

# 2022 Benefits & Contribution Adjustments



BENEFIT DESCRIPTION	
Alternatives to Hospitalisation: Terminal Care Benefit	Sub-limit increased to <b>R13 000</b> per family
Consultations and Visits Out-of-Hospital: Medshield Family Practitioners (FP) Registered Chronic Beneficiaries (CDL applies)	<b>2 visits</b> per beneficiary from the Overall Annual Limit once the stated number of consultations have been depleted
Contraception: Medication (Birth Control)	Limit increased to <b>R125</b> per month per female beneficiary with 13 scripts per annum
Contraception: Intrauterine Devices and Alternatives	1 per female beneficiary, with a <b>choice of devices</b>
Day-to-Day Limit	Limit increased to <b>R3 400</b> per family
Dentistry: Basic	Limit increased to <b>R1 525</b> per family, subject to the Specialised Dentistry Limit
Dentistry: Specialised	Limit increased to <b>R6 200</b> per family
Medication: Acute	Limit increased to <b>R1 480</b> per family
Medication: Pharmacy Advised Therapy included in the Acute Medication Limit	Script limit increased to <b>R90</b> per script <b>1 script</b> per day, per beneficiary
Medication: Discharge from Hospital - TTO	Limit increased to <b>R210</b> per admission
Optical Limit	1 pair of Optical lenses and a frame, limited to <b>R850</b> per beneficiary every 24 month Determined by an Optical Service Date Cycle. Starting 1 January 2019. Subject to the use of a DSP.
Optical: Readers	Limit increased to <b>R180</b> per beneficiary
Physiotherapy: In-Hospital	Limit increased to <b>R2 800</b> per beneficiary
Prosthesis and Devices: Internal - Hips and Knees	Sub-limit increased to <b>R33 660</b> per beneficiary
Specialised Radiology (In- and Out-of-Hospital)	Limit increased to <b>R7 050</b> per family

MEDIPHILA	MONTHLY CONTRIBUTION
Principal Member	<b>R1 593</b>
Adult Dependant	<b>R1 593</b>
Child	<b>R411</b>



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**THE FOLLOWING SERVICES WILL ATTRACT UPFRONT CO-PAYMENTS:**

Specialised Radiology Non-PMB	10% upfront co-payment
Voluntary use of a non-MedPhila Network Hospital	25% upfront co-payment
Voluntary use of a non-MedPhila Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	25% upfront co-payment
Voluntary use of a non-DSP for Chronic Medication	40% upfront co-payment
Non-Network Emergency FP consultations (once the two allocated visits have been depleted)	40% upfront co-payment
Voluntarily obtained out of formulary medication	40% upfront co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	40% upfront co-payment
Voluntary use of a non-ICON provider - Oncology	40% upfront co-payment
Voluntary use of a non-MedPhila Network Hospital - Mental Health	40% upfront co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	40% upfront co-payment
Voluntary consultation with a Medical Specialist without a referral from a MediPhila Network FP	40% upfront co-payment

**In-Hospital Procedural upfront co-payments:**

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.*

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.

