## 2024 Benefits & Contribution Adjustments



BENEFIT DESCRIPTION	
Adult and Travel Vaccination	Limit increased to R1 885 per family
Alternatives to Hospitalisation	Limit increased to R103 700 per family
Alternatives to Hospitalisation: Terminal Care Benefit	Sub-limit increased to R43 500 per family
Appliances: General, Medical and Surgical	Limit increased to R16 550 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 R210 per month per female beneficiary
Day-to-Day Limits	Limit increased to  M0 R13 500  M+1 R18 900  M+2 R21 000  M+3 R23 100  M+4 R25 100
Dentistry: Specialised	Limit increased to R20 350 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	Limit increased to <b>R34</b> 650 per family and <b>R17</b> 325 per beneficiary. <b>Reduced</b> co-payment
Medication: Discharge from Hospital - TTO	Limit increased to R875 per admission
Medication: Pharmacy Advised Therapy	Script limit increased to R270 per script
Mental Health: In- and Out-of-Hospital	Limit increased to R48 100 per family
Oncology Limit	Limit increased to R580 570 per family
Oncology: Specialised Drugs	Sub-limit increased to R234 700 per family
Oncology: Breast Reconstruction	Limit increased to R98 800 per family
Optical: Frames and/or Lens Enhancements	Limit increased to R1 250 per beneficiary
Optical: Readers	Limit increased to R200
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 R3 100 per beneficiary
Prosthesis and Devices: Internal	Limit increased to R56 000 per family
Prosthesis and Devices: Internal - Hips and Knees	Sub-limit increased to R37 300 per beneficiary
Refractive Surgery	Limit increased to R20 750 per family
Specialised Radiology (In- and Out-of-Hospital)	Limit increased to R26 000 per family
Wellness: PSA Screening	1 test per male beneficiary between 50 - 69 years





## **Monthly Contributions**

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

<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:

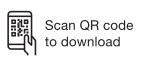
Non-PMB Internal Prosthesis and Devices  Voluntary use of a non-DSP for HIV & AIDS related medication  Voluntary use of a non-DSP or a non-Medshield Pharmacy Network  Voluntary use of a non-Medshield Pharmacy obtained out of formulary medication  Voluntary use of a non-DSP provider - Chronic Renal Dialysis  Voluntary use of a non-ICON provider - Oncology	20% 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 <b>Addendum B*</b> ) Functional Nasal surgery Laparoscopic procedures Arthroscopic procedures Wisdom Teeth extraction in a Day Clinic Impacted Teeth, Wisdom Teeth and Apicectomy Hernia Repair (except in infants) Back and Neck surgery Nissen Fundoplication	R1 000 upfront co-payment R1 000 upfront co-payment R2 000 upfront co-payment R2 000 upfront co-payment R900 upfront co-payment R2 000 upfront co-payment R3 000 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.

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.







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