



**MEDSHIELD**  
medical scheme  
*Partner for Life*

### Medshield Head Office

5th - 7th Floor, 192 Bram Fischer Drive  
(Entrance on Sneddon Street), Ferndale, Randburg, 2196  
email: [member@medshield.co.za](mailto:member@medshield.co.za)  
Postal Address: PO Box 4346, Randburg, 2125

### Medshield Regional Offices

#### Medshield Contact Centre

Contact number: 086 000 2120 (+27 10 597 4701)  
for members outside the borders of South Africa.  
Facsimile: +27 10 597 4706,  
email: [member@medshield.co.za](mailto:member@medshield.co.za)

**Bloemfontein:** [medshield.bloem@medshield.co.za](mailto:medshield.bloem@medshield.co.za)

**Durban:** [medshield.durban@medshield.co.za](mailto:medshield.durban@medshield.co.za)

**Cape Town:** [medshield.ct@medshield.co.za](mailto:medshield.ct@medshield.co.za)

**East London:** [medshield.el@medshield.co.za](mailto:medshield.el@medshield.co.za)

**Port Elizabeth:** [medshield.pe@medshield.co.za](mailto:medshield.pe@medshield.co.za)

 PremiumPlus

 MediBonus

 MediSaver

 MediPlus

 MediCore

 MediValue

 MediPhila

 MediCurve

#### Disclaimer

This brochure acts as a summary and does not supersede the Registered Rules of the Scheme. All benefits in accordance with the Registered Rules of the Scheme. Terms and conditions of membership apply as per Scheme Rules. Pending CMS approval. October 2024.  
An Authorised Financial Services Provider (FSP 51381)



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## BENEFIT DESCRIPTION

|   |  |
|---|--|
| Adult Vaccination   | Limit increased to <b>R2 000</b> per family  |
| Alternatives to Hospitalisation: Physical Rehabilitation  | Limit increased to <b>R110 000</b> per family  |
| Alternatives to Hospitalisation: Terminal Care Benefit  | Limit increased to <b>R60 000</b> per family   |
| Appliances: General, Medical and Surgical   | Limit increased to <b>R17 500</b> per family   |
| Appliances: Peak flow meters, Nebulizers, Glucometers and Blood pressure monitors (Motivation required) | Sub-limit increased to <b>R950</b> per beneficiary, subject to the Appliance Limit   |
| <b>New: Casualty/Emergency Room Visits Facility Fee</b>   | <b>2 visits</b> per family   |
| Contraception: Medication (Oral Birth Control)  | Script limit increased to <b>R225</b> per script x 13 scripts annually   |
| Day-to-Day Limits   | <b>Limit increased to:</b><br>M0 <b>R15 000</b><br>M+1 <b>R21 000</b><br>M+2 <b>R22 000</b><br>M+3 <b>R24 500</b><br>M+4 <b>R26 000</b>  |
| Dentistry: Specialised  | Limit increased to <b>R22 000</b> per family   |
| Dentistry: Impacted teeth, Wisdom Teeth and Apicectomy  | <b>Reduced co-payment</b>  |
| <b>New: Maternity Related Test and Procedures</b>   | Selection increased to two 2D/3D or 4D scans per pregnancy   |
| <b>New: Maternity Related Test and Procedures</b>   | <b>1 x Amniocentesis or non-invasive pre-natal test (NIPT)</b>   |
| Maxillo-Facial Surgery  | Limit increased to <b>R23 000</b> per family   |
| Medication: Chronic   | Limit increased to <b>R36 800</b> per family and <b>R18 400</b> per beneficiary  |
| <b>New: Additions to the Chronic Disease List (CDL)</b>   | <b>CDL increased</b> from 44 to 48 conditions<br>Acne, Allergic Rhinitis, Alzheimers Disease and Calcium Supplementation   |
| Medication: Chronic Out-of-formulary  | <b>Reduced co-payment</b>  |
| Medication: Discharge from Hospital   | Limit increased to <b>R950</b> per admission   |
| <b>New: Medication: Pharmacy Advised Therapy</b>  | <b>Removed</b> the script limit, one script per beneficiary per day  |
| Mental Health: In-Hospital  | Limit increased to <b>R51 000</b> per family   |
| Oncology Limit  | Limit increased to <b>R605 000</b> per family  |
| Oncology: Specialised Drugs   | Limit increased to <b>R249 000</b> per family  |
| Oncology: Breast Reconstruction   | Limit increased to <b>R104 500</b> per family  |
| Optical: Frames and/or Lens Enhancements  | Limit increased to <b>R3 000</b> per beneficiary   |
| Optical: Readers  | Limit increased to <b>R210</b> per beneficiary   |
| Corneal Grafts and Transplants  | Limit increased to <b>R51 900</b> per beneficiary for an internationally sourced cornea and <b>R22 250</b> per beneficiary for a locally sourced cornea  |
| Physiotherapy: In-Hospital  | Limit increased to <b>R3 300</b> per beneficiary   |
| Prosthesis and Devices: Internal  | Limit increased to <b>R60 000</b> per family   |
| Prosthesis and Devices: Internal  | <b>Removed co-payment</b> for all non-PMB prosthesis   |
| <b>New: Prosthesis and Devices: Internal</b>  | <b>Improved Clinical Pathway Services (ICPS), Major Joints for Life (MJ4L) and Surge for Arthroplasties</b>  |
| <b>New: Prosthesis External Devices</b>   | <b>R100 000</b> per family   |
| Refractive Surgery (Including Hospitalisation)  | Limit increased to <b>R30 000</b> per family   |
| Specialised Radiology (In- and Out-of-Hospital)   | Limit increased to <b>R28 000</b> per family   |
| <b>New: Interventional Radiology</b>  | Includes <b>Computed Tomography Coronary Angiography (CTCA) non-invasive 3D imaging</b>  |
| Wellness: Childhood Vaccines  | <b>Enhanced</b> to align to the EPI schedule from the Department of Health   |
| <b>New: Medshield Specialist Network</b>  | Covering <b>15 Speciality types for PMB and non-PMB, In- and Out-of Hospital</b><br>Gynaecologists; Physicians; Neurologists; Psychiatrists; Neuro Surgeons; Ophthalmologists; Orthopaedic Surgeons; Otorhinolaryngologists (Ear, Nose and Throat Specialist); Paediatricians; Plastic and Reconstructive Surgeons; Surgeons; Thoracic Surgeons; Cardiologists; Urologists; Maxillo-facial and Oral Surgeons/Specialists |





