



BENEFIT DESCRIPTION	
Alternatives to Hospitalisation: Physical Rehabilitation	Limit increased to <b>R35 500</b> per family
Alternatives to Hospitalisation: Terminal Care Benefit	Limit increased to <b>R31 350</b> per family
<b>NEW - Consultations and Visits Out-of-Hospital: General Practitioners Virtual Care</b>	<b>Unlimited</b>
Hospital Limit	Limit increased to <b>Unlimited</b>
Maxillo-Facial Surgery	Limit increased to <b>R6 450</b> per family
Medication: Acute	When prescribed by a Network GP. Limits increased to: <b>M0 = R700</b> <b>M1 = R1 400</b> <b>M2+ = R1 800</b> "
<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
Medication: Pharmacy Advised Therapy	Limit increased to <b>R550</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
<b>ENHANCED Optical: Limit (24 Month Service Date Cycle)</b>	Limit increased to <b>R1 900 per beneficiary</b>
<b>ENHANCED Optical: Optometric refraction (eye test)</b>	<b>1 test</b> per beneficiary <b>per annum</b>
<b>ENHANCED Optical: Spectacle Lenses</b>	<b>1 pair</b> of optical lenses per beneficiary
<b>ENHANCED Optical: Frames</b>	Limit increased to <b>R750</b> per beneficiary
Optical: Readers	Limit increased to <b>R220</b> per beneficiary
Radiology: Specialised (In- and Out-of-Hospital)	Limit increased to <b>R6 450</b> per family
<b>NEW - Wellness: Mammogram (Breast Screening)</b>	<b>1</b> per female beneficiary <b>30+ years old per annum</b>
<b>ENHANCED Wellness: PSA Screening (Prostrate Specific Antigen)</b>	<b>1 test</b> per male beneficiary <b>40+ years</b> , per annum





## Monthly Contributions

MEDICURVE OPTION	PREMIUM
Principal Member	R1 821
Adult Dependant	R1 821
Child	R483

**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:

Dental Consultations	R150 upfront co-payment
Optical Test	R100 upfront co-payment
Optical Spectacles	R100 upfront co-payment
Specialist Consultations	R250 upfront co-payment
Voluntary consultation with a Medical Specialist without a referral from a MediCurve Network GP	20% upfront co-payment
Voluntary use of a non-DSP for chronic medication	20% upfront co-payment
Voluntary obtained out of formulary medication	20% upfront co-payment
Voluntary use of a non-DSP or non-Compact Network Pharmacy	20% upfront co-payment
Voluntary use of a non-DSP for PET Scans	25% upfront co-payment
Voluntary use of a non-Compact Network Hospital	30% upfront co-payment
Voluntary use of a non-Compact Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	30% upfront co-payment
Voluntary use of a non-Compact Network Hospital - Mental Health	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
Voluntary use of a non-MediCurve General Practitioner	40% 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 2025.  
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