

# 2023 Benefits & Contribution Adjustments



| BENEFIT DESCRIPTION   | PRIME  | COMPACT  |
|---|--|--|
| Adult Vaccination   | Limit increased to <b>R445</b> per family  | Limit increased to <b>R445</b> per family  |
| Alternatives to Hospitalisation   | Limit increased to <b>R32 970</b> per family   | Limit increased to <b>R32 970</b> per family   |
| Alternatives to Hospitalisation: Terminal Care Benefit  | Sub-limit increased to <b>R13 715</b> per family   | Sub-limit increased to <b>R13 715</b> per family   |
| Appliances: General, Medical and Surgical   | Limit increased to <b>R2 955</b> per family  | Limit increased to <b>R2 955</b> per family  |
| Appliances: Peak flow meters, Nebulizers, Glucometers and Blood pressure monitors (Motivation required)   | Sub-limit increased to <b>R885</b> per beneficiary subject to the appliance benefit  | Sub-limit increased to <b>R885</b> per beneficiary subject to the appliance benefit  |
| Chronic Renal Dialysis  | <b>Reduced</b> co-payment  | <b>Reduced</b> co-payment  |
| Consultations and Visits Out-of-Hospital: (In-Person) Extended FP visits for all Emergency and Chronic FP consultations for registered Chronic Beneficiaries. Medshield FP Network and CDL applies. | <b>Unlimited</b> , once the Day-to-Day Limit and Care Plan visits have been depleted   | <b>Unlimited</b> , once the Day-to-Day Limit and Care Plan visits have been depleted   |
| Contraception: Medication (Oral Birth Control)  | Limit increased to <b>R200</b> per month per female beneficiary. <b>Removed</b> formularies and protocols                    | Limit increased to <b>R200</b> per month per female beneficiary. <b>Removed</b> formularies and protocols                    |
| Day-to-Day Limits   | Limit increased to:<br><b>M0 R6 330</b><br><b>M+1 R7 920</b><br><b>M+2 R8 490</b><br><b>M+3 R9 885</b><br><b>M+4 R10 935</b> | Limit increased to:<br><b>M0 R6 330</b><br><b>M+1 R7 920</b><br><b>M+2 R8 490</b><br><b>M+3 R9 885</b><br><b>M+4 R10 935</b> |
| Dentistry: Basic  | Limit increased to <b>R2 425</b> per family  | Limit increased to <b>R2 425</b> per family  |
| Dentistry: Specialised  | Limit increased to <b>R6 995</b> per family  | Limit increased to <b>R6 995</b> per family  |
| Dentistry: Wisdom Teeth extraction in Day Clinic  | <b>Reduced</b> co-payment to R1 800  | <b>Reduced</b> co-payment to R1 800  |
| HIV & AIDS: Antiretroviral and related medication   | <b>Reduced</b> co-payment  | <b>Reduced</b> co-payment  |
| Maternity: Antenatal Classes and Postnatal Midwife Consultations  | <b>8 Visits</b> in total per event   | <b>8 Visits</b> in total per event   |
| Maxillo Facial Surgery  | Limit increased to <b>R7 880</b> per family  | Limit increased to <b>R7 880</b> per family  |
| Medication: Discharge from Hospital - TTO   | Limit increased to <b>R500</b> per admission   | Limit increased to <b>R500</b> per admission   |
| Medication: Chronic   | <b>Reduced</b> co-payment  | <b>Reduced</b> co-payment  |
| Optical: Frames and/or Lens Enhancements  | Limit increased to <b>R445</b> per beneficiary   | Limit increased to <b>R445</b> per beneficiary   |
| Optical: Readers  | Limit increased to <b>R190</b>   | Limit increased to <b>R190</b>   |
| Oncology: Breast Reconstruction   | Limit increased to <b>R94 105</b> per family   | Limit increased to <b>R94 105</b> per family   |
| Physiotherapy: In-Hospital  | Limit increased to <b>R2 955</b> per family  | Limit increased to <b>R2 955</b> per family  |
| Prosthesis and Devices: Internal - Hips and Knees   | Sub-limit increased to <b>R35 510</b> per beneficiary, subject to PMB and PMB level of care                                  | Sub-limit increased to <b>R35 510</b> per beneficiary, subject to PMB and PMB level of care                                  |
| Specialised Radiology: In- and Out-of-Hospital  | Limit increased to <b>R10 340</b> per family<br><b>Removed</b> co-payment  | Limit increased to <b>R10 340</b> per family<br><b>Removed</b> co-payment  |
| Wellness Vaccinations   | <b>Enhanced</b> list   | <b>Enhanced</b> list   |



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**MEDSHIELD**  
medical scheme

| MEDIAVALUE       | MONTHLY CONTRIBUTION - PRIME | MONTHLY CONTRIBUTION - COMPACT |
|------------------|------------------------------|--------------------------------|
| Principal Member | R2 523                       | R2 283                         |
| Adult Dependand  | R2 202                       | R1 995                         |
| Child*           | R711                         | R642                           |

\*Contribution rate is applicable to the members first, second and third biological or legally adopted children only, excluding students.

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

|   |                        |
|---|------------------------|
| Voluntary use of a non-Medshield Network Hospital (Prime or Compact as applicable)                                    | 25% upfront co-payment |
| Voluntary use of a non-Medshield Network Hospital - Mental Health   | 25% upfront co-payment |
| Voluntary use of a non-Medshield Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant | 25% upfront co-payment |
| Voluntary use of a non-DSP for HIV & AIDS related medication  | 35% upfront co-payment |
| Voluntary use of a non-DSP for chronic medication   | 35% upfront co-payment |
| Voluntarily obtained out of formulary medication  | 35% upfront co-payment |
| Voluntary use of a non-DSP or non-Medshield Pharmacy Network  | 35% upfront co-payment |
| Voluntary use of a non-ICON provider - Oncology   | 40% upfront co-payment |
| Specialist Consultations - No referral obtained   | 40% upfront co-payment |

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

|  |                           |
|--|---------------------------|
| Endoscopic Procedures (Refer to <b>Addendum B</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 |
| Wisdom Teeth extraction in a Day Clinic              | R1 800 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.