## Monthly Contributions

### MEDIBONUS OPTION

### PREMIUM

|                  |         |
|------------------|---------|
| Principal Member | R8 346  |
| Adult Dependant  | R5 859  |
| Child            | R1 737* |

\* To a maximum of 3 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 Application of Co-payments

The following services will attract upfront co-payments:

|  |                        |
|--|------------------------|
| Specialist Network - No Referral obtained                                      | 20% upfront co-payment |
| Voluntary use of a non-Medshield Pharmacy obtained out of formulary medication | 25% upfront co-payment |
| Voluntary use of a non-Specialist Network                                      | 30% 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-DSP provider - Chronic Renal Dialysis                   | 35% 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

|  |                           |
|--|---------------------------|
| Wisdom Teeth extraction in a Day Clinic      | R800 upfront co-payment   |
| Endoscopic procedures (refer to Addendum 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 |
| 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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## BENEFIT DESCRIPTION

|  |   |
|--|---|
| Alternatives to Hospitalisation: Physical Rehabilitation | Limit increased to <b>R51 000</b> per family  |
| Alternatives to Hospitalisation: Terminal Care Benefit   | Limit increased to <b>R51 000</b> per family  |
| Contraception: Medication (Oral Birth Control)           | Script limit increased to <b>R225</b> per script x 13 scripts annually  |
| Dentistry: Impacted teeth, Wisdom Teeth and Apicectomy   | <b>Reduced co-payment</b>   |
| Hospital Network   | <b>Compact</b> Hospital Network   |
| Voluntary use of a non-Network Hospital                  | <b>30% upfront co-payment</b>   |
| <b>New: Maternity Related Test and Procedures</b>        | Selection increased to two <b>2D/3D</b> or <b>4D</b> scans per pregnancy  |
| Maxillo-Facial Surgery                                   | Limit increased to <b>R15 200</b> per family  |
| Medication: Chronic Out-of-formulary                     | <b>Reduced co-payment</b>   |
| Medication: Discharge from Hospital                      | Limit increased to <b>R500</b> per admission  |
| Mental Health: In-Hospital                               | Limit increased to <b>R44 000</b> per family  |
| <b>New: Mental Health Medicine</b>                       | <b>R5 600</b> per beneficiary. Non-PMB Medicine Management in conjunction with Psychotherapy sessions   |
| Oncology: Breast Reconstruction                          | Limit increased to <b>R104 500</b> per family   |
| Corneal Grafts and Transplants                           | Limit increased to <b>R51 900</b> per beneficiary for an internationally sourced cornea and <b>R22 250</b> per beneficiary for a locally sourced cornea   |
| Physiotherapy: In-Hospital                               | Limit increased to <b>R3 300</b> per beneficiary  |
| Prosthesis and Devices: Internal                         | Limit increased to <b>R42 000</b> per family  |
| <b>New: Prosthesis External Devices</b>                  | <b>R50 000</b> per family   |
| Specialised Radiology (In- and Out-of-Hospital)          | Limit increased to <b>R12 000</b> per family  |
| <b>New: Interventional Radiology</b>                     | Includes <b>Computed Tomography Coronary Angiography (CTCA) non-invasive 3D imaging</b>   |
| Wellness: Childhood Vaccines                             | <b>Enhanced</b> to align to the EPI schedule from the Department of Health  |
| <b>New: Medshield Specialist Network</b>                 | Covering <b>15 Speciality types for PMB and non-PMB, In- and Out-of Hospital</b> Gynaecologists; Physicians; Neurologists; Psychiatrists; Neuro Surgeons; Ophthalmologists; Orthopaedic Surgeons; Otorhinolaryngologists (Ear, Nose and Throat Specialist); Paediatricians; Plastic and Reconstructive Surgeons; Surgeons; Thoracic Surgeons; Cardiologists; Urologists; Maxillo-facial and Oral Surgeons/Specialists |





## MEDICORE OPTION

## PREMIUM

Principal Member

R3 891

Adult Dependant

R3 291

\*Child

R897

\* To a maximum of 3 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 Application of Co-payments

The following services will attract upfront co-payments:

|  |                        |
|--|------------------------|
| Specialist Consultations - No Referral obtained  | 20% upfront co-payment |
| Voluntarily obtained out of formulary medication   | 25% upfront co-payment |
| Non-PMB Internal Prosthesis and Devices  | 25% upfront co-payment |
| Voluntary use of a non-Specialist Network  | 30% upfront co-payment |
| Voluntary use of a non-Medshield Network Hospital  | 30% upfront co-payment |
| Voluntary use of a non-Medshield Network Hospital - Mental Health  | 30% upfront co-payment |
| Voluntary use of a non-Medshield Network Hospital<br>- Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant | 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 for HIV & AIDS related medication   | 30% upfront co-payment |
| Voluntary use of a non-DSP provider - Chronic Renal Dialysis   | 35% 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 Addendum 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.

