

MEDSHIELD TARIFFS

01 April 2018

BENEFIT REQUIRED	CODE	MediBonus	MediPlus	MediValue	MediSaver	Premium Plus
Subject to plan type	Subject to plan type	R2 835 per beneficiary per two year period (Frame, lenses and lens enhancements included in Optical limit)	R1 870 per beneficiary per two year period (Frame, lenses and lens enhancements included in Optical limit)	R1 640 per beneficiary per two year period (Frame, lenses and lens enhancements included in Optical limit)	Limited to savings	Limited to savings
Vision Examination (Iso Leso Members)	11001/11081	R 525 (Payable once per annum subject to Eye test limit)	R525 (Payable once per annum subject to Eye test limit)	R525 (Payable once per annum subject to Eye test limit)	R525 (Payable once per annum subject to Savings)	R525 (Payable once per annum subject to Eye test limit)
Vision Examination (Non-Iso Leso members)	11001/11081	R405	R405	R405	R405	R405
Single Vision Lenses (Glass/Plastic)	71BS001/72B S001 81BS001/82B S001	R176,50	R176,50	R176,50	R176,50	R176,50
Accommodation Support Lenses*	83BS001	R395	R395	R395	R395	R395
Bifocal Lenses** (Glass/Plastic)	74BS001 84BS001	R395	R395	R395	R395	R395
Multifocal Lenses** (Glass/Plastic)	85BS001 76BS001 86BS001	R810	R810	R810	R810	R810
Frames OR	40501	Included in overall limit	Included in overall limit	Included in overall limit	Included in overall limit	Included in overall limit
Contact Lens Materials		Subject to Optical limit	Subject to Optical limit	Subject to Optical limit	Subject to Savings	Subject to Savings
Lens Enhancements	All Lens Codes	Optical Assistant	Optical Assistant	Optical Assistant	Optical Assistant	Optical Assistant

## **MEDIPHILA OPTION**

Limited to R680.00 per beneficiary per two year period and included in the Overall Annual Limit. Benefit **excludes** Bifocal Lenses, Multifocal Lenses and lens enhancements. The benefit also excludes contact lenses.

<b>BENEFIT REQUIRED</b>	<b>CODE</b>	<b>MEDIPHILA</b>	<b>COMMENTS</b>
<b>Vision Examination (Iso Leso Shareholders)</b>	<b>11001/11081</b>	R 525	Part of overall limit
<b>Vision Examination (Non-Iso Leso members)</b>	<b>11001/11081</b>	R405	Part of overall limit
<b>Single Vision Lenses and Frame</b>	<b>93200</b>	R 686	Limited to R686 per beneficiary per two year period and included in the overall limit <b>Excludes Bifocal Lenses, Multifocal Lenses and Lens Additions, and contact lenses</b>

Please use the matrix above to claim directly from Iso Leso for reimbursement. If the tariffs are not used as above the claim cannot be processed and payment will be delayed until the correct codes and tariff benefit is received by Iso Leso.

Refer to the ISO LESO MANAGED CARE MATRIX for details on the Traditional and Savings Options.

Refer to Iso Leso Addendum BRONZE OPTION for details on the Mediphila Option.