



BENEFIT DESCRIPTION	
Alternatives to Hospitalisation: Physical Rehabilitation	Limit increased to <b>R53 300</b> per family
Alternatives to Hospitalisation: Terminal Care Benefit	Limit increased to <b>R53 300</b> per family
<b>NEW - Consultations and Visits Out-of-Hospital: General Practitioners Virtual Care</b>	<b>3 consultations</b> per family
Contraception: Medication (Oral Birth Control)	Script limit increased to <b>R235</b> per script x 13 scripts annually
Maxillo-Facial Surgery	Limit increased to <b>R16 000</b> per family
<b>NEW - Medication: Chronic DSP</b>	Increased access with the addition of Dis-Chem Pharmacies
Medication: Chronic Out-of-formulary	<b>Reduced</b> co-payment
Medication: Chronic Voluntary use of non-DSP	<b>Reduced</b> co-payment
Mental Health: In-Hospital	Limit increased to <b>R46 000</b> per family
Mental Health Medicine	Limit increased to <b>R5 850</b> per beneficiary
Oncology: Breast Reconstruction	Limit increased to <b>R105 000</b> per family
Corneal Grafts and Transplants	Limit increased to <b>R54 250</b> per beneficiary for an internationally sourced cornea and <b>R23 250</b> per beneficiary for a locally sourced cornea
Physiotherapy: In-Hospital	Limit increased to <b>R3 450</b> per beneficiary
Prosthesis and Devices: Internal	Limit increased to <b>R44 000</b> per family
Prosthesis External Devices	Limit increased to <b>R52 000</b> per family
Radiology: Specialised (In- and Out-of-Hospital)	Limit increased to <b>R12 500</b> per family
<b>NEW - Wellness: Diabetic AI Retinal Screening</b>	<b>R250</b> per beneficiary per annum 40+ diagnosed with Type 1 or Type 2 Diabetes
<b>NEW - Wellness: Mammogram (Breast Screening)</b>	1 per female beneficiary <b>30+ years</b> old per annum
<b>ENHANCED Wellness: PSA Screening (Prostrate Specific Antigen)</b>	<b>1 test</b> per male beneficiary <b>40+ years</b> , per annum





## Monthly Contributions

MEDICORE OPTION	PREMIUM
Principal Member	R4 278
Adult Dependant	R3 618
*Child	R987

\* To a maximum of 3 biological or legally adopted children only, excluding students.

**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:

Voluntarily obtained out of formulary medication	20% upfront co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	20% upfront co-payment
Non-PMB Internal Prosthesis and Devices	25% upfront co-payment
Voluntary use of a non-DSP for PET Scans	25% upfront co-payment
Voluntary use of a non-Medshield Network Hospital	30% upfront co-payment
Voluntary use of a non-Medshield Network Hospital - Mental Health	30% upfront co-payment
Voluntary use of a non-Medshield 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 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

Endoscopic procedures (refer to Addendum B*)	R2 000 upfront co-payment
Hernia Repair (except in infants)	R3 000 upfront co-payment
Laparoscopic procedures	R4 000 upfront co-payment
Arthroscopic procedures	R4 000 upfront co-payment
Nissen Fundoplication	R5 000 upfront co-payment
Hysterectomy	R5 000 upfront co-payment
Functional Nasal surgery	R5 000 upfront co-payment
Back and Neck surgery	R8 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 2025.  
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