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### BENEFIT DESCRIPTION

|   |  |
|---|--|
| Alternatives to Hospitalisation: Physical Rehabilitation                  | Limit increased to <b>R34 000</b> per family   |
| Alternatives to Hospitalisation: Terminal Care Benefit                    | Limit increased to <b>R30 000</b> per family   |
| <b>New: Casualty/Emergency Room Visits Facility Fee</b>                   | <b>2 visits</b> per family   |
| Consultations and Visits Out-of-Hospital: General Practitioners           | M0 = <b>5 visits</b><br>M+1 = <b>7 visits</b><br>M2+ = <b>9 visits</b><br><b>Removed co-payment</b>  |
| <b>New: Consultations and Visits Out-of-Hospital: Medical Specialists</b> | <b>1</b> visit per family with a <b>R250</b> upfront co-payment.   |
| Contraception: Medication (Oral Birth Control)                            | Script limit increased to <b>R185</b> per script x 13 scripts annually   |
| Dentistry: Basic  | Benefits for emergency dental treatment, pulp removal and amputation of teeth  |
| Hospital Network  | <b>MediCurve</b> Hospital Network  |
| Voluntary use of a non-Network Hospital                                   | <b>30% upfront co-payment</b>  |
| <b>New: Maternity Related Test and Procedures</b>                         | <b>1</b> x Amniocentesis or <b>non-invasive pre-natal test (NIPT)</b>  |
| <b>New: Maternity: Confinement</b>  | <b>R10 000 upfront co-payment</b> for elective/voluntary caesarean section   |
| Maxillo-Facial Surgery  | Limit increased to <b>R6 200</b> per family<br>M0 = <b>R650</b><br>M1 = <b>R1 350</b><br>M2+ = <b>R1 700</b><br><b>Removed co-payment</b><br><b>Removed Basic Acute formulary</b>  |
| Medication: Acute   | <b>Reduced co-payment</b>  |
| Medication: Chronic Out-of-formulary                                      | Limit increased to <b>R550</b> per admission   |
| Medication: Discharge from Hospital                                       | Limit increased to <b>R500</b> per family<br><b>R250</b> per script, one script per beneficiary per day  |
| <b>New: Medication: Pharmacy Advised Therapy</b>                          | <b>R5 600</b> per beneficiary<br>Non-PMB Medicine Management in conjunction with Psychotherapy sessions  |
| <b>New: Mental Health Medicine</b>  | Limit increased to <b>R104 500</b> per family  |
| Oncology: Breast Reconstruction   | Limit increased to <b>R1 000</b> per beneficiary   |
| Optical: Frames and/or Lens Enhancements                                  | Limit increased to <b>R210</b> per beneficiary   |
| Optical: Readers  | Limit increased to <b>R3 300</b> per beneficiary   |
| Physiotherapy: In-Hospital  | Limit increased to <b>R6 200</b> per family  |
| Specialised Radiology (In- and Out-of-Hospital)                           | Includes <b>Computed Tomography Coronary Angiography (CTCA) non-invasive 3D imaging</b>  |
| <b>New: Interventional Radiology</b>                                      | <b>Covering 15 Speciality types for PMB and non-PMB, In- and Out-of Hospital</b><br>Gynaecologists; Physicians; Neurologists; Psychiatrists; Neuro Surgeons; Ophthalmologists; Orthopaedic Surgeons; Otorhinolaryngologists (Ear, Nose and Throat Specialist); Paediatricians; Plastic and Reconstructive Surgeons; Surgeons; Thoracic Surgeons; Cardiologists; Urologists; Maxillo-facial and Oral Surgeons/Specialists |
| <b>New: Medshield Specialist Network</b>                                  |  |





# Monthly Contributions

## MEDICURVE OPTION

## PREMIUM

|                  |        |
|------------------|--------|
| Principal Member | R1 701 |
| Adult Dependant  | R1 701 |
| Child            | R450   |

**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 Application of Co-payments

The following services will attract upfront co-payments:

|   |                         |
|---|-------------------------|
| Voluntary consultation with a Medical Specialist without a referral from a MediCurve Network GP                       | 20% upfront co-payment  |
| Voluntary obtained out of formulary medication  | 25% upfront co-payment  |
| Voluntary use of a non-Specialist Network   | 30% upfront co-payment  |
| Voluntary use of a non-MediCurve Network Hospital   | 30% upfront co-payment  |
| Voluntary use of a non-MediCurve Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant | 30% upfront co-payment  |
| Voluntary use of a non-MediCurve Network Hospital - Mental Health   | 30% 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 use of a non-DSP or non-MediCurve Network Pharmacy  | 30% upfront co-payment  |
| Voluntary use of a non-DSP provider - Chronic Renal Dialysis  | 35% upfront co-payment  |
| Voluntary use of a non-ICON provider - Oncology   | 40% upfront co-payment  |
| Voluntary use of a non-MediCurve General Practitioner   | 40% upfront co-payment  |
| Dental Consultations  | R150 upfront co-payment |
| Optical Test  | R100 upfront co-payment |
| Optical Spectacles  | R100 upfront co-payment |
| Non-Network Emergency GP consultations (once the two allocated visits have been depleted)                             | 40% upfront co-payment  |

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

|  |                            |
|--|----------------------------|
| Wisdom Teeth extraction in a Day Clinic      | R1 800 upfront co-payment  |
| Endoscopic Procedures (Refer to Addendum B*) | R2 000 upfront co-payment  |
| Oral Surgery                                 | R4 000 upfront co-payment  |
| Maxillo-Facial Surgery                       | R4 000 upfront co-payment  |
| Impacted Teeth, Wisdom Teeth and Apicectomy  | R4 000 upfront co-payment  |
| Hysterectomy                                 | R5 000 upfront co-payment  |
| Elective Caesarian                           | R10 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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## BENEFIT DESCRIPTION

