A sustainable choice

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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.
There are various ways in which you can engage with us:

- Phone
- Email
- Live chat

Medihelp’s digital service platforms:

- Website
- Member Zone
- Member App

- Download/email your e-membership card and tax certificate
- View your benefits, track and submit claims
- Update your contact details
- Apply for hospital authorisation
- Locate a healthcare provider near you
- Access, update and share your Medihelp health data based on screening test results and claims received
Product simplicity and value

10 options

- 10 benefit options to choose from
- Products include comprehensive, savings, network solutions and a hospital plan
- Unlimited cover for trauma and emergencies
- No overall annual limit on hospital cover
- Comprehensive added insured benefits
- Pay child dependant rates until kids are 26 years old

2 only

- Prime range - only pay for 2 children younger than 18 years, the rest receive free cover
- Full cover for 270 prescribed minimum benefits and 26 chronic conditions
- HealthPrint, a free online wellness programme provides relevant value and health support
- An emergency app ensures that you can be located in an emergency
- Care programmes assist members with specific healthcare needs
Product overview

Prime 1
Hospital plan
Network/non-network

This hospital plan is ideal if you are healthy and want access to private healthcare at an affordable price. Minor day-to-day medical expenses and extensive added insured benefits forms part of Prime 1. The network alternative of the option saves you 22% in monthly contributions.

Prime 2
Savings
Network/non-network

Prime 2 provides hospital cover either at any facility or through a network (pay 22% less for the network option). A 15% savings account and added insured benefits cover day-to-day medical expenses and a special GP consultation benefit for children is activated after depleting the savings account.

Unify
Savings
Network/non-network

A generous 25% medical savings account for day-to-day medical expenses and a special GP consultation benefit for children which is activated after depletion of the savings account, as well as insured preventive care and excellent hospital benefits makes Unify a smart choice.

Prime 3
Comprehensive
Network/non-network

With ample pooled insured cover for day-to-day medical expenses, comprehensive hospital cover and added insured benefits, this is the ideal product for families. The network alternative of the option saves you 18% in monthly contributions.
## Contribution table

<table>
<thead>
<tr>
<th>Network</th>
<th>Non-network</th>
<th>Network</th>
<th>Non-network</th>
<th>Network</th>
<th>Non-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal member</td>
<td>R1 626</td>
<td>R2 082</td>
<td>R2 160 (R324 savings contribution included per month and R3 888 per year)</td>
<td>R2 772 (R414 savings contribution included per month and R4 968 per month)</td>
<td>R2 598 (R648 savings contribution included per month and R7 776 per year)</td>
</tr>
<tr>
<td>Dependant</td>
<td>R1 338</td>
<td>R1 716</td>
<td>R1 776 (R264 savings contribution included per month and R3 168 per year)</td>
<td>R2 280 (R342 savings contribution included per month and R4 104 per year)</td>
<td>R2 136 (R534 savings contribution included per month and R6 408 per year)</td>
</tr>
<tr>
<td>Child dependant &lt;26 years*</td>
<td>R492</td>
<td>R630</td>
<td>R648 (R96 savings contribution included per month and R1 152 per year)</td>
<td>R828 (R120 savings contribution included per month and R1 440 per year)</td>
<td>R780 (R192 savings contribution included per month and R2 304 per year)</td>
</tr>
<tr>
<td></td>
<td>R2 964</td>
<td>R3 798</td>
<td>R3 936 (R588 savings contribution included per month and R7 056 per year)</td>
<td>R5 052 (R756 savings contribution included per month and R9 072 per year)</td>
<td>R4 734 (R1 182 savings contribution included per month and R14 184 per year)</td>
</tr>
<tr>
<td></td>
<td>R2 118</td>
<td>R2 712</td>
<td>R2 808 (R420 savings contribution included per month and R5 040 per year)</td>
<td>R3 600 (R534 savings contribution included per month and R6 408 per year)</td>
<td>R3 378 (R840 savings contribution included per month and R10 080 per year)</td>
</tr>
<tr>
<td></td>
<td>R2 610</td>
<td>R3 342</td>
<td>R3 456 (R516 savings contribution included per month and R6 192 per year)</td>
<td>R4 428 (R654 savings contribution included per month and R7 848 per year)</td>
<td>R4 158 (R1 032 savings contribution included per month and R12 384 per year)</td>
</tr>
<tr>
<td></td>
<td>R3 456</td>
<td>R4 428</td>
<td>R4 584 (R684 savings contribution included per month and R8 208 per year)</td>
<td>R5 880 (R876 savings contribution included per month and R10 512 per year)</td>
<td>R5 514 (R1 374 savings contribution included per month and R16 488 per year)</td>
</tr>
<tr>
<td></td>
<td>R3 948</td>
<td>R5 058</td>
<td>R5 232 (R780 savings contribution included per month and R9 360 per year)</td>
<td>R6 708 (R996 savings contribution included per month and R11 952 per year)</td>
<td>R6 294 (R1 566 savings contribution included per month and R18 792 per year)</td>
</tr>
<tr>
<td></td>
<td>R3 948</td>
<td>R5 058</td>
<td>R5 232 (R780 savings contribution included per month and R9 360 per year)</td>
<td>R6 708 (R996 savings contribution included per month and R11 952 per year)</td>
<td>R7 854 (R1 950 savings contribution included per month and R23 400 per year)</td>
</tr>
</tbody>
</table>

**Important:** This table provides a guideline for contributions based on your family’s composition. On **Prime 2 Savings** and **Unify Savings**, a credit facility equaling 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 Medihelp after January, your savings amount will be calculated based on the remaining months in the year. Please note that late-joiner penalties and employer subsidies were not taken into consideration. You are advised to obtain a detailed quotation from your accredited adviser based on your information.

