beneficiary
Prosthesis and Devices: Internal	Limit increased to <b>R37 665</b>
Prosthesis and Devices: Internal - Hips and Knees	Sub-limit increased to <b>R37 300</b> per beneficiary
Specialised Radiology: In-Hospital	Limit increased to <b>R7 450</b> per family
Sports Injury Benefit: In- or Out-of-Hospital	Limit increased to <b>R11 100</b> per beneficiary
Wellness: PSA Screening	<b>1 test per male beneficiary</b> between 50 - 69 years



# Monthly Contributions

MEDISWIFT OPTION	PREMIUM
Principal Member	R2 037
Adult Dependant	R1 986
Child	R522

**DEFINITION:**

Adult Dependant: A dependant who is 21 years or older, excluding a student up to age of 28 years (as per the Scheme Rules).

Child Dependant: A dependant under the age of 21 years, including a student (as per the Scheme Rules) under the age of 28.

**The following services will attract upfront co-payments:**

Non-PMB Internal Prosthesis and Devices	25% upfront co-payment
Voluntary use of a non-Compact Network Hospital	25% upfront co-payment
Voluntary use of a non-Compact Network Hospital - Mental Health	25% upfront co-payment
Voluntary use of a non-Compact Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	25% upfront co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	30% upfront co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	30% upfront co-payment
Voluntarily obtained out of formulary medication	30% upfront co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	40% upfront co-payment
Voluntary use of a non-ICON provider - Oncology	40% upfront co-payment
Voluntary consultation with a Medical Specialist without a referral from a Compact Network FP	40% upfront co-payment

**In-Hospital Procedural upfront co-payments for non-PMB**

Endoscopic procedures (refer to <b>Addendum B*</b> )	R2 000 upfront co-payment
Hernia Repair (except in infants)	R3 000 upfront co-payment
Laparoscopic procedures	R4 000 upfront co-payment
Arthroscopic procedures	R4 000 upfront co-payment
Nissen Fundoplication	R5 000 upfront co-payment
Hysterectomy	R5 000 upfront co-payment
Functional Nasal surgery	R5 000 upfront co-payment
Back and Neck surgery	R8 000 upfront co-payment

Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addition to the above co-payments.

\*No In-Hospital Endoscopic procedural co-payment applicable for children 8 years and younger.

The Medshield Specialist Network list shall be as designated in writing by the Scheme from time to time.

Medshield Medical Scheme Rules indicate that a member is entitled to change from one benefit option to another provided that the change is made with effect 1 January of any financial year, therefore mid-year option changes are not permitted.



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# 2024 Benefits & Contribution Adjustments



MediValue

BENEFIT DESCRIPTION	PRIME & COMPACT
Adult Vaccination	Limit increased to <b>R470</b> per family
Alternatives to Hospitalisation	Limit increased to <b>R34 600</b> per family
Alternatives to Hospitalisation: Terminal Care Benefit	Sub-limit increased to <b>R14 400</b> per family
Appliances: General, Medical and Surgical	Limit increased to <b>R3 100</b> per family
Appliances: Peak flow meters, Nebulizers, Glucometers and Blood pressure monitors (Motivation required)	Sub-limit increased to <b>R930</b> per beneficiary subject to the appliance benefit
Contraception: Medication (Oral Birth Control)	Limit increased to <b>R210</b> per month per female beneficiary
Day-to-Day Limits	Limit increased to: <b>M0 R6 650</b> <b>M+1 R8 350</b> <b>M+2 R8 950</b> <b>M+3 R10 400</b> <b>M+4 R11 500</b>
Dentistry: Basic	Limit increased to <b>R2 550</b> per family
Dentistry: Specialised	Limit increased to <b>R7 350</b> per family
HIV & AIDS: Antiretroviral and related medication	<b>Reduced</b> co-payment
Maternity: Paediatric Consultations for beneficiaries under 2 years old	<b>2 Visits</b> per beneficiary
Maxillo-Facial Surgery	Limit increased to <b>R8 275</b> per family
Medication: Chronic	<b>Reduced</b> co-payment
Medication: Discharge from Hospital - TTO	Limit increased to <b>R525</b> per admission
Medication: Pharmacy Advised Therapy	Script limit increased to <b>R270</b> per script
Optical: Frames and/or Lens Enhancements	Limit increased to <b>R470</b> per beneficiary
Optical: Readers	Limit increased to <b>R200</b>
Oncology: Breast Reconstruction	Limit increased to <b>R98 800</b> per family
Organ, Tissue & Haemopoietic Stem Cell (Bone Marrow) Transplantation: Corneal Grafts and Transplants	Limit increased to <b>R48 950</b> International <b>R21 000</b> Local
Physiotherapy: In-Hospital	Limit increased to <b>R3 100</b> per beneficiary
Prosthesis and Devices: Internal - Hips and Knees	Sub-limit increased to <b>R37 300</b> per beneficiary
Specialised Radiology: In- and Out-of-Hospital	Limit increased to <b>R10 860</b> per family
Wellness: PSA Screening	<b>1 test per male beneficiary</b> between 50 - 69 years



