

2024 Benefits & Contribution Adjustments



MediCurve

BENEFIT DESCRIPTION

Alternatives to Hospitalisation	Limit increased to R32 100 per family
Alternatives to Hospitalisation: Terminal Care Benefit	Sub-limit increased to R13 290 per family
Contraception: Medication (Birth Control)	Limit increased to R175 per month per female beneficiary
HIV & Aids: Antiretroviral and related medication	Reduced co-payment
Maxillo-Facial Surgery	R5 800 per family
Medication: Acute	Limit increased to R610 per family
Medication: Chronic	Reduced co-payment
Medication: Discharge from Hospital - TTO	Limit increased to R480
Medication: Pharmacy Advised Therapy - Included in Day-to-Day Limit	Limit increase to R385 per family
Medication: Pharmacy Advised Therapy	Script limit increased to R110 per script
Oncology: Breast Reconstruction	Limit increased to R98 800 per family
Optical Limit	Limit increased to R940 per beneficiary every 24 months
Optical: Readers	Limit increased to R200
Physiotherapy: In-Hospital	Limit increased to R3 100 per beneficiary
Prosthesis and Devices: Internal - Hips and Knees	Sub-limit increased to R37 300 per beneficiary
Specialised Radiology: In- and Out-of-Hospital	Limit increased to R5 800 per family
Wellness: PSA Screening	1 test per male beneficiary between 50 - 69 years



Monthly Contributions

MEDICURVE OPTION	PREMIUM
Principal Member	R1 584
Adult Dependant	R1 584
Child	R1 584

The following services will attract upfront co-payments:

Voluntary use of a non-MediCurve Network Hospital	25% upfront co-payment
Voluntary use of a non-MediCurve Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	25% upfront co-payment
Voluntary use of a non-MediCurve Network Hospital - Mental Health	25% upfront co-payment
Voluntary use of a non-DSP for chronic medication	30% upfront co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	30% upfront co-payment
Voluntary obtained out of formulary medication	30% upfront co-payment
Voluntary use of a non-DSP or non-MediCurve Network Pharmacy	30% upfront co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	40% upfront co-payment
Voluntary use of a non-ICON provider - Oncology	40% upfront co-payment
Voluntary use of a non-MediCurve Family Practitioner	40% upfront co-payment
Dental Consultations	R150 upfront co-payment
Optical Test	R100 upfront co-payment
Optical Spectacles	R100 upfront co-payment
Family Practitioner Consultations and Visits	R100 upfront co-payment
Acute medicine per line item	R10 upfront co-payment

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

Endoscopic Procedures (Refer to Addendum B*)	R2 000 upfront co-payment
Oral Surgery	R4 000 upfront co-payment
Maxillo-Facial Surgery	R4 000 upfront co-payment
Wisdom Teeth extraction in a Day Clinic	R1 800 upfront co-payment
Impacted Teeth, Wisdom Teeth and Apicectomy	R4 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.



Scan QR code to download

DISCLAIMER: This document serves as a summary and does not supersede the Registered Rules of the Scheme. All benefits in accordance with the Registered Rules of the Scheme. Terms and conditions of membership apply as per Scheme Rules. Subject to CMS approval. September 2023.



MEDSHIELD
medical scheme