* Pay child dependant rates for children younger than 26 years. On Prime 1, 2 and 3 you only pay for the youngest two children younger than 18 years.
## Benefit comparison

<table>
<thead>
<tr>
<th>Network</th>
<th>Non-network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day-to-day benefits</strong></td>
<td></td>
</tr>
<tr>
<td><strong>INSURED DAY-TO-DAY BENEFITS</strong></td>
<td><strong>DAY-TO-DAY MEDICAL EXPENSES</strong></td>
</tr>
<tr>
<td>M = R1 200 per year</td>
<td>15% medical savings account</td>
</tr>
<tr>
<td>M+ = R2 400 per year</td>
<td></td>
</tr>
<tr>
<td>GPs, specialists, physiotherapy, acute and self-medication</td>
<td></td>
</tr>
<tr>
<td><strong>CHILD CARE BENEFITS</strong></td>
<td><strong>CHILD CARE BENEFITS</strong></td>
</tr>
<tr>
<td>M+ = R2 000 per year</td>
<td>GP consultations for children ≥2 to &lt;12 years old once savings account funds are depleted</td>
</tr>
<tr>
<td><strong>ADDED INSURED BENEFITS</strong></td>
<td><strong>ADDED INSURED BENEFITS</strong></td>
</tr>
<tr>
<td>- Pregnancy and baby benefits</td>
<td>- Pregnancy and baby benefits</td>
</tr>
<tr>
<td>- Women’s &amp; men’s health tests</td>
<td>- Women’s &amp; men’s health tests</td>
</tr>
<tr>
<td>- Screenings &amp; immunisations</td>
<td>- Screenings &amp; immunisations</td>
</tr>
<tr>
<td><strong>HOSPITAL BENEFITS (NO OAL)</strong></td>
<td><strong>HOSPITAL BENEFITS (NO OAL)</strong></td>
</tr>
<tr>
<td>119 network facilities</td>
<td>Any hospital</td>
</tr>
<tr>
<td>CHRONIC ILLNESS/PMB</td>
<td>CHRONIC ILLNESS/PMB</td>
</tr>
<tr>
<td>Diagnosis, treatment and care costs of 270 PMB and 26 chronic conditions on the CDL DSPs &amp; specialist network apply</td>
<td>Diagnosis, treatment and care costs of 270 PMB and 26 chronic conditions on the CDL DSPs &amp; specialist network apply</td>
</tr>
<tr>
<td>POST-HOSPITAL CARE</td>
<td>POST-HOSPITAL CARE</td>
</tr>
<tr>
<td>Up to 30 days after discharge</td>
<td>Up to 30 days after discharge</td>
</tr>
<tr>
<td>SPECIALISED RADIOLOGY</td>
<td>SPECIALISED RADIOLOGY</td>
</tr>
<tr>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>In and out of hospital</td>
<td>In and out of hospital</td>
</tr>
<tr>
<td>Member pays the first R1 650 per examination Balance paid at 100% of the MT</td>
<td>Member pays the first R1 650 per examination Balance paid at 100% of the MT</td>
</tr>
<tr>
<td>TRAUMA-RELATED BENEFITS</td>
<td>TRAUMA-RELATED BENEFITS</td>
</tr>
<tr>
<td>Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV</td>
<td>Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV</td>
</tr>
<tr>
<td>ROAD &amp; AIR TRANSPORT</td>
<td>ROAD &amp; AIR TRANSPORT</td>
</tr>
<tr>
<td>Netcare 911</td>
<td>Netcare 911</td>
</tr>
<tr>
<td>Unlimited within RSA</td>
<td>Unlimited within RSA</td>
</tr>
</tbody>
</table>
Added insured benefits

These benefits are provided in addition to other insured benefits and available annually unless otherwise indicated and codes may apply.

**Women's health**
- **Prime range**
  - A mammogram for women 40 years and older requested by a medical doctor (per 2-year cycle)
- **Prime range & Unify**
  - A pap smear requested by a medical doctor (per 3-year cycle)
  - A flu vaccination at Clicks/Dis-Chem pharmacy clinics

**Enhanced maternity benefits**
- **Prime range**
  - Free registration on the HealthPrint pregnancy and baby programme
  - Flu vaccination at Clicks/Dis-Chem pharmacy clinics
  - Two 2D ultrasound scans per family
- **Prime range & Unify**
  - Child flu vaccination at Clicks/Dis-Chem pharmacy clinics

**Child benefits**
- **Prime range**
  - 12 ante- & postnatal consultations per family
  - Full schedule of standard child immunisations covered up to 7 years at Dis-Chem and Clicks pharmacy clinics
- **Prime range & Unify**
  - A combo test (blood glucose, cholesterol, BMI & blood pressure measurement)/individual test (blood glucose or cholesterol)
  - HIV testing, counselling & support
  - A tetanus vaccine
  - A flu vaccination

**Routine screening & immunisation**
- **Prime range**
  - A prostate test (PSA level) requested by a medical doctor for men 40 years and older
- **Prime range & Unify**
  - A flu vaccination at Clicks/Dis-Chem pharmacy clinics

**Men's health**
- **Prime range**
  - Women over 50 years have access to one bone mineral density test requested by a medical doctor
  - A Pneumovax vaccine in a 5-year cycle per person older than 55 years registered on Medihelp's asthma/COPD programme
  - A faecal occult blood test (FOBT) for people over 50 years
- **Prime range & Unify**
  - A flu vaccination at Clicks/Dis-Chem pharmacy clinics

**Screening and immunisation for over 50s**
- **Prime range & Unify**
  - Maintain a healthy weight
  - Participation in Medihelp's HealthPrint BMI programme
  - One dietician consultation per registered HealthPrint member if a BMI test result indicates a BMI higher than 30
  - An alternative to surgery
  - Back treatment at a Document Based Care facility for patients who qualify for this benefit
  - Chronic Care programme
  - People who suffer from high blood pressure, high cholesterol and diabetes simultaneously have access to Medihelp's Chronic Care programme, which will provide personal support through a care coordinator to assist in maintaining and optimising their well-being
Chronic illness and PMB cover

You are covered for the diagnosis, treatment and care of 270 conditions (DTPs), the treatment of 26 chronic diseases (CDL), and medical emergencies defined as prescribed minimum benefits (PMB) in terms of the Medical Schemes Act 131 of 1998 and its Regulations:

### 270 diagnoses

The Regulations define a list of 270 diagnoses and treatment pairs (DTPs) with specific codes and treatment guidelines which qualify for PMB.

### 26 chronic conditions

- Addison’s disease
- Asthma
- Bipolar mood disorder
- Bronchiectasis
- Cardiac failure
- Cardiomyopathy
- Chronic obstructive pulmonary disease (COPD)
- Chronic renal disease
- Coronary artery disease
- Crohn’s disease
- Diabetes insipidus
- Diabetes mellitus type 1
- Diabetes mellitus type 2
- Dysrhythmia
- Epilepsy
- Glaucoma
- Haemophilia A and B
- Hyperlipidaemia
- Hypertension
- Hypothyroidism
- Multiple sclerosis
- Parkinson’s disease
- Rheumatoid arthritis
- Schizophrenia
- Systemic lupus erythematosus (SLE)
- Ulcerative colitis

### Medical emergencies

**What is an emergency?**
An emergency is the sudden and unexpected onset of a health condition that requires immediate medical or surgical treatment. 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 the person’s life in serious jeopardy.

**What to do in an emergency**
If you have an emergency, you can go directly to hospital. Register emergency hospital admissions on the 1st working day after the emergency admission – phone 086 0200 678.

If you need emergency transport, phone Netcare 911, the designated service provider for emergency transport, on 082 911.

