

# 2024 Benefits & Contribution Adjustments



MediSaver

BENEFIT DESCRIPTION	
Adult Vaccination	Limit increased to <b>R470</b> per family
Alternatives to Hospitalisation	Limit increased to <b>R77 850</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>R11 600</b> per family
Appliances: Peak flow meters, Glucometers and Blood pressure monitors	Sub-limit increased to <b>R930</b> per beneficiary subject to the appliance benefit
Chronic Renal Dialysis	Limit increased to <b>R309 100</b> per family
Contraception: Medication (Oral Birth Control)	Limit increased to <b>R210</b> per month per female beneficiary
Dentistry: Specialised	Limit increased to <b>R14 550</b> per family
HIV & Aids: Antiretroviral and related medication	<b>Reduced</b> co-payment
Maternity: Out-of-Hospital Paediatric Consultations for beneficiaries under 2 years old	<b>2 Visits</b> per beneficiary
Maxillo-Facial Surgery	Limit increased to <b>R21 950</b> per family
Medication: Chronic	<b>Reduced</b> co-payment
Medication: Discharge from Hospital - TTO	Limit increased to <b>R760</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>R48 700</b> per family
Mental Health: Consultations and Visits Out-of-Hospital	Sub-limit increased to <b>R5 850</b> per family
Mental Health: Rehabilitation for Substance Abuse	Sub-limit increased to <b>R17 300</b> per family
Oncology Limit	Limit increased to <b>R389 100</b> per family
Oncology: Medication	Sub-limit increased to <b>R259 500</b> per family subject to the Oncology limit
Oncology: PET Scans	Sub-limit increased to <b>R24 700</b> per family
Oncology: Breast Reconstruction	Limit increased to <b>R98 800</b> per family
Optical: Readers	Limit increased to <b>R200</b>
Organ, Tissue & Haemopoietic Stem Cell (Bone Marrow) Transplantation including Hospitalisation	Limit increased to <b>R309 100</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
Physiotherapy: In-Hospital	Limit increased to <b>R3 100</b> per beneficiary
Prosthesis and Devices: Internal	Limit increased to <b>R51 500</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 900</b> per family
Specialised Radiology: In- and Out-of-Hospital	Limit increased to <b>R23 100</b> per family
Wellness: PSA Screening	<b>1 test per male beneficiary</b> between 50 - 69 years



## Monthly Contributions

MEDISAVER OPTION	PREMIUM	SAVINGS (INCLUDED IN PREMIUM)
Principal Member	R4 524	R679
Adult Dependant	R3 747	R562
Child*	R1 101	R165

\*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	20% <b>upfront</b> co-payment
Non-PMB Internal Prosthesis and Devices	25% <b>upfront</b> co-payment
Voluntary use of a non-Compact Network Hospital	25% <b>upfront</b> co-payment
Voluntary use of a non-Compact Network Hospital - Mental Health	25% <b>upfront</b> co-payment
Voluntary use of a non-Compact Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	25% <b>upfront</b> co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	30% <b>upfront</b> co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	30% <b>upfront</b> co-payment
Voluntarily obtained out of formulary medication	30% <b>upfront</b> co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	40% <b>upfront</b> co-payment
Voluntary use of a non-ICON provider - Oncology	40% <b>upfront</b> co-payment

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

Endoscopic procedures (refer to <b>Addendum B*</b> )	R1 500 <b>upfront</b> co-payment
Hernia Repair (except in infants)	R3 000 <b>upfront</b> co-payment
Laparoscopic procedures	R3 500 <b>upfront</b> co-payment
Arthroscopic procedures	R3 500 <b>upfront</b> co-payment
Wisdom Teeth extraction in a Day Clinic	R1 575 <b>upfront</b> co-payment
Impacted Teeth, Wisdom Teeth and Apicectomy	R3 500 <b>upfront</b> co-payment
Nissen Fundoplication	R5 000 <b>upfront</b> co-payment
Hysterectomy	R5 000 <b>upfront</b> co-payment
Functional Nasal surgery	R5 000 <b>upfront</b> co-payment
Back and Neck surgery	R7 000 <b>upfront</b> 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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