



medihelp
Medical Aid in Action

Benefit
options
2024


MedVital


MedAdd


MedSaver


MedElect


MedPrime


MedElite

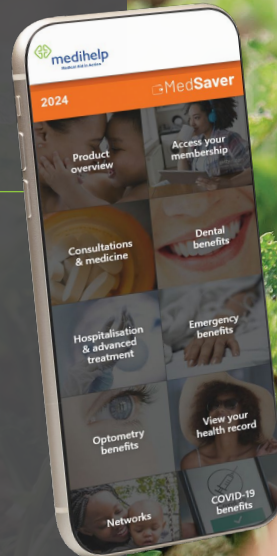
The Medihelp Member Zone and Medihelp app let you manage your medical aid your way. All your information is available online and you can get pre-authorization for hospital stays, other procedures, and medicine with a few clicks.



On the Member Zone, you can:

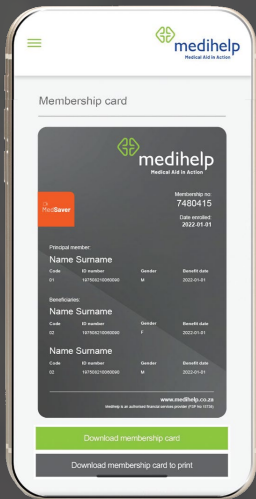
- Get your e-membership card and share it with medical practitioners.
- View your available benefits for the year.
- Get pre-authorization for services and medicine.
- Search for healthcare providers and hospitals.
- Submit and track claims.
- Change your personal and banking details.
- Get your tax certificate.

Each of your dependants can also register on the Member Zone to view their benefits.



Anywhere, anytime access to your medical aid information

If you prefer using an app, download the Medihelp app from the Member Zone and have your e-membership card available whenever and wherever you need it. You can download the app on your phone from the Member Zone or from the iStore, Google Play or Huawei AppGallery.



Contents (Click on the contents below to read more)

<p>02</p> <p>Reasons to choose Medihelp Medical Aid</p> <ul style="list-style-type: none"> 3 Products for all generations 4 Product overview 5 Compare the benefits per plan 6 Summary of benefits 9 Monthly contributions 	<p>10</p> <p>Added insured benefits</p> <ul style="list-style-type: none"> 12 Maternity 13 Additional child care benefits 14 Care programmes 15 Cancer programme 16 Emergencies 17 Prescribed minimum benefits (PMB) 18 Hospitalisation 19 Core benefits 23 Elected hospital and day procedure networks 	<p>24</p> <p>Day-to-day benefits explained</p> <ul style="list-style-type: none"> 25 Day-to-day benefits 28 Optometry 29 Dentistry 32 Co-payments 34 What's not covered 35 Explanation of terms 37 Contact us
--	---	---

General disclaimer

This brochure is intended for marketing purposes and contains only a summary of Medihelp's benefits. On joining Medihelp, members will receive detailed information. In case of a dispute, the registered Rules of Medihelp apply, which are available on request. The information in this brochure is subject to approval by the Council for Medical Schemes. The content of this brochure may change from time to time. Please refer to Medihelp's website for an updated brochure or consult Medihelp's Rules for the latest information. We encourage you to seek financial advice about your healthcare cover by speaking to your financial adviser.

Reasons to choose Medihelp Medical Aid



Experienced

We've stood the test of time for **over a century**.

Involved

As a self-administered scheme, we are **personally involved** and manage your membership with great care.

Stable

We were awarded an **AA- rating** by Global Credit Rating for our ability to pay claims.

Trusted

Just like more than **210 000 South Africans** are entrusting their healthcare cover to us, so can you.

Choice

With the **choice of 11 plans**, we've got a plan for everybody, every pocket, and every generation.

Attentive

Our **personalised approach** allows us to manage individual and corporate business with the same ease, with the majority of enrolments activated in 24 hours.

Corporate citizenship

Through our employee-driven social initiatives we extend our **care to communities**.

Premiums to suit everybody

- Students pay less than **R1 000** on **MedElect**.
- First job? Pay only **R1 476** on **MedMove!**
- **Lower rates for children** until they turn 26 years.
- Three children under 18 years? **Pay for only two and get cover for all three** (MedPrime, MedAdd, and MedVital).
- Opt for a **quality network plan** and pay less.

Cover for general medical needs on all plans

- **Virtual consultations**, GP visits, and medicine.
- **Health tests**, screenings, and immunisation.
- Additional **pregnancy and baby benefits**.
- Additional **contraceptive benefit**.
- **Post-hospital care** benefits to speed up recovery.
- Health tests and screenings unlock an **extra GP visit** and **R490** for medicine.

Exceptional cover for essential care

- **Private hospital cover** with **no overall limit**.
- Full cover for **emergency medical transport** in SA.
- **Unlimited cover for specialised radiology** in and out of hospital.
- Full cover for **271 listed PMB conditions** and **26 chronic diseases** (subject to treatment guidelines).

Products for all generations



Product overview

Day-to-day benefits

General medical expenses are covered by either a savings account or insured cover, or both.

Care extender benefit

Complete a health screening or test and get one extra GP consultation and R490 for self-medication.

Added insured benefits

Cover for specified health tests, screenings, vaccines and immunisations, contraceptives, as well as maternity and baby consultations, and scans.

Core benefits

Core benefits include benefits for essential services, such as hospitalisations and are usually available as insured benefits. Co-payments, treatment guidelines, networks, and limits may apply to certain benefits.

Contributions

The monthly contribution differs per plan and suits the life stage for which it is designed.



Vital plans cover essential medical services. It is ideal for students and first-time buyers of medical aid.

Premiums starting at R894 for students



Medical savings plans give you the flexibility to manage your expenses. Savings not used are carried over to the next year and earn interest.

Premiums starting at R2 676



Comprehensive plans have plans with special family rates. They cover various services, designed to suit more extensive healthcare needs.







Premiums starting at R2 820

Compare the benefits per plan







Core benefits (insured benefits)	MedVital Elect	MedVital	MedAdd Elect	MedAdd	MedSaver	MedElect	MedPrime Elect	MedPrime	MedElite
Emergency transport (ambulance)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospitalisation - no overall annual limit	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospital network applies	✓	-	✓	-	-	✓	✓	-	-
271 PMB and 26 chronic conditions on the Chronic Diseases List (CDL)	✓	✓	✓	✓	✓	✓	✓	✓	✓
• PMB chronic medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prostheses (internally implanted)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cancer treatment	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mental health treatment	✓	✓	✓	✓	✓	✓	✓	✓	✓
Specialised radiology (MRI and CT scans) in and out of hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓
Day-to-day benefits (separate insured benefit, pooled benefit or savings account)									
GPs, specialists, and virtual consultations via nurses at network pharmacies	✓	✓	✓	✓	✓	✓	✓	✓	✓
Physiotherapy	✓	✓	✓	✓	✓	✓	✓	✓	✓
Acute medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓
Non-PMB chronic medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard radiology	-	-	✓	✓	✓	✓	✓	✓	✓
Pathology	-	-	✓	✓	✓	✓	✓	✓	✓
Conservative dentistry	-	-	✓	✓	✓	✓	✓	✓	✓
Specialised dentistry	-	-	✓	✓	✓	-	✓	✓	✓
• Removal of impacted teeth (third molars)	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Extensive treatment for children younger than seven years (in hospital)	-	-	✓	✓	✓	✓	✓	✓	✓
Optometry	-	-	✓	✓	✓	✓	✓	✓	✓
Clinical psychology in and out of hospital	-	-	✓	✓	✓	✓	✓	✓	✓
Psychiatric nursing in and out of hospital	-	-	✓	✓	✓	-	✓	✓	✓
Post-hospital care up to 30 days after discharge (speech, occupational, and physiotherapy)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Care extender benefit									
One GP consultation is activated after completing certain health tests	✓	✓	✓	✓	✓	✓	✓	✓	✓
A R490 self-medication benefit is activated after completing a preventive combo screening	✓	✓	✓	✓	✓	✓	✓	✓	✓
Added insured benefits (benefits offered in addition to day-to-day benefits)									
Maternity (antenatal, postnatal, dietician, and lactation specialist consultations)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Babies <2 - first two consultations (at a paediatrician/GP/ear, nose, and throat specialist)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Child immunisation	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wellness benefits (health tests)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Preventive care (flu vaccination, Pap smear, mammogram, etc.)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Contraceptives	✓	✓	✓	✓	✓	✓	✓	✓	✓

Please note: Limits, co-payments, formularies, lists of codes, and DSPs may apply to certain benefits.

Summary of benefits

	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite
Description	<p>MedVital is an affordable healthcare solution that offers cover for minor medical expenses, private hospitalisation, and emergency medical services.</p> <p>Pay less for MedVital Elect, the network alternative of this plan. High-quality networks of GPs, hospitals, and day procedure facilities for certain procedures apply to the network plan.</p>	<p>The flexibility of a 15% savings account, additional insured cover once savings are depleted, cover for dental and eye care, as well as pregnancy benefits make this a popular choice for young families.</p> <p>Pay less for MedAdd Elect, the network alternative of this plan. High-quality networks of GPs, hospitals, and day procedure facilities for certain procedures apply to the network plan.</p>	<p>MedSaver provides for private hospitalisation at any hospital, while the savings account covers medical expenses incurred out of hospital. Once savings are depleted, additional out-of-hospital cover is unlocked.</p>	<p>MedElect's quality networks enable comprehensive care at a fair premium. This plan also has a special rate for students.</p>	<p>Apart from private hospitalisation, you get excellent cover for out-of-hospital services through a savings account and insured pooled benefits, as well as comprehensive separate dental and optometry benefits.</p> <p>Pay less for MedPrime Elect, the network alternative of this plan. A high-quality network of private hospitals and day procedure facilities for certain procedures apply to the network plan.</p>	<p>This plan offers extensive benefits for private hospitalisation, a savings account and rich, insured benefits for out-of-hospital medical expenses, including chronic medicine.</p>
Medical savings account	<p>This product does not include a medical savings account. Cover is provided through insured benefits.</p>	<p>MedAdd offers a 15% savings account per year, equalling: R6 048 per main member R5 112 per adult dependant R2 016 per child dependant</p> <hr/> <p>MedAdd Elect offers a 15% savings account per year, equalling: R4 824 per main member R3 744 per adult dependant R1 656 per child dependant</p> <p>Savings funds are used to cover daily medical expenses such as GP and specialist visits, medicine, dentistry, and physiotherapy, as well as shortfalls on hospital expenses.</p> <p>At the beginning of the year, the entire year's contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year.</p>	<p>MedSaver offers a 25% savings account per year, equalling: R10 512 per main member R8 640 per adult dependant R3 240 per child dependant</p> <p>These funds are used to cover all daily medical expenses such as GP and specialist visits, dentistry, optometry, physiotherapy, and medicine, as well as shortfalls on hospital expenses.</p> <p>At the beginning of the year, the entire year's contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year.</p>	<p>This product does not include a medical savings account. Cover is provided through insured benefits accessed via a quality network of healthcare providers.</p>	<p>MedPrime offers a 10% savings account per year, equalling: R5 760 per main member R4 824 per adult dependant R1 656 per child dependant</p> <hr/> <p>MedPrime Elect offers a 10% savings account per year, equalling: R4 680 per main member R3 960 per adult dependant R1 368 per child dependant</p> <p>These funds are used to cover daily medical expenses such as GP and specialist visits, medicine, and physiotherapy.</p> <p>At the beginning of the year, the entire year's contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year.</p>	<p>MedElite offers a 10% savings account per year, equalling: R8 856 per main member R8 280 per adult dependant R2 376 per child dependant</p> <p>These funds are used to cover all daily medical expenses such as GP and specialist visits, medicine, and physiotherapy.</p> <p>At the beginning of the year, the entire year's contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year.</p>

