Day-to-Day Benefits

The following services are paid from your Day-to-Day Limit. Unless a specific sub-limit is stated, all services accumulate to the Overall Annual Limit.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
DAY-TO-DAY LIMIT	**Limited to the following:** **M = R6 650** **M+1 = R8 350** **M+2 = R8 950** **M+3 = R10 400** **M4+ = R11 500**	**Limited to the following:** **M = R6 650** **M+1 = R8 350** **M+2 = R8 950** **M+3 = R10 400** **M4+ = R11 500**
FAMILY PRACTITIONER CONSULTATIONS AND VISITS: OUT-OF-HOSPITAL FP consultations and visits can be accessed in-person, telephonically or virtually. Each beneficiary must nominate a Family Practitioner (FP) from the Medshield FP Network to a maximum of two Family Practitioners per beneficiary. The Medshield FP Network is applicable from Rand one on MediValue Compact, subject to your Day-to-Day is allocated according to your family size.	Each beneficiary can nominate a Family Practitioner (FP) from the Medshield FP Network to a maximum of **two** Family Practitioners per beneficiary. Subject to Day-to-Day Limit for your nominated Family Practitioner.	Each beneficiary must nominate a Family Practitioner (FP) from the Compact FP Network to a maximum of **one** Family Practitioner per beneficiary. Subject to Day-to-Day Limit for your nominated Family Practitioner.
NON-NOMINATED FAMILY PRACTITIONER/EMERGENCY (When you have not consulted your nominated FP)	**2 visits** per family, limited to and included in the Day-to-Day Limit.	**2 visits** per family limited to and included in the Day-to-Day Limit. Once limit is depleted a **40% co-payment** will apply.
ADDITIONAL FAMILY PRACTITIONER CONSULTATIONS AND VISITS TO YOUR NOMINATED PROVIDER (only when your Day-to-Day Limit has been exhausted).	**2 visits** per beneficiary from the Overall Annual Limit once the Day-to-Day Limit has been depleted. Subject to the Medshield FP Network.	**2 visits** per beneficiary from the Overall Annual Limit once the Day-to-Day Limit has been depleted. Subject to the Compact FP Network and visit must be to the nominated Family Practitioner.
EXTENDED FP VISITS FOR ALL EMERGENCY AND CHRONIC FP CONSULTATIONS (In-person only) Subject to registering on the relevant Disease Management Programme and pre-authorisation on 086 000 2120 (Choose relevant option) or +27 10 597 4701. Chronic Disease List and Clinical Protocols apply.	**Unlimited**, once the Day-to-Day Limit and the Care Plan FP visits have been depleted. Service **must** be obtained from a nominated Family Practitioner on the Medshield Family Practitioner Network. **1** FP nomination per beneficiary.	**Unlimited**, once the Day-to-Day Limit and the Care Plan FP visits have been depleted. Service **must** be obtained from your nominated Family Practitioner on the Compact Family Practitioner Network. **1** FP nomination per beneficiary.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS The use of the Medshield Specialist Network may apply.	**2 visits** per family limited to and included in the Overall Annual Limit. Thereafter limited to the Day-to-Day Limit.	**2 visits** per family subject to the referral authorisation by the nominated Network FP. Limited to and included in the Overall Annual Limit. Thereafter limited to the Day-to-Day Limit. No referral will result in a **40% co-payment**.
CASUALTY/EMERGENCY VISITS Facility fee, Consultations and Medicine. If retrospective authorisation for emergency is obtained from the relevant Managed Healthcare Programme within 72 hours, benefits will be subject to Overall Annual Limit. Only bona fide emergencies will be authorised.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
MEDICINES AND INJECTION MATERIAL • **Acute medicine** Medshield Medicine Pricing and Formularies apply. • **Pharmacy Advised Therapy (PAT)** Limited to Schedules 0, 1 and 2 medicine advised and dispensed by a Pharmacist. The use of the Medshield Pharmacy Network applies.	Subject to Day-to-Day Limit. Subject to Day-to-Day Limit. Limited to **R270** per script, **1 script** per beneficiary per day.	Subject to Day-to-Day Limit. Subject to Day-to-Day Limit. Limited to **R270** per script, **1 script** per beneficiary per day.
OPTICAL LIMIT Subject to relevant Optometry Managed Healthcare Programme and Protocols. Subject to the use of the Medshield Optical Network.	**1 pair** of Optical Lenses and a frame, or Contact Lenses per beneficiary every 24 months. Determined by an Optical Service Date Cycle.	**1 pair** of Optical Lenses and a frame, or Contact Lenses per beneficiary every 24 months. Determined by an Optical Service Date Cycle.
• **Optometric refraction** (eye test)	Subject to Overall Annual Limit.	Subject to Overall Annual Limit.
• **Spectacles OR Contact Lenses** Single Vision Lenses, Bifocal Lenses, Multifocal Lenses, Contact Lenses.	**1 test** per beneficiary per 24 month optical cycle. Subject to Overall Annual Limit. Subject to Optical Limit.	**1 test** per beneficiary per 24 month optical cycle. Subject to Overall Annual Limit. Subject to Optical Limit.
• **Frames and/or Lens Enhancements**	**R470** per beneficiary limited to and included in the Optical Limit.	**R470** per beneficiary limited to and included in the Optical Limit.
Readers If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical Practitioner or a registered Pharmacy.	**R200** per beneficiary per annum. Subject to Overall Annual Limit.	**R200** per beneficiary per annum. Subject to Overall Annual Limit.