## Monthly Contributions

MEDIA VALUE OPTION	PRIME	COMPACT
Principal Member	R2 736	R2 478
Adult Dependant	R2 388	R2 166
Child*	R771	R696

\*Contribution rate is applicable to the member's first, second and third biological or legally adopted children only, excluding students.

### DEFINITION:

Adult Dependant: A dependant who is 21 years or older, excluding a student up to age of 28 years (as per the Scheme Rules).

Child Dependant: A dependant under the age of 21 years, including a student (as per the Scheme Rules) under the age of 28.

### The following services will attract upfront co-payments:

Voluntary use of a non-Medshield Network Hospital (Prime or Compact as applicable)  
 Voluntary use of a non-Medshield Network Hospital - Mental Health  
 Voluntary use of a non-Medshield Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant  
 Voluntary use of a non-DSP for HIV & AIDS related medication  
 Voluntary use of a non-DSP for chronic medication  
 Voluntarily obtained out of formulary medication  
 Voluntary use of a non-DSP or non-Medshield Pharmacy Network  
 Voluntary use of a non-ICON provider - Oncology  
 Specialist Consultations - No referral obtained

25% **upfront** co-payment  
 25% **upfront** co-payment

25% **upfront** co-payment  
 30% **upfront** co-payment  
 30% **upfront** co-payment  
 30% **upfront** co-payment  
 30% **upfront** co-payment  
 40% **upfront** co-payment  
 40% **upfront** co-payment

### In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB

Endoscopic Procedures (Refer to **Addendum B\***)  
 Functional Nasal surgery  
 Hernia Repair (except in infants)  
 Laparoscopic procedures  
 Arthroscopic procedures  
 Wisdom Teeth extraction in a Day Clinic  
 Impacted Teeth, Wisdom Teeth and Apicectomy  
 Nissen Fundoplication  
 Hysterectomy

R2 000 **upfront** co-payment  
 R2 000 **upfront** co-payment  
 R3 000 **upfront** co-payment  
 R4 000 **upfront** co-payment  
 R4 000 **upfront** co-payment  
 R1 800 **upfront** co-payment  
 R4 000 **upfront** co-payment  
 R5 000 **upfront** co-payment  
 R5 000 **upfront** co-payment

The Medshield Specialist Network list shall be as designated in writing by the Scheme from time to time.

Medshield Medical Scheme Rules indicate that a member is entitled to change from one benefit option to another provided that the change is made with effect 1 January of any financial year, therefore mid-year option changes are not permitted.



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# 2024 Benefits & Contribution Adjustments