To access prescribed minimum benefits, certain conditions apply, such as pre-authorisation in line with the list of PMB conditions and codes as described in the Regulations, the use of designated service providers and network providers, treatment protocols and medicine formularies.
## Core benefits

<table>
<thead>
<tr>
<th>Description</th>
<th>+Prime Hospital plan</th>
<th>+Prime Savings 2</th>
<th>Unify Savings 3</th>
<th>+Prime Comprehensive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHRONIC ILLNESS AND PMB</strong> Diagnosis, treatment and care costs of 270 PMB and 26 chronic conditions on the CDL Subject to protocols, pre-authorisation and DSPs</td>
<td>100% of the cost* Unlimited</td>
<td>100% of the cost* Unlimited</td>
<td>100% of the cost* Unlimited</td>
<td>100% of the cost* Unlimited</td>
</tr>
<tr>
<td><strong>TRAUMA BENEFITS</strong> Benefits for major trauma that necessitates hospitalisation in the case of:</td>
<td>100% of the cost* Unlimited</td>
<td>100% of the cost* Unlimited</td>
<td>100% of the cost* Unlimited</td>
<td>100% of the cost* Unlimited</td>
</tr>
<tr>
<td>• Motor vehicle accidents</td>
<td></td>
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<tr>
<td>• Stab wounds</td>
<td></td>
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<td></td>
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<tr>
<td>• Gunshot wounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Head trauma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Burns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Near drowning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subject to authorisation, PMB protocols and case management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>POST-EXPOSURE PROPHYLAXIS (for HIV/Aids)</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>EMERGENCY TRANSPORT SERVICES</strong> Netcare 911 Subject to pre-authorisation and protocols In beneficiary’s country of residence In the RSA, Lesotho, Swaziland, Mozambique, Namibia and Botswana</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
</tr>
<tr>
<td>• Transport by road</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Transport by air</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside beneficiary’s country of residence</td>
<td>100% of the MT R2 050 per case</td>
<td>100% of the MT R2 050 per case</td>
<td>100% of the MT R2 050 per case</td>
<td>100% of the MT R2 050 per case</td>
</tr>
<tr>
<td>• Transport by road</td>
<td>100% of the MT R13 700 per case</td>
<td>100% of the MT R13 700 per case</td>
<td>100% of the MT R13 700 per case</td>
<td>100% of the MT R13 700 per case</td>
</tr>
</tbody>
</table>

* Contracted tariffs may apply.
## Core benefits

<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit</th>
<th>Benefit</th>
<th>Benefit</th>
<th>Benefit</th>
</tr>
</thead>
</table>
| **HOSPITALISATION**  
(State and private hospitals and day clinics)  
Subject to pre-authorisation, protocols and case management  
• Intensive and high-care wards  
• Ward accommodation  
• Theatre fees  
• Treatment and ward medicine  
• Consultations, surgery and anaesthesia | 100% of the MT  
Unlimited  
Prime 1 Network  
119 network hospitals | 100% of the MT  
Unlimited  
Prime 2 Network  
119 network hospitals | 100% of the MT  
Unlimited  
Prime 3 Network  
119 network hospitals | 100% of the MT  
Unlimited  
Any hospital  
Any hospital  
Any hospital |
| **CONFINEMENT** (childbirth)  
Subject to pre-authorisation, protocols and case management | 100% of the MT  
Unlimited | 100% of the MT  
Unlimited | 100% of the MT  
Unlimited | 100% of the MT  
Unlimited |
| **HOME DELIVERY**  
Subject to pre-authorisation  
• Professional nursing fees  
• Equipment  
• Material and medicine | 100% of the MT  
R13 000 per event | 100% of the MT  
R13 000 per event | 100% of the MT  
R13 000 per event | 100% of the MT  
R13 000 per event |
| **STANDARD RADIOLOGY, PATHOLOGY 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 |
| **RADIOGRAPHY** (services by radiographers)  
In and out of hospital  
Subject to clinical protocols and on request by a medical doctor | 100% of the MT  
R1 050 per family per year | 100% of the MT  
R1 050 per family per year | 100% of the MT  
R1 050 per family per year | 100% of the MT  
R1 050 per family per year |
| **SPECIALISED RADIOLOGY**  
In and out of hospital  
On request of a specialist and subject to clinical protocols  
• MRI and CT imaging (subject to pre-authorisation)  
• Angiography | 100% of the MT  
Unlimited  
Member pays the first  
R1 650 per examination | 100% of the MT  
Unlimited  
Member pays the first  
R1 650 per examination | 100% of the MT  
Unlimited  
Member pays the first  
R1 650 per examination | 100% of the MT  
Unlimited  
Member pays the first  
R1 650 per examination |
| **ORGAN TRANSPLANTS**  
Subject to pre-authorisation and clinical protocols  
• Cornea implants | 100% of the MT  
Unlimited  
R28 800 per implant per year | 100% of the MT  
Unlimited  
R28 800 per implant per year | 100% of the MT  
Unlimited  
R28 800 per implant per year | 100% of the MT  
Unlimited  
R28 800 per implant per year |
### Core benefits

<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit</th>
<th>Benefit</th>
<th>Benefit</th>
<th>Benefit</th>
</tr>
</thead>
</table>
| **POST-HOSPITAL CARE**  
Professional services relating to a Medihelp authorised private hospital admission, required for up to 30 days after discharge  
- Speech therapy  
- Occupational therapy  
- Physiotherapy | 100% of the MT  
M = R1 800 per year  
M+ = R2 500 per year | 100% of the MT  
M = R1 800 per year  
M+ = R2 500 per year | 100% of the MT  
M = R1 800 per year  
M+ = R2 500 per year | 100% of the MT  
M = R1 800 per year  
M+ = R2 500 per year |
| **SUPPLEMENTARY HEALTH SERVICES**  
In hospital  
- Occupational and speech therapy, audiometry, podiatry, massage, orthoptic, chiropractic, homeopathic, herbal and naturopathic, osteopathic and biokinetic services  
- Physiotherapy and dietician services on referral by the attending medical doctor | 100% of the MT  
Unlimited | 100% of the MT  
Unlimited | 100% of the MT  
Unlimited | 100% of the MT  
Unlimited |
| **OXYGEN**  
In hospital | 100% of the MT  
Unlimited | 100% of the MT  
Unlimited | 100% of the MT  
Unlimited | 100% of the MT  
Unlimited |
| **NEUROSTIMULATORS**  
Subject to pre-authorisation and clinical protocols  
- Device and components | 100% of the MT  
R111 900 per beneficiary per year | 100% of the MT  
R111 900 per beneficiary per year | 100% of the MT  
R111 900 per beneficiary per year | 100% of the MT  
R111 900 per beneficiary per year |
| **RENAL DIALYSIS**  
In and out of hospital  
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 |
| **APPLICABLE PRESCRIPTION MEDICINE DISPENSED AND CHARGED BY THE HOSPITAL ON DISCHARGE FROM THE HOSPITAL (TTO)** (excluding PMB chronic medicine) | 100% of the MT  
R350 per admission | 100% of the MT  
Savings account | 100% of the MT  
Savings account | 100% of the MT  
R350 per admission |
| **PSYCHIATRIC TREATMENT OF A MENTAL HEALTH CONDITION**  
Subject to pre-authorisation, protocols and services rendered in an approved/network hospital/facility and prescribed by a medical doctor  
- 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  
R19 300 per beneficiary per year (maximum R29 300 per family per year) | 100% of the MT  
R24 400 per beneficiary per year (maximum R33 500 per family per year) | 100% of the MT  
R24 400 per beneficiary per year (maximum R33 500 per family per year) | 100% of the MT  
R29 300 per beneficiary per year (maximum R39 300 per family per year) |
## Core benefits

