



medihelp

Medical Aid in Action

 MedVital

 MedAdd

 MedSaver

 MedElect

 MedPrime

 MedElite

Benefit *options*

2022

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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.

More than a **century's**
experience in the healthcare industry
provides a solid foundation to ensure that
we deliver care with confidence

Taking care of close to
195 000 lives
means we are large enough to trust
and small enough to care

One of the **largest**
medical aids in South Africa

Self-administered
means we handle all services and
remain in tune with members' needs

Excellent **AA- rating**
by GCR for **claims-paying ability**, which
means your healthcare needs are in
capable hands



Medical Aid *in Action*

- Solid cover
- Personal service
- Care for all generations

Solvency level
well above **25%**
means Medihelp is financially sound

24-hour access
to **Member Zone** and **app**
View benefits, update details and
access e-membership card

74 292 active users
on our e-service platforms

Access to unique hybrid
product guides
installed on your mobile device

Free membership
of HealthPrint, an online health and wellness
platform for members, providing value and
health support for every life stage

Out-of-hospital cover

Tailored cover for **virtual care**,
GP visits and medicine on every plan

Prevention remains the best
cure – **all plans provide cover**
for health tests, screenings & immunisations

Comprehensive **maternity** and **baby benefits**

provided on 10 plans

Additional benefits for

lactation specialist & dietician
consultations

Activate **care extender** benefits

– stretch your benefits
and be rewarded for taking care of your
health with extra benefits

Unlimited benefits for **specialised**
radiology in and out of hospital

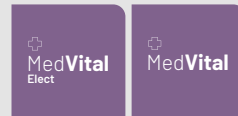
Post-hospital care
on 9 of our plans

Options for every **life stage**

offering you a perfect blend, from
essential cover to comprehensive cover

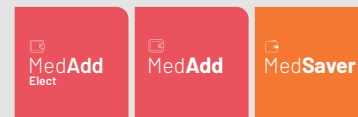
Vital plans

Provide affordable cover for essential
medical services you may need while
you focus on building your career



Savings plans

for the independent and healthy, with
immediate access to a year's savings
and unused funds are carried over to
the next year



Comprehensive plans

for families with varied healthcare needs
through networks, or by combining fixed
cover with the flexibility of a savings
account



Essential & in-hospital **cover**

Private hospitalisation
covered with no overall annual limit

Cover for **emergency**

medical services, including road and air
transport in South Africa

Full cover for **270 prescribed minimum**
benefits and **26 chronic conditions**

Family-friendly premiums:

Pay for **only two children**

under the age of 18 years on MedVital,
MedAdd and MedPrime

Students pay low premiums
for solid healthcare cover

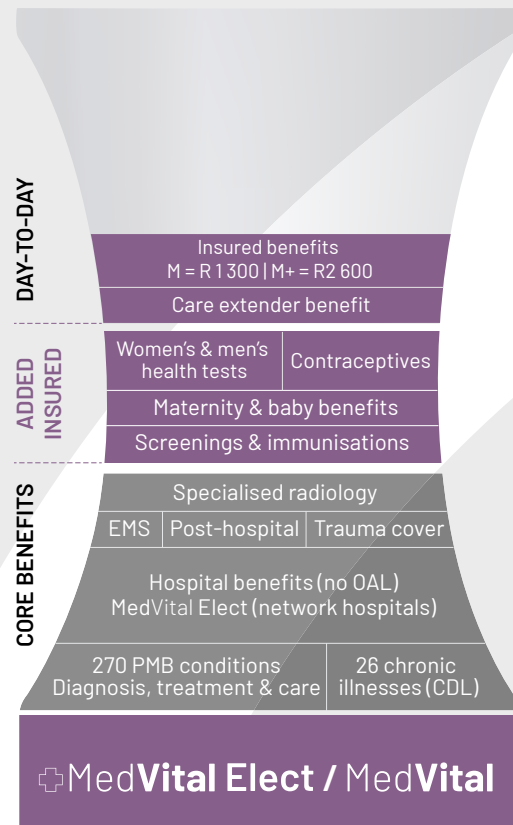
Pay **low child dependant rates**
until your children turn 26 years old

Up to 25% premium discounts
on network alternative options

Product overview

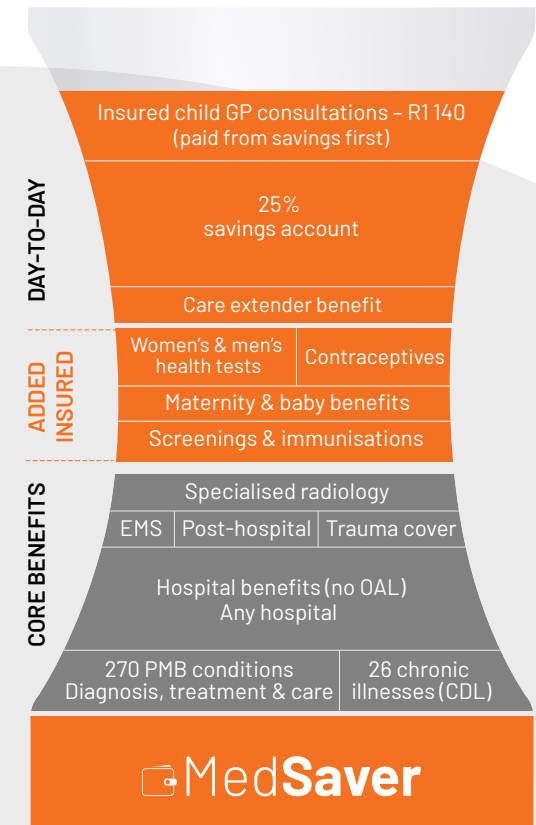
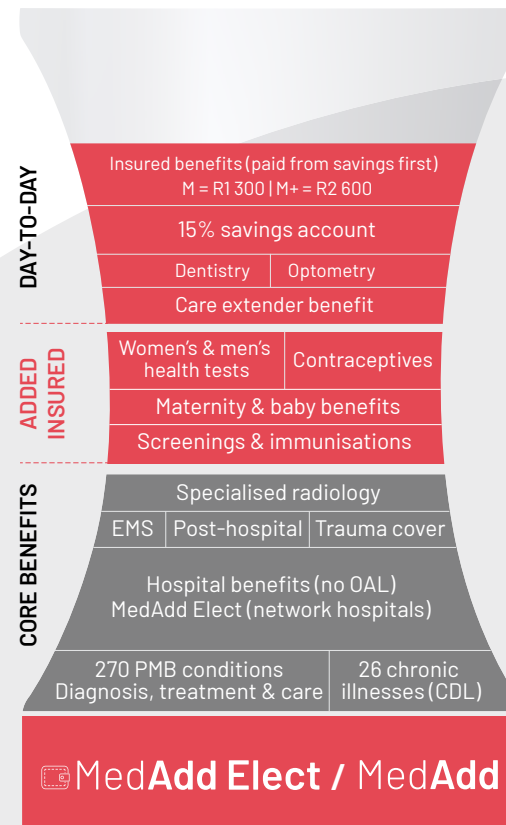
Vital

Essential cover from **R1 650** per month



Savings

Three savings options offering a different level of savings and access, starting at **R2 148** per month