Summary of benefits

	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite
Insured day-to-day benefits	<p>DAY-TO-DAY BENEFITS M = R1 450 per year M+ = R2 800 per year GP and specialist visits, physiotherapy, virtual consultations, and medicine</p>	<p>ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED M = R1 450 per year M+ = R2 800 per year GP and specialist visits, physiotherapy, virtual consultations, and medicine</p> <p>ADDITIONAL INSURED OPTOMETRY BENEFITS Spectacles or contact lenses</p> <p>ADDITIONAL INSURED DENTISTRY BENEFIT FOR CHILDREN Conservative dentistry for children <18 years Other dentistry is covered from the savings account</p>	<p>ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED M+ = R1 200 per year GP consultations for children ≥2 to <12 years</p>	<p>INSURED DAY-TO-DAY BENEFIT M = R3 300 per year M+1 = R5 850 per year M+2 = R6 700 per year M+3 = R7 100 per year M+4+ = R7 750 per year</p> <ul style="list-style-type: none"> Specialists, radiology, pathology, clinical psychology, and medicine Self-medication Subject to annual day-to-day benefit R580 per beneficiary R1 700 per family per year <p>NETWORK GPs and VIRTUAL CARE BENEFITS M = R2 200 per year M+1 = R4 050 per year M+2 = R4 750 per year M+3 = R5 100 per year M+4+ = R5 700 per year</p> <p>OUT-OF-NETWORK GP CONSULTATIONS M = R1 350 per year M+ = R2 700 per year</p> <p>PHYSIOTHERAPY AND OCCUPATIONAL THERAPY BENEFITS In and out of hospital M = R2 400 per year M+ = R3 750 per year</p> <p>OPTOMETRY AND DENTISTRY BENEFITS</p>	<p>ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED</p> <p>INSURED DAY-TO-DAY BENEFITS M = R6 900 per year M+ = R12 700 per year</p> <ul style="list-style-type: none"> GP and specialist visits and virtual consultations Clinical psychology and physiotherapy Other medical services Medicine Standard radiology and pathology <p>OPTOMETRY Comprehensive separate benefits</p> <p>DENTISTRY Comprehensive separate benefits</p>	<p>ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED</p> <p>ANNUAL DAY-TO-DAY BENEFIT M = R13 900 per year M+1 = R16 100 per year M+2 = R18 400 per year M+3+ = R20 700 per year</p> <p>The following benefit amounts apply within the annual day-to-day benefit</p> <ul style="list-style-type: none"> GP and specialist visits and virtual consultations, clinical psychology, physiotherapy, and other medical services M = R3 550 per year M+1 = R4 600 per year M+2 = R5 750 per year M+3+ = R6 900 per year Acute medicine benefits M = R4 600 per year M+1 = R5 750 per year M+2 = R6 900 per year M+3+ = R8 050 per year Radiology benefits R3 300 per family per year Pathology benefits R3 300 per family per year <p>NON-PMB CHRONIC MEDICINE BENEFITS M = R5 450 per year M+1 = R8 150 per year M+2 = R10 900 per year M+3+ = R11 700 per year</p> <p>TWO SEPARATE BENEFITS PROVIDE COMPREHENSIVE OPTOMETRY AND DENTISTRY COVER</p>
Care extender	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> One GP consultation R490 for self-medication 	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> One GP consultation R490 for self-medication 	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> One GP consultation R490 for self-medication 	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> One GP consultation R490 for self-medication 	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> One GP consultation R490 for self-medication 	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> One GP consultation R490 for self-medication

Monthly contributions



Three or more children under 18 years?
Members pay monthly contributions for only two of them on MedVital, MedAdd, and MedPrime.



Child dependant rates apply until the age of 26 years (not applicable to MedElect).

	MedVital Elect	MedVital	MedAdd Elect	MedAdd	MedSaver	MedElect Student	MedElect	MedPrime Elect	MedPrime	MedElite
Main member	R2 022	R2 598	R2 676 (R402 savings included per month and R4 824 per year)	R3 354 (R504 savings included per month and R6 048 per year)	R3 516 (R876 savings included per month and R10 512 per year)	R0 - R800 R894	R801 or more R2 820	R3 918 (R390 savings included per month and R4 680 per year)	R4 782 (R480 savings included per month and R5 760 per year)	R7 368 (R738 savings included per month and R8 856 per year)
Dependant	R1 470	R1 998	R2 100 (R312 savings included per month and R3 744 per year)	R2 832 (R426 savings included per month and R5 112 per year)	R2 892 (R720 savings included per month and R8 640 per year)	R894	R2 208	R3 306 (R330 savings included per month and R3 960 per year)	R4 044 (R402 savings included per month and R4 824 per year)	R6 900 (R690 savings included per month and R8 280 per year)
Child dependant <26 years/ <21 years (MedElect)	R852	R894	R930 (R138 savings included per month and R1 656 per year)	R1 134 (R168 savings included per month and R2 016 per year)	R1 080 (R270 savings included per month and R3 240 per year)	R894	R912	R1 140 (R114 savings included per month and R1 368 per year)	R1 398 (R138 savings included per month and R1 656 per year)	R1 998 (R198 savings included per month and R2 376 per year)
	R3 492	R4 596	R4 776 (R714 savings included per month and R8 568 per year)	R6 186 (R930 savings included per month and R11 160 per year)	R6 408 (R1 596 savings included per month and R19 152 per year)	-	R5 028	R7 224 (R720 savings included per month and R8 640 per year)	R8 826 (R882 savings included per month and R10 584 per year)	R14 268 (R1 428 savings included per month and R17 136 per year)
	R2 874	R3 492	R3 606 (R540 savings included per month and R6 480 per year)	R4 488 (R672 savings included per month and R8 064 per year)	R4 596 (R1 146 savings included per month and R13 752 per year)	-	R3 732	R5 058 (R504 savings included per month and R6 048 per year)	R6 180 (R618 savings included per month and R7 416 per year)	R9 366 (R936 savings included per month and R11 232 per year)
	R3 726	R4 386	R4 536 (R678 savings included per month and R8 136 per year)	R5 622 (R840 savings included per month and R10 080 per year)	R5 676 (R1 416 savings included per month and R16 992 per year)	-	R4 644	R6 198 (R618 savings included per month and R7 416 per year)	R7 578 (R756 savings included per month and R9 072 per year)	R11 364 (R1 134 savings included per month and R13 608 per year)
	R4 344	R5 490	R5 706 (R852 savings included per month and R10 224 per year)	R7 320 (R1 098 savings included per month and R13 176 per year)	R7 488 (R1 866 savings included per month and R22 392 per year)	-	R5 940	R8 364 (R834 savings included per month and R10 008 per year)	R10 224 (R1 020 savings included per month and R12 240 per year)	R16 266 (R1 626 savings included per month and R19 512 per year)
	R5 196	R6 384	R6 636 (R990 savings included per month and R11 880 per year)	R8 454 (R1 266 savings included per month and R15 192 per year)	R8 568 (R2 136 savings included per month and R25 632 per year)	-	R6 852	R9 504 (R948 savings included per month and R11 376 per year)	R11 622 (R1 158 savings included per month and R13 896 per year)	R18 264 (R1 824 savings included per month and R21 888 per year)
	R5 196	R6 384	R6 636 (R990 savings included per month and R11 880 per year)	R8 454 (R1 266 savings included per month and R15 192 per year)	R10 728 (R2 676 savings included per month and R32 112 per year)	-	R8 676	R9 504 (R948 savings included per month and R11 376 per year)	R11 622 (R1 158 savings included per month and R13 896 per year)	R22 260 (R2 220 savings included per month and R26 640 per year)

Important: On plans with savings accounts a credit facility equalling the monthly contribution to the personal medical savings account multiplied by 12 months will be available at the beginning of each financial year. If you join after January, the savings amount and benefits will be calculated based on the remaining months in the year. Savings not used are transferred to the next year. Please note that late-joiner penalties were not taken into consideration.

Added insured benefits

With a strong focus on preventive care and early detection of potential health issues, as well as maternity benefits and child care, these benefits are provided in addition to other insured benefits and are available annually (unless otherwise indicated). Protocols and specific item codes may apply. You will find network provider information on Medihelp's website at the provider search function. You can also register for HealthPrint, Medihelp's free online health and wellness programme, to activate certain benefits as indicated.

	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
Care extender benefit						
<ul style="list-style-type: none"> One additional GP consultation – the first of either a Pap smear, mammogram, prostate test, faecal occult blood test (FOBT) or bone mineral density test activates a one-off GP consultation for the family for the year. Self-medication dispensed at a network pharmacy – an additional R490 will be activated for the family to use for non-prescribed medicine once a combo health screening has been claimed from the added insured benefits. 	✓	✓	✓	✓	✓	✓
Women's health						
A mammogram requested by a medical doctor per two-year cycle (women 40-75 years)	✓	✓	✓	✓	✓	✓
A Pap smear requested by a medical doctor per three-year cycle (women 21-65 years)	✓	✓	✓	✓	✓	✓
Contraceptives						
<ul style="list-style-type: none"> Oral/injectable/implantable contraceptives (women up to 50 years) 	R150 per month up to R2 000 per year	R160 per month up to R2 100 per year	R160 per month up to R2 100 per year	R150 per month up to R2 000 per year	R170 per month up to R2 250 per year	R178 per month up to R2 300 per year
<ul style="list-style-type: none"> Intra-uterine device every 60 months 	R2 250	R2 500	R2 500	R2 300	R2 600	R2 700
Enhanced maternity benefits						
Registration on HealthPrint's Maternity and Baby programme activates these additional benefits per family per year	✓	✓	✓	✓	✓	✓
Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist						
Two antenatal and postnatal consultations at a dietician/lactation specialist/antenatal classes	✓	✓	✓	✓	✓	✓
Two 2D ultrasound scans	✓	✓	✓	✓	✓	✓
Nine months' antenatal iron supplements	Available day-to-day benefits	Available day-to-day benefits/savings	Available savings	Available day-to-day benefits	✓	✓
Nine months' antenatal folic acid supplements	Available day-to-day benefits	Available day-to-day benefits/savings	Available savings	Available day-to-day benefits	✓	✓
Child benefits						
Child flu vaccination at network pharmacy clinics	✓	✓	✓	✓	✓	✓
Babies under two years receive two additional visits to a GP, paediatrician or ear, nose, and throat specialist	✓	✓	✓	✓	✓	✓
Full schedule of standard child immunisations covered up to seven years at network pharmacy clinics	✓	✓	✓	✓	✓	✓

Added insured benefits

	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
Men's health A prostate test (PSA level) requested by a medical doctor (men between 40-75 years)	✓	✓	✓	✓	✓	✓
Routine screening and immunisation Available at network pharmacy clinics per person: A combo test (blood glucose, cholesterol, BMI, and blood pressure measurement)/individual test (blood glucose/cholesterol)	✓	✓	✓	✓	✓	✓
HIV testing, counselling, and support	✓	✓	✓	✓	✓	✓
A tetanus vaccine	✓	✓	✓	✓	✓	✓
A flu vaccination	✓	✓	✓	✓	✓	✓
Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years	✓	✓	✓	✓	✓	✓
Screening and immunisation for over 45s Women >65 years have access to one bone mineral density test requested by a medical doctor per two-year cycle	✓	✓	✓	✓	✓	✓
A Pneumovax vaccine in a five-year cycle per person older than 55 years (if registered for asthma or COPD)	✓	✓	✓	✓	✓	✓
An FOBT test for people between 45-75 years	✓	✓	✓	✓	✓	✓
Supporting wellness One back treatment per 12-month cycle as an alternative to surgery at a Documentation Based Care facility for eligible patients, and the treatment is a prerequisite for spinal surgery (per 12-month cycle)	✓	✓	✓	✓	✓	✓
One dietician consultation per registered HealthPrint member if a BMI measurement indicates a BMI higher than 30	✓	✓	✓	✓	✓	✓
Cancer programme Offered in collaboration with oncologists in the Independent Clinical Oncology Network (ICON)	✓	✓	✓	✓	✓	✓
HIV programme Offered in collaboration with LifeSense Disease Management	✓	✓	✓	✓	✓	✓

Please note that certain added insured benefits are not available if the patient has registered the condition for PMB or chronic medicine benefits, as the treatment is no longer considered as preventive care. Benefits are paid at 100% of the MT. Doctors' consultations are paid from the available savings account funds/day-to-day benefits. Pathology preferred providers Ampath, Lancet, and PathCare Vermaak and GP networks for certain network plans may apply.

