

2019 Benefits & Contribution Adjustments



MediValue

Adult Vaccination	Limit increased to R360 per family
Alternatives to Hospitalisation - Terminal Care Benefit	Sub-limit increased to R11 100 per family
Appliances General, Medical and Surgical	Limit increased to R2 400 per family
Basic Dentistry	Limit increased to R1 520 per family
Chronic Medicine	Subject to the use of the Designated Courier Service Provider (DSP)
Day-to-Day Limits	Limit increased to M0 R5 380 Limit increased to M+1 R5 860 Limit increased to M+2 R6 600 Limit increased to M+3 R7 670 Limit increased to M+4 R8 500
Pharmacy Advised Therapy - Included in Day-to-Day Limits	Sub-limit increased for single member R450 Sub-limit increased for family R670 Script limit increased to R210 per script
Dental - Plastic Dentures	Requires pre-authorization
Flu Vaccination	Limit increased to R95 per beneficiary
Medshield Hospital Network	Amendments to the Hospital listing
Maxillo-Facial and Oral Surgery	Limit increased to R6 400 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
Medical Specialists - Consultations and Visits Out-of-Hospital - subject to referral and pre-authorization	1 visit per family
Optical Limit	1 pair of Optical lenses and a frame, or contact lenses, per beneficiary every 24 months. Determined by an Optical Service Date Cycle. Starting 1 January 2019. Subject to Overall Annual Limit
Optometric refraction (eye test)	1 test per beneficiary per 24 month optical cycle Subject to Overall Annual Limit
Frames and/or Lens Enhancements: (including repair costs)	R300 per beneficiary limited to and included in the Optical Limit
Optical Readers	Limit increased to R160 per beneficiary
Oral Contraceptive Medication (Birth Control)	Limit increased to R160 per month per female beneficiary
Pathology - Allergy and vitamin D testing	Only allowed Out-of-Hospital
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 Dentistry	Limit increased to R5 590 per family
Specialised Radiology (In and Out-of-Hospital)	Limit increased to R8 400 per family
Neck surgery	Excluded unless PMB
MEDIVALUE	Monthly Contribution
Principal Member	R1 932
Adult Dependand	R1 689
Child*	R540

*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	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

IN-HOSPITAL PROCEDURAL UPFRONT CO-PAYMENTS

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
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.