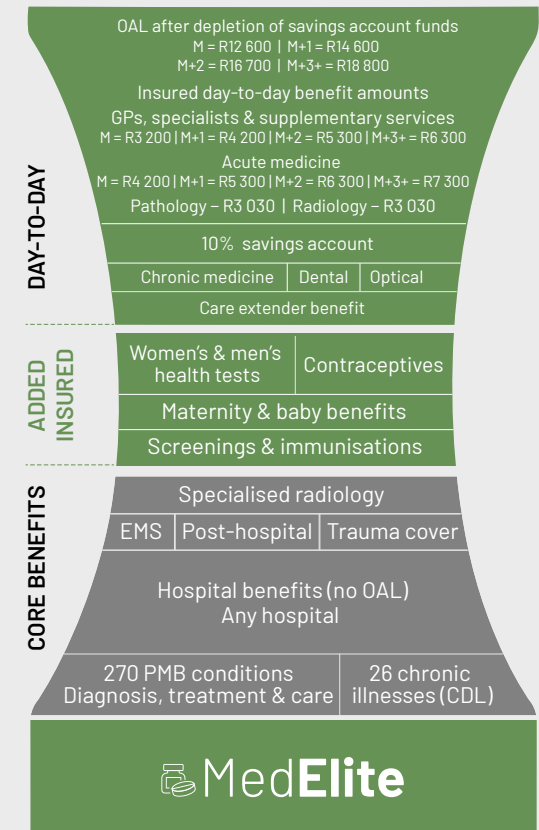
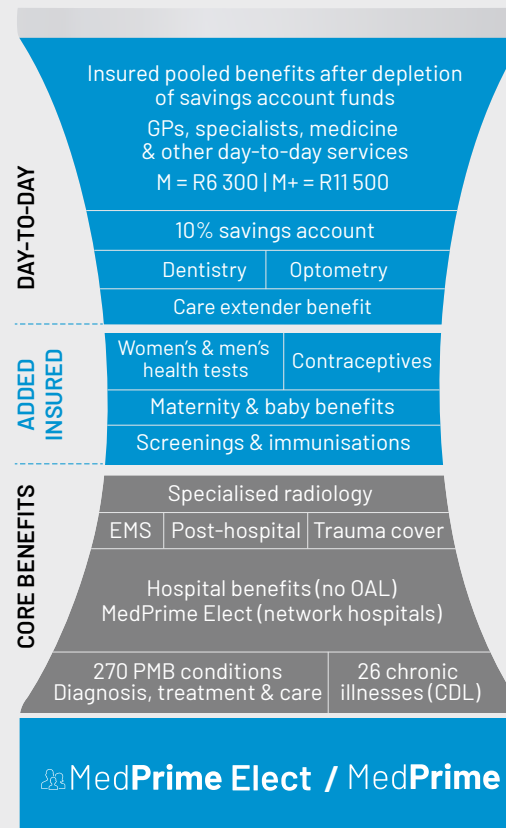
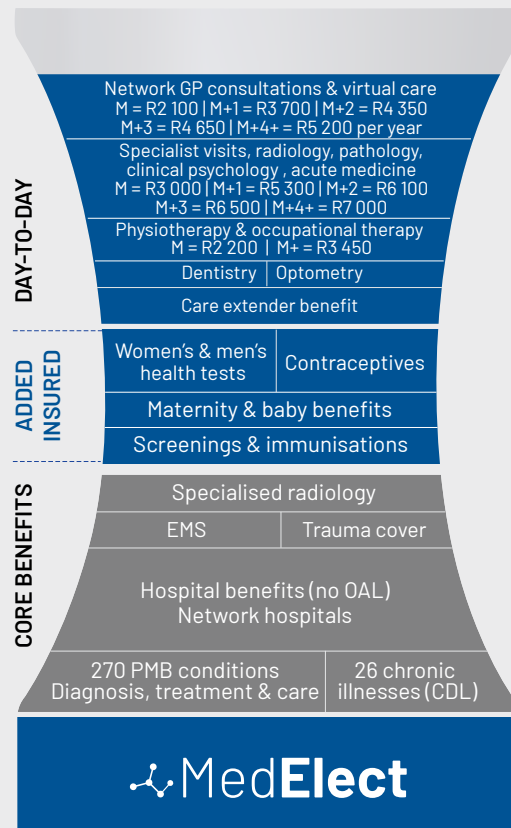
	MedVital Elect	MedVital
Principal member	R1 650	R2 100
Dependant	R1 200	R1 602
Child dependant <26 years	R648	R690

	MedAdd Elect	MedAdd
Principal member	R2 148 (R3 888 savings included per year)	R2 598 (R4 680 savings included per year)
Dependant	R1 602 (R2 880 savings included per year)	R2 202 (R3 960 savings included per year)
Child dependant <26 years	R750 (R1 368 savings included per year)	R882 (R1 584 savings included per year)

	MedSaver
Principal member	R2 814 (R8 352 savings included per year)
Dependant	R2 310 (R6 912 savings included per year)
Child dependant <26 years	R846 (R2 448 savings included per year)

Comprehensive

Four comprehensive insured options with monthly premiums starting at **R2 226** per month









	 MedElect Student < R800	 MedElect R801 or more
Principal member	R702	R2 226
Dependant	R702	R1 740
Child dependant <21 years	R702	R720

	 MedPrime Elect	 MedPrime
Principal member	R3 198 (R3 816 savings included per year)	R3 906 (R4 752 savings included per year)
Dependant	R2 706 (R3 240 savings included per year)	R3 306 (R3 960 savings included per year)
Child dependant <26 years	R930 (R1 080 savings included per year)	R1 140 (R1 440 savings included per year)

















	 MedElite
Principal member	R5 832 (R6 984 savings included per year)
Dependant	R5 454 (R6 552 savings included per year)
Child dependant <26 years	R1 584 (R1 872 savings included per year)

View a summary of each plan's benefits

						
Description	MedVital provides for the unforeseen by securing access to private hospitalisation, emergency medical services and cover for minor medical expenses. Pay 25% less for MedVital Elect.	Apart from cover for private hospitalisation, a 15% savings provides out-of-hospital cover. Once depleted it will unlock additional cover. Separate dental and eye care benefits are also provided. Pay 24% less for MedAdd Elect.	MedSaver provides for private hospitalisation, while the 25% savings account covers medical expenses incurred out of hospital. Once depleted it will unlock additional out-of-hospital cover.	MedElect's quality networks enable comprehensive care at an affordable premium. This plan also has a special rate for students.	Apart from private hospitalisation, get excellent cover for out-of-hospital services through a savings account and a pooled benefit once savings are depleted, and separate benefits for dental and eye care. Pay 22% less for MedPrime Elect.	This option offers extensive benefits for private hospitalisation and richly insured benefits for out-of-hospital medical expenses, including chronic medicine to offer complete peace of mind.
Day-to-day benefits	DAY-TO-DAY BENEFITS M = R1 300 per year M+ = R2 600 per year for GP and specialist visits, physiotherapy, virtual consultations, acute and self-medication MedVital Elect GP network and specialist referrals apply NON-PMB CHRONIC MEDICINE BENEFITS Medicine is funded from available day-to-day benefit	15% MEDICAL SAVINGS ACCOUNT OVERALL ANNUAL DAY-TO-DAY BENEFITS Once savings account funds have been depleted M = R1 300 per year M+ = R2 600 per year GP and specialist visits, physiotherapy, virtual consultations, acute and self-medication MedAdd Elect GP network and specialist referrals apply NON-PMB CHRONIC MEDICINE BENEFITS Medicine is funded from available savings account/day-to-day benefits INSURED OPTOMETRY BENEFITS Spectacles or contact lenses INSURED DENTISTRY BENEFITS Conservative dentistry for children <18 years	25% MEDICAL SAVINGS ACCOUNT CHILD CARE BENEFITS M+ = R1 140 per year GP consultations for children ≥2 to <12 years old once savings account funds have been depleted NON-PMB CHRONIC MEDICINE BENEFITS Medicine is funded from savings account	ANNUAL DAY-TO-DAY BENEFIT M = R3 000 per year M+1 = R5 300 per year M+2 = R6 100 per year M+3 = R6 500 per year M+4+ = R7 000 per year • Specialists, radiology, pathology, clinical psychology, acute and non-PMB chronic medicine • Self-medication Subject to annual day-to-day benefit R530 per beneficiary R1 570 per family per year NETWORK GPs & VIRTUAL CARE BENEFITS M = R2 100 per year M+1 = R3 700 per year M+2 = R4 350 per year M+3 = R4 650 per year M+4+ = R5 200 per year OUT-OF-NETWORK GP CONSULTATIONS M = R1 200 per year M+ = R2 450 per year PHYSIOTHERAPY AND OCCUPATIONAL THERAPY BENEFITS In and out of hospital M = R2 200 per year M+ = R3 450 per year	10% MEDICAL SAVINGS ACCOUNT INSURED DAY-TO-DAY BENEFITS Once savings are depleted M = R6 300 per year M+ = R11 500 per year • GP and specialist visits & virtual consultations • Clinical psychology & physiotherapy • Supplementary health services • Acute medicine and self-medication • Non-PMB chronic medicine • Standard radiology and pathology MedPrime Elect GP network and specialist referrals apply INSURED OPTOMETRY AND DENTISTRY BENEFITS	10% MEDICAL SAVINGS ACCOUNT ANNUAL DAY-TO-DAY BENEFIT Once savings are depleted M = R12 600 per year M+1 = R14 600 per year M+2 = R16 700 per year M+3+ = R18 800 per year DAY-TO-DAY BENEFIT AMOUNTS Subject to annual day-to-day benefit • GP and specialist visits & virtual consultations, clinical psychology, physiotherapy and supplementary health services M = R3 200 per year M+1 = R4 200 per year M+2 = R5 300 per year M+3+ = R6 300 per year • Acute medicine benefits M = R4 200 per year M+1 = R5 300 per year M+2 = R6 300 per year M+3+ = R7 300 per year • Radiology benefits R3 030 per family per year • Pathology benefits R3 030 per family per year NON-PMB CHRONIC MEDICINE BENEFITS M = R4 900 per year M+1 = R7 400 per year M+2 = R9 900 per year M+3+ = R10 600 per year INSURED DENTISTRY AND OPTOMETRY BENEFITS
Care extender	Activates after undergoing specific health tests: • 1 GP consultation • R450 for self-medication	Activates after undergoing specific health tests: • 1 GP consultation • R450 for self-medication	Activates after undergoing specific health tests: • 1 GP consultation • R450 for self-medication	Activates after undergoing specific health tests: • 1 GP consultation • R450 for self-medication	Activates after undergoing specific health tests: • 1 GP consultation • R450 for self-medication	Activates after undergoing specific health tests: • 1 GP consultation • R450 for self-medication