<table>
<thead>
<tr>
<th>Description</th>
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<th>Benefit</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ONCOLOGY</strong>&lt;br&gt;Subject to pre-authorisation and registration on the Medihelp Oncology Programme. Protocols, DSP and MORP apply&lt;br&gt;PMB cases&lt;br&gt;• Hospital and related cancer treatments and services, including bone marrow/stem cell transplants (subject to PMB legislation)</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
</tr>
<tr>
<td><strong>Non-PMB cases</strong>&lt;br&gt;• Hospital and related cancer treatments, including radiotherapy, brachytherapy, chemotherapy and associated adjuvant medicine</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
</tr>
<tr>
<td><strong>HOSPICE SERVICES AND SUB-ACUTE CARE FACILITIES AS AN ALTERNATIVE TO HOSPITALISATION</strong>&lt;br&gt;Subject to pre-authorisation&lt;br&gt;Services rendered in an approved facility and prescribed by a medical doctor</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
</tr>
<tr>
<td><strong>PRIVATE NURSING AS AN ALTERNATIVE TO HOSPITALISATION</strong>&lt;br&gt;Subject to pre-authorisation&lt;br&gt;(Excluding general day-to-day care)</td>
<td>100% of the MT</td>
<td>100% of the MT</td>
<td>100% of the MT</td>
<td>100% of the MT</td>
</tr>
<tr>
<td><strong>APPENDECTOMY</strong>&lt;br&gt;Subject to pre-authorisation&lt;br&gt;• Conventional or laparoscopic procedure</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
</tr>
<tr>
<td><strong>PROSTATECTOMY</strong>&lt;br&gt;Subject to pre-authorisation&lt;br&gt;• Conventional or laparoscopic procedure&lt;br&gt;• Robotic assisted laparoscopic procedure</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
</tr>
<tr>
<td>Hospitalisation:&lt;br&gt;R111 000 per beneficiary</td>
<td>100% of the MT Hospitalisation:&lt;br&gt;R111 000 per beneficiary</td>
<td>100% of the MT Hospitalisation:&lt;br&gt;R111 000 per beneficiary</td>
<td>100% of the MT Hospitalisation:&lt;br&gt;R111 000 per beneficiary</td>
<td></td>
</tr>
</tbody>
</table>
## Core benefits

<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTERNALLY IMPLANTED PROSTHESES</strong></td>
<td></td>
</tr>
<tr>
<td>All hospital admissions and prostheses are subject to pre-authorisation, protocols and case management</td>
<td>100% of the MT</td>
</tr>
<tr>
<td>• EVARS prosthesis</td>
<td>R34 600 per beneficiary per year</td>
</tr>
<tr>
<td>• Vascular/cardiac prosthesis</td>
<td>R34 600 per beneficiary per year</td>
</tr>
<tr>
<td>• Health-essential functional prosthesis</td>
<td>R23 000 per beneficiary per year</td>
</tr>
<tr>
<td>• Hip, knee and shoulder replacements (non-PMB)</td>
<td></td>
</tr>
<tr>
<td>• In case of acute injury where replacement is the only clinically appropriate treatment modality</td>
<td>Hospitalisation: 100% of the MT</td>
</tr>
<tr>
<td>• In case of wear and tear</td>
<td>This option does not cover this benefit</td>
</tr>
<tr>
<td>• Intra-ocular lenses</td>
<td>Sub-limit subject to health-less functional prosthesis benefit</td>
</tr>
<tr>
<td>• Implantable hearing devices (including devices and components)</td>
<td>This option does not cover this benefit</td>
</tr>
<tr>
<td>• Prosthesis with reconstructive or restorative surgery in and out of hospital</td>
<td>R4 250 per family per year</td>
</tr>
<tr>
<td>• External breast prostheses in and out of hospital</td>
<td>R4 250 per family per year</td>
</tr>
</tbody>
</table>

### Description

**Hospital plan**
- **Prime1**
- **Prime2**
- **Unify**
- **Prime3 Comprehensive**
## Day-to-day benefits

<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit</th>
<th>Prime1 Hospital plan</th>
<th>Prime2 Savings</th>
<th>Unify Savings</th>
<th>Prime3 Comprehensive</th>
</tr>
</thead>
</table>
| **GPs AND SPECIALISTS**  
Consultations and follow-up consultations | 100% of the MT  
M = R1 200 per year  
M+ = R2 400 per year  
Pooled benefit for GP and specialist consultations, physiotherapy, acute medicine and self-medication |  |  |  |  |
| **PHYSIOTHERAPY**  
Treatment and material |  |  |  |  |  |
| **CLINICAL PSYCHOLOGY AND PSYCHIATRIC NURSING**  
In and out of hospital |  |  |  |  |  |
| **SUPPLEMENTARY HEALTH SERVICES**  
Occupational and speech therapy, dietician services, audiometry, podiatry, massage, orthoptic, chiropractic, homeopathic, herbal and naturopathic, osteopathic and biokinetic services |  |  |  |  |  |
| **PATHOLOGY AND MEDICAL TECHNOLOGIST SERVICES**  
Out of hospital  
Subject to clinical protocols and requested by a medical doctor |  |  |  |  |  |
| **STANDARD RADIOLOGY**  
Out of hospital  
Subject to clinical protocols and requested by a medical doctor  
(if chiropractor – black and white X-rays only) |  |  |  |  |  |
| **MEDICINE**  
Medicine obtained in the Medihelp Preferred Pharmacy Network and prescribed/dispensed by a medical doctor  
• Acute generic medicine  
  Including medicine dispensed at an emergency unit and self-medication, immunisations, contraceptives and homeopathic, herbal, naturopathic and osteopathic medicine  
  Please note:  
  • Original medicine when no generic equivalent is available – 80% of the MT will apply  
  • Voluntary use of original medicine when a generic equivalent is available – 70% of the MMAP will apply |  |  |  |  |  |
| 100% of the MT  
M = R1 200 per year  
M+ = R2 400 per year  
Pooled benefit for acute and self-medication, GP and specialist consultations and physiotherapy |  |  |  |  |  |
| **CHILD CARE BENEFITS**  
M+ = R2 000 per year  
GP consultations for children ≥2 to <12 years old once savings account funds are depleted |  |  |  |  |  |
| **CHILD CARE BENEFITS**  
M+ = R1 000 per year  
GP consultations for children ≥2 to <12 years old once savings account funds are depleted | 100% of the MT  
Savings account |  |  |  |  |
| **CHILD CARE BENEFITS**  
M+ = R2 000 per year  
GP consultations for children ≥2 to <12 years old once savings account funds are depleted | 100% of the MT  
Savings account |  |  |  |  |
| **CHILD CARE BENEFITS**  
M+ = R1 000 per year  
GP consultations for children ≥2 to <12 years old once savings account funds are depleted | 100% of the MT  
Savings account |  |  |  |  |
| **MEDICINE**  
Generic medicine | 100% of the MMAP  
M = R1 200 per year  
M+ = R2 400 per year |  |  |  |  |
| See GP and specialist consultations – pooled benefit for acute and self-medication, GP and specialist consultations and physiotherapy |  |  |  |  |  |

