

# 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

MEDIIPHILA OPTION	PREMIUM
Principal Member	R1 851
Adult Dependant	R1 851
Child	R477

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

<p>Voluntary use of a non-MediPhila Network Hospital</p> <p>Voluntary use of a non-MediPhila Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant</p> <p>Voluntary use of a non-DSP for Chronic Medication</p> <p>Voluntary use of a non-DSP for HIV &amp; AIDS related medication</p> <p>Voluntarily obtained out of formulary medication</p> <p>Non-Network Emergency FP consultations (once the two allocated visits have been depleted)</p> <p>Voluntary use of a non-ICON provider - Oncology</p> <p>Voluntary use of non-MediPhila Network Hospital for Mental Health admissions</p> <p>Voluntary consultation with a Medical Specialist without a referral from a MediPhila Network FP</p>	<p><b>25% upfront co-payment</b></p> <p><b>25% upfront co-payment</b></p> <p><b>30% upfront co-payment</b></p> <p><b>30% upfront co-payment</b></p> <p><b>30% upfront co-payment</b></p> <p><b>40% upfront co-payment</b></p> <p><b>40% upfront co-payment</b></p> <p><b>40% upfront co-payment</b></p> <p><b>40% upfront co-payment</b></p>
<p><b>In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB</b></p> <p>Wisdom Teeth extraction in a Day Clinic</p> <p>Impacted Teeth, Wisdom Teeth and Apicectomy</p> <p>Hysterectomy</p>	<p><b>R1 800 upfront co-payment</b></p> <p><b>R4 000 upfront co-payment</b></p> <p><b>R5 000 upfront co-payment</b></p>

*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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medical scheme