



MediPhila

Your 2025 Benefits

OCTOBER 2024

Dear Member,

Welcome to your 2025 Medshield Benefit Guide. As your trusted healthcare partner, we are excited to introduce the latest enhancements designed to offer real, personalised value that meets your evolving healthcare needs. **Our commitment to being your Partner for Life means we constantly strive to provide you with the most comprehensive healthcare cover, balancing affordability with access to quality care.**

This year, our benefit enhancements focus on delivering more value to you. We've **increased benefit limits by at least 6% on critical benefits, reduced or removed co-payments** across various services, **expanded our GP Network**, revamped our **Hospital Networks**, and introduced **Specialist Networks** for PMB and non-PMB ailments. These adjustments ensure you have access to the **best possible care.**

But that's not all—we are thrilled to launch several new and innovative services designed to enhance your healthcare experience. Towards the end of 2024, you will have access to a revamped Medshield App and a new WhatsApp service line, making it easier for you to get the support and information you need quickly and efficiently. We are also expanding our value-added services with the introduction of Medshield Mind, a mental health support programme offering a comprehensive web platform to help you manage your mental well-being. This platform is designed to be user-friendly and is available at no extra cost.

Medshield's holistic approach to healthcare extends beyond physical well-being. In 2025, we will continue to offer value-added services such as Medshield Wellness, MedshieldMOM, and Medshield Kids,

supporting you and your family at every stage of life. We've also partnered with an additional insurance brand, Sanlam, to offer you a choice for affordable Gap cover, ensuring you are fully protected from unexpected medical shortfalls.

Your 2025 MediPhila Benefit Guide is available for download from the Medshield website at medshield.co.za/2025-products/2025-benefit-options/ or call your Broker or our trusted Contact Centre on 086 000 2120.

We encourage you to review your plan and ensure that it is best suited to your healthcare needs so you can continue to get the healthcare cover you require.

We are excited about the future and are confident that our 2025 offering will provide you with enhanced access to quality healthcare, greater peace of mind, and the personalised service that makes Medshield your true Partner for Life.

Thank you for your continued trust and support, and we look forward to walking this healthcare journey with you in 2025 and beyond.

Medshield Medical Scheme



MEDSHIELD
medical scheme
Partner for Life



Option Changes & GP Nomination

Choose the right plan for you and your family

The Scheme Rules allow for benefit option changes with effect 1 January 2025. Should you choose not to change your benefit option, you will automatically remain on your current option for 2025.

Understanding the exact benefits of the option you are considering (including prescribed minimum benefits, chronic medication and the medicine formulary, Day-to-Day, dental, optical benefits, and hospitalisation), is a task best undertaken with the advice and guidance of your financial advisor. Changing to a lower benefit option will result in fewer benefits and there may be a significant impact on how your chronic medication will be covered as opposed to the formularies used by your previous option. This could lead to more out-of-pocket expenses due to certain medication/s not covered on your new option and certain benefit limits on certain options only cover PMBs, meaning that non-PMB conditions and or procedures will not be covered.

It is also important to consider the choice of network providers, as certain benefit options allow you to choose freely while other options are network restricted. Please ensure that you have read and understand the benefits of your selected option together with your financial advisor to ensure your choice of benefit option best suits your medical and financial needs before you make your selection.

Upgrading your benefit option is advisable if your healthcare needs have increased or are expected to rise. It may be necessary if your day-to-day benefits run out before year-end, you add new dependants, have planned medical procedures, or undergo significant life changes. An upgrade ensures you have adequate coverage, preventing unexpected expenses and providing peace of mind during times of need.

It is important that you send your request to change your option by 31 December 2024, by downloading and completing the Option Change form available under the 'Member/Scheme forms for members' tab on www.medshield.co.za. Option changes will not be considered after the deadline. Should you opt to change your option, consult the detailed Product 2025 benefit guides and contribution tables available on the website at www.medshield.co.za to ensure your choice of benefit option best suits your medical and financial needs. For ease of access we attach a comparison of your plan with the next plan so you can easily compare benefits.

Our corporate employer members must submit the completed form to their HR department to ensure that the request is captured accordingly for the January 2025 contribution adjustment to take place via payroll. Once the changes have taken place, your HR representative will stamp, sign the form and submit your request to the Scheme via e-mail to optionchange@medshield.co.za.

We encourage our members who want to change their benefit option to do so by 13 December 2024 to ensure that the Scheme deducts the correct contribution due for January 2025. Should your option change reach us after 13 December 2024, there's a possibility that the Scheme may only deduct the correct amount as per your chosen benefit option in February 2025. If your option change results in a credit due to you, the credit will be offset against your February 2025 contribution. Please note that the Scheme will not refund these credits directly into your bank account.

General Practitioner (GP) Nomination

Beneficiaries who nominate a GP will qualify for 2 additional visits from the Overall Annual Limit if the Day-to-Day Limit (or Personal Savings Account for MediSaver and PremiumPlus) is exhausted, provided they consult their nominated GP.