100% of the MT  
M = R9 450 per year  
M+1 = R15 000 per year  
M+2 = R17 700 per year  
M+3+ = R18 700 per year  

100% of the MMAP  
Generic medicine  
M = R1 200 per year  
M+ = R2 400 per year  
See GP and specialist consultations – pooled benefit for acute and self-medication, GP and specialist consultations and physiotherapy  

100% of the MMAP  
Generic medicine
## Day-to-day benefits

<table>
<thead>
<tr>
<th>Description</th>
<th>Prime1 Hospital plan</th>
<th>Prime2 Savings</th>
<th>Unify Savings</th>
<th>Prime3 Comprehensive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day-to-day benefits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| - Non-PMB generic chronic medicine  
  Subject to pre-authorisation and registration on Medihelp’s chronic medicine management programme  
  - Original medicine when no generic equivalent is available – 80% of the MT will apply  
  - Voluntary use of original medicine when a generic equivalent is available – 70% of the MMAP will apply | This option does not cover this benefit | 100% of the MT Savings account | 100% of the MT Savings account | This option does not cover this benefit |
| - PMB chronic medicine  
  Subject to pre-authorisation and registration on Medihelp’s PMB medicine management programme | 100% of the MHRP  
  Prime 1 Network DSP & formulary apply | 100% of the MHRP  
  Prime 2 Network DSP & formulary apply | 100% of the MHRP | 100% of the MHRP  
  Prime 3 Network DSP & formulary apply |
| **OXYGEN** | 100% of the MT Unlimited | 100% of the MT Unlimited | 100% of the MT Unlimited | 100% of the MT Unlimited |
| Out of hospital  
  Subject to pre-authorisation, clinical protocols and services prescribed by a medical doctor | | | | |
| **OPTOMETRY** | 100% of the MT Unlimited | 100% of the MT Unlimited | 100% of the MT Unlimited | 100% of the MT Unlimited |
| Subject to pre-authorisation by PPN and services should be obtained from a PPN provider  
  - Optometric examinations  
    1 composite consultation, including refraction test, tonometry and visual field test | | | | |
| - Spectacles or contact lenses  
  Benefits are limited to either spectacles or contact lenses  
  - Spectacles  
    - Frames and/or lens enhancements | | | | |
<p>|  | This option does not cover these benefits | 100% of the MT Savings account | 100% of the MT Savings account | |
|  | | | | R800 per beneficiary per 24-month cycle |
|  | | | | Single vision or bifocal lenses per beneficiary per 24-month cycle (multifocal lenses paid at the cost of bifocal lenses) |
|  | | | | R1 185 per beneficiary per 24-month cycle |</p>
<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit</th>
<th>Benefit</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXTERNAL PROSTHESES AND MEDICAL APPLIANCES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In and out of hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Artificial eyes</td>
<td>100% of the MT R4 700 per family per 3-year cycle</td>
<td>100% of the MT R4 700 per family per 3-year cycle</td>
<td>100% of the MT R4 700 per family per 3-year cycle</td>
</tr>
<tr>
<td>• Speech and hearing aids</td>
<td>100% of the MT R4 700 per family per 3-year cycle</td>
<td>100% of the MT Savings account</td>
<td>100% of the MT Savings account</td>
</tr>
<tr>
<td>• Artificial limbs</td>
<td>100% of the MT R4 700 per family per 3-year cycle</td>
<td>100% of the MT Savings account</td>
<td>100% of the MT Savings account</td>
</tr>
<tr>
<td>• Wheelchairs</td>
<td>100% of the MT R4 700 per family per 3-year cycle</td>
<td>100% of the MT Savings account</td>
<td>100% of the MT Savings account</td>
</tr>
<tr>
<td>• Medical appliances</td>
<td>100% of the MT R4 700 per family per 3-year cycle</td>
<td>100% of the MT Savings account</td>
<td>100% of the MT Savings account</td>
</tr>
<tr>
<td>• Hyperbaric oxygen treatment</td>
<td>This option does not cover these benefits</td>
<td>100% of the MT Savings account</td>
<td>100% of the MT Savings account</td>
</tr>
<tr>
<td>• In hospital</td>
<td></td>
<td>100% of the MT R630 per family per year</td>
<td>100% of the MT R1 250 per family per year</td>
</tr>
<tr>
<td>• Out of hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Stoma components</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
</tr>
<tr>
<td>• Incontinence products/supplies</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
<td>100% of the MT Unlimited</td>
</tr>
<tr>
<td>• CPAP apparatus</td>
<td>100% of the MT R9 700 per beneficiary per 24-month cycle</td>
<td>100% of the MT Savings account</td>
<td>100% of the MT Savings account</td>
</tr>
<tr>
<td>Prescribed by a medical doctor</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Day-to-day benefits

