2019 Benefits & Contribution Adjustments

MediPhila

Alternatives to Hospitalisation - Terminal Care Benefit	Limit Increased to **R11 100** per family
Basic Dentistry	Limit Increased to **R1 270** per family Subject to Specialised Dentistry
Day-to-Day Limits	Limit Increased to **R2 800**
Pharmacy Advised Therapy - Included in Day-to-Day Limits	Sub-limit increased for single member **R315** Sub-limit increased for family **R440** Script limit increased to **R70** per script
Dental - Plastic Dentures	Requires pre-authorisation
Flu Vaccination	Limit increased to **R95** per beneficiary
Medicine on Discharge from Hospital	Limit increased to **R160** per admission
Medical Specialists - Consultations and Visits Out-of-Hospital - subject to referral and pre-authorisation	**1 visit** per family
Out-of-Network GP consultations and visits/emergency (When you have not consulted your nominated GP)	**2 visits** per family thereafter a **40% co-payment** Limited to Day-to-Day
Optical Limit	**1 pair** of Optical lenses and a frame, limited to **R710** per beneficiary every 24 months Determined by an Optical Service Date Cycle Starting 1 January 2019. Subject to the use of a DSP
Optometric refraction (eye test)	**1 test** per beneficiary per 24 month optical cycle Subject to Overall Annual Limit
Optical Readers	Limit increased to **R160** per beneficiary
Oral Contraceptive Medication (Birth Control)	Limit increased to **R105** per month per female beneficiary
Pathology - Allergy and vitamin D testing	No Benefit
Physiotherapy In-Hospital (Specifically Authorised)	**R2 500** per beneficiary per annum
Prosthesis and Devices Internal	**Sub-limit** for hips and knees: **R30 000** per beneficiary - subject to Prosthesis and Devices Internal Limit (global fee)
Specialised Radiology (In- and Out-of-Hospital)	**R6 000** per family - **10% upfront** co-payment for non-PMB
MEDIPHILA	**Monthly Contribution**
Principal Member	**R1 332**
Adult Dependant	**R1 332**
Child	**R342**

THE FOLLOWING SERVICES WILL ATTRACT UPFRONT CO-PAYMENTS:	
Non-PMB Specialised Radiology	**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 GP 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
IN-HOSPITAL PROCEDURAL UPFRONT CO-PAYMENTS	
Endoscopic procedures	**R2 000 upfront** co-payment
Arthroscopic procedures	**R4 000 upfront** co-payment
Wisdom Teeth	**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.*

The Medshield Specialist Network list shall be as designated in writing by the Scheme from time to time.

Medshield Medical Scheme Rule 16.2 indicates 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.

MEDSHIELD
medical scheme