



MediSaver

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 MediSaver 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 **MediSaver** average contribution increase will be **10%** from 1 January 2025 and includes strong benefit enhancements.

The monthly contribution includes a risk contribution and a savings portion. Your Personal Savings Allocation is 15% of your monthly contributions. For ease of reference, the tables below provide the 2024/25 comparison between the risk contribution and the savings contribution respectively, as well as the total 2025 contribution.

RISK CONTRIBUTION (without savings):

TYPE OF BENEFICIARY	2024 CONTRIBUTION	2025 CONTRIBUTION	CHANGE (RAND)	CHANGE (%)
Principal Member	R3 845	R4 230	R385	10%
Adult Beneficiary	R3 185	R3 504	R319	10%
Child*	R936	R1 030	R94	10%

SAVINGS CONTRIBUTION ONLY:

TYPE OF BENEFICIARY	2024 CONTRIBUTION	2025 CONTRIBUTION	CHANGE (RAND)	CHANGE (%)
Principal Member	R679	R747	R68	10%
Adult Beneficiary	R562	R618	R56	10%
Child*	R165	R182	R17	10.3%

TOTAL MONTHLY CONTRIBUTION (Risk and Savings):

TYPE OF BENEFICIARY	2024 CONTRIBUTION	2025 CONTRIBUTION	CHANGE (RAND)	CHANGE (%)
Principal Member	R4 524	R4 977	R453	10%
Adult Beneficiary	R3 747	R4 122	R375	10%
Child*	R1 101	R1 212	R111	10.1%

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

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 **MediSaver** 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

Adult Vaccination	Limit increased to R500 per family
Alternatives to Hospitalisation: Physical Rehabilitation	Limit increased to R83 000 per family
Alternatives to Hospitalisation: Terminal Care Benefit	Limit increased to R55 000 per family
Appliances: General, Medical and Surgical	Limit increased to R12 300 per family
Appliances: Peak flow meters, Nebulizers, Glucometers and Blood pressure monitors (Motivation required)	Sub-limit increased to R950 per beneficiary, subject to the Appliance Limit
New: Casualty/Emergency Room Visits Facility Fee	2 visits per family
Chronic Renal Dialysis	Limit increased to R320 000 per family
Contraception: Medication (Oral Birth Control)	Script limit increased to R225 per script x 13 scripts annually
Dentistry: Specialised	Limit increased to R16 000 per family
Dentistry: Impacted teeth, Wisdom Teeth and Apicectomy	Reduced co-payment
Hospital Network	Prime Hospital Network
Voluntary use of a non-Network Hospital	30% upfront co-payment
In-Hospital Procedures	Reduced co-payment
New: Maternity Related Test and Procedures	Selection increased to two 2D/3D or 4D scans per pregnancy
New: Maternity Related Test and Procedures	1x Amniocentesis or non-invasive pre-natal test (NIPT)
Maxillo-Facial Surgery	Limit increased to R23 000 per family
Medication: Chronic Out-of-formulary	Reduced co-payment
Medication: Discharge from Hospital	Limit increased to R800 per admission
New: Medication: Pharmacy Advised Therapy	Removed the script limit, one script per beneficiary per day
Mental Health: In-Hospital	Limit increased to R51 500 per family
New: Mental Health Medicine	R5 600 per beneficiary. Non-PMB Medicine Management in conjunction with Psychotherapy sessions
Mental Health: Rehabilitation for Substance Abuse	Sub-limit increased to R18 500 per family
Mental Health: Consultations and Visits	Limit increased to R6 200 per family
Oncology Limit	Limit increased to R410 000 per family
Oncology: PET & PET-CT Scans	1 scan per family
Oncology: Medicine	Limit increased to R275 000 per family
Oncology: Specialised Drugs/Biological Drugs	Removed co-payment
Oncology: Breast Reconstruction	Limit increased to R104 500 per family
Optical: Readers	Limit increased to R210 per beneficiary
Organ and Tissue Transplantation	Limit increased to R320 000 per family
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
Prosthesis and Devices: Internal	Limit increased to R55 000 per family
Prosthesis and Devices: Internal	Removed co-payment for all non-PMB prosthesis
New: Prosthesis and Devices: Internal	Improved Clinical Pathway Services (ICPS), Major Joints for Life (MJ4L), Jointcare and Surge for Arthroplasties
New: Prosthesis External Devices	R100 000 per family
Refractive Surgery (Including Hospitalisation)	Limit increased to R20 000 per family
Specialised Radiology (In- and Out-of-Hospital)	Limit increased to R24 500 per family
New: Interventional Radiology	Includes Computed Tomography Coronary Angiography (CTCA) non-invasive 3D imaging
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:

Specialist Network - No Referral obtained	20% upfront co-payment
Voluntarily 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-Prime Network Hospital	30% upfront co-payment
Voluntary use of a non-Prime Network Hospital - Mental Health	30% upfront co-payment
Voluntary use of a non-Prime Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	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 a non-Medshield Pharmacy Network	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

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

Wisdom Teeth extraction in a Day Clinic	R800 upfront co-payment
Functional Nasal surgery	R1 500 upfront co-payment
Endoscopic procedures (refer to Addendum B*)	R1 500 upfront co-payment
Hernia Repair (except in infants)	R3 000 upfront co-payment
Laparoscopic procedures	R3 500 upfront co-payment
Arthroscopic procedures	R3 500 upfront co-payment
Impacted Teeth, Wisdom Teeth and Apicectomy	R3 500 upfront co-payment
Nissen Fundoplication	R5 000 upfront co-payment
Hysterectomy	R5 000 upfront co-payment
Back and Neck surgery	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.
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