<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit</th>
<th>Benefit</th>
<th>Benefit</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DENTAL SERVICES</strong>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subject to DSP’s managed care protocols</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Conservative dental services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Routine check-ups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Oral hygiene</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Scale and polish treatments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Fluoride treatment for children &gt;5 and &lt;13 years</td>
<td></td>
<td></td>
<td>This option does not cover these benefits</td>
<td></td>
</tr>
<tr>
<td>▪ Fissure sealants for children &gt;5 and &lt;16 years only (permanent teeth)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Fillings (treatment plans and X-rays may be requested for multiple fillings)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tooth extractions and root canal treatment in the dentist’s chair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Laughing gas (in the dentist’s chair)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Dental procedures under conscious sedation in the dentist’s chair (sedation cost) Subject to pre-authorisation and managed care protocols</td>
<td></td>
<td></td>
<td>100% of the MT Removal of impacted teeth only (3rd molars) (Dentist’s account – item codes apply)</td>
<td></td>
</tr>
<tr>
<td>▪ Plastic dentures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ X-rays</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Intra-oral X-rays</td>
<td></td>
<td></td>
<td>This option does not cover these benefits</td>
<td></td>
</tr>
<tr>
<td>▪ Extra-oral X-rays</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Benefits for the retreatment of a tooth are subject to managed care protocols; specific item codes and pre-authorisation apply on certain dental services.
## Day-to-day benefits

<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit</th>
<th>Benefit</th>
<th>Benefit</th>
</tr>
</thead>
</table>
| **Specialised dental services**  
  Subject to pre-authorisation and DSP’s managed care protocols  
  • Partial metal frame dentures | 100% of the MT Savings account | 100% of the MT Savings account | 100% of the MT Savings account |
| • Maxillofacial surgery and oral pathology  
  • Surgery in the dentist’s chair  
  Benefits for temporomandibular joint (TMJ) therapy are limited to non-surgical interventions/treatment | 100% of the MT Savings account | 100% of the MT Savings account | 100% of the MT |
| • Crowns and bridges  
  Subject to pre-authorisation | 100% of the MT Savings account | 100% of the MT Savings account | This option does not cover these benefits |
| • Implants  
  Subject to pre-authorisation | 100% of the MT Savings account | 100% of the MT Savings account | This option does not cover this benefit |
| • Orthodontic treatment (only one beneficiary per family may begin orthodontic treatment per calendar year)  
  Subject to pre-authorisation and orthodontic needs analysis | 100% of the MT Savings account  
  Once per lifetime for beneficiaries <18 years  
  Payment from date of authorisation, until the patient turns 18 | 100% of the MT Savings account  
  Once per lifetime for beneficiaries <18 years  
  Payment from date of authorisation, until the patient turns 18 | 100% of the MT  
  R9 000 once per lifetime per beneficiary <18 years  
  Payment from date of authorisation, until the patient turns 18 |
| • Periodontal treatment (conservative non-surgical therapy only)  
  Subject to pre-authorisation and a treatment plan | 100% of the MT Savings account | 100% of the MT Savings account | 100% of the MT |
Deductibles

Visiting network service providers, making use of DSPs, following the correct pre-authorisation process and negotiating tariffs with your doctor are just some of the ways in which you can manage or reduce out-of-pocket medical expenses.

**Procedure-specific deductibles**

There are a limited number of low-incidence procedures that require a procedure-specific payment.

<table>
<thead>
<tr>
<th>Description</th>
<th>Prime1 Hospital plan</th>
<th>Prime2 Savings</th>
<th>Unify Savings</th>
<th>Prime3 Comprehensive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPINAL COLUMN SURGERY</strong></td>
<td>Subject to protocols and pre-authorisation</td>
<td>Member pays the first R11 600 per admission</td>
<td>Member pays the first R10 400 per admission</td>
<td>Member pays the first R10 400 per admission</td>
</tr>
<tr>
<td><strong>ENDOSCOPIC PROCEDURES</strong></td>
<td>Subject to protocols and pre-authorisation</td>
<td>Member pays the first R2 100 per admission</td>
<td>Member pays the first R2 750 per admission</td>
<td>Member pays the first R2 750 per admission</td>
</tr>
<tr>
<td></td>
<td>Gastroscopy, colonoscopy, arthroscopy and sigmoidoscopy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• In a day clinic</td>
<td>Member pays the first R2 100 per admission</td>
<td>Member pays the first R2 750 per admission</td>
<td>Member pays the first R2 750 per admission</td>
</tr>
<tr>
<td></td>
<td>• In a hospital</td>
<td>Member pays the first R3 200 per admission</td>
<td>Member pays the first R3 850 per admission</td>
<td>Member pays the first R3 850 per admission</td>
</tr>
<tr>
<td></td>
<td>• In the doctor’s rooms</td>
<td>No deductible</td>
<td>No deductible</td>
<td>No deductible</td>
</tr>
<tr>
<td><strong>DENTAL PROCEDURES UNDER GENERAL ANAESTHESIA</strong></td>
<td>In hospital</td>
<td>Subject to pre-authorisation and DSP’s managed care protocols</td>
<td>Member pays the first R3 300 per admission</td>
<td>Member pays the first R3 300 per admission</td>
</tr>
<tr>
<td></td>
<td>• Removal of impacted teeth (3rd molars)*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Extensive treatment for children younger than 5 years – once per lifetime*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SPECIALISED RADIOLOGY</strong></td>
<td>In and out of hospital</td>
<td>Subject to pre-authorisation, clinical protocols and services must be requested by a specialist</td>
<td>Member pays the first R1 650 per examination</td>
<td>Member pays the first R1 650 per examination</td>
</tr>
<tr>
<td></td>
<td>MRI and CT imaging</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PRIME NETWORK OPTIONS</strong></td>
<td>• Out-of-network hospital used by choice</td>
<td>65% of the benefit applies</td>
<td>Not applicable</td>
<td>65% of the benefit applies</td>
</tr>
<tr>
<td></td>
<td>• PMB chronic medicine outside the formulary and/or not obtained from the DSP</td>
<td>40% of the benefit applies</td>
<td></td>
<td>40% of the benefit applies</td>
</tr>
</tbody>
</table>

* On all options, item codes may apply on the dentist’s account for removal of impacted teeth. For Prime 1, 2 and Unify, the dentist’s account for extensive dental treatment, is for the member’s account/payable from the savings account.
**Deductibles**

<table>
<thead>
<tr>
<th>Description</th>
<th>Prime1</th>
<th>Prime2</th>
<th>Unify</th>
<th>Prime3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO PRE-AUTHORISATION OBTAINED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• All planned hospital admissions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Oxygen for out-of-hospital use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dental procedures under conscious sedation (sedation cost) in the dentist’s chair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Specialised dental services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Emergency transport services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

80% of the benefit applies

50% of the benefit applies

**Summary of exclusions**

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 is an extract from the Rules:

- 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.
- Dietician and physiotherapy services rendered in hospital not referred by the attending medical doctor.
- Cochlear implants – all related procedures, services and devices (not applicable to Prime 3).

This is a summary of benefits. In the event of a dispute, the registered Rules of Medihelp will apply (which are subject to approval by the Council for Medical Schemes). If a beneficiary joins during the course of a financial year, the benefits are calculated pro rata according to the remaining number of months per year.
Members of the Prime network benefit options must be admitted to one of the network hospitals or day clinics below when they need to undergo planned procedures.