Day-to-Day Benefits

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
PATHOLOGY AND MEDICAL TECHNOLOGY Subject to the relevant Pathology Managed Healthcare Programme and Protocols.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
• **COVID-19 PCR/Antigen Test**	**1st test** included in Overall Annual Limit, thereafter subject to the Day-to-Day Limit unless positive result which is then subject to PMB.	**1st test** included in Overall Annual Limit, thereafter subject to the Day-to-Day Limit unless positive result which is then subject to PMB.
PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
GENERAL RADIOLOGY Subject to the relevant Radiology Managed Healthcare Programme and Protocols.	Subject to Day-to-Day Limit. **1 Bone Densitometry scan** per beneficiary per annum In- or Out-of-Hospital.	Subject to Day-to-Day Limit. **1 Bone Densitometry scan** per beneficiary per annumIn- or Out-of-Hospital.
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).	Limited to and included in Specialised Radiology limit of **R10 860** per family per annum, In- and Out-of-Hospital.	Limited to and included in Specialised Radiology limit of **R10 860** per family per annum, In- and Out-of-Hospital.
NON-SURGICAL PROCEDURES AND TESTS The use of the Medshield Specialist Network may apply.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
• **Non-Surgical Procedures**	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
• **Procedures and Tests in Practitioners' rooms**	**Unlimited. Refer to Addendum B** for the list of services.	**Unlimited. Refer to Addendum B** for the list of services.
• **Routine diagnostic Endoscopic Procedures in Practitioners' rooms**	Limited to and included in the Overall Annual Limit if done in practitioner's rooms. **R2 000 upfront co-payment** applicable if done In-Hospital. No co-payment applicable In-Hospital for children 8 years and younger. **Refer to Addendum B** for the list of services.	Limited to and included in the Overall Annual Limit if done in practitioner's rooms. **R2 000 upfront co-payment** applicable if done In-Hospital. No co-payment applicable In-Hospital for children 8 years and younger. **Refer to Addendum B** for the list of services.
MENTAL HEALTH Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling. The use of the Medshield Specialist Network may apply.	Limited to and included in the Day-to-Day Limit.	Limited to and included in the Day-to-Day Limit.
INTRAUTERINE DEVICES AND ALTERNATIVES Includes consultation, pelvic ultra sound, sterile tray, device and insertion thereof, if done on the same day. Subject to then relevant clinical protocols. The use of the Medshield Specialist Network may apply. Procedure to be performed in Practitioners' rooms. Only applicable if no contraceptive medication is used. **On application only.**	**1 per female** beneficiary. Subject to the Overall Annual Limit. Includes all IUD brands up to and including the price of the Mirena device. Mirena/Kyleena device: 1 per female beneficiary every 5 years. Implanon: 1 per female beneficiary every 3 years. Nova T/Copper device: 1 per female beneficiary every 2 years.	**1 per female** beneficiary. Subject to the Overall Annual Limit. Includes all IUD brands up to and including the price of the Mirena device. Mirena/Kyleena device: 1 per female beneficiary every 5 years. Implanon: 1 per female beneficiary every 3 years. Nova T/Copper device: 1 per female beneficiary every 2 years.
ADDITIONAL MEDICAL SERVICES Audiology, Genetic Counselling, Hearing Aid Acoustics, Occupational Therapy, Orthoptics, Podiatry, Speech Therapy and Private Nurse Practitioners. Dietetics In-Hospital referral is subject to authorisation from 086 000 2121 (+27 11 671 2011).	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
ALTERNATIVE HEALTHCARE SERVICES Only for registered: Acupuncturist, Homeopaths, Naturopaths, Osteopaths and Phytotherapists.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.