

2019 Benefits & Contribution Adjustments



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MediBonus

Adult & Travel Vaccination	Limit increased to R1 430 per family
Alternatives to Hospitalisation - Terminal Care Benefit	Sub-limit increased to R33 500 per family
Appliances General, Medical and Surgical	Limit increased to R12 800 per family
Chronic Medicine	Limit increased to R13 300 per beneficiary and R26 600 per family
Chronic Disease List	CDL conditions has been reduced from 54 to 44 conditions
Day-to-Day Limits	Limit increased to M0 R10 400 Limit increased to M+1 R14 550 Limit increased to M+2 R16 150 Limit increased to M+3 R17 800 Limit increased to M+4 R19 250
Pharmacy Advised Therapy - Included in Day-to-Day Limits	Sub-limit increased for single member R810 Sub-limit increased for family R1 390 Script limit increased to R210 per script
Dental - Plastic Dentures	Requires pre-authorization
Flu Vaccination	Limit increased to R95 per beneficiary
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)	R900 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)
Refractive Surgery	Limit increased to R16 000 per family
Specialised Dentistry	Limit increased to R16 000 per family
Specialised Radiology (In and Out-of-Hospital)	Limit increased to R20 000 per family
MEDIBONUS	Monthly Contribution
Principal Member	R5 247
Adult Dependant	R3 687
Child*	R1 086

*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	10% upfront co-payment
Non-PMB Internal Prosthesis and Devices	20% upfront co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	40% upfront co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	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 provider - Chronic Renal Dialysis	40% upfront co-payment

IN-HOSPITAL PROCEDURAL UPFRONT CO-PAYMENTS

Endoscopic procedures	R1 000 upfront co-payment
Functional Nasal surgery	R1 000 upfront co-payment
Laparoscopic procedures	R2 000 upfront co-payment
Arthroscopic procedures	R2 000 upfront co-payment
Wisdom Teeth	R2 000 upfront co-payment
Hernia Repair (except in infants)	R3 000 upfront co-payment
Back and Neck surgery	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.