<table>
<thead>
<tr>
<th>Gauteng</th>
<th>KwaZulu-Natal</th>
<th>Western Cape</th>
<th>Limpopo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberton</td>
<td>Amanzimtoti</td>
<td>Cape Town</td>
<td>Bela-Bela</td>
</tr>
<tr>
<td>Netcare Clinton Hospital</td>
<td>Netcare Kingsway Hospital</td>
<td>Life Vincent Pallotti Hospital</td>
<td>St Vincent’s Hospital</td>
</tr>
<tr>
<td>Netcare Union Hospital</td>
<td>Netcare Alberlito Hospital</td>
<td>Mediclinic Cape Gate</td>
<td>Mediclinic Lephalele</td>
</tr>
<tr>
<td>Netcare Lakeview Hospital</td>
<td>Busamed Hillcrest Private Hospital</td>
<td>Mediclinic Durbanville</td>
<td>Zoutpansberg Private Hospital</td>
</tr>
<tr>
<td>(maternity and neonatal</td>
<td>Lenemed Shifa Private Hospital</td>
<td>Mediclinic Durbanville Day Hospital</td>
<td>Mediclinic Limpopo</td>
</tr>
<tr>
<td>only)</td>
<td>Life Chatmed Garden Hospital</td>
<td>Mediclinic Louis Leipoldt</td>
<td>Mediclinic Limpopo Day Clinic</td>
</tr>
<tr>
<td>Netcare Linned Hospital</td>
<td>Netcare St Augustine’s Hospital</td>
<td>Mediclinic Milnerton</td>
<td>Mediclinic Tzaneen</td>
</tr>
<tr>
<td>Johannesburg</td>
<td>Mediclinic Howick</td>
<td>Mediclinic Strand</td>
<td></td>
</tr>
<tr>
<td>Netcare Garden City</td>
<td>Lenemed La Verna Private Hospital</td>
<td>Mediclinic Foreshore Day Hospital</td>
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<td>Hospital</td>
<td>Mediclinic Newcastle</td>
<td>Melomed Bellville</td>
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<td>Netcare Mulbarton Hospital</td>
<td>Netcare Pietermaritzburg</td>
<td>Melomed Gatesville</td>
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<td>Netcare Park Lane Hospital</td>
<td>Netcare St Annes’s Hospital</td>
<td>Netcare Christiana Barnard Memorial</td>
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<td>Netcare Rand Hospital</td>
<td>Netcare Newlands Day Hospital</td>
<td>Hospital</td>
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<td>Kempton Park</td>
<td>Cure Day Hospital</td>
<td>Netcare N1 City Hospital</td>
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<td>Birchem Surgical Centre</td>
<td>Midland Private Hospital</td>
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<td>Ekurhuleni Surgiklin Day Clinic</td>
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<tr>
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<td>Cure Day Hospital Midstream</td>
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<td>Netcare Bell Street Hospital</td>
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<td>Netcare Krugersdorp Hospital</td>
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<td>Netcare Pinehaven Hospital</td>
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<td>Midrand</td>
<td>Cure Day Hospital Erasmus Kloof</td>
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<td>Cure Day Hospital Medlin</td>
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<td>Louis Pasteur Private Hospital</td>
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<td>Netcare Pretoria East Hospital</td>
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<td>Netcare Unitas Hospital</td>
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<td>Zuid Afrikaans Hospital</td>
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<td>Roodepoort</td>
<td>Mayo Clinic</td>
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<td>Springs</td>
<td>Netcare N17 Hospital</td>
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<td>Vanderbijlpark</td>
<td>Corned Clinic</td>
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<td>Mediclinic Emfuleni</td>
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<td>PJ Schute Theatre Unit (dental procedures only)</td>
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<td>Vereeniging</td>
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<td>Midvaal Private Hospital</td>
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<td>Eastern Cape</td>
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<td>East London</td>
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<tr>
<td>Life Beacon Bay Hospital</td>
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<td>Life St Dominics’ Hospital</td>
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<td>Life St James Hospital</td>
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<td>Grahamstown</td>
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<td>Life Settlers Hospital</td>
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<td>Humansdorp</td>
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<td>Life Isivivana Private Hospital</td>
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<td>Port Alfred</td>
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<td>Port Elizabeth</td>
<td>Life St George’s Hospital</td>
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<td>Life St George’s Hospital</td>
<td>Life St George’s Hospital (maternity and neonatal only)</td>
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<td>Netcare Kuilsriver Hospital</td>
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<td>Queenstown</td>
<td>Medical Forum Theatre</td>
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<tr>
<td>Life Queenstown Private Hospital</td>
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<td>Netcare Greensrakes Hospital</td>
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<td>Netcare Cuyler Hospital</td>
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<td>Bethlehem</td>
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<td>Mediclinic Bloemfontein</td>
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<td>Pasteur Eye Hospital</td>
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<td>Universitas Private Hospital</td>
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<td>Kroonstad</td>
<td>Netcare Kroon Hospital</td>
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<td>Welkom</td>
<td>Mediclinic Welkom</td>
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<td>Welkom Medical Centre</td>
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</table>

Medhelp may change the information contained in this list from time to time and will publish any changes on our website at www.medihelp.co.za.
Our healthcare partners

We partner with preferred providers and networks to give you access to affordable, quality care.

Dental Risk Company
Dental Risk Company (DRC) specialises in offering effective dental managed care solutions and provides Medihelp’s dental benefits in partnership with more than 2,300 dentists across South Africa. Members may visit any dentist of their choice, but benefits are managed by DRC and granted in accordance with DRC protocols.

Medihelp Preferred Pharmacy Network
Medihelp’s Preferred Pharmacy Network consists of more than 2,000 pharmacies who offer Medihelp members the most cost-effective professional fee structure for prescribed medicine. This means that members who visit network pharmacies will not have to pay any excess amounts for higher professional fees which non-network pharmacies charge to dispense medicine items.

LifeSense, Dis-Chem Direct and Medipost
LifeSense Disease Management is the managed healthcare partner for HIV/AIDS-related services and post-exposure prophylaxis, while Dis-Chem Direct and Medipost are the designated service providers (DSPs) for HIV/AIDS medicine.

Specialist networks
Two specialist networks (for Medihelp’s non-network range and the Prime network range) effectively manage any PMB specialist care that our members may require, while reducing their out-of-pocket expenses. For members of our network options, specific specialist networks also ensure streamlined care between the specialist and the network hospital, especially with regard to PMB services.

Netcare 911
Netcare 911 is our partner in providing emergency medical services.

