<table>
<thead>
<tr>
<th>BENEFIT DESCRIPTION</th>
<th>PRIME &amp; COMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Vaccination</td>
<td>Limit increased to <strong>R470</strong> per family</td>
</tr>
<tr>
<td>Alternatives to Hospitalisation</td>
<td>Limit increased to <strong>R34 600</strong> per family</td>
</tr>
<tr>
<td>Alternatives to Hospitalisation: Terminal Care Benefit</td>
<td>Sub-limit increased to <strong>R14 400</strong> per family</td>
</tr>
<tr>
<td>Appliances: General, Medical and Surgical</td>
<td>Limit increased to <strong>R3 100</strong> per family</td>
</tr>
<tr>
<td>Appliances: Peak flow meters, Nebulizers, Glucometers and Blood pressure monitors</td>
<td>Sub-limit increased to <strong>R930</strong> per beneficiary subject to the appliance benefit</td>
</tr>
<tr>
<td>Contraception: Medication (Oral Birth Control)</td>
<td>Limit increased to <strong>R210</strong> per month per female beneficiary</td>
</tr>
<tr>
<td>Day-to-Day Limits</td>
<td>Limit increased to:</td>
</tr>
<tr>
<td></td>
<td>M0 <strong>R6 650</strong></td>
</tr>
<tr>
<td></td>
<td>M+1 <strong>R8 350</strong></td>
</tr>
<tr>
<td></td>
<td>M+2 <strong>R8 950</strong></td>
</tr>
<tr>
<td></td>
<td>M+3 <strong>R10 400</strong></td>
</tr>
<tr>
<td></td>
<td>M+4 <strong>R11 500</strong></td>
</tr>
<tr>
<td>Dentistry: Basic</td>
<td>Limit increased to <strong>R2 550</strong> per family</td>
</tr>
<tr>
<td>Dentistry: Specialised</td>
<td>Limit increased to <strong>R7 350</strong> per family</td>
</tr>
<tr>
<td>HIV &amp; AIDS: Antiretroviral and related medication</td>
<td><strong>Reduced</strong> co-payment</td>
</tr>
<tr>
<td>Maternity: Out-of-Hospital Paediatric Consultations for beneficiaries under 2 years</td>
<td>2 Visits per beneficiary</td>
</tr>
<tr>
<td>Maxillo-Facial Surgery</td>
<td>Limit increased to <strong>R8 275</strong> per family</td>
</tr>
<tr>
<td>Medication: Chronic</td>
<td><strong>Reduced</strong> co-payment</td>
</tr>
<tr>
<td>Medication: Discharge from Hospital - TTO</td>
<td>Limit increased to <strong>R525</strong> per admission</td>
</tr>
<tr>
<td>Medication: Pharmacy Advised Therapy</td>
<td>Script limit increased to <strong>R270</strong> per script</td>
</tr>
<tr>
<td>Optical: Frames and/or Lens Enhancements</td>
<td>Limit increased to <strong>R470</strong> per beneficiary</td>
</tr>
<tr>
<td>Optical: Readers</td>
<td>Limit increased to <strong>R200</strong></td>
</tr>
<tr>
<td>Oncology: Breast Reconstruction</td>
<td>Limit increased to <strong>R98 800</strong> per family</td>
</tr>
<tr>
<td>Organ, Tissue &amp; Haemopoietic Stem Cell (Bone Marrow) Transplantation:</td>
<td>Limit increased to <strong>R48 950</strong> International</td>
</tr>
<tr>
<td>Corneal Grafts and Transplants</td>
<td><strong>R21 000</strong> Local</td>
</tr>
<tr>
<td>Physiotherapy: In-Hospital</td>
<td>Limit increased to <strong>R3 100</strong> per beneficiary</td>
</tr>
<tr>
<td>Prosthesis and Devices: Internal - Hips and Knees</td>
<td>Sub-limit increased to <strong>R37 300</strong> per beneficiary</td>
</tr>
<tr>
<td>Specialised Radiology: In- and Out-of-Hospital</td>
<td>Limit increased to <strong>R10 860</strong> per family</td>
</tr>
<tr>
<td>Wellness: PSA Screening</td>
<td>1 test per male beneficiary between 50 - 69 years</td>
</tr>
</tbody>
</table>
Monthly Contributions

<table>
<thead>
<tr>
<th>MEDIVALUE OPTION</th>
<th>PRIME</th>
<th>COMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Member</td>
<td>R2 736</td>
<td>R2 478</td>
</tr>
<tr>
<td>Adult Dependant</td>
<td>R2 388</td>
<td>R2 166</td>
</tr>
<tr>
<td>Child*</td>
<td>R771</td>
<td>R696</td>
</tr>
</tbody>
</table>

*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:

- Voluntary use of a non-Medshield Network Hospital (Prime or Compact as applicable)
- Voluntary use of a non-Medshield Network Hospital - Mental Health
- Voluntary use of a non-Medshield Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant
- Voluntary use of a non-DSP for HIV & AIDS related medication
- Voluntary use of a non-DSP for chronic medication
- Voluntarily obtained out of formulary medication
- Voluntary use of a non-DSP or non-Medshield Pharmacy Network
- Voluntary use of a non-ICON provider - Oncology
- Specialist Consultations - No referral obtained

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

- Endoscopic Procedures (Refer to Addendum B*)
- Functional Nasal surgery
- Hernia Repair (except in infants)
- Laparoscopic procedures
- Arthroscopic procedures
- Wisdom Teeth extraction in a Day Clinic
- Impacted Teeth, Wisdom Teeth and Apicectomy
- Nissen Fundoplication
- Hysterectomy

- R2 000 upfront co-payment
- R2 000 upfront co-payment
- R3 000 upfront co-payment
- R4 000 upfront co-payment
- R4 000 upfront co-payment
- R4 000 upfront co-payment
- R1 800 upfront co-payment
- R4 000 upfront co-payment
- R5 000 upfront co-payment
- R5 000 upfront co-payment
- R1 800 upfront co-payment
- R4 000 upfront co-payment
- R5 000 upfront co-payment
- R5 000 upfront co-payment
- R3 000 upfront co-payment

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.

**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.