2027 Benefits & Contribution Adjustments

MediPhila

BENEFIT DESCRIPTION	BENEFIT LIMITS AND COMMENTS
Alternatives to Hospitalisation: Physical Rehabilitation	**Removed** co-payment
NEW Alternatives to Hospitalisation: Hospital-at-Home	Extended hospital support and professional care through the Mediclinic Hospital-at-Home benefit
Consultations and Visits Out-of-Hospital: General Practitioners	M0 = **10** visits M+1 = **12** visits M2+ = **14** visits
NEW Child Dependant Age Increased	Child Dependant age **increased from 21 to 24 years** old
Contraception: Medication (Oral Birth Control)	Limit increased to **R2 080** per female beneficiary with a script limit of ***R160***
Day-to-Day Limit	Limit increased to **R4 900** per family
Dentistry: Basic	Limit increased to **R2 000** per family
Dentistry: Specialised	Limit increased to **R7 900** per family
NEW Infant Hearing Screening	**1 test** per newborn beneficiary (up to 8 weeks old)
ENHANCED Intrauterine Devices and Alternatives	Enhanced choice to include all IUD brands. Generic pricing applies
ENHANCED Maternity: Antenatal Classes	**R700** per pregnancy
ENHANCED Maternity: Pregnancy Related Scans and Tests	**1** Amniocentesis or **NIPT** (Non-Invasive Prenatal Test) per pregnancy
Medication: Acute	**Limits increased to:** M0 = **R1 950** M1 = **R2 650** M2+ = **R3 050**
ENHANCED Medication: Discharge from Hospital	**Up to 7 days supply. R500** per beneficiary per admission
NEW Mental Health Support: SmartCare	**Unlimited** Mental Health Support Consultations by a Private Nurse
Mental Health Medicine	Limit increased to **R6 100** per beneficiary
Physiotherapy: In-Hospital	Limit increased to **R3 450** per beneficiary
NEW Physiotherapy: Out-of-Hospital	Subject to the Day-to-Day Limit
ENHANCED Physiotherapy, Biokinetics and Chiropractics	Includes sports and non-sports related injuries
NEW Prosthesis and Devices: Internal	Limit increased to **R1 000** per family for non-PMBs
Radiology: Specialised (In- and Out-of-Hospital)	Limit increased to **R8 950** per family
NEW Wellness: Diabetic AI Retinal Screening	**R250** per beneficiary 40+ years with Type 1 or Type 2 Diabetes
Established Specialist Network The Medshield Specialist Network gives you access to a range of Specialists across different medical disciplines when you need specialist medical care.	The Network applies to In-Hospital and Out-of-Hospital visits and procedures for both PMB and non-PMB conditions. • **A Range of Specialists:** Selected Specialists across different disciplines. • **Negotiated Rates:** Use a Network Specialist to benefit from negotiated Scheme rates and make the most of your benefits. • **Out-of-Hospital GP Referral for Specialist Care:** Obtain a referral from your Network GP before consulting a Specialist Network provider. **No GP referral: 20% upfront co-payment** applies. • Voluntary use of a **non-Specialist Network provider** will incur a **30% upfront co-payment**.

MEDSHIELD medical scheme
Partner for Life

Monthly Contributions

MEDIPHILA OPTION	PREMIUM
Principal Member	R2 295
Adult Dependant	R2 295
Child	R597

DEFINITION: *Adult Dependant: A dependant who is 24 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 24 years, including a student (as per the Scheme Rules) under the age of 28, or a dependant or child dependant who is deemed permanently disabled by a medical practitioner due to a mental or physical disability, irrespective of age.*

The Application of Co-payments

The following services will attract upfront co-payments:

Specialist consultations and treatment - No GP referral obtained	**20% upfront co-payment**
Paediatric consultations (over the age of 2 years old) - No GP 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-Medshield Network Specialist	**30% upfront co-payment**
Voluntary use of a non-Compact Network Hospital	**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**
Elective Caesarean (non-PMB)	**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.*

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 2026.
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