Maternity

In addition to your regular maternity benefits as set out on page 18, Medihelp also offers added insured benefits on all plans. Registration on HealthPrint's Maternity and Baby programme will activate these additional benefits:

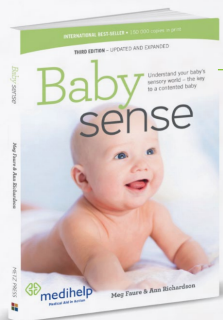


- Ten antenatal and post-natal consultations at a midwife/GP/gynaecologist*
- Two antenatal and post-natal consultations at a dietician/lactation specialist/antenatal classes
- Two 2D ultrasound scans

Childbirth in hospital or home delivery

- No overall annual limit.
- Caesarean sections covered on all plans.
- Benefits paid at 100% of the Medihelp tariff.
- Specified benefit available for home delivery.
- It is vital to **pre-authorise** your planned hospital admission or home delivery to avoid co-payments.
- Fixed benefit amount for **prescription TTO medicine** when you leave the hospital.
- **Register your new-born baby** within 90 days from birth.

* MedVital Elect, MedAdd Elect, and MedElect members don't have to get a network GP referral to the gynaecologist to qualify for added insured benefits. Consultations are paid at the Medihelp tariff.



Once you've reached week 30 of your pregnancy journey, you will receive a copy of Meg Faure's Baby Sense book as a gift from Medihelp

Visit HealthPrint for other support available to new moms.



Additional child care benefits

Apart from day-tot-day and other insured benefits, members of Medihelp's family plans also have access to:



Two consultations at a paediatrician*/ GP/ear, nose, and throat specialist* for babies under two years



Standard child immunisation for children up to seven years



MedSaver
Additional child benefit of R1 200 per family, once savings have been depleted

Free online health and wellness support

Enrol on the HealthPrint Maternity and Baby programme for support on your parenting journey.



Track your baby's development milestones from birth up to the age of four years.



View your available benefits and get relevant support.



Keep track of your baby's immunisations and receive SMS reminders when immunisations are due.



Get regular updates about what you can expect during each stage of your pregnancy.



Receive discounts and offers from our value-add partners.

Standard child immunisation – vaccination schedule

At birth	6 weeks	10 weeks	14 weeks	6 months	9 months	12 months	18 months	6 years
BCG vaccine for TB Oral polio vaccine	Oral polio vaccine Rotavirus vaccine Pneumococcal conjugated vaccine Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and haemophilus influenzae type B and hepatitis B vaccine combined (1st)	Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and haemophilus influenzae type B and hepatitis B vaccine combined (2nd)	Rotavirus vaccine Pneumococcal conjugated vaccine Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and haemophilus influenzae type B and hepatitis B vaccine combined (3rd)	Measles vaccine (1st)	Pneumococcal conjugated vaccine and chickenpox	Measles vaccine (2nd)	Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and haemophilus influenzae type B and hepatitis B vaccine combined (4th)	Tetanus and diphtheria vaccine

* MedVital Elect, MedAdd Elect, and MedElect members don't have to get a network GP referral to the paediatrician or ear, nose, and throat specialists to qualify for added insured benefits. Consultations are paid at the Medihelp tariff.



Care programmes

Back and neck treatment programme

Medihelp's back and neck treatment programme, provided by Documentation Based Care (DBC) countrywide, is a prerequisite for spinal surgery. The programme aims to improve the general flexibility of the spinal column, strengthen targeted back muscles to relieve pain, and help patients to regain normal back and neck function, and potentially avoid surgery.

All members (except MedMove! members) have access to one programme in a 12-month cycle.

Before members consider spinal surgery, they are required to participate in DBC's back and neck rehabilitation programme, or an available alternative.

Only if the DBC treatment programme or alternative treatment was followed, and surgery is then clinically

justified and authorised, members will not be liable for any co-payments.

Members can request the details of DBC service providers from Medihelp by calling 086 0100 678.

HIV/Aids programme

Members receive additional benefits through our HIV/Aids treatment programme offered in partnership with LifeSense Disease Management.

Medihelp pays 100% of the cost for:

- Accidental HIV exposure treatment
- HIV screening, testing (non-pathology), and counselling at network pharmacies
- Antiretroviral therapy through LifeSense and medicine at Dis-Chem and Medipost

Disease Management programme

To help beneficiaries manage high cholesterol, diabetes, and high blood pressure, Medihelp offers a Disease Management programme. It consists of cover for treatment, support with practical information, and reminders of important appointments. As soon as beneficiaries register one or more of these chronic conditions, they are invited to join the programme. For ease of use, the Disease Management programme is integrated with the Member Zone.

CoCare Centres of Excellence

Partnering with quality hospitals and medical professionals, Medihelp offers care baskets for specific procedures. When members apply for pre-authorisation, they can make use of this care basket alternative to reduce their out-of-pocket expenses.

Cancer programme

As a Medihelp member you have access to comprehensive cancer benefits. The first step when you are diagnosed with cancer is to register on the Medihelp Cancer programme and get authorisation for your treatments.

The Medihelp Cancer programme

- Medihelp's designated provider for cancer treatment is the Independent Clinical Oncology Network (ICON).
- More than 80% of the country's oncologists belong to ICON and they follow a progressive approach to cancer treatment.
- High-tech chemotherapy and radiotherapy facilities countrywide form part of the network.

Cancer benefits

Medihelp provides benefits for PMB and non-PMB cancer treatments. The majority of cancer cases qualify for PMB, if the cancer:

- is only present in the organ in which it originated and shows no evidence of distant metastatic spread to other organs; and
- shows no permanent and irreparable damage to the organ in which it originated, or any other organ.

If none of the above applies, there must be a well-demonstrated and documented five-year survival rate of more than 10% after treatment of the condition.



PMB cancer cover

Hospital and related cancer treatments and services, including bone marrow/stem cell transplants (subject to PMB legislation) have unlimited cover at 100% of the cost.

Non-PMB cancer

If the cancer does not qualify for PMB, a benefit amount applies per plan. Non-PMB bone marrow/stem cell transplants do not qualify for benefits.

Cancer medicine

Cancer medicine qualifies for 100% benefits and is payable at the Medihelp Oncology Reference Price (MORP).

Protocols and the Medihelp Oncology Reference Price apply, and cancer treatment and medicine must be obtained from ICON oncologists.

Emergencies

What is a medical emergency?

A medical emergency is a sudden and unexpected event that requires immediate medical or surgical treatment to protect your health. Failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place your life at risk.

Trauma

You are covered for major trauma that necessitates hospitalisation such as:

- Motor vehicle accidents
- Gunshot wounds
- Burns
- Head wounds
- Stab wounds
- Post-exposure prophylaxis for HIV/Aids

Benefits for emergency transport services (all plans)

Netcare 911

Services are subject to pre-authorization and protocols

In beneficiary's country of residence

In the RSA, Lesotho, Eswatini, Zimbabwe, Mozambique, Namibia, and Botswana

- Transport by road
- Transport by air

100% of the MT
Unlimited

Outside beneficiary's country of residence

- Transport by road
- Transport by air

100% of the MT
R2 400 per case

100% of the MT
R16 100 per case



What is covered?

- The Netcare 911 ambulance or helicopter
- The hospital account
- The accounts of the doctor, anaesthetist, and other approved healthcare providers



Note

- Health conditions that do not qualify as emergencies will be paid from your available day-to-day benefits.
- Facility fees charged by doctors at emergency units are not covered.



In an emergency

If you need emergency transport, phone:

Netcare 911
082 911

Prescribed minimum benefits (PMB)

What are PMB?

PMB are benefits that medical aids are legally required to provide for a list of specific medical conditions, regardless of the plan on which a member is enrolled, to ensure that they receive appropriate care aimed at safeguarding their health. Medical aids use treatment guidelines, networks or selected providers, as well as pre-authorization when granting cover for PMB treatments, in accordance with the Medical Schemes Act. The PMB conditions include emergencies, 271 diagnoses and the 26 chronic conditions on the Chronic Diseases List (CDL).

Accessing PMB

STEP 01

Apply for authorisation as PMB

Diagnosis, treatment, and care for PMB conditions that form part of Medihelp's guidelines and protocols will be considered for PMB - pre-authorization is required.

STEP 02

Study your authorisation schedule

Once your PMB condition has been authorised, you will receive a list of all the medical services that have been pre-approved for your condition.

The Chronic Diseases List (CDL) conditions are:

1. Addison disease
2. Asthma
3. Bipolar disorder
4. Bronchiectasis
5. Cardiac failure
6. Cardiomyopathy
7. Chronic renal disease (renal failure)
8. Chronic obstructive pulmonary disease (e.g. emphysema)
9. Coronary artery disease (e.g. angina)
10. Crohn disease
11. Diabetes insipidus
12. Diabetes mellitus type 1
13. Diabetes mellitus type 2
14. Dysrhythmia
15. Epilepsy
16. Glaucoma
17. Haemophilia A and B
18. Hyperlipidaemia (high cholesterol)
19. Hypertension (high blood pressure)
20. Hypothyroidism
21. Multiple sclerosis (MS)
22. Parkinson disease
23. Rheumatoid arthritis
24. Schizophrenia
25. Systemic lupus erythematosus (SLE)
26. Ulcerative colitis



What will be covered?

- Consultations
- Treatment
- Medicine
- Hospitalisation

These services are covered at the negotiated tariffs if authorised and if Medihelp's treatment guidelines, protocols, formularies, networks, and DSPs are followed. If not, you will incur costs.

Network plans



PMB medicine

Order and collect it from Medihelp's designated service providers or a network pharmacy.



Hospitals

Use network hospitals for PMB services.



Specialists

MedVital Elect, MedAdd Elect, and MedElect members - ask your network GP to refer you to a network specialist.

Hospitalisation

Before you are admitted to hospital, please keep the following in mind:

- Pre-authorise planned admissions at least 48 hours before admission and emergencies on the first workday after admission to avoid out-of-pocket expenses.

