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MediCore

2021 Benefits & Contribution Adjustments

| BENEFIT DESCRIPTION | |
|--|---|
| Alternatives to Hospitalisation: Physical Rehabilitation | Limit increased to R40 600 per family |
| Alternatives to Hospitalisation: Terminal Care Benefit | Sub-limit increased to R37 300 per family |
| Family Practitioner Consultations and Visits: Out-of-Hospital Includes Telephonic and Video Consultations | 2 visits per beneficiary from the Overall Annual Limit |
| Contraceptive Medication (Birth Control) | Limit increased to R180 per month per female beneficiary |
| Flu Vaccine | Limit increased to R100 per beneficiary |
| Maxillo-Facial and Oral Surgery | Limit increased to R12 250 per family |
| Medication: Discharge from Hospital - TTO | Limit increased to R350 per admission |
| Mental Health: In-Hospital | Limit increased to R35 400 per family |
| Physiotherapy: In-Hospital | Limit increased to R2 650 per beneficiary |
| Prosthesis and Devices Internal | Limit increased to R34 000 per family |
| Prosthesis and Devices Internal: Hips and Knees | Sub-limit increased to R32 000 per beneficiary |
| Specialised Radiology (In and Out-of-Hospital) | Limit increased to R9 550 per family |



MEDSHIELD
medical scheme

| MEDICORE | MONTHLY CONTRIBUTION |
|------------------|----------------------|
| Principal Member | R2 763 |
| Adult Dependand | R2 337 |
| Child* | R639 |

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

| THE FOLLOWING SERVICES WILL ATTRACT UPFRONT CO-PAYMENTS: | |
|---|------------------------|
| Non-PMB Specialised Radiology | 10% upfront co-payment |
| Non-PMB Internal Prosthesis and Devices | 25% upfront co-payment |
| Voluntary use of a non-Medshield Network Hospital | 25% upfront co-payment |
| Voluntary use of a non-Medshield Network Hospital - Mental Health | 25% upfront co-payment |
| Voluntary use of a non-Medshield Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant | 25% upfront co-payment |
| Voluntary use of a non-DSP for HIV & AIDS related medication | 40% upfront co-payment |
| Voluntary use of a non-DSP or a non-Medshield Pharmacy Network | 40% upfront co-payment |
| Voluntarily obtained out of formulary medication | 40% upfront co-payment |
| Voluntary use of a non-ICON provider - Oncology | 40% upfront co-payment |
| Voluntary use of a non-DSP provider - Chronic Renal Dialysis | 40% upfront co-payment |

| IN-HOSPITAL 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.

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.