



BENEFIT DESCRIPTION

Alternatives to Hospitalisation: Physical Rehabilitation	Limit increased to R34 000 per family
Alternatives to Hospitalisation: Terminal Care Benefit	Limit increased to R30 000 per family
New: Casualty/Emergency Room Visits Facility Fee	2 visits per family
	M0 = 5 visits M+1 = 7 visits M2+ = 9 visits
Consultations and Visits Out-of-Hospital: General Practitioners	Removed co-payment
New: Consultations and Visits Out-of-Hospital: Medical Specialists	1 visit per family with a R250 upfront co-payment.
Contraception: Medication (Oral Birth Control)	Script limit increased to R185 per script x 13 scripts annually
Dentistry: Basic	Benefits for emergency dental treatment, pulp removal and amputation of teeth
Hospital Network	MediCurve Hospital Network
Voluntary use of a non-Network Hospital	30% upfront co-payment
New: Maternity Related Test and Procedures	1 x Amniocentesis or non-invasive pre-natal test (NIPT)
New: Maternity: Confinement	R10 000 upfront co-payment for elective/voluntary caesarean section
Maxillo-Facial Surgery	Limit increased to R6 200 per family
	M0 = R650 M1 = R1 350 M2+ = R1 700
Medication: Acute	Removed co-payment Removed Basic Acute formulary
Medication: Chronic Out-of-formulary	Reduced co-payment
Medication: Discharge from Hospital	Limit increased to R550 per admission
New: Medication: Pharmacy Advised Therapy	Limit increased to R500 per family R250 per script, one script per beneficiary per day
New: Mental Health Medicine	R5 600 per beneficiary Non-PMB Medicine Management in conjunction with Psychotherapy sessions
Oncology: Breast Reconstruction	Limit increased to R104 500 per family
Optical: Frames and/or Lens Enhancements	Limit increased to R1 000 per beneficiary
Optical: Readers	Limit increased to R210 per beneficiary
Physiotherapy: In-Hospital	Limit increased to R3 300 per beneficiary
Specialised Radiology (In- and Out-of-Hospital)	Limit increased to R6 200 per family
New: Interventional Radiology	Includes Computed Tomography Coronary Angiography (CTCA) non-invasive 3D imaging
New: Medshield Specialist Network	Covering 15 Speciality types for PMB and non-PMB, In- and Out-of Hospital Gynaecologists; Physicians; Neurologists; Psychiatrists; Neuro Surgeons; Ophthalmologists; Orthopaedic Surgeons; Otorhinolaryngologists (Ear, Nose and Throat Specialist); Paediatricians; Plastic and Reconstructive Surgeons; Surgeons; Thoracic Surgeons; Cardiologists; Urologists; Maxillo-facial and Oral Surgeons/Specialists





Monthly Contributions

MEDICURVE OPTION

PREMIUM

Principal Member

R1 701

Adult Dependant

R1 701

Child

R450

DEFINITION: Adult Dependant: A dependant who is 21 years or older, excluding a student up to age of 28 years (as per the Scheme Rules).

Child Dependant: A dependant under the age of 21 years, including a student (as per the Scheme Rules) under the age of 28.



The Application of Co-payments

The following services will attract upfront co-payments:

Voluntary consultation with a Medical Specialist without a referral from a MediCurve Network GP	20% upfront co-payment
Voluntary obtained out of formulary medication	25% upfront co-payment
Voluntary use of a non-Specialist Network	30% upfront co-payment
Voluntary use of a non-MediCurve Network Hospital	30% upfront co-payment
Voluntary use of a non-MediCurve Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	30% upfront co-payment
Voluntary use of a non-MediCurve Network Hospital - Mental Health	30% upfront co-payment
Voluntary use of a non-DSP for chronic medication	30% upfront co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	30% upfront co-payment
Voluntary use of a non-DSP or non-MediCurve Network Pharmacy	30% upfront co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	35% upfront co-payment
Voluntary use of a non-ICON provider - Oncology	40% upfront co-payment
Voluntary use of a non-MediCurve General Practitioner	40% upfront co-payment
Dental Consultations	R150 upfront co-payment
Optical Test	R100 upfront co-payment
Optical Spectacles	R100 upfront co-payment
Non-Network Emergency GP consultations (once the two allocated visits have been depleted)	40% upfront co-payment

In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB

Wisdom Teeth extraction in a Day Clinic	R1 800 upfront co-payment
Endoscopic Procedures (Refer to Addendum B*)	R2 000 upfront co-payment
Oral Surgery	R4 000 upfront co-payment
Maxillo-Facial Surgery	R4 000 upfront co-payment
Impacted Teeth, Wisdom Teeth and Apicectomy	R4 000 upfront co-payment
Hysterectomy	R5 000 upfront co-payment
Elective Caesarian	R10 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.

*No In-Hospital Endoscopic procedural co-payment applicable for children 8 years and younger.

The Medshield Specialist Network list shall be as designated in writing by the Scheme from time to time.

Medshield Medical Scheme Rules indicate 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.



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DISCLAIMER: This document serves as a summary and does not supersede the Registered Rules of the Scheme. All benefits in accordance with the Registered Rules of the Scheme. Terms and conditions of membership apply as per Scheme Rules. Subject to CMS approval. October 2024.



MEDSHIELD
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