- All services must be requested by the attending medical doctor, and benefits are subject to clinical protocols and case management.
- Specialised radiology must be requested by a specialist.

Pre-authorisation

Tel: 086 0200 678
 hospitalauth@medihelp.co.za
 Member Zone or Medihelp app

Description	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
<p>HOSPITALISATION (state and private hospitals and day procedure facilities) Subject to pre-authorisation, protocols, and case management</p> <ul style="list-style-type: none"> • Intensive and high-care wards • Ward accommodation • Theatre fees • Treatment and ward medicine • Consultations, surgery, and anaesthesia 	100% of the MT Unlimited Any hospital	100% of the MT Unlimited Any hospital	100% of the MT Unlimited Any hospital	100% of the MT Unlimited Hospital network	100% of the MT Unlimited Any hospital	100% of the MT Unlimited Any hospital
<p>MedVital Elect Hospital network</p> <p>MedAdd Elect Hospital network</p> <p>MedPrime Elect Hospital network</p>						
<ul style="list-style-type: none"> • Day procedures Subject to pre-authorisation, clinical protocols, and services rendered in a day procedure facility <ul style="list-style-type: none"> • Ophthalmological, dental, endoscopic and ear, nose, and throat procedures, removal of skin lesions, circumcisions, and procedures as pre-authorised 	100% of the MT Procedure-specific co-payments may apply Network plans: Day procedure network applies Non-network plans: Day procedure facility applies					
<ul style="list-style-type: none"> • Hospital medicine on discharge Applicable prescription medicine dispensed and charged by the hospital on discharge from the hospital (TTO) (excluding PMB/chronic medicine) 	100% of the MT R400 per admission	100% of the MT R400 per admission	100% of the MT R400 per admission	100% of the MT R400 per admission	100% of the MT R520 per admission	100% of the MT R580 per admission
<p>CHILDBIRTH Subject to pre-authorisation, protocols, and case management</p>	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
<p>HOME DELIVERY Subject to pre-authorisation</p> <ul style="list-style-type: none"> • Professional nursing fees • Equipment • Material and medicine 	100% of the MT R15 600 per event	100% of the MT R15 600 per event	100% of the MT R15 600 per event	100% of the MT R15 600 per event	100% of the MT R15 600 per event	100% of the MT R15 600 per event

Core benefits

Description	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
ORGAN TRANSPLANTS (PMB only) Subject to pre-authorisation and clinical protocols	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
<ul style="list-style-type: none"> Cornea implants 	100% of the MT R34 200 per implant per year	100% of the MT R34 200 per implant per year	100% of the MT R34 200 per implant per year	100% of the MT R34 200 per implant per year	100% of the MT R34 200 per implant per year	100% of the MT R34 200 per implant per year
STANDARD RADIOLOGY, PATHOLOGY* (PPs APPLY), AND MEDICAL TECHNOLOGIST SERVICES In hospital – subject to clinical protocols	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
RADIOGRAPHY (radiographers' consultation fees) In and out of hospital – subject to clinical protocols and on request of a medical doctor	100% of the MT R1 250 per family per year	100% of the MT R1 250 per family per year	100% of the MT R1 250 per family per year	100% of the MT R1 250 per family per year	100% of the MT R1 250 per family per year	100% of the MT R1 250 per family per year
SPECIALISED RADIOLOGY In and out of hospital On request of a specialist and subject to clinical protocols MedVital Elect, MedAdd Elect, and MedElect – prescribed by a specialist on referral by a network GP <ul style="list-style-type: none"> MRI and CT imaging (subject to pre-authorisation) 	100% of the MT Unlimited Member pays the first R3 550 per examination in hospital and R3 000 out of hospital	100% of the MT Unlimited Member pays the first R3 350 per examination in hospital and R2 800 out of hospital	100% of the MT Unlimited Member pays the first R3 350 per examination in hospital and R2 800 out of hospital	100% of the MT Unlimited Member pays the first R3 450 per examination in hospital and R2 900 out of hospital	100% of the MT Unlimited Member pays the first R2 500 per examination in hospital and R1 950 out of hospital	100% of the MT Unlimited Member pays the first R1 950 per examination in hospital and R1 450 out of hospital
<ul style="list-style-type: none"> Angiography 	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
CLINICAL TECHNOLOGIST SERVICES In hospital – services must be prescribed by a medical doctor/dentist	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
POST-HOSPITAL CARE** Professional services relating to a Medihelp authorised private hospital admission, required for up to 30 days after discharge <ul style="list-style-type: none"> Speech therapy, occupational therapy, and physiotherapy 	100% of the MT M = R2 200 per year M+ = R3 150 per year	100% of the MT M = R2 200 per year M+ = R3 150 per year	100% of the MT M = R2 200 per year M+ = R3 150 per year	100% of the MT M = R2 200 per year M+ = R3 150 per year	100% of the MT M = R2 200 per year M+ = R3 150 per year	100% of the MT M = R2 200 per year M+ = R3 150 per year

* Pathology preferred providers: Ampath, Lancet, and PathCare Vermaak

** Prescribed medicine and medical appliances are paid from available savings account funds/day-to-day benefits.







Core benefits

Description	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
RENAL DIALYSIS In and out of hospital <ul style="list-style-type: none"> Acute dialysis Chronic/peritoneal dialysis (subject to pre-authorization, preferred provider rates, and clinical protocols) 	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
OTHER MEDICAL SERVICES In hospital <ul style="list-style-type: none"> Dietician services, audiometry, biokinetic, and orthoptic services (must be pre-authorized and requested by the attending medical doctor) Podiatry, speech therapy, massage, chiropractic services, homeopathic services, herbal and naturopathic services, and osteopathic services <hr/> <ul style="list-style-type: none"> Physiotherapy and occupational therapy (must be pre-authorized and requested by the attending medical doctor) 	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	PMB only 100% of the MT** M = R2 400 per year M+ = R3 750 per year In and out of hospital	100% of the MT Unlimited	100% of the MT Unlimited
OXYGEN In and out of hospital*	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
PSYCHIATRIC TREATMENT OF A MENTAL HEALTH CONDITION Subject to pre-authorization, protocols, and services rendered in an approved or network hospital/facility and prescribed by a medical doctor <ul style="list-style-type: none"> Professional services rendered in and out of hospital by a psychiatrist General ward accommodation Medicine supplied during the period of the treatment in the institution Outpatient consultations 	100% of the MT R22 800 per beneficiary per year (maximum R34 700 per family per year)	100% of the MT R28 900 per beneficiary per year (maximum R39 900 per family per year)	100% of the MT R28 900 per beneficiary per year (maximum R39 900 per family per year)	100% of the MT R22 900 per beneficiary per year (maximum R34 700 per family per year)	100% of the MT R34 700 per beneficiary per year (maximum R46 800 per family per year)	100% of the MT R42 100 per beneficiary per year (maximum R58 400 per family per year)
SERVICES AS ALTERNATIVE TO HOSPITALISATION <ul style="list-style-type: none"> Hospice services Subject to pre-authorization Services rendered in an approved facility and prescribed by a medical doctor 	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	This plan does not cover these services	100% of the MT Unlimited	100% of the MT Unlimited

* Benefits for oxygen out of hospital are subject to pre-authorization, clinical protocols, and a prescription by a medical doctor.

** **MedElect:** A network GP or specialist (on referral by a network GP) must refer a beneficiary to avoid a co-payment on out-of-hospital services.

Core benefits

Description	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite
<ul style="list-style-type: none"> Subacute care facilities Subject to pre-authorisation Services rendered in an approved facility and prescribed by a medical doctor 	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT R26 600 per family per year	100% of the MT Unlimited	100% of the MT Unlimited
<ul style="list-style-type: none"> Private nursing Subject to pre-authorisation Services prescribed by a medical doctor (excluding general day-to-day care) 						
<ul style="list-style-type: none"> Palliative care Subject to pre-authorisation, clinical protocols, services prescribed by a medical doctor, a treatment plan, and a quotation from a registered nursing practitioner Services include nursing care and services rendered by a social worker 	100% of the MT R22 800 per family per year	100% of the MT R25 200 per family per year	100% of the MT R25 200 per family per year	100% of the MT R20 700 per family per year	100% of the MT R27 500 per family per year	100% of the MT R29 900 per family per year
CANCER Subject to pre-authorisation and registration on the Medihelp Cancer programme. Protocols, a DSP, and the MORP apply	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
PMB cases <ul style="list-style-type: none"> Hospital and related cancer treatments and services, including bone marrow/stem cell transplants (subject to PMB legislation) 						
Non-PMB cases <ul style="list-style-type: none"> Hospital and related cancer treatments, including radiotherapy, brachytherapy, chemotherapy, and associated adjuvant medicine 	100% of the MT R254 100 per family per year	100% of the MT R275 100 per family per year	100% of the MT R275 100 per family per year	100% of the MT R242 500 per family per year	100% of the MT R313 900 per family per year	100% of the MT R476 700 per family per year
REFRACTIVE SURGERY Subject to pre-authorisation and clinical protocols	This plan does not cover this service	100% of the MT Savings account	100% of the MT Savings account	This plan does not cover this service	100% of the MT Hospitalisation: R13 700 per family per year for beneficiaries 18-50 years	100% of the MT Hospitalisation: R22 800 per family per year for beneficiaries 18-50 years

Core benefits

Description	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
<p>INTERNALLY IMPLANTED PROSTHESES</p> <p>All hospital admissions and prostheses are subject to pre-authorisation, protocols, and case management. The member is liable for the difference in cost if PMB spinal, hip, knee, and cardiac prostheses are not obtained from the DSP.</p>						
<ul style="list-style-type: none"> EVARS prosthesis 	100% of the MT R41 300 per beneficiary per year	100% of the MT R155 600 per beneficiary per year	100% of the MT R155 600 per beneficiary per year	PMB only	100% of the MT R155 600 per beneficiary per year	100% of the MT R155 600 per beneficiary per year
<ul style="list-style-type: none"> Vascular/cardiac prosthesis 	R41 300 per beneficiary per year	R66 500 per beneficiary per year	R66 500 per beneficiary per year		R66 500 per beneficiary per year	R66 500 per beneficiary per year
<ul style="list-style-type: none"> Health-essential functional prosthesis 	R27 500 per beneficiary per year	R73 800 per beneficiary per year	R73 800 per beneficiary per year		R73 800 per beneficiary per year	R73 800 per beneficiary per year
<ul style="list-style-type: none"> Hip, knee, and shoulder replacements (non-PMB) <ul style="list-style-type: none"> In case of acute injury where replacement is the only clinically appropriate treatment modality 	<p>Hospitalisation: 100% of the MT</p> <p>Prosthesis: Health-essential functional prosthesis benefits apply</p>				<p>Hospitalisation: 100% of the MT</p> <p>Prosthesis: Health-essential functional prosthesis benefits apply</p>	
<ul style="list-style-type: none"> In case of wear and tear 	These plans do not cover this service				This plan does not cover this service	Subject to DSP (ICPS)*
<ul style="list-style-type: none"> Intra-ocular lenses 	Sublimit subject to health-essential functional prosthesis benefit. Two lenses per beneficiary per year, R4 900 per lens				Sublimit subject to health-essential functional prosthesis benefit. Two lenses per beneficiary per year, R4 900 per lens	
<ul style="list-style-type: none"> Prosthesis with reconstructive or restorative surgery (in and out of hospital) 	R5 000 per family per year	R11 300 per family per year	R11 300 per family per year		R11 300 per family per year	R11 300 per family per year
<ul style="list-style-type: none"> External breast prostheses (in and out of hospital) 	This plan does not cover this service	Savings account	Savings account			
<ul style="list-style-type: none"> Implantable hearing devices (including devices and components) 	These plans do not cover this service				R286 600 per beneficiary per year	R309 700 per beneficiary per year

* **MedElite:** Only if patients qualify in terms of Improved Clinical Pathway Services' (ICPS) clinical criteria and protocols (only hip and knee replacements). If not, a R23 400 benefit applies for the hospital account and prosthesis components (combined) per admission. Call our client care centre on 086 0100 678 to get the contact number of the nearest ICPS provider.

