

# 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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medical scheme