

2019 Benefits & Contribution Adjustments



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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-authorization
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-authorization	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 Dependand	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.