PremiumPlus

## BENEFIT DESCRIPTION

Adult and Travel Vaccination	Limit increased to <b>R1 885</b> per family
Alternatives to Hospitalisation	Limit increased to <b>R156 000</b> per family
Alternatives to Hospitalisation: Terminal Care Benefit	Sub-limit increased to <b>R43 500</b> per family
Appliances: General, Medical and Surgical	Limit increased to <b>R7 350</b> per family
Appliances: Peak flow meters, Nebulizers, Glucometers and Blood pressure monitors (Motivation required)	Sub-limit increased to <b>R930</b> per beneficiary subject to the Appliance benefit
Contraception: Medication (Oral Birth Control)	Limit increased to <b>R210</b> per month per female beneficiary
Dentistry: Specialised	Limit increased to <b>R21 400</b> per family
HIV & AIDS: Antiretroviral and related medication	<b>Reduced</b> co-payment
Maternity: Paediatric Consultations for beneficiaries under 2 years old	<b>2 Visits</b> per beneficiary
Maxillo-Facial Surgery	Limit increased to <b>R21 400</b> per family
Medication: Chronic	Limit increased to <b>R34 650</b> per family and <b>R17 325</b> per beneficiary. <b>Reduced</b> co-payment
Medication: Discharge from Hospital - TTO	Limit increased to <b>R930</b> per admission
Medication: Pharmacy Advised Therapy	Script limit increased to <b>R270</b> per script
Mental Health: In- and Out-of-Hospital	Limit increased to <b>R64 850</b> per family
Mental Health: Consultations and Visits: Out-of-Hospital	Limit increased to <b>R5 850</b> per family
Mental Health: Rehabilitation for Substance Abuse	Limit increased to <b>R17 300</b> per family
Oncology: Specialised Drugs	Sub-limit increased to <b>R412 500</b> per family
Oncology: PET and PET-CT Scan	Limit increased to <b>R26 220</b> per family
Oncology: Breast Reconstruction	Limit increased to <b>R98 800</b> per family
Optical: Readers	Limit increased to <b>R200</b>
Organ, Tissue & Haemopoietic Stem Cell (Bone Marrow). Transplantation: Corneal Grafts and Transplants	Limit increased to <b>R48 950</b> (International), <b>R21 000</b> (Local)
Physiotherapy: In-Hospital	Limit increased to <b>R3 100</b> per beneficiary
Prosthesis and Devices: Internal	Limit increased to <b>R73 450</b> per family
Prosthesis and Devices: Internal - Hips and Knees	Sub-limit increased to <b>R37 300</b> per beneficiary
Refractive Surgery	Limit increased to <b>R21 000</b> per family
Specialised Radiology: In- and Out-of-Hospital	Limit increased to <b>R31 200</b> per family
Threshold Benefit - Out-of-Hospital	Member <b>R22 500</b> Adult Dependant <b>R20 800</b> Child Dependant <b>R4 200*</b>
Wellness: PSA Screening	<b>1 test per male beneficiary</b> between 50 - 69 years

\* Maximum Child Dependant Accumulation to the Threshold and Above Threshold Benefit Amount will be limited to three children



## Monthly Contributions

PREMIUMPLUS OPTION	PREMIUM	SAVINGS (INCLUDED IN PREMIUM)
Principal Member	R7 842	R1 568
Adult Dependant	R7 185	R1 437
Child*	R1 500	R300

\*Contribution rate is applicable to the member's first, second and third biological or legally adopted children only, excluding students.

### DEFINITION:

Adult Dependant: A dependant who is 21 years or older, excluding a student up to age of 28 years (as per the Scheme Rules).

Child Dependant: A dependant under the age of 21 years, including a student (as per the Scheme Rules) under the age of 28.

### The following services will attract upfront co-payments:

Non-PMB Internal Prosthesis and Devices	25% upfront co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	30% upfront co-payment
Voluntarily obtained out of formulary medication	30% upfront co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	30% upfront co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	40% upfront co-payment
Voluntary use of a non-ICON provider - Oncology	40% upfront co-payment

### In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB

Endoscopic procedures (refer to <b>Addendum B*</b> )	R1 000 upfront co-payment
Functional Nasal surgery	R1 000 upfront co-payment
Laparoscopic procedures	R2 000 upfront co-payment
Arthroscopic procedures	R2 000 upfront co-payment
Wisdom Teeth extraction in a Day Clinic	R900 upfront co-payment
Impacted Teeth, Wisdom Teeth and Apicectomy	R2 000 upfront co-payment
Hernia Repair (except in infants)	R3 000 upfront co-payment
Back and Neck surgery	R4 000 upfront co-payment
Nissen Fundoplication	R5 000 upfront co-payment
Hysterectomy	R5 000 upfront co-payment

Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addition to the above co-payments.

\*No In-Hospital Endoscopic procedural co-payment applicable for children 8 years and younger.

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