

# 2019 Benefits & Contribution Adjustments



PremiumPlus

Adult & Travel Vaccination	Limit increased to <b>R1 430</b> per family
Alternatives to Hospitalisation - Terminal Care Benefit	Sub-limit increased to <b>R33 500</b> per family
Chronic Medicine	Limit increased to <b>R13 300</b> per beneficiary and <b>R26 600</b> per family
Dental - Plastic Dentures	Requires pre-authorization
Maxillo-Facial and Oral Surgery	Limit increased to <b>R16 500</b> per family
Mental Health - Consultations and Visits - Out-of-Hospital	Limit increased to <b>R4 470</b> per family
Flu Vaccination	Limit increased to <b>R95</b> per beneficiary
Optometric refraction (eye test)	<b>1 test</b> per beneficiary per 24 month optical cycle Subject to the Personal Savings Account
Optical Readers	Limit increased to <b>R160</b> per beneficiary
Oral Contraceptive Medication (Birth Control)	Limit increased to <b>R160</b> per month per female beneficiary
Pathology - Allergy and vitamin D testing	Only allowed Out-of-Hospital
Physiotherapy In-Hospital (Specifically Authorised)	<b>R2 500</b> per beneficiary per annum
Prosthesis and Devices Internal	<b>Sub-limit</b> for hips and knees: <b>R30 000</b> per beneficiary - subject to Prosthesis and Devices Internal Limit (global fee)
Personal Savings Account	Allocation from <b>25%</b> to <b>20%</b>
Pharmacy Advised Therapy	Script limit increased to <b>R210</b> per script
Rehabilitation For Substance Abuse	Limit increased to <b>R13 400</b> per family
Refractive Surgery	Limit increased to <b>R16 200</b> per family
Specialised Dentistry	Limit increased to <b>R16 500</b> per family
Specialised Radiology (In and Out-of-Hospital)	Limit increased to <b>R24 000</b> per family
Threshold Benefit - Out-of-Hospital	Member <b>R16 700</b> Adult Dependand <b>R15 300</b> Child Dependand <b>R3 100**</b>

PREMIUM PLUS	Monthly Contribution	Savings (Included In Contribution)
Principal Member	<b>R5 370</b>	<b>R1 074</b>
Adult Dependand	<b>R4 917</b>	<b>R983</b>
Child*	<b>R1 026</b>	<b>R205</b>

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

\*\*Maximum Child Dependand Accumulation to the Threshold and Above Threshold Benefit Amount will be limited to three children.

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

Non-PMB PET and PET-CT scan	<b>10% upfront</b> co-payment
Non-PMB Internal Prosthesis and Devices	<b>25% upfront</b> co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	<b>40% upfront</b> co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	<b>40% upfront</b> co-payment
Voluntarily obtained out of formulary medication	<b>40% upfront</b> co-payment
Voluntary use of a non-ICON provider - Oncology	<b>40% upfront</b> co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	<b>40% upfront</b> co-payment

## IN-HOSPITAL PROCEDURAL UPFRONT CO-PAYMENTS

Endoscopic procedures	<b>R1 000 upfront</b> co-payment
Functional Nasal surgery	<b>R1 000 upfront</b> co-payment
Laparoscopic procedures	<b>R2 000 upfront</b> co-payment
Arthroscopic procedures	<b>R2 000 upfront</b> co-payment
Wisdom Teeth	<b>R2 000 upfront</b> co-payment
Hernia Repair (except in infants)	<b>R3 000 upfront</b> co-payment
Back and Neck surgery	<b>R4 000 upfront</b> co-payment
Nissen Fundoplication	<b>R5 000 upfront</b> co-payment
Hysterectomy	<b>R5 000 upfront</b> 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.