GP Nomination is linked to your chosen benefit options as indicated below:

- If you have chosen **MediPhila, MediCurve, MediValue Compact or MediPlus Compact** - it is compulsory for you and your dependants to each nominate ONE (1) GP from the network linked to your chosen benefit option. Failure to do so will result in your option change not being processed.
- If you have chosen **MediValue Prime, MediPlus Prime, MediBonus, MediSaver or PremiumPlus**, the GP nomination is voluntary, and each beneficiary can nominate ONE (1) GP from the network linked to your chosen benefit option.
- If you have chosen **MediCore** (hospital plan) each beneficiary can voluntarily nominate ONE (1) GP from the network associated with your chosen benefit option. This allows each beneficiary to qualify for two GP visits from the Overall Annual Limit, even though it is a hospital plan, provided they consult their nominated GP.

The registered networks per option are available on the website, please visit: www.medshield.co.za



Monthly Contributions

The **MediPhila** average contribution increase will be **8,4%** from 1 January 2025 and includes strong benefit enhancements.

TOTAL MONTHLY CONTRIBUTION:

TYPE OF BENEFICIARY	2024 CONTRIBUTION	2025 CONTRIBUTION	CHANGE (RAND)	CHANGE (%)
Principal Member	R1 851	R2 004	R153	8.3%
Adult Beneficiary	R1 851	R2 004	R153	8.3%
Child	R477	R519	R42	8.8%

Please note: The contributions above exclude any applicable Late Joiner Penalties that may be applied to your membership.

2025 Benefits & Contribution Adjustments

The following benefit adjustments will be introduced to the **MediPhila** benefit option and is subject to CMS approval. Refer to your 2025 Benefit Guide for a comprehensive list of benefits. The Guide is available on the Scheme website or scan the QR Code for ease of access.

BENEFIT DESCRIPTION

Alternatives to Hospitalisation: Terminal Care Benefit	Limit increased to R36 700 per family
New: Casualty/Emergency Room Visits Facility Fee	2 visits per family
Contraception: Medication (Oral Birth Control)	Script limit increased to R150 per script x 13 scripts annually
Day-to-Day Limits	Limit increased to R4 500 per family
Dentistry: Basic	Limit increased to R1 800 per family
Dentistry: Specialised	Limit increased to R7 300 per family
Hospital Network	Compact Hospital Network
Voluntary use of a non-Network Hospital	30% upfront co-payment
New: Medication: Acute	New limits: M0 = R1 750 M1 = R2 450 M2+ = R2 800 Removed Basic Acute formulary
Medication: Chronic Out-of-formulary	Reduced co-payment
Medication: Discharge from Hospital	Limit increased to R500 per admission
New: Medication: Pharmacy Advised Therapy	Limit increased to R500 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: Specialised Drugs: Vitreoretinal Benefit	Limit increased to R23 500 per family
Optical: Frames and/or Lens Enhancements	Limit increased to R1 500 per beneficiary
Optical: Readers	Limit increased to R210 per beneficiary
Corneal Grafts and Transplants	Limit increased to R51 900 per beneficiary for an internationally sourced cornea and R22 250 per beneficiary for a locally sourced cornea
Physiotherapy: In-Hospital	Limit increased to R3 300 per beneficiary
Specialised Radiology (In- and Out-of-Hospital)	Limit increased to R8 250 per family
New: Interventional Radiology	Includes Computed Tomography Coronary Angiography (CTCA) non-invasive 3D imaging
New: Wellness: Mammogram	One per female beneficiary 40+ years old every 2 years
Wellness: Childhood Vaccines	Enhanced to align to the EPI schedule from the Department of Health
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



The Application of Co-payments

The following services will attract upfront co-payments:

Voluntary consultation with a Medical Specialist without a referral from a MediPhila Network GP	20% upfront co-payment
Voluntarily obtained out of formulary medication	25% upfront co-payment
Voluntary use of a non-Compact Network Hospital	30% upfront co-payment
Voluntary use of a non-Compact Network Hospital	30% upfront co-payment
Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	
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-Specialist Network provider	30% upfront co-payment
Voluntary use of non-Compact Network Hospital for Mental Health admissions	30% upfront co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	35% upfront co-payment
Non-Network Emergency GP consultations (once the two allocated visits have been depleted)	40% upfront co-payment
Voluntary use of a non-ICON provider - Oncology	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
Impacted Teeth, Wisdom Teeth and Apicectomy	R4 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.

*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.



SCAN to Download our Benefit Guides

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. Pending CMS Approval. October 2024.

Medshield Contact Centre

Contact number: **086 000 2120** (+27 10 597 4701) for members outside the borders of South Africa. Facsimile: +27 10 597 4706 | email: member@medshield.co.za | www.medshield.co.za



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