|   |  |
|---|--|
| Alternatives to Hospitalisation: Terminal Care Benefit  | Limit increased to <b>R36 700</b> per family   |
| <b>New: Casualty/Emergency Room Visits Facility Fee</b> | <b>2 visits</b> per family   |
| Contraception: Medication (Oral Birth Control)          | Script limit increased to <b>R150</b> per script x 13 scripts annually   |
| Day-to-Day Limits                                       | Limit increased to <b>R4 500</b> per family  |
| Dentistry: Basic  | Limit increased to <b>R1 800</b> per family  |
| Dentistry: Specialised                                  | Limit increased to <b>R7 300</b> per family  |
| Hospital Network  | <b>MediPhila</b> Hospital Network  |
| Voluntary use of a non-Network Hospital                 | <b>30% upfront co-payment</b>  |
| Medication: Acute                                       | <b>New limits:</b><br>M0 = <b>R1 750</b><br>M1 = <b>R2 450</b><br>M2+ = <b>R2 800</b><br><b>Removed Basic Acute formulary</b>  |
| Medication: Chronic Out-of-formulary                    | <b>Reduced co-payment</b>  |
| Medication: Discharge from Hospital                     | Limit increased to <b>R500</b> per admission   |
| <b>New: Medication: Pharmacy Advised Therapy</b>        | Limit increased to <b>R500</b> per script, one script per beneficiary per day  |
| <b>New: Mental Health Medicine</b>                      | <b>R5 600</b> per beneficiary. Non-PMB Medicine Management in conjunction with Psychotherapy sessions  |
| Oncology: Specialised Drugs: Vitreoretinal Benefit      | Limit increased to <b>R23 500</b> per family   |
| Optical: Frames and/or Lens Enhancements                | Limit increased to <b>R1 500</b> per beneficiary   |
| Optical: Readers  | Limit increased to <b>R210</b> per beneficiary   |
| Corneal Grafts and Transplants                          | Limit increased to <b>R51 900</b> per beneficiary for an internationally sourced cornea and <b>R22 250</b> per beneficiary for a locally sourced cornea  |
| Physiotherapy: In-Hospital                              | Limit increased to <b>R3 300</b> per beneficiary   |
| Specialised Radiology (In- and Out-of-Hospital)         | Limit increased to <b>R8 250</b> per family  |
| <b>New: Interventional Radiology</b>                    | Includes <b>Computed Tomography Coronary Angiography (CTCA) non-invasive 3D imaging</b>  |
| Wellness: Mammogram                                     | One per female beneficiary 40+ years old every 2 years   |
| Wellness: Childhood Vaccines                            | <b>Enhanced</b> to align to the EPI schedule from the Department of Health   |
| <b>New: Medshield Specialist Network</b>                | <b>Covering 15 Speciality types for PMB and non-PMB, In- and Out-of Hospital</b><br>Gynaecologists; Physicians; Neurologists; Psychiatrists; Neuro Surgeons; Ophthalmologists; Orthopaedic Surgeons; Otorhinolaryngologists (Ear, Nose and Throat Specialist); Paediatricians; Plastic and Reconstructive Surgeons; Surgeons; Thoracic Surgeons; Cardiologists; Urologists; Maxillo-facial and Oral Surgeons/Specialists |







## Monthly Contributions

### MEDIPHILA OPTION

### PREMIUM

|                  |        |
|------------------|--------|
| Principal Member | R2 004 |
| Adult Dependant  | R2 004 |
| Child            | R519   |

*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 Application of Co-payments

The following services will attract upfront co-payments:

|   |                           |
|---|---------------------------|
| Voluntary consultation with a Medical Specialist without a referral from a MediPhila Network GP | 20% upfront co-payment    |
| Voluntarily obtained out of formulary medication  | 25% upfront co-payment    |
| Voluntary use of a non-MediPhila Network Hospital   | 30% upfront co-payment    |
| Voluntary use of a non-MediPhila Network Hospital   | 30% upfront co-payment    |
| Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant                               |                           |
| 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 use of a non-Specialist Network provider  | 30% upfront co-payment    |
| Voluntary use of non-MediPhila Network Hospital for Mental Health admissions                    | 30% upfront co-payment    |
| Voluntary use of a non-DSP provider - Chronic Renal Dialysis                                    | 35% upfront co-payment    |
| Non-Network Emergency GP consultations (once the two allocated visits have been depleted)       | 40% upfront co-payment    |
| Voluntary use of a non-ICON provider - Oncology   | 40% upfront co-payment    |
| <b>In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB</b>                    |                           |
| 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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**MEDSHIELD**  
medical scheme  
*Partner for Life*