	MedVital Elect		MedAdd Elect		MedSaver	MedElect	MedPrime Elect		MedElite
	<ul style="list-style-type: none"> • Maternity and baby benefits • Women's & men's health tests • Contraceptives • Screenings & immunisations 		<ul style="list-style-type: none"> • Maternity and baby benefits • Women's & men's health tests • Contraceptives • Screenings & immunisations 		<ul style="list-style-type: none"> • Maternity and baby benefits • Women's & men's health tests • Contraceptives • Screenings & immunisations 	<ul style="list-style-type: none"> • Maternity and baby benefits • Women's & men's health tests • Contraceptives • Screenings & immunisations 	<ul style="list-style-type: none"> • Maternity and baby benefits • Women's & men's health tests • Contraceptives • Screenings & immunisations 		<ul style="list-style-type: none"> • Maternity and baby benefits • Women's & men's health tests • Contraceptives • Screenings & immunisations
Core benefits	HOSPITAL BENEFITS (NO OAL)		HOSPITAL BENEFITS (NO OAL)		HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)		HOSPITAL BENEFITS (NO OAL)
	Network hospitals	Any hospital	Network hospitals	Any hospital	Any hospital	Network hospitals	Network hospitals	Any hospital	Any hospital
	Network options: Day procedure network applies to certain procedures Non-network options: Day procedure facilities apply to certain procedures								
	CHRONIC ILLNESS/PMB Diagnosis, treatment and care costs of 270 PMB and 26 chronic conditions on the CDL DSPs & specialist network apply		CHRONIC ILLNESS/PMB Diagnosis, treatment and care costs of 270 PMB and 26 chronic conditions on the CDL DSPs & specialist network apply		CHRONIC ILLNESS/PMB Diagnosis, treatment and care costs of 270 PMB and 26 chronic conditions on the CDL DSPs & specialist network apply	CHRONIC ILLNESS/PMB Diagnosis, treatment and care costs of 270 PMB and 26 chronic conditions on the CDL DSPs & specialist network apply	CHRONIC ILLNESS/PMB Diagnosis, treatment and care costs of 270 PMB and 26 chronic conditions on the CDL DSPs & specialist network apply		CHRONIC ILLNESS/PMB Diagnosis, treatment and care costs of 270 PMB and 26 chronic conditions on the CDL DSPs & specialist network apply
	POST-HOSPITAL CARE Up to 30 days after discharge		POST-HOSPITAL CARE Up to 30 days after discharge		POST-HOSPITAL CARE Up to 30 days after discharge		POST-HOSPITAL CARE Up to 30 days after discharge		POST-HOSPITAL CARE Up to 30 days after discharge
	SPECIALISED RADIOLOGY Unlimited In and out of hospital Member pays the first R2 800 per examination Balance paid at 100% of the MT		SPECIALISED RADIOLOGY Unlimited In and out of hospital Member pays the first R2 610 per examination Balance paid at 100% of the MT		SPECIALISED RADIOLOGY Unlimited In and out of hospital Member pays the first R2 610 per examination Balance paid at 100% of the MT	SPECIALISED RADIOLOGY Unlimited In and out of hospital Member pays the first R2 700 per examination Balance paid at 100% of the MT	SPECIALISED RADIOLOGY Unlimited Member pays the first R2 100 per examination in hospital and R1 800 out of hospital Balance paid at 100% of the MT		SPECIALISED RADIOLOGY Unlimited Member pays the first R1 600 per examination in hospital and R1 300 out of hospital Balance paid at 100% of the MT
EMS	TRAUMA-RELATED BENEFITS Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV		TRAUMA-RELATED BENEFITS Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV		TRAUMA-RELATED BENEFITS Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV	TRAUMA-RELATED BENEFITS Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV	TRAUMA-RELATED BENEFITS Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV		TRAUMA-RELATED BENEFITS Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV
	ROAD & AIR TRANSPORT Netcare 911 Unlimited within RSA		ROAD & AIR TRANSPORT Netcare 911 Unlimited within RSA		ROAD & AIR TRANSPORT Netcare 911 Unlimited within RSA	ROAD & AIR TRANSPORT Netcare 911 Unlimited within RSA	ROAD & AIR TRANSPORT Netcare 911 Unlimited within RSA		ROAD & AIR TRANSPORT Netcare 911 Unlimited within RSA

What will you pay monthly?

	 MedVital Elect	 MedVital	 MedAdd Elect	 MedAdd	 MedSaver	 MedElect Student	 MedElect	 MedPrime Elect	 MedPrime	 MedElite
						R0 - R800	R801 or more			
Principal member 	R1 650	R2 100	R2 148 (R324 savings contribution included per month and R3 888 per year)	R2 598 (R390 savings contribution included per month and R4 680 per year)	R2 814 (R696 savings contribution included per month and R8 352 per year)	R702	R2 226	R3 198 (R318 savings contribution included per month and R3 816 per year)	R3 906 (R396 savings contribution included per month and R4 752 per year)	R5 832 (R582 savings contribution included per month and R6 984 per year)
Dependant 	R1 200	R1 602	R1 602 (R240 savings contribution included per month and R2 880 per year)	R2 202 (R330 savings contribution included per month and R3 960 per year)	R2 310 (R576 savings contribution included per month and R6 912 per year)	R702	R1 740	R2 706 (R270 savings contribution included per month and R3 240 per year)	R3 306 (R330 savings contribution included per month and R3 960 per year)	R5 454 (R546 savings contribution included per month and R6 552 per year)
Child dependant <26 years/ <21 years* 	R648	R690	R750 (R114 savings contribution included per month and R1 368 per year)	R882 (R132 savings contribution included per month and R1 584 per year)	R846 (R204 savings contribution included per month and R2 448 per year)	R702	R720	R930 (R90 savings contribution included per month and R1 080 per year)	R1 140 (R120 savings contribution included per month and R1 440 per year)	R1 584 (R156 savings contribution included per month and R1 872 per year)
	R2 850	R3 702	R3 750 (R564 savings contribution included per month and R6 768 per year)	R4 800 (R720 savings contribution included per month and R8 640 per year)	R5 124 (R1 272 savings contribution included per month and R15 264 per year)	-	R3 966	R5 904 (R588 savings contribution included per month and R7 056 per year)	R7 212 (R726 savings contribution included per month and R8 712 per year)	R11 286 (R1 128 savings contribution included per month and R13 536 per year)
	R2 298	R2 790	R2 898 (R438 savings contribution included per month and R5 256 per year)	R3 480 (R522 savings contribution included per month and R6 264 per year)	R3 660 (R900 savings contribution included per month and R10 800 per year)	-	R2 946	R4 128 (R408 savings contribution included per month and R4 896 per year)	R5 046 (R516 savings contribution included per month and R6 192 per year)	R7 416 (R738 savings contribution included per month and R8 856 per year)
	R2 946	R3 480	R3 648 (R552 savings contribution included per month and R6 624 per year)	R4 362 (R654 savings contribution included per month and R7 848 per year)	R4 506 (R1 104 savings contribution included per month and R13 248 per year)	-	R3 666	R5 058 (R498 savings contribution included per month and R5 976 per year)	R6 186 (R636 savings contribution included per month and R7 632 per year)	R9 000 (R894 savings contribution included per month and R10 728 per year)
	R3 498	R4 392	R4 500 (R678 savings contribution included per month and R8 136 per year)	R5 682 (R852 savings contribution included per month and R10 224 per year)	R5 970 (R1 476 savings contribution included per month and R17 712 per year)	-	R4 686	R6 834 (R678 savings contribution included per month and R8 136 per year)	R8 352 (R846 savings contribution included per month and R10 152 per year)	R12 870 (R1 284 savings contribution included per month and R15 408 per year)
	R4 146	R5 082	R5 250 (R792 savings contribution included per month and R9 504 per year)	R6 564 (R984 savings contribution included per month and R11 808 per year)	R6 816 (R1 680 savings contribution included per month and R20 160 per year)	-	R5 406	R7 764 (R768 savings contribution included per month and R9 216 per year)	R9 492 (R966 savings contribution included per month and R11 592 per year)	R14 454 (R1 440 savings contribution included per month and R17 280 per year)
	R4 146	R5 082	R5 250 (R792 savings contribution included per month and R9 504 per year)	R6 564 (R984 savings contribution included per month and R11 808 per year)	R8 508 (R2 088 savings contribution included per month and R25 056 per year)	-	R6 846	R7 764 (R768 savings contribution included per month and R9 216 per year)	R9 492 (R966 savings contribution included per month and R11 592 per year)	R17 622 (R1 752 savings contribution included per month and R21 024 per year)

