## 2024 Benefits & Contribution Adjustments



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

<sup>\*</sup>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% upfront co-payment
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 of	
(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
Valuntaminas of a nan DCD provider. Chronic Danel Dishais	40% upfront co-payment
voluntary use of a non-DSP provider - Chronic Renai Dialysis	io /o aprione de payment
Voluntary use of a non-ICON provider - Oncology	40% upfront co-payment
Voluntary use of a non-ICON provider - Oncology  In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB	
Voluntary use of a non-ICON provider - Oncology  In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB  Endoscopic procedures (refer to Addendum B*)	40% upfront co-payment
Voluntary use of a non-ICON provider - Oncology  In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB  Endoscopic procedures (refer to Addendum B*)  Hernia Repair (except in infants)	40% upfront co-payment  R1 500 upfront co-payment
Voluntary use of a non-ICON provider - Oncology  In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB  Endoscopic procedures (refer to Addendum B*)  Hernia Repair (except in infants)  Laparoscopic procedures	40% upfront co-payment  R1 500 upfront co-payment R3 000 upfront co-payment
Voluntary use of a non-ICON provider - Oncology  In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB  Endoscopic procedures (refer to Addendum B*)  Hernia Repair (except in infants)  Laparoscopic procedures  Arthroscopic procedures	40% upfront co-payment  R1 500 upfront co-payment R3 000 upfront co-payment R3 500 upfront co-payment
Voluntary use of a non-ICON provider - Oncology  In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB  Endoscopic procedures (refer to Addendum B*)  Hernia Repair (except in infants)  Laparoscopic procedures  Arthroscopic procedures  Wisdom Teeth extraction in a Day Clinic	R1 500 upfront co-payment R3 000 upfront co-payment R3 500 upfront co-payment R3 500 upfront co-payment R3 500 upfront co-payment
Voluntary use of a non-ICON provider - Oncology  In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB  Endoscopic procedures (refer to Addendum B*)  Hernia Repair (except in infants)  Laparoscopic procedures  Arthroscopic procedures  Wisdom Teeth extraction in a Day Clinic  Impacted Teeth, Wisdom Teeth and Apicectomy	R1 500 upfront co-payment R3 000 upfront co-payment R3 500 upfront co-payment R3 500 upfront co-payment R3 500 upfront co-payment R1 575 upfront co-payment
Voluntary use of a non-ICON provider - Oncology  In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB  Endoscopic procedures (refer to Addendum B*) Hernia Repair (except in infants) Laparoscopic procedures Arthroscopic procedures Wisdom Teeth extraction in a Day Clinic Impacted Teeth, Wisdom Teeth and Apicectomy Nissen Fundoplication	R1 500 upfront co-payment R3 000 upfront co-payment R3 500 upfront co-payment R3 500 upfront co-payment R3 500 upfront co-payment R1 575 upfront co-payment R3 500 upfront co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis Voluntary use of a non-ICON provider - Oncology  In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB  Endoscopic procedures (refer to Addendum B*) 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 Functional Nasal surgery	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 R3 500 upfront co-payment R3 500 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.





