

2020 Benefits & Contribution Adjustments



MediBonus

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| Adult & Travel Vaccination | Limit increased to R1 500 per family |
| Alternatives to Hospitalisation: Physical Rehabilitation | Limit increased to R84 000 per family |
| Alternatives to Hospitalisation: Terminal Care Benefit | Sub-limit increased to R35 200 per family |
| Appliances General, Medical and Surgical | Limit increased to R13 400 per family |
| Consultations and Visits Out-of-Hospital: Private Nurse Practitioners (Subject to the use of the SmartCare Nurse Network compulsory from Rand one) | Unlimited |
| Consultations and Visits Out-of-Hospital: Nurse-led Videomed General Practitioners (GP) Subject to the use of the SmartCare Videomed GP Network | 1 per family subject to the Overall Annual Limit and thereafter subject to the Day-to-Day Limit |
| Contraceptive Medication (Birth Control) | Limit increased to R170 per month per female beneficiary |
| Day-to-Day Limits | Limit increased to M0 R10 900 Limit increased to M+1 R15 280 Limit increased to M+2 R16 950 Limit increased to M+3 R18 700 Limit increased to M+4 R20 200 |
| Dentistry: Specialised | Limit increased to R16 800 per family |
| Maxillo-Facial Surgery | Limit increased to R17 700 per family |
| Medication: Chronic | Limit increased to R14 000 per beneficiary and R28 000 per family |
| Medication: Pharmacy Advised Therapy - Included in Day-to-Day Limits | Script limit increased to R220 per script |
| Mental Health: In-Hospital | Limit increased to R38 900 per family |
| Oncology | Limit increased to R470 000 per family |
| Oncology: Medication | Limit increased to R190 000 per family |
| Optical: Frames and/or Lens Enhancements | Limit increased to R950 per beneficiary |
| Prosthesis and Devices Internal | Limit increased to R45 200 per family |
| Refractive Surgery | Limit increased to R16 800 per family |
| Specialised Radiology (In and Out-of-Hospital) | Limit increased to R21 000 per family |
| MEDIBONUS | Monthly Contribution |
| Principal Member | R5 805 |
| Adult Dependant | R4 080 |
| Child* | R1 209 |

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



MEDSHIELD
medical scheme

THE FOLLOWING SERVICES WILL ATTRACT UPFRONT CO-PAYMENTS:

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| 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

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| 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, in addition to the above co-payments.

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.