

2024 Benefits & Contribution Adjustments



MediPhila

BENEFIT DESCRIPTION

Alternatives to Hospitalisation: Terminal Care Benefit	Sub-limit increased to R14 400 per family
Contraception: Medication (Oral Birth Control)	Limit increased to R140 per month per female beneficiary
Day-to-Day Limit	Limit increased to R3 800
Dentistry: Basic	Limit increased to R1 700 per family. Subject to Specialised Dentistry
Dentistry: Specialised	Limit increased to R6 900 per family
HIV & AIDS: Antiretroviral and related medication	Reduced co-payment
Medication: Acute	Limit increased to R1 650 per family
Medication: Chronic	Reduced co-payment
Medication: Discharge from Hospital - TTO	Limit increased to R235 per admission
Medication: Pharmacy Advised Therapy	Script limit increased to R100 per script
Optical Limit	1 pair of Optical lenses and a frame, limited to R940 per beneficiary every 24 months.
Optical: Readers	Limit increased to R200
Oncology: Vitreoretinal Benefit	Limit increased to R22 150 per family
Organ, Tissue & Haemopoietic Stem Cell (Bone Marrow) Transplantation: Corneal Grafts and Transplants	Limit increased to R48 950 International R21 000 Local
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, subject to PMB and PMB level of care
Specialised Radiology: In- and Out-of-Hospital	Increased to R7 800 per family
Wellness: PSA Screening	1 test per male beneficiary between 50 - 69 years



Monthly Contributions

MEDI PHILA OPTION	PREMIUM
Principal Member	R1 851
Adult Dependant	R1 851
Child	R477

The following services will attract upfront co-payments:

Voluntary use of a non-MediPhila Network Hospital
 Voluntary use of a non-MediPhila Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant
 Voluntary use of a non-DSP for Chronic Medication
 Voluntary use of a non-DSP for HIV & AIDS related medication
 Voluntarily obtained out of formulary medication
 Non-Network Emergency FP consultations (once the two allocated visits have been depleted)
 Voluntary use of a non-ICON provider - Oncology
 Voluntary use of non-MediPhila Network Hospital for Mental Health admissions
 Voluntary consultation with a Medical Specialist without a referral from a MediPhila Network FP

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

40% upfront co-payment

40% upfront co-payment

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

Wisdom Teeth extraction in a Day Clinic
 Impacted Teeth, Wisdom Teeth and Apicectomy
 Hysterectomy

R1 800 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.

**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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