

2024 Benefits & Contribution Adjustments



MediValue

| BENEFIT DESCRIPTION | PRIME & COMPACT |
|---|---|
| Adult Vaccination | Limit increased to R470 per family |
| Alternatives to Hospitalisation | Limit increased to R34 600 per family |
| Alternatives to Hospitalisation: Terminal Care Benefit | Sub-limit increased to R14 400 per family |
| Appliances: General, Medical and Surgical | Limit increased to R3 100 per family |
| Appliances: Peak flow meters, Nebulizers, Glucometers and Blood pressure monitors (Motivation required) | Sub-limit increased to R930 per beneficiary subject to the appliance benefit |
| Contraception: Medication (Oral Birth Control) | Limit increased to R210 per month per female beneficiary |
| Day-to-Day Limits | Limit increased to: M0 R6 650 M+1 R8 350 M+2 R8 950 M+3 R10 400 M+4 R11 500 |
| Dentistry: Basic | Limit increased to R2 550 per family |
| Dentistry: Specialised | Limit increased to R7 350 per family |
| HIV & AIDS: Antiretroviral and related medication | Reduced co-payment |
| Maternity: Out-of-Hospital Paediatric Consultations for beneficiaries under 2 years old | 2 Visits per beneficiary |
| Maxillo-Facial Surgery | Limit increased to R8 275 per family |
| Medication: Chronic | Reduced co-payment |
| Medication: Discharge from Hospital - TTO | Limit increased to R525 per admission |
| Medication: Pharmacy Advised Therapy | Script limit increased to R270 per script |
| Optical: Frames and/or Lens Enhancements | Limit increased to R470 per beneficiary |
| Optical: Readers | Limit increased to R200 |
| 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 - Hips and Knees | Sub-limit increased to R37 300 per beneficiary |
| Specialised Radiology: In- and Out-of-Hospital | Limit increased to R10 860 per family |
| Wellness: PSA Screening | 1 test per male beneficiary between 50 - 69 years |



Monthly Contributions

| MEDIA VALUE OPTION | PRIME | COMPACT |
|--------------------|--------|---------|
| Principal Member | R2 736 | R2 478 |
| Adult Dependant | R2 388 | R2 166 |
| Child* | R771 | R696 |

*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

25% **upfront** co-payment
 25% **upfront** co-payment

25% **upfront** co-payment
 30% **upfront** co-payment
 30% **upfront** co-payment
 30% **upfront** co-payment
 30% **upfront** co-payment
 40% **upfront** co-payment
 40% **upfront** co-payment

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
 R1 800 **upfront** co-payment
 R4 000 **upfront** co-payment
 R5 000 **upfront** co-payment
 R5 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.



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