Elected hospital and day procedure networks

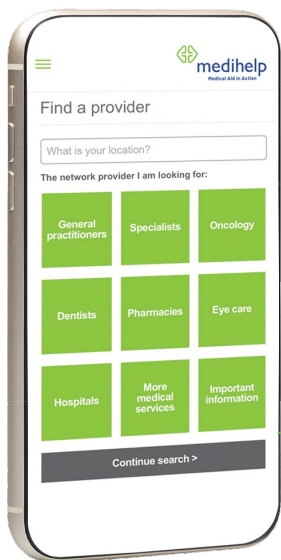
To make sure you have access to quality care, Medihelp has negotiated tariffs with elected private hospitals and day care facilities. These facilities and the network specialists who operate here have been matched with the cities and towns in South Africa where our members reside.

Network plans: Hospital networks

Members of plans where Elect forms part of the product name are required to get care at a hospital in the quality national network to avoid co-payments.

Network plans: Day procedure networks

Certain day procedures on the Elect plans are only covered if performed in one of our day procedure. Members' Medihelp authorisation schedule will indicate whether they are required to get care within this network. These procedures are ophthalmological, endoscopic, ear, nose, and throat procedures, skin lesion removal, circumcisions, dental procedures, and procedures as pre-authorised. Please remember that members of the non-network plans must get these procedures in a day procedure facility but do not have to use network facilities.



A network hospital/ day procedure facility is easy to find

- Visit the Medihelp website or Member Zone at www.medihelp.co.za
- Use your Medihelp app



These three plans share the same national private hospital network and network of day procedure facilities.





MedElect

The cover that this plan offers is structured around networks, including a vast network of quality hospitals and day procedure facilities.



Specialist care

Network hospitals and specialists are linked, thus it is important to make sure that your specialist admits, treats or performs surgeries at your plan's network hospital.

Pre-authorisation of hospital/day procedure admissions



Planned admissions

Pre-authorise hospital/day procedure admissions well in advance



Emergency admissions

Authorise on the first workday following the emergency admission



Dental procedure admissions

Contact Dental Risk Company (DRC) to authorise admissions
Tel: 087 943 9618
Email: auth@dentalrisk.com

Where can you authorise admissions?

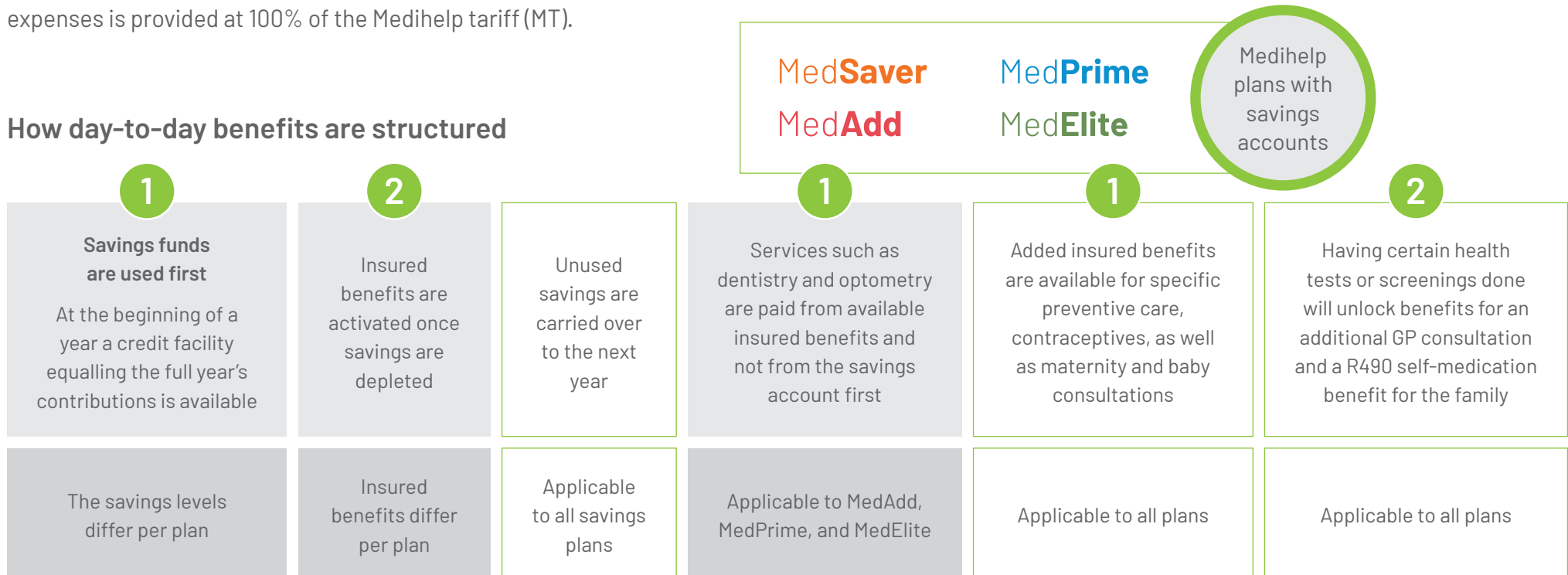
- Member Zone/Medihelp app
- Phone: 086 0200 678
- Email: hospitalauth@medihelp.co.za

Pre-authorisation and making use of network facilities will assist in avoiding co-payments.

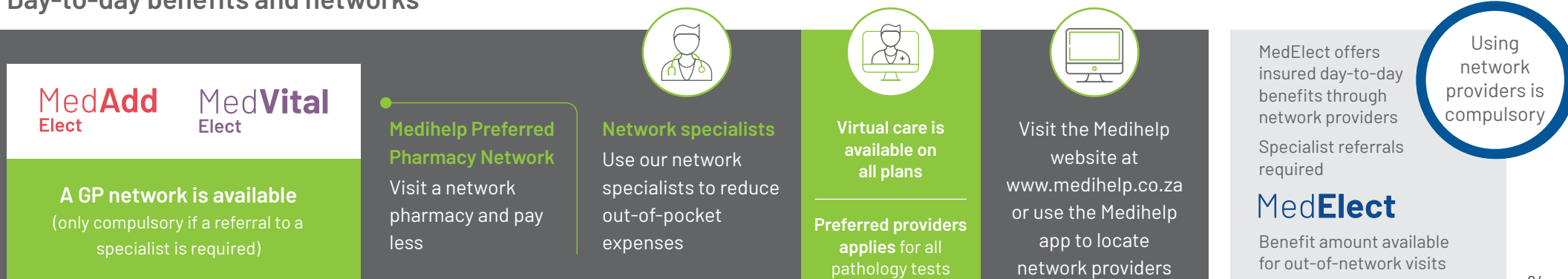
Day-to-day benefits explained

Day-to-day benefits provide cover for services such as doctors' visits, dental and eye care, medicine, X-rays, blood tests, and other out-of-hospital medical expenses. These services must be rendered by registered healthcare professionals. Medihelp has negotiated special tariffs for certain medical services with a network of professionals or has appointed designated service providers from whom members must get treatment. Cover for day-to-day medical expenses is provided at 100% of the Medihelp tariff (MT).







How day-to-day benefits are structured



Day-to-day benefits and networks









Day-to-day benefits

Description	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite
ANNUAL DAY-TO-DAY BENEFITS	Day-to-day benefit 100% of the MT M = R1 450 per year M+ = R2 800 per year	15% savings account Day-to-day benefit 100% of the MT M = R1 450 per year M+ = R2 800 per year Activated after depletion of savings	25% savings account	Annual day-to-day benefit 100% of the MT M = R3 300 per year M+1 = R5 850 per year M+2 = R6 700 per year M+3 = R7 100 per year M+4+ = R7 750 per year	10% savings account Annual day-to-day benefit 100% of the MT M = R6 900 per year M+ = R12 700 per year Activated after the depletion of savings	10% savings account Annual day-to-day benefit 100% of the MT M = R13 900 per year M+1 = R16 100 per year M+2 = R18 400 per year M+3+ = R20 700 per year Activated after the depletion of savings
GP VISITS, TELEMEDICINE AND VIRTUAL CONSULTATIONS, NURSE VISITS AT NETWORK PHARMACIES, PRIMARY CARE DRUG THERAPISTS, AND EMERGENCY UNITS Consultations and follow-up consultations	Subject to day-to-day benefit	Paid from 15% savings first and after depletion of savings from the day-to-day benefit	Once 25% savings have been depleted, a GP consultation benefit becomes available for children ≥2 to <12 years old 100% of the MT M+ = R1 200 per year	100% of the MT M = R2 200 per year M+1 = R4 050 per year M+2 = R4 750 per year M+3 = R5 100 per year M+4+ = R5 700 per year	Paid from 10% savings first and after depletion of savings from the day-to-day benefit	Paid from 10% savings first and after depletion of savings 100% of the MT M = R3 550 per year M+1 = R4 600 per year M+2 = R5 750 per year M+3+ = R6 900 per year Subject to day-to-day annual benefit, shared with benefit for psychiatric nursing and other medical services
MedVital Elect, MedAdd Elect, and MedElect* GP network and specialist referral by a network GP apply			100% of the MT Savings account	Subject to annual day-to-day benefit Specialist referral applies 100% of the MT Services rendered in and out of hospital M = R2 400 per year M+ = R3 750 per year Shared with benefit for occupational therapy		
SPECIALISTS Consultations and follow-up consultations MedVital Elect, MedAdd Elect, and MedElect* Specialist referral by a network GP applies			PHYSIOTHERAPY Out of hospital Treatment and material	CLINICAL PSYCHOLOGY In and out of hospital		

* **MedElect:** Outpatient emergency unit services, medicine, and services rendered by a non-network GP are paid at 80% of the MT up to R1 350 for a member and R2 700 for a family per year.