## BENEFIT DESCRIPTION

|   |  |
|---|--|
| Adult Vaccination   | Limit increased to <b>R500</b> per family  |
| Alternatives to Hospitalisation: Physical Rehabilitation  | Limit increased to <b>R78 500</b> per family   |
| Alternatives to Hospitalisation: Terminal Care Benefit  | Limit increased to <b>R55 000</b> per family   |
| Appliances: General, Medical and Surgical   | Limit increased to <b>R11 500</b> per family   |
| Appliances: Peak flow meters, Nebulizers, Glucometers and Blood pressure monitors (Motivation required) | Sub-limit increased to <b>R950</b> per beneficiary, subject to the Appliance Limit   |
| <b>New: Casualty/Emergency Room Visits Facility Fee</b>   | <b>2 visits</b> per family   |
| Chronic Renal Dialysis  | Limit increased to <b>R227 000</b> per family  |
| Contraception: Medication (Oral Birth Control)  | Script limit increased to <b>R225</b> per script x 13 scripts annually   |
| Day-to-Day Limits   | <b>Limit increased to:</b><br>M0 <b>R11 000</b><br>M+1 <b>R15 000</b><br>M+2 <b>R17 000</b><br>M+3 <b>R18 500</b><br>M+4 <b>R20 000</b>  |
| Dentistry: Specialised  | Limit increased to <b>R15 500</b> per family   |
| Dentistry: Impacted teeth, Wisdom Teeth and Apicectomy  | <b>Reduced co-payment</b>  |
| Hospital Network  | <b>Prime/Compact</b> Hospital Network  |
| Voluntary use of a non-Network Hospital   | <b>30% upfront co-payment</b>  |
| <b>New: Maternity Related Test and Procedures</b>   | Selection increased to two 2D/3D or 4D scans per pregnancy   |
| <b>New: Maternity Related Test and Procedures</b>   | 1x Amniocentesis or <b>non-invasive pre-natal test (NIPT)</b>  |
| Maxillo-Facial Surgery  | Limit increased to <b>R20 000</b> per family   |
| Medication: Chronic   | Limit increased to <b>R16 700</b> per family and <b>R8 350</b> per beneficiary   |
| Medication: Chronic Out-of-formulary  | <b>Reduced co-payment</b>  |
| Medication: Discharge from Hospital   | Limit increased to <b>R700</b> per admission   |
| <b>New: Medication: Pharmacy Advised Therapy</b>  | Limit increased to <b>R1 000</b> per script, one script per beneficiary per day<br>Subject to Day-to-Day Limit   |
| Mental Health: In-Hospital  | Limit increased to <b>R38 550</b> per family   |
| Oncology Limit  | Limit increased to <b>R312 000</b> per family  |
| Oncology: Specialised Drugs   | Limit increased to <b>R145 500</b> per family  |
| Oncology: Specialised Drugs/Biological Drugs  | <b>Removed co-payment</b>  |
| Oncology: Breast Reconstruction   | Limit increased to <b>R104 500</b> per family  |
| Optical: Frames and/or Lens Enhancements  | Limit increased to <b>R1 500</b> per beneficiary   |
| Optical: Readers  | Limit increased to <b>R210</b> per beneficiary   |
| Organ and Tissue Transplantation  | Limit increased to <b>R183 000</b> per family  |
| Corneal Grafts and Transplants  | Limit increased to <b>R51 900</b> per beneficiary for an internationally sourced cornea and <b>R22 250</b> per beneficiary for a locally sourced cornea  |
| Physiotherapy: In-Hospital  | Limit increased to <b>R3 300</b> per beneficiary   |
| Prosthesis and Devices: Internal  | Limit increased to <b>R45 500</b> per family   |
| Prosthesis and Devices: Internal  | <b>Removed co-payment</b> for all non-PMB prosthesis   |
| <b>New: Prosthesis and Devices: Internal</b>  | <b>Improved Clinical Pathway Services (ICPS), Major Joints for Life (MJ4L) and Surge for Arthroplasties</b>  |
| <b>New: Prosthesis External Devices</b>   | <b>R75 000</b> per family  |
| Refractive Surgery (Including Hospitalisation)  | Limit increased to <b>R20 000</b> per family   |
| Specialised Radiology (In- and Out-of-Hospital)   | Limit increased to <b>R16 000</b> per family   |
| <b>New: Interventional Radiology</b>  | Includes <b>Computed Tomography Coronary Angiography (CTCA) non-invasive 3D imaging</b>  |
| Wellness: Childhood Vaccines  | <b>Enhanced</b> to align to the EPI schedule from the Department of Health   |
| <b>New: Conservative Back and Neck Programme</b>  | <b>DBC</b> (Documentation Based Care)  |
| <b>New: Medshield Specialist Network</b>  | Covering <b>15 Speciality types for PMB and non-PMB, In- and Out-of Hospital</b><br>Gynaecologists; Physicians; Neurologists; Psychiatrists; Neuro Surgeons; Ophthalmologists; Orthopaedic Surgeons; Otorhinolaryngologists (Ear, Nose and Throat Specialist); Paediatricians; Plastic and Reconstructive Surgeons; Surgeons; Thoracic Surgeons; Cardiologists; Urologists; Maxillo-facial and Oral Surgeons/Specialists |



## Monthly Contributions

### MEDIPLUS OPTION

Principal Member

Adult Dependant

\*Child

### PRIME

R4 989

R3 561

R1 116

### COMPACT

R4 533

R3 234

R1 020

\* To a maximum of 3 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 Application of Co-payments

The following services will attract upfront co-payments:

|  |                        |
|--|------------------------|
| Specialist Network - No Referral obtained  | 20% upfront co-payment |
| Voluntarily obtained out of formulary medication                                   | 25% upfront co-payment |
| Voluntary use of a non-Specialist Network  | 30% upfront co-payment |
| Voluntary use of a non-Medshield Network Hospital (Prime or Compact as applicable) | 30% upfront co-payment |
| Voluntary use of a non-Medshield Network Hospital - Mental Health                  | 30% upfront co-payment |
| Voluntary use of a non-Medshield Network Hospital                                  | 30% upfront co-payment |
| Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant                  |                        |
| 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 |
| Voluntary use of a non-DSP provider - Chronic Renal Dialysis                       | 35% 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

|   |                            |
|---|----------------------------|
| Wisdom Teeth extraction in a Day Clinic       | R800 upfront co-payment    |
| Endoscopic procedures (refer to Addendum B*)  | R1 500 upfront co-payment  |
| Functional Nasal surgery                      | R1 500 upfront co-payment  |
| Hernia Repair (except in infants)             | R3 000 upfront co-payment  |
| Laparoscopic procedures                       | R3 500 upfront co-payment  |
| Arthroscopic procedures                       | R3 500 upfront co-payment  |
| Impacted Teeth, Wisdom Teeth and Apicectomy   | R3 500 upfront co-payment  |
| Nissen Fundoplication                         | R5 000 upfront co-payment  |
| Hysterectomy                                  | R5 000 upfront co-payment  |
| Back and Neck surgery                         | R5 000 upfront co-payment  |
| Spinal Surgery if DBC Programme not completed | R20 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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**MEDSHIELD**  
medical scheme  
Partner for Life