Important: This table provides a guideline for contributions based on a family's composition. On **MedAdd**, **MedAdd Elect**, **MedSaver**, **MedPrime**, **MedPrime Elect** and **MedElite**, 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 a person joins Medihelp after January, the savings amount and benefits will be calculated based on the remaining number of months in the year. Funds not used accumulate and are transferred to the next year. Please note that late-joiner penalties were not taken into consideration.

* Child dependant rates apply for children younger than 26 years (21 years for **MedElect**). A member pays only for the youngest two children younger than 18 years on **MedVital**, **MedVital Elect**, **MedAdd**, **MedAdd Elect**, **MedPrime** and **MedPrime Elect**.







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	✓	-	✓	-	-	✓	✓	-	-
270 PMB and 26 chronic conditions on the Chronic Diseases List (CDL)	✓	✓	✓	✓	✓	✓	✓	✓	✓
• PMB chronic medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prostheses (internally implanted)	✓	✓	✓	✓	✓	PMB	✓	✓	✓
Oncology treatment	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mental health treatment	✓	✓	✓	✓	✓	✓	✓	✓	✓
Specialised radiology (MRI & 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	✓	✓	✓	✓	✓	✓	✓	✓	✓
Additional child care benefit: GP consultations for children ≥2 and <12 years, after savings have been depleted	-	-	-	-	✓	-	-	-	-
Acute medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓
Non-PMB chronic medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard radiology	-	-	✓	✓	✓	✓	✓	✓	✓
Pathology	-	-	✓	✓	✓	✓	✓	✓	✓
Conservative dentistry	-	-	✓	✓	✓	✓	✓	✓	✓
Specialised dentistry	-	-	✓	✓	✓	-	✓	✓	✓
• Removal of impacted teeth (3rd molars)	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Extensive treatment for children younger than 7 years (in hospital)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Optometry	-	-	✓	✓	✓	✓	✓	✓	✓
Clinical psychology in and out of hospital	-	-	✓	✓	✓	✓	✓	✓	✓
Psychiatric nursing in and out of hospital	-	-	✓	✓	✓	-	✓	✓	✓
Care extender benefit									
One GP consultation is activated after completing certain health tests	✓	✓	✓	✓	✓	✓	✓	✓	✓
A R450 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, post-natal, dietician and lactation specialist consultations)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Babies <2 – first 2 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, deductibles, formularies, lists of codes and DSPs may apply to certain benefits.

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 once-off GP consultation for the family for the year. Self-medication – an additional R450 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 2-year cycle (women 40-75 years)	✓	✓	✓	✓	✓	✓
A Pap smear requested by a medical doctor per 3-year cycle (women 21-65 years)	✓	✓	✓	✓	✓	✓
Contraceptives						
<ul style="list-style-type: none"> Oral/injectable/implantable contraceptives (women up to 50 years) 	R140 per month up to R1 550 per year	R145 per month up to R1 690 per year	R145 per month up to R1 690 per year	R140 per month up to R1 600 per year	R155 per month up to R1 820 per year	R160 per month up to R1 900 per year
<ul style="list-style-type: none"> Intra-uterine device every 60 months 	R2 050	R2 300	R2 300	R2 100	R2 400	R2 500
A flu vaccination at network pharmacy clinics	✓	✓	✓	✓	✓	✓
Enhanced maternity benefits						
Registration on HealthPrint's Maternity and Baby programme activates these additional benefits per family per year						
10 antenatal and post-natal consultations at a midwife/GP/gynaecologist	✓	✓	✓	✓	✓	✓
2 antenatal and post-natal consultations at a dietician/lactation specialist/antenatal classes	✓	✓	✓	✓	✓	✓
Two 2D ultrasound scans	✓	✓	✓	✓	✓	✓
9 months' antenatal iron supplements	Available day-to-day benefits	Available day-to-day benefits/savings	Available savings	Available day-to-day benefits	✓	✓
9 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 2 years receive 2 additional visits to a GP, paediatrician or ear, nose and throat specialist	✓	✓	✓	✓	✓	✓
Full schedule of standard child immunisations covered up to 7 years at network pharmacy clinics	✓	✓	✓	✓	✓	✓

Added insured benefits

	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite
Routine screening & immunisation Available at network pharmacy clinics per person: A combo test (blood glucose, cholesterol, BMI & blood pressure measurement)/individual test (blood glucose/cholesterol)	✓	✓	✓	✓	✓	✓
HIV testing, counselling & support	✓	✓	✓	✓	✓	✓
A tetanus vaccine	✓	✓	✓	✓	✓	✓
A flu vaccination	✓	✓	✓	✓	✓	✓
Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years	✓	✓	✓	✓	✓	✓
Men's health A prostate test (PSA level) requested by a medical doctor (men between 40-75 years)	✓	✓	✓	✓	✓	✓
A flu vaccination at network pharmacy clinics	✓	✓	✓	✓	✓	✓
Screening and immunisation for over 45s Women >65 years have access to one bone mineral density test requested by a medical doctor per 2-year cycle	✓	✓	✓	✓	✓	✓
A Pneumovax vaccine in a 5-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 Back treatment as an alternative to surgery at a Document Based Care facility for eligible patients, and the treatment is a prerequisite for spinal surgery	✓	✓	✓	✓	✓	✓
One dietician consultation per registered HealthPrint member if a BMI measurement indicates a BMI higher than 30	✓	✓	✓	✓	✓	✓
Chronic Care programme Personal support by a care coordinator for people who suffer from high blood pressure, high cholesterol and diabetes to assist them in maintaining and optimising their well-being	✓	✓	✓	✓	✓	✓
Oncology 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. Doctor's consultations are paid from the available savings account/day-to-day benefits.

Maternity

Having a baby is a wonderful and joyous experience, and Medihelp supports members with benefits and services that will add to their experience during this exciting time. Register on [HealthPrint](#), Medihelp's free online health and wellness programme, to activate added insured benefits.

During maternity

Maternity benefits – These benefits are included with each plan's available savings/day-to-day benefits.

Added insured benefits

In addition to your plan's regular maternity cover as set out under day-to-day benefits, Medihelp also offers added insured benefits per family per year on all options.

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

MedElite, MedPrime Elect & MedPrime

- 9 months' antenatal iron supplements
- 9 months' antenatal folic acid supplements

Childbirth in hospital or home delivery

There is no overall annual limit on hospital benefits and a childbirth is covered at 100% of the Medihelp tariff. A benefit of R14 100 is available for a home delivery, including the professional nursing fees, equipment, material and medicine.

Pre-authorise your planned hospital admission or home delivery to avoid out-of-pocket expenses (excluding emergencies, which must be authorised on the first workday after the admission).

health
print
your health. your way.

[Click here](#) to read more about the **Maternity and Baby programme**



Child care



[Click here](#) to read more about the **Maternity and Baby programme**

Your child's health is important to Medihelp and we offer rich benefits and the HealthPrint Maternity and Baby programme to help you take care of them. Join [HealthPrint](#), Medihelp's free online health and wellness programme, and register for the Maternity and Baby programme to receive newsletters, invitations to webinars by partners and reminders to vaccinate your little one. Visit www.medihelp.co.za to register.

Benefits

Added insured benefits

- Babies under 2 years receive 2 additional visits to a GP, paediatrician or ear, nose and throat specialist. No referral by a GP is required to access this benefit.
- All options offer benefits for standard immunisation for children younger than seven years. It is important to get these immunisations as stipulated in the Department of Health's Expanded Programme on Immunisation. Medihelp covers the administering fee at network pharmacy clinics in full.