Day-to-day benefits

Description	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite
PSYCHIATRIC NURSING In and out of hospital				This plan does not cover this service		Paid from 10% savings first and after depletion of savings
OTHER MEDICAL SERVICES Out of hospital Occupational and speech therapy, dietician services, audiometry, podiatry, massage, orthoptic, chiropractic, homeopathic, herbal and naturopathic, osteopathic, and biokinetic services	This plan does not cover these services	100% of the MT Savings account	100% of the MT Savings account	Cover for occupational and physiotherapy only - in and out of hospital if referred by a network GP M = R2 400 M+ = R3 750	Paid from 10% savings first and after depletion of savings from the day-to-day benefit	100% of the MT M = R3 550 per year M+1 = R4 600 per year M+2 = R5 750 per year M+3+ = R6 900 per year Subject to annual day-to-day benefit, shared with benefits for GPs, virtual consultations, specialists, physiotherapy, and clinical psychology
PMB CHRONIC MEDICINE Subject to pre-authorisation and registration on Medihelp's PMB chronic medicine management programme	100% of the MHRP Unlimited MedVital Elect Formulary and DSP apply	100% of the MHRP Unlimited MedAdd Elect Formulary and DSP apply	100% of the MHRP Unlimited	100% of the MHRP Unlimited Must be obtained from network pharmacies or dispensing network GPs	100% of the MHRP Unlimited MedPrime Elect Formulary and DSP apply	100% of the MHRP Unlimited
NON-PMB CHRONIC MEDICINE <ul style="list-style-type: none"> Generic medicine – 100% of the MMAP Original medicine when no generic equivalent is available – 80% of the MT Original medicine used voluntarily when a generic equivalent is available – 70% of the MMAP 				100% of the MT Subject to overall annual day-to-day benefit Must be obtained from network pharmacies or dispensing network GPs		100% of the MMAP M = R5 450 per year M+1 = R8 150 per year M+2 = R10 900 per year M+3+ = R11 700 per year
ACUTE MEDICINE Including medicine dispensed at an emergency unit, and immunisations <ul style="list-style-type: none"> Generic medicine – 100% of the MMAP Original medicine when no generic equivalent – 80% of the MT Original medicine used voluntarily when a generic equivalent is available – 70% of the MMAP 	Subject to annual day-to-day benefit	Paid from 15% savings first, and after depletion of savings from the day-to-day benefit	100% of the MT Savings account		Paid from 10% savings first and after depletion of savings from the day-to-day benefit	Paid from 10% savings first and after depletion of savings:
<ul style="list-style-type: none"> Self-medication 				100% of the MT R580 per beneficiary R1 700 per family per year Subject to annual day-to-day benefit Must be obtained from network pharmacies or dispensing network GPs		100% of the MMAP M = R4 600 per year M+1 = R5 750 per year M+2 = R6 900 per year M+3+ = R8 050 per year Subject to annual day-to-day benefit
<ul style="list-style-type: none"> Homeopathic, naturopathic, and osteopathic medicine 	25% of the available day-to-day benefit	Paid from savings first and then 25% of the available day-to-day benefit		This plan does not cover these services	Paid from savings first and then 25% of the available day-to-day benefit	Paid from savings first and then 25% from acute medicine benefit Subject to annual day-to-day benefit

Day-to-day benefits







Description	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
CARE EXTENDER • One additional GP consultation	One additional GP consultation is activated for the family per year once a beneficiary claims for a Pap smear, mammogram, prostate test, faecal occult blood test (FOBT) or bone mineral density test					
• R490 for self-medication dispensed at a network pharmacy	Self-medication - an additional R490 will be activated for the family to use for non-prescribed medicine once a beneficiary claims for the combo health screening					
PATHOLOGY AND MEDICAL TECHNOLOGIST SERVICES Out of hospital Subject to clinical protocols and requested by a medical doctor Pathology preferred providers: Ampath, Lancet, and PathCare Vermaak	This plan does not cover these services	100% of the MT Savings account	100% of the MT Savings account	Subject to annual day-to-day benefit	Paid from 10% savings first and after depletion of savings from day-to-day benefit	Paid from 10% savings first and after depletion of savings: 100% of the MT R3 300 per family per year Subject to annual day-to-day benefit
STANDARD RADIOLOGY Out of hospital Subject to clinical protocols and requested by a medical doctor (if requested by a chiropractor, black and white X-rays only)				Subject to annual day-to-day benefit		Paid from 10% savings first and after depletion of savings: 100% of the MT R3 300 per family per year Subject to annual day-to-day benefit
EXTERNAL PROSTHESES AND MEDICAL APPLIANCES In and out of hospital • Artificial eyes				This plan does not cover these services	100% of the MT R5 450 per family per three-year cycle	100% of the MT R9 300 per beneficiary per three-year cycle
• Speech and hearing aids	This plan does not cover these services			This plan does not cover these services	100% of the MT R5 450 per family per three-year cycle	100% of the MT R9 300 per beneficiary per three-year cycle
• Artificial limbs	This plan does not cover these services	100% of the MT Savings account	100% of the MT Savings account	This plan does not cover these services	100% of the MT R5 450 per family per three-year cycle	100% of the MT R7 400 per beneficiary per three-year cycle
• Wheelchairs				100% of the MT R1 100 per family per year	100% of the MT R5 450 per family per three-year cycle	100% of the MT R7 400 per beneficiary per three-year cycle
• Medical appliances • Hyperbaric oxygen treatment Prescribed by a medical doctor • In hospital • Out of hospital	PMB only	100% of the MT R840 per family per year	100% of the MT R840 per family per year	PMB only	100% of the MT R1 550 per family per year	100% of the MT R1 750 per beneficiary per year
• CPAP apparatus Prescribed by a medical doctor, per two-year cycle	This plan does not cover this service	100% of the MT Savings account	100% of the MT Savings account	This plan does not cover this service	100% of the MT R11 400 per beneficiary	100% of the MT R11 400 per beneficiary

Optometry

Medihelp provides optical benefits in partnership with more than 2 300 optometrists across South Africa. Members may visit any optometrist in the Preferred Provider Negotiators (PPN) network. Benefits are paid according to the PPN tariffs. To benefit from the negotiated tariff, PPN must submit the account through their claims system, instead of the member paying cash. Benefits obtained at a non-network optometrist are available as an alternative to network benefits and not an additional benefit.

Contact information

Tel: 086 1103 529 | 086 1101 477 | 041 065 0650
 info@ppn.co.za | www.ppn.co.za

Description	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite	
Subject to PPN protocols and pre-authorisation - 100% of the MT							
OPTOMETRY							
<ul style="list-style-type: none"> Eye examination at a PPN network optometrist 							
<ul style="list-style-type: none"> Eye examination at a non-network optometrist 							
Spectacles or contact lenses							
<ul style="list-style-type: none"> Spectacles <ul style="list-style-type: none"> Frames and/or lens enhancements (at a PPN network optometrist) 							
<ul style="list-style-type: none"> Frames and/or lens enhancements (at a non-network optometrist) 							
<ul style="list-style-type: none"> Lenses at a PPN network optometrist One pair of standard clear Aquity lenses 	This plan does not cover these services	Savings account		Single vision or bifocal lenses (multifocal lenses paid at the cost of bifocal lenses) per beneficiary per 24-month cycle	Single vision or bifocal lenses (multifocal lenses paid at the cost of bifocal lenses) per beneficiary per 24-month cycle	Single vision and bifocal per beneficiary per 24-month cycle R810 for multifocal* lenses per beneficiary per 24-month cycle	
<ul style="list-style-type: none"> Lenses at a non-network optometrist One pair of standard clear Aquity lenses 				R215 for single vision lenses R460 for multifocal/ bifocal lenses per beneficiary per 24-month cycle	R215 for single vision lenses R460 for multifocal/ bifocal lenses per beneficiary per 24-month cycle	R215 for single vision lenses R460 for multifocal/ bifocal lenses per beneficiary per 24-month cycle	R215 for single vision lenses R460 for bifocal lenses R810 for multifocal* lenses per beneficiary per 24-month cycle
<ul style="list-style-type: none"> Contact lenses (benefits at a network and non-network optometrist) 				R690 per beneficiary per 24-month cycle	R800 per beneficiary per 24-month cycle	R1 270 per beneficiary per 24-month cycle	R1 780 per beneficiary per 24-month cycle

* MedElite: An additional R50 per lens for branded multifocal lenses

Dentistry

We pay your dental services at 100% of the Medihelp tariff according to the managed care protocols of our dental benefit management partner, Dental Risk Company (DRC). You must pre-authorise all specialised dentistry and dental procedures performed under conscious sedation in the dentist's chair (sedation cost) with DRC. Benefits for the retreatment of a tooth are also subject to managed care protocols, while specific item codes and pre-authorisation may apply on certain dental services.

Contact info

Tel: 087 943 9618 | Fax: 086 687 1285
 www.dentalrisk.com | medihelp@dentalrisk.com
 claims@dentalrisk.com | auth@dentalrisk.com



Specialised dentistry

Subject to DRC protocols and pre-authorisation – 100% of the MT

	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
Partial metal frame dentures	This plan does not cover this service	Savings account Two partial frames (upper and lower jaw) per beneficiary in a five-year period		This plan does not cover this service	One partial frame (upper or lower jaw) per beneficiary in a five-year period	Two partial frames (upper and lower jaw) per beneficiary in a five-year period
Maxillofacial surgery and oral pathology Surgery in the dentist's chair (Benefits for temporomandibular joint (TMJ) therapy are limited to non-surgical interventions/ treatments)	PMB only			PMB only	Unlimited	Unlimited
Crowns and bridges					One crown per family per year, once per tooth in a five-year period	Two crowns per family per year, once per tooth in a five-year period
Implants			Savings account		This plan does not cover this service	This plan does not cover this service
Orthodontic treatment (only one beneficiary <18 years per family may begin orthodontic treatment per calendar year and payment is only made from the date of authorisation until the patient turns 18) Subject to pre-authorisation and orthodontic needs analysis	This plan does not cover these services		Savings account	This plan does not cover these services	R10 630 per beneficiary per lifetime	R13 900 per beneficiary per lifetime
Periodontal treatment (conservative non-surgical therapy only) Subject to pre-authorisation and a treatment plan					Unlimited (conservative non-surgical therapy only)	Unlimited (conservative non-surgical therapy only)

Dentistry

MedVital

MedAdd

MedSaver

MedElect

MedPrime

MedElite

Conservative dental services*

Subject to DRC protocols – 100% of the MT**

Routine check-ups		Beneficiaries <18 years: One in six months from date of service Beneficiaries >18 years: Savings account	Savings account One in six months from date of service	One in 365 days per beneficiary from date of service	One in six months from date of service	
Oral hygiene <ul style="list-style-type: none"> Scale and polish treatments for beneficiaries >12 years 		Beneficiaries <18 years: One in six months from date of service Beneficiaries >18 years: Savings account	Savings account One in six months from date of service	One in 365 days from date of service (<12 years - item code 8155 and >12 years - item code 8159)	One in six months from date of service	
<ul style="list-style-type: none"> Fluoride treatment for children >5 and <13 years 		Beneficiaries >5 and <13 years: One in six months from date of service Beneficiaries >18 years: Savings account	Savings account One in six months from date of service	One in 365 days from date of service	One in six months from date of service	
<ul style="list-style-type: none"> Fissure sealants for children >5 and <16 years only (permanent teeth) 	This plan does not cover these services	Savings account First and second permanent molars once per tooth	Savings account First and second permanent molars once per tooth	First and second permanent molars once per tooth	First and second permanent molars once per tooth	First and second permanent molars once per tooth
Fillings (treatment plans and X-rays may be requested for multiple fillings)***		Beneficiaries <18 years: One filling per tooth in 12 months from date of service Beneficiaries >18 years: Savings account	Savings account One filling per tooth in 12 months from date of service	Four fillings per beneficiary, one filling per tooth in 12 months from date of service for amalgam fillings (item codes 8341/ 8342/8343/ 8344) and resin restorations in anterior teeth (item codes 8351/8352/ 8353/8354)	One filling per tooth in 12 months from date of service	One filling per tooth in 12 months from date of service
Tooth extractions in the dentist's chair***		Beneficiaries <18 years: Unlimited Surgical extractions (savings account) Beneficiaries >18 years: Savings account		Unlimited		
Root canal treatment in the dentist's chair (only on permanent teeth)*			Savings account	Two per beneficiary per year	Unlimited	Unlimited
Laughing gas (in the dentist's chair)		Savings account		Unlimited		

* Benefits for the retreatment of a tooth are subject to managed care protocols. Specific item codes and pre-authorisation apply to certain dental services.

