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MediPhila

2021 Benefits & Contribution Adjustments

BENEFIT DESCRIPTION

Alternatives to Hospitalisation: Terminal Care Benefit	Limit increased to R12 350 per family
Contraceptive Medication (Birth Control)	Limit increased to R120 per month per female beneficiary
Day-to-Day Limit	Limit increased to R3 200 per family
Dentistry: Basic	Limit increased to R1 450 per family Subject to the Specialised Dentistry benefit
Dentistry: Specialised	Limit increased to R5 900 per family
Flu Vaccine	Limit increased to R100 per beneficiary
Hospitalisation	Beneficiary Limit of R500 000 has been removed
Medication: Acute	Limit increased to R1 400 per family
Medication: Pharmacy Advised Therapy included in the Acute Medication Limit	Script limit increased to R85 per script
Medication: Discharge from Hospital - TTO	Limit increased to R200 per admission
Optical Limit	1 pair of Optical lenses and a frame, limited to R800 per beneficiary every 24 months Determined by an Optical Service Date Cycle. Subject to the use of a DSP
Optical: Readers	Limit increased to R170 per beneficiary
Physiotherapy: In-Hospital	Limit increased to R2 650 per beneficiary
Prosthesis and Devices Internal: Hips and Knees	Sub-limit increased to R32 000 per beneficiary
Specialised Radiology (In and Out-of-Hospital)	Limit increased to R6 700 per family



MEDSHIELD
medical scheme

MEDIPHILA	MONTHLY CONTRIBUTION
Principal Member	R1 500
Adult Dependand	R1 500
Child	R387

THE FOLLOWING SERVICES WILL ATTRACT UPFRONT CO-PAYMENTS:	
Non-PMB Specialised Radiology	10% upfront co-payment
Voluntary use of a non-MediPhila Network Hospital	25% upfront co-payment
Voluntary use of a non-MediPhila Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	25% upfront co-payment
Voluntary use of a non-DSP for Chronic Medication	40% upfront co-payment
Non-Network Emergency FP consultations (once the two allocated visits have been depleted)	40% upfront co-payment
Voluntarily obtained out of formulary medication	40% upfront co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	40% upfront co-payment
Voluntary use of a non-ICON provider - Oncology	40% upfront co-payment
Voluntary use of a non-MediPhila Network Hospital - Mental Health	40% upfront co-payment
Voluntary use of a non-DSP or non-Medshield Pharmacy Network provider	40% upfront co-payment

IN-HOSPITAL PROCEDURAL UPFRONT CO-PAYMENTS FOR NON-PMB	
Arthroscopic procedures	R4 000 upfront co-payment
Wisdom Teeth	R4 000 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.

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.