

2024 Benefits & Contribution Adjustments



MediSwift

BENEFIT DESCRIPTION	
Alternatives to Hospitalisation	Limit increased to R22 800 per family
Alternatives to Hospitalisation: Terminal Care Benefit	Sub-limit increased to R43 500 per family
Consultations and Visits Out-of-Hospital: Medical Specialists	1 visit per family
Contraception: Medication (Birth Control)	Limit increased to R210 per month per female beneficiary
HIV & Aids: Antiretroviral and related medication	Reduced co-payment
Maxillo-Facial Surgery	R14 300 per family
Medication: Chronic	Reduced co-payment
Medication: Discharge from Hospital - TTO	Limit increased to R220
Mental Health: In-Hospital	Limit increased to R39 250
Oncology: Breast Reconstruction	Limit increased to R98 800 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	Limit increased to R37 665
Prosthesis and Devices: Internal - Hips and Knees	Sub-limit increased to R37 300 per beneficiary
Specialised Radiology: In-Hospital	Limit increased to R7 450 per family
Sports Injury Benefit: In- or Out-of-Hospital	Limit increased to R11 100 per beneficiary
Wellness: PSA Screening	1 test per male beneficiary between 50 - 69 years



Monthly Contributions

MEDISWIFT OPTION	PREMIUM
Principal Member	R2 037
Adult Dependant	R1 986
Child	R522

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:

Non-PMB Internal Prosthesis and Devices	25% upfront co-payment
Voluntary use of a non-Compact Network Hospital	25% upfront co-payment
Voluntary use of a non-Compact Network Hospital - Mental Health	25% upfront co-payment
Voluntary use of a non-Compact 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	30% upfront co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	30% upfront co-payment
Voluntarily obtained out of formulary medication	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 consultation with a Medical Specialist without a referral from a Compact Network FP	40% upfront co-payment

In-Hospital Procedural upfront co-payments for non-PMB

Endoscopic procedures (refer to Addendum B*)	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
Nissen Fundoplication	R5 000 upfront co-payment
Hysterectomy	R5 000 upfront co-payment
Functional Nasal surgery	R5 000 upfront co-payment
Back and Neck surgery	R8 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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