Day-to-day benefits

Available day-to-day benefits/savings account

MedSaver: R1 140 per family per year for GP consultations for children ≥ 2 to < 12 years old once savings are depleted.

Hospital benefits – Hospitalisation is covered in full, subject to protocols and pre-authorisation. Please refer to the section on hospital benefits for details.

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 & 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

Care programmes

Back treatment programme

A beneficiary qualifies for one back treatment programme annually at a Document Based Care (DBC) facility. The programme is also a prerequisite for any spinal column surgery. The DBC programme is a non-surgical treatment plan developed per individual by an interdisciplinary medical team based on each patient's unique clinical profile. Patients who qualify, follow a programme of up to six weeks and consistently report increased mobility and decreased pain after the treatment, with only a very small percentage ultimately requiring spinal surgery.

Tel: 086 0100 678

Chronic Care programme

Beneficiaries 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.

Tel: 086 0100 678

HIV programme

Medihelp offers an HIV/Aids programme with comprehensive benefits for the treatment of HIV/Aids, including antiretroviral therapy. All information will be treated with the utmost confidentiality. Our designated service providers for this programme are our managed healthcare partner LifeSense, and Dis-Chem Direct and Medipost for HIV/Aids medicine.

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

Oncology programme

Patients with cancer have access to comprehensive oncology benefits to ensure the best possible outcomes. By registering on the Medihelp Oncology Programme and pre-authorising your treatments, you are assured of quality care for your PMB and non-PMB cancer diagnoses provided by the oncologists of the Independent Clinical Oncology Network (ICON) according to ICON protocols.

Medihelp Oncology programme

Tel: 086 0100 678

oncology@medihelp.co.za

ICON Network

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 country-wide footprint of high-tech chemotherapy and radiotherapy facilities. ICON is Medihelp's designated provider for oncology treatment and ICON oncologists follow a progressive approach to cancer treatment.

PMB oncology

The majority of oncology cases qualify for PMB, and all Medihelp's benefit options offer benefits for cancer that qualifies for PMB.

To qualify for PMB, the cancer must:

- only be present in the organ in which it originated and show no evidence of distant metastatic spread to other organs; and
- show 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.

Benefits

Subject to pre-authorisation and registration on the Medihelp Oncology Programme. Protocols, a DSP and the MORP apply.

Hospital and related cancer treatments and services, including bone marrow/stem cell transplants (subject to PMB legislation)

100% of the MT
Unlimited

Non-PMB oncology

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

Benefits

Hospital and related cancer treatments, including radiotherapy, brachytherapy, chemotherapy and associated adjuvant medicine



MedVital

100% of the MT
R230 000 per family
per year



MedAdd

100% of the MT
R250 000 per family
per year



MedSaver

100% of the MT
R250 000 per family
per year



MedElect

100% of the MT
R220 000 per family
per year



MedPrime

100% of the MT
R285 000 per family
per year



MedElite

100% of the MT
R433 000 per family
per year

Oncology medicine

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

Designated service providers for oncology medicine for

MedVital Elect, MedAdd Elect, MedElect and MedPrime Elect options

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

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.

An emergency does not necessarily require a hospital admission. We may ask you or your treating healthcare provider for additional information to confirm the emergency.

What is covered?

We cover all the medical services that might be needed in an emergency, including:

- The Netcare 911 ambulance (or other medical transport authorised by Netcare 911)
- The hospital account
- The accounts of the doctor and anaesthetist who treat you in hospital
- Any other approved healthcare provider's account

Note: An emergency unit situated in a hospital is not part of the hospital but is managed as a GP practice. Any visits to an emergency unit for non-emergencies will therefore be paid from your day-to-day benefits, and for MedElect members from their out-of-network GP consultation benefits. Facility fees are not covered.

Benefits for emergency transport services (all options)

Netcare 911

Services are subject to pre-authorisation 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 210 per case

100% of the MT
R14 700 per case

Netcare Health-on-line and the Netcare 911 app

Netcare 911 offers a Health-on-line service which provides emergency and non-emergency telephonic advice by qualified nurses 24 hours a day. You can also download the Netcare 911 app on your mobile device for reliable emergency medical assistance in the fastest possible response time.

Trauma

What is covered?

Benefits are subject to authorisation, PMB protocols and case management.

Cover is provided for all major trauma that necessitates hospitalisation in the case of:

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

100% of the cost
Unlimited

In an emergency

If you have an emergency, you can go directly to hospital. Register emergency hospital admissions on the first workday after the emergency admission by phoning **086 0200 678**.

If you need emergency transport, phone

Netcare 911
082 911

Prescribed minimum benefits (PMB)

What are PMB?

PMB are granted for a list of medical conditions as stipulated in the Medical Schemes Act, 131 of 1998 and its Regulations. All medical schemes must cover the costs relating to the diagnosis, treatment and care of emergency medical conditions, a defined list of 270 diagnoses and a defined list of 26 chronic conditions on the Chronic Diseases List (CDL).

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

Benefits

PMB are subject to protocols, pre-authorisation and designated service providers (DSPs). Unlimited benefits are paid for PMB services such as:

- | | |
|--|-------------------|
| <ul style="list-style-type: none"> • Consultations and treatment; • Medicine; • Hospitalisation; • Emergencies; and • Treatment for COVID-19. | 100% of the cost* |
|--|-------------------|

* Contracted tariffs may apply

How we pay your PMB claims:

- As per Medihelp's Rules, and the medical condition must qualify for cover and be part of the defined list of PMB conditions.
- Out-of-pocket expenses can also occur for unauthorised services when the treatment does not follow the specified protocols/formularies (if applicable).
- The treatment you need must match the conditions of the defined PMB treatments.
- You must use Medihelp's network of specialists.

Members of network options

- Members of MedVital Elect, MedAdd Elect and MedPrime Elect must use formulary medicine, order their medicine from MobileMeds and then make use of designated service providers to obtain their medicine. MedElect members must obtain their medicine from a network pharmacy.
- Members of MedVital Elect, MedAdd Elect, MedElect and MedPrime Elect must make use of network hospitals.
- A network GP must refer patients to network specialists for the treatment of PMB conditions.

Basket of care

After we have registered your PMB condition, you will have access to a pre-approved basket of care (a benefit schedule specifying all relevant treatments, blood tests and/or radiology). We will fund all PMB services from your available day-to-day benefits first, and you may not claim any out-of-pocket expenses for PMB from your medical savings account.

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 member app

Description	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite
HOSPITALISATION (state and private hospitals and day clinics) Subject to pre-authorisation, protocols and case management <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 MedVital Elect Hospital network	100% of the MT Unlimited Any hospital MedAdd Elect Hospital network	100% of the MT Unlimited Any hospital	100% of the MT Unlimited Hospital network	100% of the MT Unlimited Any hospital MedPrime Elect Hospital network	100% of the MT Unlimited Any hospital
<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 deductibles may apply Network options: Day procedure network applies Non-network options: Day procedure facility applies					
<ul style="list-style-type: none"> Applicable prescription medicine dispensed and charged by the hospital on discharge from the hospital (TTO) (excluding PMB/chronic medicine) 	100% of the MT R370 per admission	100% of the MT R370 per admission	100% of the MT R370 per admission	100% of the MT R370 per admission	100% of the MT R470 per admission	100% of the MT R530 per admission
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	100% of the MT Unlimited	100% of the MT Unlimited
HOME DELIVERY Subject to pre-authorisation <ul style="list-style-type: none"> Professional nursing fees Equipment Material and medicine 	100% of the MT R14 100 per event	100% of the MT R14 100 per event	100% of the MT R14 100 per event	100% of the MT R14 100 per event	100% of the MT R14 100 per event	100% of the MT R14 100 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 R31 100 per implant per year	100% of the MT R31 100 per implant per year	100% of the MT R31 100 per implant per year	100% of the MT R31 100 per implant per year	100% of the MT R31 100 per implant per year	100% of the MT R31 100 per implant per year
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*	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 of a medical doctor	100% of the MT R1 150 per family per year	100% of the MT R1 150 per family per year	100% of the MT R1 150 per family per year	100% of the MT R1 150 per family per year	100% of the MT R1 150 per family per year	100% of the MT R1 150 per family per year
SPECIALISED RADIOLOGY In and out of hospital On request of a specialist and subject to clinical protocols Network options – 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 R2 800 per examination in and out of hospital	100% of the MT Unlimited Member pays the first R2 610 per examination in and out of hospital	100% of the MT Unlimited Member pays the first R2 610 per examination in and out of hospital	100% of the MT Unlimited Member pays the first R2 700 per examination in and out of hospital	100% of the MT Unlimited Member pays the first R2 100 per examination in hospital and R1 800 out of hospital	100% of the MT Unlimited Member pays the first R1 600 per examination in hospital and R1 300 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
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 000 per year M+ = R2 800 per year	100% of the MT M = R2 000 per year M+ = R2 800 per year	100% of the MT M = R2 000 per year M+ = R2 800 per year	This option does not cover this service	100% of the MT M = R2 000 per year M+ = R2 800 per year	100% of the MT M = R2 000 per year M+ = R2 800 per year