## BENEFIT DESCRIPTION

|   |   |
|---|---|
| Adult Vaccination   | Limit increased to <b>R500</b> per family   |
| Alternatives to Hospitalisation: Physical Rehabilitation  | Limit increased to <b>R83 000</b> per family  |
| Alternatives to Hospitalisation: Terminal Care Benefit  | Limit increased to <b>R55 000</b> per family  |
| Appliances: General, Medical and Surgical   | Limit increased to <b>R12 300</b> per family  |
| Appliances: Peak flow meters, Nebulizers, Glucometers and Blood pressure monitors (Motivation required) | Sub-limit increased to <b>R950</b> per beneficiary, subject to the Appliance Limit  |
| <b>New: Casualty/Emergency Room Visits Facility Fee</b>   | <b>2 visits</b> per family  |
| Chronic Renal Dialysis  | Limit increased to <b>R320 000</b> per family   |
| Contraception: Medication (Oral Birth Control)  | Script limit increased to <b>R225</b> per script x 13 scripts annually  |
| Dentistry: Specialised  | Limit increased to <b>R16 000</b> per family  |
| Dentistry: Impacted teeth, Wisdom Teeth and Apicectomy  | <b>Reduced co-payment</b>   |
| Hospital Network  | <b>Prime</b> Hospital Network   |
| Voluntary use of a non-Network Hospital   | <b>30% upfront co-payment</b>   |
| In-Hospital Procedures  | <b>Reduced co-payment</b>   |
| <b>New: Maternity Related Test and Procedures</b>   | Selection increased to two <b>2D/3D</b> or <b>4D</b> scans per pregnancy  |
| <b>New: Maternity Related Test and Procedures</b>   | 1x Amniocentesis or <b>non-invasive pre-natal test (NIPT)</b>   |
| Maxillo-Facial Surgery  | Limit increased to <b>R23 000</b> per family  |
| Medication: Chronic Out-of-formulary  | <b>Reduced co-payment</b>   |
| Medication: Discharge from Hospital   | Limit increased to <b>R800</b> per admission  |
| <b>New: Medication: Pharmacy Advised Therapy</b>  | <b>Removed</b> the script limit, one script per beneficiary per day   |
| Mental Health: In-Hospital  | Limit increased to <b>R51 500</b> per family  |
| <b>New: Mental Health Medicine</b>  | <b>R5 600</b> per beneficiary. Non-PMB Medicine Management in conjunction with Psychotherapy sessions   |
| Mental Health: Rehabilitation for Substance Abuse   | Sub-limit increased to <b>R18 500</b> per family  |
| Mental Health: Consultations and Visits   | Limit increased to <b>R6 200</b> per family   |
| Oncology Limit  | Limit increased to <b>R410 000</b> per family   |
| Oncology: PET & PET-CT Scans  | <b>1 scan</b> per family  |
| Oncology: Medicine  | Limit increased to <b>R275 000</b> per family   |
| Oncology: Specialised Drugs/Biological Drugs  | <b>Removed co-payment</b>   |
| Oncology: Breast Reconstruction   | Limit increased to <b>R104 500</b> per family   |
| Optical: Readers  | Limit increased to <b>R210</b> per beneficiary  |
| Organ and Tissue Transplantation  | Limit increased to <b>R320 000</b> per family   |
| Corneal Grafts and Transplants  | Limit increased to <b>R51 900</b> per beneficiary for an internationally sourced cornea and <b>R22 250</b> per beneficiary for a locally sourced cornea   |
| Physiotherapy: In-Hospital  | Limit increased to <b>R3 300</b> per beneficiary  |
| Prosthesis and Devices: Internal  | Limit increased to <b>R55 000</b> per family  |
| Prosthesis and Devices: Internal  | <b>Removed co-payment</b> for all non-PMB prosthesis  |
| <b>New: Prosthesis and Devices: Internal</b>  | <b>Improved Clinical Pathway Services (ICPS), Major Joints for Life (MJ4L) and Surge for Arthroplasties</b>   |
| <b>New: Prosthesis External Devices</b>   | <b>R100 000</b> per family  |
| Refractive Surgery (Including Hospitalisation)  | Limit increased to <b>R20 000</b> per family  |
| Specialised Radiology (In- and Out-of-Hospital)   | Limit increased to <b>R24 500</b> per family  |
| <b>New: Interventional Radiology</b>  | Includes <b>Computed Tomography Coronary Angiography (CTCA) non-invasive 3D imaging</b>   |
| Wellness: Childhood Vaccines  | <b>Enhanced</b> to align to the EPI schedule from the Department of Health  |
| <b>New: Medshield Specialist Network</b>  | Covering <b>15 Speciality types for PMB and non-PMB, In- and Out-of Hospital</b> Gynaecologists; Physicians; Neurologists; Psychiatrists; Neuro Surgeons; Ophthalmologists; Orthopaedic Surgeons; Otorhinolaryngologists (Ear, Nose and Throat Specialist); Paediatricians; Plastic and Reconstructive Surgeons; Surgeons; Thoracic Surgeons; Cardiologists; Urologists; Maxillo-facial and Oral Surgeons/Specialists |



## Monthly Contributions

### MEDISAVER OPTION

### PREMIUM

### SAVINGS ALLOCATION (ANNUAL)

| MEDISAVER OPTION | PREMIUM | SAVINGS ALLOCATION<br>(ANNUAL) |
|------------------|---------|--------------------------------|
| Principal Member | R4 977  | R8 964                         |
| Adult Dependant  | R4 122  | R7 416                         |
| Child Dependant  | R1 212* | R2 184                         |

\* To a maximum of 3 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 Application of Co-payments

The following services will attract upfront co-payments:

|  |                        |
|--|------------------------|
| Specialist Network - No Referral obtained  | 20% upfront co-payment |
| Voluntarily obtained out of formulary medication   | 25% upfront co-payment |
| Voluntary use of a non-Specialist Network  | 30% upfront co-payment |
| Voluntary use of a non-Prime Network Hospital  | 30% upfront co-payment |
| Voluntary use of a non-Prime Network Hospital - Mental Health  | 30% upfront co-payment |
| Voluntary use of a non-Prime Network Hospital - Organ,<br>Tissue and Haemopoietic stem cell (Bone marrow) transplant | 30% 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-DSP provider - Chronic Renal Dialysis   | 35% 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

|  |                           |
|--|---------------------------|
| Wisdom Teeth extraction in a Day Clinic      | R800 upfront co-payment   |
| Functional Nasal surgery                     | R1 500 upfront co-payment |
| Endoscopic procedures (refer to Addendum B*) | R1 500 upfront co-payment |
| Hernia Repair (except in infants)            | R3 000 upfront co-payment |
| Laparoscopic procedures                      | R3 500 upfront co-payment |
| Arthroscopic procedures                      | R3 500 upfront co-payment |
| Impacted Teeth, Wisdom Teeth and Apicectomy  | R3 500 upfront co-payment |
| Nissen Fundoplication                        | R5 000 upfront co-payment |
| Hysterectomy                                 | R5 000 upfront co-payment |
| Back and Neck surgery                        | 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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**MEDSHIELD**  
medical scheme  
Partner for Life

