



BENEFIT DESCRIPTION	
Alternatives to Hospitalisation: Terminal Care Benefit	Limit increased to R38 350 per family
Consultations and Visits Out-of-Hospital: General Practitioners	M0 = 8 visits M+1 = 9 visits M2+ = 11 visits
NEW - Consultations and Visits Out-of-Hospital: General Practitioners Virtual Care	3 consultations per family
Contraception: Medication (Oral Birth Control)	Script limit increased to R155 per script x 13 scripts annually
Day-to-Day Limits	Limit increased to R4 700 per family
Dentistry: Basic	Limit increased to R1 900 per family
Dentistry: Specialised	Limit increased to R7 600 per family
Hospital Limit	Limit increased to Unlimited
Medication: Acute	Limits increased to: M0 = R1 850 M1 = R2 560 M2+ = R2 950
NEW - Medication: Chronic DSP	Increased access with the addition of Dis-Chem Pharmacies
Medication: Chronic Out-of-formulary	Reduced co-payment
Medication: Chronic Voluntary use of non-DSP	Reduced co-payment
Medication: Pharmacy Advised Therapy	Limit decreased to R300 per script, one script per beneficiary per day
Mental Health Medicine	Limit increased to R5 850 per beneficiary
Specialised Drugs: Vitreoretinal Benefit	Limit increased to R24 600 per family
ENHANCED Optical: Limit (24 Month Service Date Cycle)	Limit increased to R2 400 per beneficiary
ENHANCED Optical: Optometric refraction (eye test)	1 test per beneficiary per annum
ENHANCED Optical: Spectacle Lenses	1 pair of optical lenses per beneficiary
ENHANCED Optical: Frames	Limit increased to R950 per beneficiary
Optical: Readers	Limit increased to R220 per beneficiary
Corneal Grafts and Transplants	Limit increased to R54 250 per beneficiary for an internationally sourced cornea and R23 250 per beneficiary for a locally sourced cornea
Radiology: Specialised (In- and Out-of-Hospital)	Limit increased to R8 600 per family
ENHANCED Wellness: Mammogram (Breast Screening)	1 per female beneficiary 30+ years old per annum
ENHANCED Wellness: PSA Screening (Prostrate Specific Antigen)	1 test per male beneficiary 40+ years , per annum





Monthly Contributions

MEDIPHILA OPTION	PREMIUM
Principal Member	R2 145
Adult Dependant	R2 145
Child	R558

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:

Specialist Consultations - No referral obtained	20% upfront co-payment
Paediatric consultation - No referral obtained	20% upfront co-payment
Voluntarily obtained out of formulary medication	20% upfront co-payment
Voluntary use of a non-DSP for Chronic Medication	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-DSP for HIV & AIDS related medication	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
Voluntary Caesarean	R5 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.



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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. September 2025.



MEDSHIELD
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