

2020 Benefits & Contribution Adjustments



MediPhila

Alternatives to Hospitalisation: Terminal Care Benefit	Limit increased to R11 650 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 GP Practitioners (Subject to the use of the SmartCare Videomed GP Network)	1 per family subject to the Overall Annual Limit and thereafter subject to the FP Limit
Consultations and Visits Medical Specialists: Out-of-Hospital - subject to referral by nominated FP and pre-authorisation	1 visit per family . Limited and included in Overall Annual Limit. Thereafter Day-to-Day Limit. 40% co-payment for non-referral.
Contraceptive Medication (Birth Control)	Limit increased to R110 per month per female beneficiary
Day-to-Day Limits	Limit Increased to R3 000
Dentistry: Basic	Sub-limit increased to R1 330 per family Subject to Specialised Dentistry
Dentistry: Specialised	Limit increased to R5 570 per family
Medication: Acute	Limit increased to R1 300 per beneficiary
Medication: Chronic DSP	Medshield Chronic DSP
Medication: Pharmacy Advised Therapy	Script limit increased to R80 per script
Optical Limit	1 pair of Optical lenses and a frame, limited to R750 per beneficiary every 24 months. Determined by an Optical Service Date Cycle Starting 1 January 2019. Subject to the use of a DSP
Specialised Radiology	R6 300 per family - 10% upfront co-payment for non-PMB
MEDIPHILA	Monthly Contribution
Principal Member	R1 416
Adult Dependand	R1 416
Child	R366



MEDSHIELD
medical scheme

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, 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.