ICON
ICON is the Independent Clinical Oncology Network to which more than 80% of the country’s oncologists belong. They provide the highest quality cancer care through a countrywide footprint of high-tech chemotherapy and radiotherapy facilities. ICON is Medihelp’s designated service provider for oncology treatment.

DBC
Medihelp’s back treatment programme is offered in cooperation with Document Based Care (DBC). Each programme is developed by an inter-disciplinary medical team according to the individual’s clinical profile.

PPN (optometry network)
The Preferred Provider Negotiators (PPN) provide Medihelp’s optical benefits (in options which cover optometry) in partnership with more than 2,300 optometrists across South Africa. Medihelp members may visit any optometrist and benefits are paid according to PPN tariffs.

DSPs for the Prime network range only

MobileMeds
Members must obtain their PMB chronic medicine from a designated service provider (DSP) to avoid a 60% deductible. Order your authorised PMB chronic medicine from MobileMeds.

Dis-Chem Oncology and Medipost
Dis-Chem Oncology and Medipost are the DSPs for oncology medicine.
Explanation of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>BMI</td>
<td>Body mass index</td>
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<tr>
<td>COPD</td>
<td>Chronic obstructive pulmonary disease</td>
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<td>CT</td>
<td>Computerised tomography</td>
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<td>EMS</td>
<td>Emergency medical services</td>
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<td>GP</td>
<td>General practitioner</td>
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<td>HPV</td>
<td>Human papilloma virus</td>
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<td>M</td>
<td>Member</td>
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<tr>
<td>MORP</td>
<td>Medihelp Oncology Reference Price</td>
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<tr>
<td>MRI</td>
<td>Magnetic resonance imaging</td>
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<tr>
<td>OAL</td>
<td>Overall annual limit</td>
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<tr>
<td>PPN</td>
<td>Preferred Provider Negotiators</td>
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</table>

The **back treatment programme** provided by Document 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 inter-disciplinary 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.

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

The **Chronic Care programme** provides members who suffer from a combination of high blood pressure, diabetes and high cholesterol with the support they need to contribute to their optimum health. Participation in the programme entails support by a registered nurse who coordinates the member’s care to ensure optimal utilisation of medicine and consultations within available benefits, with the objective of improving members’ lifestyle and well-being.

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

**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 benefit option.

**Deductibles** 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. Deductibles 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 obtain services from a designated service provider (e.g. ICON in the case of oncology) or when a pre-determined deductible is applicable to a specific benefit as indicated per benefit option.

**DSP** – **Designated service providers** 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** prosthesis 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 (medicine, pathology, prosthetic or otherwise) based on its safety, efficacy and cost-effectiveness, used in the diagnosis and/or treatment of a medical condition (Prime network options only).
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, standard radiology, pathology and consultations during hospitalisation. Hospital benefits are subject to pre-authorisation and Medihelp pays 80% of the hospital account if the admission is not pre-authorised. 65% benefits are paid on the Prime network options in case of a voluntary admission to a non-network hospital. Procedure-specific deductibles may apply. Emergency admissions must be registered on the first workday following the admission (see also “emergency medical condition”).

MHRP – The Medihelp Reference Price is applicable to all pre-authorised 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 benefit options 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 secured site 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 deductibles.

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 benefit options offer benefits to members in collaboration with a medical provider network. Members on these options must make use of the network to qualify for benefits and prevent deductibles. Please visit www.medihelp.co.za for details of the network providers for your benefit option.

Oncology: The majority of oncology 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 oncology is covered at specific benefit amounts per option, provided that oncology is rendered by oncologists within the Independent Clinical Oncology Network (ICON). All oncology treatments will be evaluated on an individual basis according to ICON’s protocols and must adhere to ICON’s oncology treatment programmes. Medihelp covers PMB bone marrow/stem cell transplants subject to the applicable PMB legislation. Oncology received outside ICON or that deviates from the protocols is subject to deductibles.

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 270 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-authorisation, 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.

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 means an account which is held by Medihelp as part of the funds of Medihelp. Funds in the savings account are used to pay for qualifying medical expenses and funds not used, accumulate.

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

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

**Medihelp**

Medihelp Customer Care centre  
Tel: 086 0100 678  
Fax: 012 336 9540  
enquiries@medihelp.co.za  
www.medihelp.co.za

Application forms (new business)  
newbusiness@medihelp.co.za

Membership enquiries  
Fax: 012 336 9532  
membership@medihelp.co.za

Subscriptions enquiries  
Fax: 012 336 9537  
subscriptions@medihelp.co.za

E-services  
Access the secured site for members (Member Zone)  
via www.medihelp.co.za  
Download the member app from iStore/Google Play

Submission of claims  
Fax: 012 336 9556  
claims@medihelp.co.za

Hospital admissions (all hospital admissions must be pre-authorised)  
Member Zone  
Member app  
Tel: 086 0200 678  
Fax: 012 336 9535  
hospitalauth@medihelp.co.za

PMB chronic medicine and more than 30 days’ medicine supply  
Tel: 086 0100 678  
Fax: 012 334 2466  
medicineapp@medihelp.co.za

Prescribed minimum benefits (PMB)  
Tel: 086 0100 678  
Fax: 086 0064 762  
enquiries@medihelp.co.za

MRI and CT imaging  
Tel: 086 0200 678

Oncology  
Disease management programme  
Tel: 086 0100 678  
Fax: 086 0064 762  
oncology@medihelp.co.za

Oncology medicine (Prime network options 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

Private nursing, hospice and sub-acute care facilities  
Tel: 086 0100 678  
Fax: 012 336 9523  
hmanagement@medihelp.co.za

Chronic renal dialysis & oxygen administered at home  
Tel: 086 0100 678  
Fax: 012 336 9540  
preauth@medihelp.co.za

Medihelp fraudline  
Tel: 012 334 2428  
Fax: 012 336 9538  
fraud@medihelp.co.za

MobileMeds (Prime network options only)  
PMB chronic medicine  
Tel: 086 0100 678  
Fax: 012 336 9544  
mobilemeds@medihelp.co.za

**Partners**

Netcare 911 (emergency medical transport)  
Tel: 082 911  
mySOS app

DRC (dental services)  
Tel: 087 943 9618  
Fax: 086 687 1285  
medihelp@dentalrisk.com  
claims@dentalrisk.com  
auth@dentalrisk.com  
www.dentalrisk.com

HIV/Aids programme & 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 & 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

PPN (optometry)  
Tel: 086 1103 529 or 086 1101 477  
info@ppn.co.za  
www.ppn.co.za

Council for Medical Schemes  
Tel: 086 1123 267  
complaints@medicalschemes.com  
www.medicalschemes.com
Medihelp is an authorised financial services provider (FSP No 15738)