## BENEFIT DESCRIPTION

|   |  |
|---|--|
| Adult Vaccination   | Limit increased to <b>R500</b> per family  |
| Alternatives to Hospitalisation: Physical Rehabilitation  | Limit increased to <b>R36 700</b> per family   |
| Alternatives to Hospitalisation: Terminal Care Benefit  | Limit increased to <b>R36 700</b> per family   |
| Appliances: General, Medical and Surgical   | Limit increased to <b>R3 300</b> per family  |
| Appliances: Peak flow meters, Nebulizers, Glucometers and Blood pressure monitors (Motivation required) | Sub-limit increased to <b>R950</b> per beneficiary, subject to the Appliance Limit   |
| <b>New: Casualty/Emergency Room Visits Facility Fee</b>   | <b>2 visits</b> per family   |
| Contraception: Medication (Oral Birth Control)  | Script limit increased to <b>R225</b> per script x 13 scripts annually   |
| Day-to-Day Limits   | <b>Limit increased to:</b><br>M0 <b>R7 500</b><br>M+1 <b>R9 200</b><br>M+2 <b>R9 600</b><br>M+3 <b>R11 000</b><br>M+4 <b>R12 000</b>   |
| Dentistry: Basic  | Limit increased to <b>R3 000</b> per family  |
| Dentistry: Impacted teeth, Wisdom Teeth and Apicectomy  | <b>Reduced co-payment</b>  |
| Hospital Network  | <b>Prime/Compact</b> Hospital Network  |
| Voluntary use of a non-Network Hospital   | <b>30% upfront co-payment</b>  |
| <b>New: Maternity Related Test and Procedures</b>   | Selection increased to two 2D/3D or 4D scans per pregnancy   |
| <b>New: Maternity Related Test and Procedures</b>   | <b>1 x Amniocentesis or non-invasive pre-natal test (NIPT)</b>   |
| Maxillo-Facial Surgery  | Limit increased to <b>R8 750</b> per family  |
| Medication: Chronic Out-of-formulary  | <b>Reduced co-payment</b>  |
| Medication: Discharge from Hospital   | Limit increased to <b>R550</b> per admission   |
| <b>New: Medication: Pharmacy Advised Therapy</b>  | Limit increased to <b>R700</b> per script, one script per beneficiary per day<br>Subject to Day-to-Day Limit   |
| <b>New: Mental Health Medicine</b>  | <b>R5 600</b> per beneficiary. Non-PMB Medicine Management in conjunction with Psychotherapy sessions  |
| Oncology: Breast Reconstruction   | Limit increased to <b>R104 500</b> per family  |
| Optical: Frames and/or Lens Enhancements  | Limit increased to <b>R650</b> per beneficiary   |
| Optical: Readers  | Limit increased to <b>R210</b> per beneficiary   |
| Corneal Grafts and Transplants  | Limit increased to <b>R51 900</b> per beneficiary for an internationally sourced cornea and <b>R22 250</b> per beneficiary for a locally sourced cornea  |
| Physiotherapy: In-Hospital  | Limit increased to <b>R3 300</b> per beneficiary   |
| Specialised Radiology (In- and Out-of-Hospital)   | Limit increased to <b>R11 600</b> per family   |
| <b>New: Interventional Radiology</b>  | Includes <b>Computed Tomography Coronary Angiography (CTCA) non-invasive 3D imaging</b>  |
| Wellness: Childhood Vaccines  | <b>Enhanced</b> to align to the EPI schedule from the Department of Health   |
| <b>New: Medshield Specialist Network</b>  | <b>Covering 15 Speciality types for PMB and non-PMB, In- and Out-of Hospital</b><br>Gynaecologists; Physicians; Neurologists; Psychiatrists; Neuro Surgeons; Ophthalmologists; Orthopaedic Surgeons; Otorhinolaryngologists (Ear, Nose and Throat Specialist); Paediatricians; Plastic and Reconstructive Surgeons; Surgeons; Thoracic Surgeons; Cardiologists; Urologists; Maxillo-facial and Oral Surgeons/Specialists |



## Monthly Contributions

### MEDIALUE OPTION

### PRIME

### COMPACT

Principal Member

R2 997

R2 715

Adult Dependant

R2 616

R2 373

\*Child

R846

R762

\* To a maximum of 3 biological or legally adopted children only, excluding students.

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



## The Application of Co-payments

The following services will attract upfront co-payments:

|  |                        |
|--|------------------------|
| Specialist Consultations - No Referral obtained                                    | 20% upfront co-payment |
| Voluntarily obtained out of formulary medication                                   | 25% upfront co-payment |
| Voluntary use of a non-Specialist Network  | 30% upfront co-payment |
| Voluntary use of a non-Medshield Network Hospital (Prime or Compact as applicable) | 30% upfront co-payment |
| Voluntary use of a non-Medshield Network Hospital - Mental Health                  | 30% upfront co-payment |
| Voluntary use of a non-Medshield Network Hospital                                  | 30% upfront co-payment |
| Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant                  |                        |
| Voluntary use of a non-DSP for HIV & AIDS related medication                       | 30% upfront co-payment |
| Voluntary use of a non-DSP for chronic medication                                  | 30% upfront co-payment |
| Voluntary use of a non-DSP or non-Medshield Pharmacy Network                       | 30% upfront co-payment |
| Voluntary use of a non-DSP Provider - Chronic Renal Dialysis                       | 35% 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

|  |                           |
|--|---------------------------|
| Wisdom Teeth extraction in a Day Clinic      | R800 upfront co-payment   |
| Endoscopic Procedures (Refer to Addendum B*) | R2 000 upfront co-payment |
| Functional Nasal surgery                     | 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 |
| Impacted Teeth, Wisdom Teeth and Apicectomy  | 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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**MEDSHIELD**  
medical scheme  
Partner for Life



