

2022 Benefits & Contribution Adjustments



BENEFIT DESCRIPTION	
Alternatives to Hospitalisation	Limit increased to R29 000 per family
Alternatives to Hospitalisation: Terminal Care Benefit	Sub-limit increased to R12 000 per family
Contraception: Medication (Birth Control)	Limit increased to R160 per month per female beneficiary with 13 scripts per annum
Contraception: Intrauterine Devices and Alternatives	1 per female beneficiary, with a choice of devices
Consultations and Visits Out-of-Hospital: Medshield Family Practitioners (FP) Registered Chronic Beneficiaries (CDL applies)	2 visits per beneficiary from the Overall Annual Limit
Maxillo Facial and Oral Surgery	Limit increased to R5 200 per family
Medication: Acute	Limit increased to R550 per family
Medication: Discharge from Hospital - TTO	Limit has been increased to R430 per admission
Medication: Pharmacy Advised Therapy	Limit increase to R365 per family. Script limit increased to R105 per script 1 script per day, per beneficiary
Oncology: Breast Reconstruction	Limit increased to R89 200 per family
Optical Limit	Limit increased to R850 per beneficiary every 24 months
Optical: Readers	Limit increased to R180 per beneficiary
Physiotherapy: In-Hospital	Limit increased to R2 800 per beneficiary
Prosthesis and Devices: Internal - Hips and Knees	Sub-limit increased to R33 660 per beneficiary
Specialised Radiology (In- and Out-of-Hospital)	Limit increased to R5 200 per family

MEDICURVE	MONTHLY CONTRIBUTION
Principal Member	R1 485
Adult Dependant	R1 485
Child	R1 485



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THE FOLLOWING SERVICES WILL ATTRACT UPFRONT CO-PAYMENTS:

Non-PMB Specialised Radiology	10% upfront co-payment
Voluntary use of a non-MediCurve Network Hospital	25% upfront co-payment
Voluntary use of a non-MediCurve Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	25% upfront co-payment
Voluntary use of a non-MediCurve Network Hospital - Mental Health	25% upfront co-payment
Voluntary use of a non-DSP for chronic medication	40% upfront co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	40% upfront co-payment
Voluntary obtained out of formulary medication	40% upfront co-payment
Voluntary use of a non-ICON provider - Oncology	40% upfront co-payment
Voluntary use of a non-DSP or non-MediCurve Network Pharmacy	40% upfront co-payment
Voluntary use of a non-MediCurve Family Practitioner	40% upfront co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	40% upfront co-payment
Dental Consultations	R150 upfront co-payment
Optical Test	R100 upfront co-payment
Optical Spectacles	R100 upfront co-payment
Family Practitioner Consultations and Visits	R100 upfront co-payment
Acute medicine per line item	R10 upfront co-payment

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

Endoscopic procedures*	R2 000 upfront co-payment
Oral Surgery	R4 000 upfront co-payment
Maxillo-facial Surgery	R4 000 upfront co-payment
Impacted Teeth, Wisdom Teeth and Apicectomy	R4 000 upfront co-payment
Hysterectomy	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 co-payment applicable In-Hospital 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.