* **MedElect:** Pathology DSPs (Lancet/PathCare) apply

** 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-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
SUPPLEMENTARY HEALTH SERVICES In hospital Requested by the attending medical doctor <ul style="list-style-type: none"> Dietician services, speech therapy, audiometry, podiatry, massage, orthoptic, chiropractic, homeopathic, herbal and naturopathic, osteopathic and biokinetic services 	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	PMB only	100% of the MT Unlimited	100% of the MT Unlimited
<ul style="list-style-type: none"> Physiotherapy and occupational therapy 				100% of the MT** M = R2 200 per year M+ = R3 450 per year In and out of hospital		
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-authorisation, 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 R20 800 per beneficiary per year (maximum R31 600 per family per year)	100% of the MT R26 300 per beneficiary per year (maximum R36 200 per family per year)	100% of the MT R26 300 per beneficiary per year (maximum R36 200 per family per year)	100% of the MT R20 800 per beneficiary per year (maximum R31 600 per family per year)	100% of the MT R31 600 per beneficiary per year (maximum R42 500 per family per year)	100% of the MT R38 200 per beneficiary per year (maximum R53 100 per family per year)
HOSPICE SERVICES AS AN ALTERNATIVE TO HOSPITALISATION 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	This option does not cover these services	100% of the MT Unlimited	100% of the MT Unlimited

* Oxygen out of hospital is subject to pre-authorisation, clinical protocols and prescribed by a medical doctor.

** **MedElect**: A network GP or specialist on referral by a network GP must refer a beneficiary to avoid a deductible for out-of-hospital services.

Core benefits

	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite
Description SUBACUTE CARE FACILITIES AS AN ALTERNATIVE TO HOSPITALISATION Subject to pre-authorisation Services rendered in an approved facility and prescribed by a medical doctor						
PRIVATE NURSING AS AN ALTERNATIVE TO HOSPITALISATION Subject to pre-authorisation (General day-to-day care is excluded from benefits)	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT R24 100 per family per year	100% of the MT Unlimited	100% of the MT Unlimited
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 R20 800 per family per year	100% of the MT R22 900 per family per year	100% of the MT R22 900 per family per year	100% of the MT R18 800 per family per year	100% of the MT R25 000 per family per year	100% of the MT R27 100 per family per year
ONCOLOGY Subject to pre-authorisation and registration on the Medihelp Oncology Programme. Protocols, a DSP and the MORP apply 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) 	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
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 R230 000 per family per year	100% of the MT R250 000 per family per year	100% of the MT R250 000 per family per year	100% of the MT R220 000 per family per year	100% of the MT R285 000 per family per year	100% of the MT R433 000 per family per year
REFRACTIVE SURGERY Subject to pre-authorisation and clinical protocols	This option does not cover this service	100% of the MT Savings account	100% of the MT Savings account	This option does not cover this service	100% of the MT Hospitalisation: R12 500 per family per year for beneficiaries 18-50 years	100% of the MT Hospitalisation: R20 800 per family per year for beneficiaries 18-50 years

Core benefits







Description

INTERNALLY IMPLANTED PROSTHESES

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

- EVARS prosthesis

	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite
100% of the MT R37 500 per beneficiary per year	100% of the MT R141 200 per beneficiary per year	100% of the MT R141 200 per beneficiary per year	100% of the MT R141 200 per beneficiary per year		100% of the MT R141 200 per beneficiary per year	100% of the MT R141 200 per beneficiary per year
Vascular/cardiac prosthesis	R37 500 per beneficiary per year	R60 400 per beneficiary per year	R60 400 per beneficiary per year		R60 400 per beneficiary per year	R60 400 per beneficiary per year
Health-essential functional prosthesis	R24 900 per beneficiary per year	R67 000 per beneficiary per year	R67 000 per beneficiary per year		R67 000 per beneficiary per year	R67 000 per beneficiary per year
<ul style="list-style-type: none"> • Hip, knee and shoulder replacements (non-PMB) • In case of acute injury where replacement is the only clinically appropriate treatment modality 	Hospitalisation: 100% of the MT Prosthesis: Health-essential functional prosthesis benefits apply			PMB only	Hospitalisation: 100% of the MT Prosthesis: Health-essential functional prosthesis benefits apply	
<ul style="list-style-type: none"> • In case of wear and tear 	These options do not cover this service				This option 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 2 lenses per beneficiary per year, R4 480 per lens				Sublimit subject to health-essential functional prosthesis benefit. 2 lenses per beneficiary per year, R4 480 per lens	
Prosthesis with reconstructive or restorative surgery (in and out of hospital)	R4 580 per family per year	R10 300 per family per year	R10 300 per family per year		R10 300 per family per year	R10 300 per family per year
External breast prostheses (in and out of hospital)	This option does not cover this service	Savings account	Savings account			
Implantable hearing devices (including devices and components)	These options do not cover this service				R260 000 per beneficiary per year	R281 000 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 R21 200 benefit applies for the hospital account and prosthesis components (combined) per admission. Phone our Customer Care centre on 086 0100 678 to obtain the contact number of the nearest ICPS provider.

Hospital and day procedure networks

Medihelp makes use of quality networks of hospitals and day procedure networks where members can receive services at negotiated tariffs. These facilities have been matched with the national footprint of members and the network specialists who operate in these facilities.

2 hospital networks

Elect hospital network



MedElect hospital network



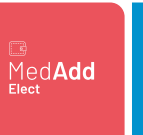
Make sure your specialist works at a network hospital

Certain specialists only admit patients to the hospital where they have their consultation rooms or perform surgeries. Members of **MedVital Elect**, **MedAdd Elect**, **MedElect** and **MedPrime Elect** must therefore make sure their specialists operate at network hospitals.

Day procedure networks

Network options

Elect day procedure network

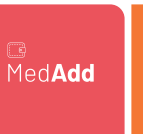


MedElect day procedure network



Non-network options

Members of these options are not confined to a network, but must use any day procedure facility.



These day procedures must be performed in the day procedure network/a day procedure facility

All ophthalmological, endoscopic, ear, nose and throat procedures, skin lesion removal, circumcisions, dental procedures and procedures as pre-authorized

Finding a network hospital or network day procedure facility

Medihelp's website has an updated list of network hospitals and network day procedure facilities, as well as network specialists. Visit www.medihelp.co.za and use the provider search function, log in to the **Member Zone** and download the Medihelp member app available on these devices:

Pre-authorisation of hospital admissions

Planned admissions

All hospital and day clinic/day procedure facility admissions must be pre-authorized well in advance, because Medihelp may require more information from the doctor, e.g. test results or reports

Emergency admissions

Authorise on the first workday following the emergency admission

Information needed for pre-authorisation

- Membership number and details of the patient
- The procedure and diagnosis codes (get these from the doctor)
- The treating doctor's details and practice number
- The details and practice number of the hospital where the patient will be admitted
- The date and time of admission
- For certain procedures, additional information may be required, such as medical reports, X-rays or blood test results. Medihelp's pre-authorization consultant will indicate what is needed
- Details of the anaesthetist

Authorisation platforms



Visit the **Member Zone** (secured website for members) at www.medihelp.co.za



086 0200 678



hospitalauth@medihelp.co.za



Use the **Medihelp member app** and select e-services to request pre-authorization



Dental procedures

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

Avoid deductibles

All options

Pre-authorization of planned procedures will ensure that a deductible does not apply.

Network options:

Voluntary admission to non-network hospitals will attract a deductible on the hospital account, as will voluntary admission to non-network day procedure facilities/hospitals for prescribed procedures.

Non-network options:

A deductible will apply if prescribed procedures are not performed in a day procedure facility.

Day-to-day benefits explained

These benefits provide cover for consultations with your GP or specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. Benefits will be paid at 100% of the Medihelp tariff (MT). We have also partnered with preferred providers and networks to offer affordable, quality care.

Options with savings accounts

Day-to-day benefits are covered first from the available savings account available at the beginning of the year, and after the savings account funds have been depleted, from the available insured benefits. Unused funds accumulate and are transferred to the next year.