** Medihelp tariff paid by Medihelp for dental treatment, that can include a contracted tariff or the Medihelp Dental Tariff.

*** Pre-authorisation is required for more than 4 fillings per year, 2 fillings on front teeth per visit and 4 extractions per visit.

Dentistry



Conservative dentistry		Subject to DRC protocols and pre-authorisation – 100% of the MT				
Dental procedures under conscious sedation in the dentist's chair (sedation cost) Subject to pre-authorisation and managed care protocols	Removal of impacted teeth only (third molars – dentist's account only for item codes 8941/8943/8945)	Removal of impacted teeth (third molars) and extensive dental treatment only for children younger than 12 years				
Dental procedures performed under general anaesthesia in a day procedure facility Pre-authorisation and protocols apply	Member pays the first R3 880 per admission Dentist's services for member's account or savings account	Member pays the first R2 140 per admission	Member pays the first R1 750 per admission	Member pays the first R1 060 per admission		
<ul style="list-style-type: none"> Removal of impacted teeth (third molars – item codes 8941/8943/8945 on dentist's account) Extensive dental treatment for children younger than seven years – once per beneficiary per 365-day period 	This plan does not cover this service	Member pays the first R3 880 per admission Dentist's services paid from savings account	Savings account			
Dentist's account for treatment rendered to special needs patients in hospital (pre-authorisation by Medihelp and protocols apply)	This plan does not cover this service	Unlimited	Savings account	Unlimited		
Plastic dentures		Savings account One set per beneficiary in a four-year period		80% of the MT One set per family (21 years and older) in a two-year period	One set per beneficiary in a four-year period	One set per beneficiary in a four-year period
X-rays	This plan does not cover these services	Beneficiaries <18 years: Unlimited Beneficiaries >18 years: Savings account	Savings account	Four per beneficiary per year	Unlimited	Unlimited
<ul style="list-style-type: none"> Intra-oral X-rays Pre-authorisation for more than six per year Extra-oral X-rays 		Beneficiaries <18 years: One per beneficiary in a three-year period Beneficiaries >18 years: Savings account	Savings account One per beneficiary in a three-year period	One per beneficiary in a three-year period	One per beneficiary in a three-year period	

This is a summary of benefits. In the event of a dispute, the registered Rules of Medihelp will apply, subject to approval by the Council for Medical Schemes.

Co-payments

Visiting network service providers, making use of DSPs and following the correct pre-authorisation process and discussing tariffs with your doctor are just some of the ways in which members can manage or reduce out-of-pocket medical expenses. There are a limited number of low-incidence procedures that require procedure-specific co-payments. These procedures are also subject to protocols, pre-authorisation, and DSPs.

Description	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
SPINAL COLUMN SURGERY Subject to protocols, pre-authorisation, and a non-surgical back treatment at DBC as a prerequisite. Co-payments will not apply if DBC treatment programme/alternative treatment was followed, surgery is clinically justified and authorised	Member pays the first R16 500 of each separate claim received from the facility, surgeons, and anaesthetist	Member pays the first R12 000 of each separate claim received from the facility, surgeons, and anaesthetist		Member pays the first R16 300 of each separate claim received from the facility, surgeons, and anaesthetist	Member pays the first R10 400 of each separate claim received from the facility, surgeons, and anaesthetist	Member pays the first R9 000 of each separate claim received from the facility, surgeons, and anaesthetist
ENDOSCOPIC PROCEDURES Subject to protocols and pre-authorisation Network plans: A day procedure network applies Non-network plans: Any day procedure facility may be used	Member pays the first R4 800 per admission All scopes*	Member pays the first R4 700 per admission All scopes*		Member pays the first R5 000 per admission All scopes*	Member pays the first R3 850 per admission Only gastroscopy, colonoscopy, arthroscopy and sigmoidoscopy	Member pays the first R2 500 per admission Only gastroscopy, colonoscopy, arthroscopy and sigmoidoscopy
<ul style="list-style-type: none"> In the doctor's rooms 	No co-payment					
DENTAL PROCEDURES UNDER GENERAL ANAESTHESIA In hospital/day procedure facility - members of network plans must use a day procedure network Subject to pre-authorisation and DSPs managed care protocols <ul style="list-style-type: none"> Removal of impacted teeth (third molars)(item codes 8941, 8943, 8945) 	Member pays the first R3 880 per admission Dentist's services for member's account	Member pays the first R3 880 per admission Dentist's services paid from savings account	Member pays the first R3 880 per admission Dentist's services paid from savings account	Member pays the first R2 140 per admission	Member pays the first R1 750 per admission	Member pays the first R1 060 per admission
Subject to clinical assessment/motivation <ul style="list-style-type: none"> Extensive treatment for children younger than seven years - once per beneficiary per 365-day period 	This plan does not cover this service		No co-payment Benefits paid from savings account			
SPECIALISED RADIOLOGY In and out of hospital Subject to pre-authorisation, clinical protocols, and services must be requested by a specialist <ul style="list-style-type: none"> MRI and CT imaging 	Member pays the first R3 550 per examination in hospital and R3 000 out of hospital	Member pays the first R3 350 per examination in hospital and R2 800 out of hospital	Member pays the first R3 350 per examination in hospital and R2 800 out of hospital	Member pays the first R3 450 per examination in hospital and R2 900 out of hospital for MRI, CT imaging and angiography	Member pays the first R2 500 per examination in hospital and R1 950 out of hospital	Member pays the first R1 950 per examination in hospital and R1 450 out of hospital
PROSTATECTOMY (CONVENTIONAL OR LAPAROSCOPIC) Subject to protocols and pre-authorisation	Member pays the first R7 550 per admission	Member pays the first R6 900 per admission	Member pays the first R6 900 per admission	Member pays the first R7 550 per admission	No co-payment	No co-payment
HYSTERECTOMY AND ENDOMETRIAL ABLATION Subject to protocols and pre-authorisation	Member pays the first R7 550 per admission	Member pays the first R6 900 per admission	Member pays the first R6 900 per admission	Member pays the first R7 550 per admission	No co-payment	No co-payment

* Anoscopy, arthroscopy, bronchoscopy, capsule endoscopy, colonoscopy, cystoscopy, renal endoscopy, ERCP, gastroscopy, hysteroscopy, ileoscopy, laparoscopy, laryngoscopy, mediastinoscopy, nasal endoscopy, nasopharyngoscopy, neuroendoscopy, oesophagoscopy, ophthalmic endoscopy, sigmoidoscopy, thoracoscopy, unlisted endoscopy.

Co-payments

Description	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
FACET JOINT INJECTIONS, FUNCTIONAL NASAL REPAIR, UMBILICAL HERNIA REPAIR, VARICOSE VEIN SURGERY Subject to protocols and pre-authorization	No co-payment PMB only	No co-payment		Member pays the first R3 400 per admission	No co-payment	
INCISIONAL AND HAITUS HERNIA REPAIR Subject to protocols and pre-authorization				No co-payment		
OPHTHALMOLOGICAL, DENTAL, EAR, NOSE, AND THROAT, ENDOSCOPIC PROCEDURES, REMOVAL OF SKIN LESIONS, CIRCUMCISIONS, AND PROCEDURES AS AUTHORISED	Network plans: A 35% co-payment applies for day procedures performed outside the day procedure network Non-network plans: A 35% co-payment applies for day procedures not obtained in a day procedure facility					
MEDICINE ON PRESCRIPTION/SELF-MEDICATION	80% benefit applies to original medicine if no generic equivalent is available 70% benefit applies to original medicine if a generic equivalent is available					
SERVICES NOT RENDERED BY NETWORK PROVIDERS (Applicable to network plans)						
• Voluntary admissions to non-network hospitals (excluding procedures that must be performed in the day procedure network)	35% co-payment	Not applicable		35% co-payment	35% co-payment	
• PMB chronic medicine obtained outside the formulary and/or not from the DSP	60% co-payment on the benefit amount applies	Not applicable		30% co-payment on the benefit amount applies	60% co-payment on the benefit amount applies	
• Out-of-network GP consultations and no network GP referral to a specialist	35% co-payment on the benefit amount applies	Not applicable		Out-of-network benefit applies* 35% co-payment on the benefit amount applies if specialist services, physiotherapy, and occupational therapy are obtained without a network GP referral	Not applicable	Not applicable
SERVICES OBTAINED WITHOUT PRE-AUTHORISATION						
• All planned hospital admissions	20% co-payment			20% co-payment	20% co-payment	
• Specialised dental services						
• Dental procedures under conscious sedation (sedation cost) in the dentist's chair						
• Oxygen for out-of-hospital use				35% co-payment		
• Emergency transport services	50% co-payment					

* **MedElect:** Outpatient emergency unit services, medicine and services rendered by a non-network GP are paid at 80% of the MT, up to R1 350 for a member and R2 700 for a family per year.

What's not covered

Please refer to Medihelp's Rules for the medical conditions, procedures and services, appliances, medicines, consumables, and other products that are excluded from benefits, with the exception of services which qualify for PMB and are authorised by Medihelp. The following are some of the services that are not covered:

- Services which are not mentioned in the Rules as well as services which in the opinion of the Board of Trustees, are not aimed at the generally accepted medical treatment of an actual or a suspected medical condition or handicap, which is harmful or threatening to necessary bodily functions (the process of ageing is not considered to be a suspected medical condition or handicap).
- Travelling and accommodation/lodging costs, including meals, as well as administration costs of a beneficiary and/or service provider.
- Operations, treatments, and procedures of own choice, for cosmetic purposes, and obesity-related treatment, with the exception of services which qualify for PMB and are approved beforehand by Medihelp.
- Costs exceeding the Medihelp tariff for a service or the maximum benefit to which a member is entitled, subject to PMB.
- Appointments not kept.
- The treatment of infertility, other than that stipulated in the Regulations under the Medical Schemes Act, 1998.
- Treatment of alcoholism and drug abuse as well as services rendered by institutions which are registered in terms of the Prevention of and Treatment for Substance Abuse Act 70 of 2008 or other institutions whose services are of a similar nature, other than stipulated in the Regulations published under the Medical Schemes Act, 1998.
- The cost of transport with an ambulance/emergency vehicle from a hospital/other institution to a residence/medical doctor's rooms if the visit does not pertain to a hospital admission.
- Emergency room facility fees.
- Physiotherapy services associated with the removal of impacted wisdom teeth.
- Cochlear implants – all related procedures, services and devices (not applicable to MedPrime, MedPrime Elect, and MedElite).

This is a summary of benefits. In the event of a dispute, the registered Rules of Medihelp will apply (subject to approval by the Council for Medical Schemes). If a beneficiary joins during the course of a financial year, the benefits are prorated according to the remaining number of months of the year.

Explanation of terms

- BMI – Body mass index
- COPD – Chronic obstructive pulmonary disease
- CPAP – Continuous positive airway pressure
- CT – Computerised tomography
- DRC – Dental Risk Company
- DSP – Designated service provider
- FOBT – Faecal occult blood test
- EMS – Emergency medical services
- GP – General practitioner
- HPV – Human papilloma virus
- ICPS – Improved Clinical Pathway Services
- M – Member
- MORP – Medihelp Oncology Reference Price
- MRI – Magnetic resonance imaging
- OAL – Overall annual limit
- PPN – Preferred Provider Negotiators

Added insured benefits are insured benefits provided in addition to day-to-day benefits and include preventive health screenings, immunisations, and pregnancy and baby benefits.