### BENEFIT DESCRIPTION

|   |  |
|---|--|
| Adult Vaccination   | Limit increased to <b>R2 000</b> per family  |
| Alternatives to Hospitalisation: Physical Rehabilitation  | Limit increased to <b>R166 000</b> per family  |
| Alternatives to Hospitalisation: Terminal Care Benefit  | Sub-limit increased to <b>R60 000</b> per family   |
| Appliances: Peak flow meters, Nebulizers, Glucometers and Blood pressure monitors (Motivation required) | Sub-limit increased to <b>R950</b> per beneficiary, subject to the Appliance Limit   |
| <b>New: Casualty/Emergency Room Visits Facility Fee</b>   | <b>2 visits</b> per family   |
| Contraception: Medication (Oral Birth Control)  | Script limit increased to <b>R225</b> per script x 13 scripts annually   |
| Dentistry: Specialised  | Limit increased <b>R23 000</b> per family  |
| Dentistry: Impacted teeth, Wisdom Teeth and Apicectomy  | <b>Reduced co-payment</b>  |
| <b>New: Maternity Related Test and Procedures</b>   | Selection increased to two 2D/3D or <b>4D</b> scans per pregnancy  |
| <b>New: Maternity Related Test and Procedures</b>   | <b>1 x Amniocentesis or non-invasive pre-natal test (NIPT)</b>   |
| Maxillo-Facial Surgery  | Limit increased to <b>R23 000</b> per family   |
| Medication: Chronic   | Limit increased to <b>R36 800</b> per family and <b>R18 400</b> per beneficiary  |
| Medication: Chronic Out-of-formulary  | <b>Reduced co-payment</b>  |
| Medication: Discharge from Hospital   | Limit increased to <b>R1 000</b> per admission   |
| <b>New: Medication: Pharmacy Advised Therapy</b>  | <b>Removed</b> the script limit, one script per beneficiary per day<br>Limited to <b>R1 000</b> per family within the Above Threshold Benefit  |
| Mental Health: In-Hospital  | Limit increased to <b>R68 750</b> per family   |
| Mental Health: Rehabilitation for Substance Abuse   | Sub-limit increased to <b>R18 300</b> per family   |
| Mental Health: Consultations and Visits   | Limit increased to <b>R6 200</b> per family  |
| Oncology: PET & PET-CT Scans  | Limit increased to <b>2 scans</b> per family   |
| Oncology: Specialised Drugs   | Sub-limit increased to <b>R437 250</b> per family  |
| Oncology: Breast Reconstruction   | Limit increased to <b>R104 500</b> per family  |
| Optical: Readers  | Limit increased to <b>R210</b> per beneficiary   |
| Corneal Grafts and Transplants  | Limit increased to <b>R51 900</b> per beneficiary for an internationally sourced cornea and <b>R22 250</b> per beneficiary for a locally sourced cornea  |
| Physiotherapy: In-Hospital  | Limit increased to <b>R3 300</b> per beneficiary   |
| Prosthesis and Devices: Internal  | Limit increased to <b>R77 850</b> per family   |
| Prosthesis and Devices: Internal  | <b>Removed co-payment</b> for all non-PMB prosthesis   |
| <b>New: Prosthesis and Devices: Internal</b>  | <b>Improved Clinical Pathway Services (ICPS), Major Joints for Life (MJ4L) and Surge for Arthroplasties</b>  |
| <b>New: Prosthesis External Devices</b>   | <b>R100 000</b> per family   |
| Refractive Surgery (Including Hospitalisation)  | Limit increased to <b>R35 000</b> per family   |
| Specialised Radiology (In- and Out-of-Hospital)   | Limit increased to <b>R33 100</b> per family   |
| <b>New: Interventional Radiology</b>  | Includes <b>Computed Tomography Coronary Angiography (CTCA) non-invasive 3D imaging</b><br>Member: <b>R7 000</b><br>Adult Dependant: <b>R5 000</b><br>Child Dependant: <b>R3 500*</b>  |
| Above Threshold Benefit: Out-of-Hospital  | <b>Enhanced</b> to align to the EPI schedule from the Department of Health   |
| Wellness: Childhood Vaccines  | Covering <b>15 Speciality types for PMB and non-PMB, In- and Out-of Hospital</b><br>Gynaecologists; Physicians; Neurologists; Psychiatrists; Neuro Surgeons; Ophthalmologists; Orthopaedic Surgeons; Otorhinolaryngologists (Ear, Nose and Throat Specialist); Paediatricians; Plastic and Reconstructive Surgeons; Surgeons; Thoracic Surgeons; Cardiologists; Urologists; Maxillo-facial and Oral Surgeons/Specialists |
| <b>New: Medshield Specialist Network</b>  |  |







## Monthly Contributions

| PREMIUM PLUS OPTION | PREMIUM  | SAVINGS (ANNUAL) | THRESHOLD | ABOVE THRESHOLD |
|---------------------|----------|------------------|-----------|-----------------|
| Principal Member    | R8 784   | R21 084          | R23 850   | R7 000          |
| Adult Dependant     | R8 046   | R19 308          | R22 050   | R5 000          |
| Child Dependant     | R1 680** | R4 032           | R4 450*   | R3 500*         |

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

\*\* To a maximum of 3 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 Application of Co-payments

The following services will attract upfront co-payments:

|  |                           |
|--|---------------------------|
| Specialist Network - No Referral obtained                                    | 20% upfront co-payment    |
| Voluntarily obtained out of formulary medication                             | 25% upfront co-payment    |
| Voluntary use of a non-Specialist Network                                    | 30% 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-DSP provider - Chronic Renal Dialysis                 | 35% upfront co-payment    |
| Voluntary use of a non-ICON provider - Oncology                              | 40% upfront co-payment    |
| <b>In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB</b> |                           |
| Wisdom Teeth extraction in a Day Clinic                                      | R800 upfront co-payment   |
| Endoscopic procedures (refer to Addendum 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 |
| 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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DISCLAIMER: This document serves as a summary and does not supersede the Registered Rules of the Scheme. All benefits in accordance with the Registered Rules of the Scheme. Terms and conditions of membership apply as per Scheme Rules. Subject to CMS approval. October 2024.



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