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. **MedElect** members have to use network pharmacies to avoid out-of-pocket expenses.

Designated service providers (DSPs) for the network options

Members of **MedVital Elect**, **MedAdd Elect** and **MedPrime Elect** 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 by phoning 086 0100 678. **MedElect** members have to obtain their medicine from a network pharmacy.

Specialist networks

Specialist networks effectively manage any specialist care that members may require, while reducing their out-of-pocket expenses. For members of our network options, a referral to a specialist by their network GP is required. Specific specialist networks also ensure streamlined care between the specialist and the network hospital/day procedure facility, especially with regard to PMB services.

GP network

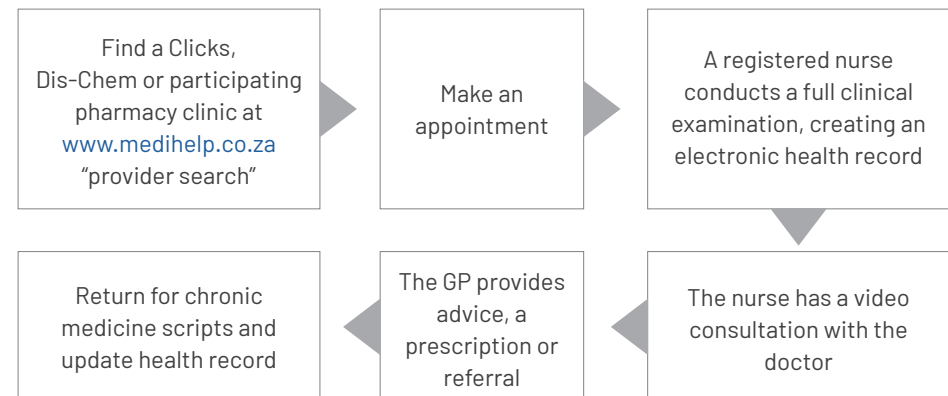
Medihelp has partnered with a network of GPs to provide affordable, quality care at a negotiated rate to members. Members of the network options must obtain a referral from a network GP to specified specialist disciplines to coordinate and optimise their care. Medihelp members on the non-network options can also avoid additional fees by making use of network GPs for consultations. The GP network consists of more than 2 000 GPs across South Africa.

Visit the Medihelp website at www.medihelp.co.za or use the member app to find a network doctor. Members can request a referral number on the **Member Zone** at "Pre-auths"/"Specialist referrals" by providing the following information:







- Network GP and specialist's details and practice numbers
- Date of specialist appointment
- ICD-10 codes

Virtual Care expands the GP network

Medihelp has partnered with Clicks, Dis-Chem and participating preferred pharmacy clinics to bring members increased access and convenient, quality care by registered nurses and video consultations with select networks of doctors on call, expanding the access to GPs.









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 300 per year M+ = R2 600 per year	15% savings account Day-to-day benefit 100% of the MT M = R1 300 per year M+ = R2 600 per year Activated after depletion of savings	25% savings account	Annual day-to-day benefit 100% of the MT M = R3 000 per year M+1 = R5 300 per year M+2 = R6 100 per year M+3 = R6 500 per year M+4+ = R7 000 per year	10% savings account Day-to-day benefit 100% of the MT M = R6 300 per year M+ = R11 500 per year Activated after the depletion of savings	10% savings account Annual day-to-day benefit 100% of the MT M = R12 600 per year M+1 = R14 600 per year M+2 = R16 700 per year M+3+ = R18 800 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 MedVital Elect, MedAdd Elect, MedElect* & MedPrime Elect GP network and specialist referral by a network GP apply	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 140 per year	100% of the MT M = R2 100 per year M+1 = R3 700 per year M+2 = R4 350 per year M+3 = R4 650 per year M+4+ = R5 200 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 200 per year M+1 = R4 200 per year M+2 = R5 300 per year M+3+ = R6 300 per year Subject to day-to-day annual benefit, shared with benefit for psychiatric nursing and supplementary health services
SPECIALISTS Consultations and follow-up consultations MedVital Elect, MedAdd Elect, MedElect & MedPrime Elect Specialist referral by a network GP applies			100% of the MT Savings account	Subject to annual day-to-day benefit Specialist referral apply		
PHYSIOTHERAPY Out of hospital Treatment and material				100% of the MT M = R2 200 per year M+ = R3 450 per year Shared with benefit of occupational therapy		
CLINICAL PSYCHOLOGY In and out of hospital	This option does not cover this service	100% of the MT Savings account		Subject to annual day-to-day benefit		

* **MedElect:** Outpatient emergency unit services, medicine and services rendered by a non-network GP are paid at 80% of the MT up to R1 200 for a member and R2 450 for a family per year.

Day-to-day benefits

Description	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite
PSYCHIATRIC NURSING In and out of hospital				This option does not cover this service		Paid from 10% savings first and after depletion of the savings 100% of the MT
SUPPLEMENTARY HEALTH SERVICES Out of hospital Occupational and speech therapy, dietician services, audiometry, podiatry, massage, orthoptic, chiropractic, homeopathic, herbal and naturopathic, osteopathic and biokinetic services	This option does not cover this service	100% of the MT Savings account	100% of the MT Savings account	This option does not cover these services, but occupational therapy shares the benefit for physiotherapy in and out of hospital	Paid from the 10% savings first then from the day-to-day benefit when savings are depleted	M = R3 200 per year M+1 = R4 200 per year M+2 = R5 300 per year M+3+ = R6 300 per year Subject to annual day-to-day benefit shared with 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	100% of the MHRP Unlimited MedAdd Elect Formulary and DSP	100% of the MHRP Unlimited	100% of the MHRP Unlimited Network pharmacies	100% of the MHRP Unlimited MedPrime Elect Formulary and DSP	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 MMAP M = R4 900 per year M+1 = R7 400 per year M+2 = R9 900 per year M+3+ = R10 600 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	100% of the MT Subject to overall annual day-to-day benefit	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 MMAP M = R4 200 per year M+1 = R5 300 per year M+2 = R6 300 per year M+3+ = R7 300 per year Subject to annual day-to-day benefits
<ul style="list-style-type: none"> Self-medication 				100% of the MT R530 per beneficiary R1570 per family 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 15% savings first and then 25% of the available day-to-day benefit		This option 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 <ul style="list-style-type: none"> 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					
<ul style="list-style-type: none"> R450 for self-medication 	Self-medication – an additional R450 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	This option does not cover these services	100% of the MT Savings account	100% of the MT Savings account	Subject to annual day-to-day benefit Lancet/PathCare DSPs for pathology	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 030 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 030 per family per year Subject to annual day-to-day benefit
EXTERNAL PROSTHESES AND MEDICAL APPLIANCES In and out of hospital <ul style="list-style-type: none"> Artificial eyes 	This option does not cover these services	100% of the MT Savings account	100% of the MT Savings account	This option does not cover these services	100% of the MT R5 000 per family per 3-year cycle	100% of the MT R8 500 per beneficiary per 3-year cycle
<ul style="list-style-type: none"> Speech and hearing aids 					100% of the MT R5 000 per family per 3-year cycle	100% of the MT R8 500 per beneficiary per 3-year cycle
<ul style="list-style-type: none"> Artificial limbs 					100% of the MT R5 000 per family per 3-year cycle	100% of the MT R6 750 per beneficiary per 3-year cycle
<ul style="list-style-type: none"> Wheelchairs 				100% of the MT R1 000 per family per year	100% of the MT R5 000 per family per 3-year cycle	100% of the MT R6 750 per beneficiary per 3-year cycle
<ul style="list-style-type: none"> Medical appliances <ul style="list-style-type: none"> Hyperbaric oxygen treatment Prescribed by a medical doctor <ul style="list-style-type: none"> In hospital Out of hospital 	PMB only	100% of the MT R700 per family per year	100% of the MT R700 per family per year	PMB only	100% of the MT R1 400 per family per year	100% of the MT R1 600 per beneficiary per year
<ul style="list-style-type: none"> CPAP apparatus Prescribed by a medical doctor, per 2-year cycle 	This option does not cover this service	100% of the MT Savings account	100% of the MT Savings account	This option does not cover this service	100% of the MT R10 400 per beneficiary	100% of the MT R10 400 per beneficiary

Optometry







Preferred Provider Negotiators (PPN)

PPN provides Medihelp's optical benefits (on 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. Benefits are paid per 24-month cycle (from the date of the service) unless paid from the savings account.