The **back treatment programme** provided by Documentation Based Care (DBC) is a non-surgical intervention in lieu of surgery for the management of spinal column disease/conditions/abnormalities. This approach to the treatment of back and neck pain involves an interdisciplinary team handling the rehabilitation programme, which is individualised for each patient based on the patient's needs and clinical diagnosis. Patients are assessed to ascertain if they are eligible to participate in the programme. The back treatment programme is also a prerequisite for spinal column surgery. **MedMove!** beneficiaries do not qualify for the DBC programme.

Cancer: The majority of cancer cases qualify for prescribed minimum benefits (PMB), which Medihelp will cover at 100% of the cost in accordance with the protocols as set out in the Regulations published under the Act, while non-PMB cancer is covered at specific benefit amounts per plan, provided that cancer treatment is rendered by oncologists within the Independent Clinical Oncology Network (ICON). All cancer treatments will be evaluated on an individual basis according to ICON's protocols and must adhere to these protocols. Medihelp covers PMB bone marrow/stem cell transplants subject to the applicable PMB legislation. Cancer treatment received outside ICON and that deviates from ICON protocols will attract co-payments.

The **care extended benefit** is a benefit activated for making use of certain health screenings.

CDL – Chronic Diseases List which is covered in terms of prescribed minimum benefits.

Contraceptives refer to injectable, implantable, intra-uterine, trans- and subdermal as well as oral contraceptives.

Co-payments are the difference between the cover provided by Medihelp and the cost/tariff charged for the medical service and are payable directly to the service provider. Co-payments are applicable in the following cases:

- When doctors and other providers of medical services charge fees which exceed Medihelp's tariffs, the member is responsible for paying the difference between the amount charged and the amount which Medihelp pays;
- When Medihelp's benefit allocation is not 100% (e.g. for original acute medicine), or where the cost exceeds the limit available for the service (e.g. for medical appliances); and
- When the member chooses not to get services from a designated service provider (e.g. ICON in the case of cancer) or when a predetermined co-payment is applicable to a specific benefit as indicated.
- Where procedure-specific co-payments are specified in the rules.

Cost means the cost of PMB services, payable in full by Medihelp if the services are registered with Medihelp as qualifying for PMB and rendered by DSPs according to accepted PMB treatment protocols.

CPAP is an apparatus which provides continuous positive airway pressure to assist breathing.

A **cycle** means the stated length of the benefit cycle, commencing on the date of the first service and thereafter calculated from the date of each subsequent service after the completion of a previous cycle, regardless of a break in membership or registration, or change in plan.

Day procedure network means the Medihelp network of facilities where patients undergo day procedures that do not require them to stay overnight. Members of MedMove! must get all day procedures in the Medihelp day procedure network to prevent a 35% co-payment, while members of the network plans must get ophthalmological, ear, nose, and throat, dental and endoscopic procedures, removal of skin lesions, circumcisions, and procedures as pre-authorized in the Medihelp day procedure network to prevent the 35% co-payment. Non-network plans must make use of any day procedure facilities to avoid a 35% co-payment on the mentioned procedures. Medihelp encourages members to use the day procedure network for all pre-authorized procedures. Certain day procedures, e.g. scopes, require the member to make an upfront payment, which differs per plan. All day procedures must be pre-authorized to prevent a 20% co-payment.

DSP – Designated service providers contracted or appointed by Medihelp to provide certain medical services.

An **emergency medical condition** means any sudden and unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide such treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy. An emergency medical condition must be certified as such by a medical practitioner. Emergencies qualify for PMB and must therefore also be registered for PMB (see also "PMB").

EVARS means endovascular aortic replacement surgery and is considered when the patient suffers from an aortic aneurysm with an accompanying risk for anaesthesia.

Formulary means a list of preferred items (PMB chronic medicine) based on its safety, efficacy, and cost-effectiveness, used in the diagnosis and/or treatment of a medical condition and applicable to the MedMove!, MedVital Elect, MedAdd Elect, and MedPrime Elect plans.

Explanation of terms

Hospital benefits refer to benefits for services rendered by a hospital during a patient's stay in hospital. Services include ward accommodation and ward medicine, radiology, pathology, and consultations during hospitalisation. Certain procedures performed in hospital, e.g. scopes and specialised radiology, require the member to make an upfront payment, which differs per plan. All planned hospital admissions must be pre-authorized to prevent a 20% co-payment. Emergency admissions must be registered on the first workday following the admission (see also "emergency medical condition"). Members who are required to use network hospitals, but elect to be admitted to non-network hospitals, will have to make a 35% payment on the hospital account.

MHRP – The Medihelp Reference Price is applicable to all pre-authorized PMB medicine. The price is determined according to the most cost-effective treatment based on evidence-based principles. The MHRP will differ for the different plans and is subject to change (e.g. when new generic equivalents are introduced to the market). Please visit Medihelp's website at www.medihelp.co.za (the Member Zone for members) for the latest MHRP. Members are advised to consult their doctor when using PMB medicine to make sure they use medicine on the MHRP where possible and so prevent or reduce co-payments.

MMAP – The Maximum Medical Aid Price is the reference price used by Medihelp to determine benefits for acute and chronic medicine. The MMAP is the average price of all the available generic equivalents for an ethical patented medicine item.

MT – Medihelp tariff refers to the tariff paid by Medihelp for different medical services and can include the contracted tariff for services agreed with certain groups of service providers such as hospitals, the Medihelp Dental Tariff for dental services and the single exit price for acute medicine. The various tariffs are defined in the Rules of Medihelp.

Network plans offer benefits to members in collaboration with a medical provider network. Members on these plans must make use of the network to qualify for benefits and prevent co-payments. Please visit www.medihelp.co.za for details of the network providers for each plan using the provider search function.

Period refers to the specific duration described per benefit, e.g. dentistry, or the date of enrolment as a beneficiary.

PMB – Prescribed minimum benefits are paid for 26 chronic conditions on the CDL and 271 diagnoses with their treatments as published in the Regulations under the Medical Schemes Act 131 of 1998. In terms of these Regulations, medical schemes are compelled to grant benefits for the diagnosis, treatment and care costs of any of these conditions as well as emergency medical conditions (that meet the published definition) without imposing any limits. PMB are subject to pre-authorization, protocols and the utilisation of designated service providers, where applicable, e.g. ICON for cancer treatment. Benefits for PMB services are first funded from the related day-to-day benefits.

A **primary care drug therapist** is a pharmacist who may diagnose primary health conditions and prescribe medication for contraception and conditions such as diarrhoea, acne, insect, and spider bites, ear infections, and various other conditions.

Protocol means a set of clinical guidelines in relation to the optimal sequence of diagnostic testing and treatments for specific conditions and includes, but is not limited to, clinical practice guidelines, standard treatment guidelines, disease management guidelines, treatment algorithms, clinical pathways, and formularies.

Savings account (for plans with a savings account) means an account which is held by Medihelp as part of the Scheme's funds. Funds in the savings account are used to pay for qualifying medical expenses and funds not used, accumulate. A credit facility equalling the monthly savings contributions for the remainder of a financial year is available upfront.

Self-medication is medicine which is not prescribed and available to buy over the counter at pharmacies. Claims for self-medication must have valid NAPPI codes to be processed.

Telemedicine entails the use of technology - computers, phone, video calls and messaging - to consult with healthcare practitioners.

TTO – To take out refers to medicine dispensed and charged by the hospital at discharge.

Vascular/cardiac prostheses include artificial aortic valves, pacemakers and related or connected functional prostheses.

Virtual consultations refer to consultations at the preferred providers Clicks and Dis-Chem as well as participating pharmacies with registered nurses at pharmacy clinics. These nurses are assisted by a network of accredited GPs who will confirm diagnoses, prescribe medicine, and give referrals if necessary.

Contact us

Medihelp

Medihelp client care centre

Tel: 086 0100 678
enquiries@medihelp.co.za
www.medihelp.co.za

Application forms (new business)

Apply online at www.medihelp.co.za
Individuals: newbusiness@medihelp.co.za
Corporate groups: corpapps@medihelp.co.za

Membership enquiries

membership@medihelp.co.za

Subscriptions enquiries

subscriptions@medihelp.co.za

E-services

Access the secured website for members (Member Zone)
via www.medihelp.co.za
Download the member app from iStore/Google Play/Huawei AppGallery

Submission of claims

claims@medihelp.co.za
Member app

Hospital admissions

(all hospital admissions must be pre-authorized)
Member Zone
Member app
Tel: 086 0200 678
hospitalauth@medihelp.co.za

Private nursing, palliative care, hospice, and sub-acute care facilities

Tel: 086 0100 678
hmanagement@medihelp.co.za

Oxygen administered at home

Tel: 086 0100 678
preauth@medihelp.co.za

Chronic renal dialysis

Tel: 086 0100 678
preauth@medihelp.co.za

Prescribed minimum benefits (PMB)

Tel: 086 0100 678
preauth@medihelp.co.za

PMB chronic medicine and more than 30 days' medicine supply

Tel: 086 0100 678
medicineapp@medihelp.co.za

Ordering of PMB chronic medicine

(MedVital Elect, MedAdd Elect, and MedPrime Elect)

Medipost

Order medicine: mrx@medipost.co.za | Fax: 086 659 4054
Phone: 012 426 4000
customercare@medipost.co.za
Proof of payment: pay@medipost.co.za | Fax: 086 682 2821

MRI and CT imaging

Healthcare Practitioner Zone (ask your radiologist to request approval online)
Member Zone
Medihelp app
Tel: 086 0200 678

Cancer

Disease management programme

Tel: 086 0100 678
oncology@medihelp.co.za

Cancer medicine (MedVital Elect, MedAdd Elect, MedElect, and MedPrime Elect plans only)

Dis-Chem Oncology

Tel: 010 003 8948
Fax: 086 597 0573
oncology@dischem.co.za
or

Medipost

Tel: 012 404 4430
Fax: 086 680 3319
oncology@medipost.co.za

Medihelp fraudline

Tel: 012 334 2428
fraud@medihelp.co.za

Partners

Netcare 911 (emergency medical transport)

Emergencies: 082 911
Account enquiries: 0860 638 2273
customer.service@netcare.co.za

DRC (dental services)

Tel: 087 943 9618
Fax: 086 687 1285
medihelp@dentalrisk.com
claims@dentalrisk.com
auth@dentalrisk.com
www.dentalrisk.com

PPN (optometry)

Tel: 041 065 0650 | 086 1103 529 | 086 1101 477
info@ppn.co.za
www.ppn.co.za

HIV/Aids programme and post-exposure prophylaxis (PEP) Disease management programme

LifeSense

Tel: 0860 50 60 80
SMS: 31271 for a call-back
Fax: 0860 80 49 60
Enquiries: enquiry@lifesense.co.za
Scripts and pathology: results@lifesense.co.za
www.lifesensedm.co.za

Medicine

Dis-Chem Direct

Tel: 011 589 2788
Fax: 086 641 8311
direct.medihelp@dischem.co.za

or

Medipost

Tel: 012 426 4000
Fax: 086 688 9867
life@medipost.co.za

Council for Medical Schemes

Tel: 086 1123 267
complaints@medicalschemes.co.za
www.medicalschemes.co.za

Medical Aid *in Action*

086 0100 678

www.medihelp.co.za



Medihelp is an authorised financial services provider (FSP No 15738)



medihelp

