

# 2022 Benefits & Contribution Adjustments



BENEFIT DESCRIPTION	PRIME	COMPACT
Adult Vaccination	Limit increased to <b>R420</b> per family	Limit increased to <b>R420</b> per family
Alternatives to Hospitalisation	Limit increased to <b>R31 250</b> per family	Limit increased to <b>R31 250</b> per family
Alternatives to Hospitalisation: Terminal Care Benefit	Sub-limit increased to <b>R13 000</b> per family	Sub-limit increased to <b>R13 000</b> per family
Appliances: General, Medical and Surgical	Limit increased to <b>R2 800</b> per family	Limit increased to <b>R2 800</b> per family
Appliances: Peak flow meters, Glucometers and Blood pressure monitors	Sub-limit increased to <b>R840</b> per beneficiary subject to the Appliance benefit	Sub-limit increased to <b>R840</b> per beneficiary subject to the Appliance benefit
Consultations and Visits Out-of-Hospital: Medshield Family Practitioners (FP) for Registered Chronic Beneficiaries (CDL applies)	<b>2 visits</b> per beneficiary from the Overall Annual Limit once the Day-to-Day Limit has been depleted	<b>2 visits</b> per beneficiary from the Overall Annual Limit once the Day-to-Day Limit has been depleted
Contraception: Medication (Birth Control)	Limit increased to <b>R190</b> per month per female beneficiary with 13 scripts per annum	Limit increased to <b>R190</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>	1 per female beneficiary, with a <b>choice of devices</b>
Day-to-Day Limits	Limit increased to: <b>M0 R6 000</b> <b>M+1 R7 150</b> <b>M+2 R8 050</b> <b>M+3 R9 370</b> <b>M+4 R10 365</b>	Limit increased to: <b>M0 R6 000</b> <b>M+1 R7 150</b> <b>M+2 R8 050</b> <b>M+3 R9 370</b> <b>M+4 R10 365</b>
Dentistry: Basic	Limit increased to <b>R2 300</b> per family	Limit increased to <b>R2 300</b> per family
Dentistry: Specialised	Limit increased to <b>R6 630</b> per family	Limit increased to <b>R6 630</b> per family
Maternity: Antenatal Classes	Limit increased to <b>R530</b> per family	Limit increased to <b>R530</b> per family
Maxillo-Facial and Oral Surgery	Limit increased to <b>R7 470</b> per family	Limit increased to <b>R7 470</b> per family
Medication: Discharge from Hospital -TTO	Limit increased to <b>R475</b> per admission	Limit increased to <b>R475</b> per admission
Medication: Pharmacy Advised Therapy - Included in Day-to-Day Limit	Script limit increased to <b>R250</b> per script <b>1 script</b> per day, per beneficiary	Script limit increased to <b>R250</b> per script <b>1 script</b> per day, per beneficiary
Optical: Frames and/or Lens Enhancements	Limit increased to <b>R420</b> per beneficiary	Limit increased to <b>R420</b> per beneficiary
Optical: Readers	Limit increased to <b>R180</b> per beneficiary	Limit increased to <b>R180</b> per beneficiary
Oncology: Breast Reconstruction	Limit increased to <b>R89 200</b> per family	Limit increased to <b>R89 200</b> per family
Physiotherapy: In-Hospital	Limit increased to <b>R2 800</b> per beneficiary	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	Sub-limit increased to <b>R33 660</b> per beneficiary
Specialised Radiology (In- and Out-of-Hospital)	Limit increased to <b>R9 800</b> per family	Limit increased to <b>R9 800</b> per family



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**MEDSHIELD**  
medical scheme

MEDIVALUE	MONTHLY CONTRIBUTION - PRIME	MONTHLY CONTRIBUTION - COMPACT
Principal Member	R2 364	R2 139
Adult Dependant	R2 064	R1 869
Child*	R666	R603

\*Contribution rate is applicable to the members first, second and third biological or legally adopted children only, excluding students.

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

Non-PMB Specialised Radiology	8% upfront co-payment
Voluntary use of a non-Medshield Network Hospital (Prime or Compact as applicable)	25% upfront co-payment
Voluntary use of a non-Medshield Network Hospital - Mental Health	25% upfront co-payment
Voluntary use of a non-Medshield 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	40% upfront co-payment
Voluntary use of a non-DSP for chronic medication	40% upfront co-payment
Voluntarily 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-Medshield Pharmacy Network	40% upfront co-payment
Specialist Consultations - No referral obtained	40% upfront co-payment
<b>In-Hospital Procedural upfront co-payments non-PMB</b>	
Endoscopic Procedures*	R2 000 upfront co-payment
Functional Nasal surgery	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
Impacted Teeth, Wisdom Teeth and Apicectomy	R4 000 upfront co-payment
Nissen Fundoplication	R5 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.