Contact information: PPN (optometry)

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 Optometric examinations	This option does not cover these services	1 composite examination per beneficiary per 24-month cycle	Savings account	1 composite examination per beneficiary per 24-month cycle	1 composite examination per beneficiary per 24-month cycle	1 composite examination per beneficiary per 24-month cycle
Spectacles or contact lenses		R275 per beneficiary per 24-month cycle		R550 per beneficiary per 24-month cycle	R800 per beneficiary per 24-month cycle	R1 000 per beneficiary per 24-month cycle
<ul style="list-style-type: none"> Spectacles Frames and/or lens enhancements 		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 or bifocal lenses (multifocal lenses paid at the cost of bifocal lenses) per beneficiary per 24-month cycle	Single vision, bifocal or multifocal lenses per beneficiary per 24-month cycle
<ul style="list-style-type: none"> Lenses (one pair of standard clear lenses) 		R650 per beneficiary per 24-month cycle	This option does not cover this service	R750 per beneficiary per 24-month cycle	R1 200 per beneficiary per 24-month cycle	R1 680 per beneficiary per 24-month cycle
<ul style="list-style-type: none"> Contact lenses 						
Spectacles that are lost, broken or stolen during a 24-month cycle (subject to PPN's terms and conditions)		This option does not cover this service		One pair per beneficiary	One pair per beneficiary	One pair per beneficiary

Dentistry

Dental Risk Company

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: DRC

Tel: 087 943 9618 | Fax: 086 687 1285

www.dentalrisk.com | medihelp@dentalrisk.com

claims@dentalrisk.com | auth@dentalrisk.com

 **MedVital**

 **MedAdd**

 **MedSaver**

 **MedElect**

 **MedPrime**

 **MedElite**

Specialised dentistry

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

Partial metal frame dentures	This option does not cover this service			This option does not cover this service	1 partial frame (upper or lower jaw) per beneficiary in a 5-year period	2 partial frames (upper and lower jaw) per beneficiary in a 5-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					1 crown per family per year, once per tooth in a 5-year period	2 crowns per family per year, once per tooth in a 5-year period
Implants		Savings account	Savings account		This option does not cover this service	This option 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 option does not cover these services			This option does not cover these services	R9 730 per beneficiary per lifetime	R12 750 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



Conservative dental services*		Subject to DRC protocols – 100% of the MT**				
Routine check-ups	This option does not cover these services	Beneficiaries <18 years: 2 per beneficiary per year Beneficiaries >18 years: Savings account	Savings account 2 per beneficiary per year	1 per beneficiary per year	2 per beneficiary per year	
Oral hygiene		Savings account 2 per beneficiary per year		1 treatment per beneficiary per year (<12 years - item code 8155 and >12 years - item code 8159)	2 per beneficiary per year	
• Scale and polish treatments						
• Fluoride treatment for children >5 and <13 years		Beneficiaries >5 and <13 years: 2 per beneficiary per year Beneficiaries >18 years: Savings account	Savings account 2 per beneficiary per year	1 per child per year		
• Fissure sealants for children >5 and <16 years only (permanent teeth)		Savings account	Savings account	Unlimited	Unlimited	Unlimited
Fillings (treatment plans and X-rays may be requested for multiple fillings)***		Beneficiaries <18 years: 1 filling per tooth in 365 days Beneficiaries >18 years: Savings account	Savings account 1 filling per tooth in 365 days	4 fillings per beneficiary, 1 filling per tooth in 365 days for a amalgam fillings (item codes 8341/8342/8343/ 8344) and resin restorations in anterior teeth (item codes 8351/8352/ 8353/8354)	1 filling per tooth in 365 days	1 filling per tooth in 365 days
Tooth extractions in the dentist's chair***		Beneficiaries <18 years: Unlimited Beneficiaries >18 years: Savings account	Savings account	Unlimited	Unlimited	Unlimited
Root canal treatment in the dentist's chair (only on permanent teeth)*				2 per beneficiary per year		
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-suthorisation – 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 (3rd molars – dentist's account only for item codes 8941/8943/8945)		Removal of impacted teeth (3rd 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 <ul style="list-style-type: none">Removal of impacted teeth (3rd molars – item codes 8941/8943/8945 on dentist's account)Extensive dental treatment for children younger than 7 years – once per beneficiary per 365-day period	Member pays the first R3 560 per admission Dentist's services for member's account or savings account		Member pays the first R1 960 per admission	Member pays the first R1 600 per admission	Member pays the first R970 per admission	
Dentist's account for treatment rendered to special needs patients in hospital (pre-authorisation by Medihelp and protocols apply)	100% of the MT Unlimited					
Plastic dentures	This option does not cover these services	Savings account 1 set per beneficiary in a 4-year period		80% of the MT 1 set per family (21 years and older) in a 2-year period	1 set per beneficiary in a 4-year period	1 set per beneficiary in a 4-year period
X-rays <ul style="list-style-type: none">Intra-oral X-rays		Beneficiaries <18 years: Unlimited Beneficiaries >18 years: Savings account	Savings account	4 per beneficiary per year	Unlimited	Unlimited
<ul style="list-style-type: none">Extra-oral X-rays				Beneficiaries <18 years: 1 per beneficiary in a 3-year period Beneficiaries >18 years: Savings account	Savings account 1 per beneficiary in a 3-year period	1 per beneficiary in a 3-year period

Deductibles







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 deductibles. 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 a DBC clinic as a prerequisite	Member pays the first R15 700 per admission	Member pays the first R11 400 per admission		Member pays the first R15 600 per admission	Member pays the first R9 900 per admission	Member pays the first R8 500 per admission
ENDOSCOPIC PROCEDURES Subject to protocols and pre-authorisation Network options: A day procedure network applies Non-network options: Any day procedure facility applies	Member pays the first R4 400 per admission All scopes**	Member pays the first R4 300 per admission All scopes**		Member pays the first R4 600 per admission All scopes**	Member pays the first R3 500 per admission Only gastroscopy, colonoscopy, arthroscopy and sigmoidoscopy	Member pays the first R2 300 per admission Only gastroscopy, colonoscopy, arthroscopy and sigmoidoscopy
• In the doctor's rooms	No deductible					
DENTAL PROCEDURES UNDER GENERAL ANAESTHESIA In hospital/day procedure facility - network options must make use of a day procedure network Subject to pre-authorisation and DSPs managed care protocols • Removal of impacted teeth* (3rd molars)(item codes 8941, 8943, 8945) Subject to clinical assessment/motivation* • Extensive treatment for children younger than 7 years - once per beneficiary per 365-day period	Member pays the first R3 560 per admission	Member pays the first R3 560 per admission	Member pays the first R3 560 per admission	Member pays the first R1 960 per admission	Member pays the first R1 600 per admission	Member pays the first R970 per admission
SPECIALISED RADIOLOGY In and out of hospital Subject to pre-authorisation, clinical protocols and services must be requested by a specialist • MRI and CT imaging	Member pays the first R2 800 per examination In and out of hospital	Member pays the first R2 610 per examination In and out of hospital	Member pays the first R2 610 per examination In and out of hospital	Member pays the first R2 700 per examination In and out of hospital	Member pays the first R2 100 per examination in hospital and R1 800 out of hospital	Member pays the first R1 600 per examination in hospital and R1 300 out of hospital
PROSTATECTOMY (CONVENTIONAL OR LAPAROSCOPIC) Subject to protocols and pre-authorisation	Member pays the first R6 800 per admission	Member pays the first R6 300 per admission	Member pays the first R6 300 per admission	Member pays the first R6 900 per admission	No deductible	No deductible
HYSTERECTOMY AND ENDOMETRIAL ABLATION Subject to protocols and pre-authorisation	Member pays the first R6 800 per admission	Member pays the first R6 300 per admission	Member pays the first R6 300 per admission	Member pays the first R6 900 per admission	No deductible	No deductible

* On **MedVital**, **MedVital Elect**, **MedAdd**, **MedAdd Elect** and **MedSaver**, we cover only specific item codes on the dentist's account for the removal of impacted teeth. The dentist's account for extensive dental treatment is either for the member's account or funded from the savings account.

** 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.

Deductibles

Description	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite
FACET JOINT INJECTIONS, FUNCTIONAL NASAL REPAIR, UMBILICAL HERNIA REPAIR, VARICOSE VEIN SURGERY Subject to protocols and pre-authorisation	No deductible			Member pays the first R3 100 per admission	No deductible	
OPHTHALMOLOGICAL, DENTAL, EAR, NOSE AND THROAT AND ENDOSCOPIC PROCEDURES, REMOVAL OF SKIN LESIONS, CIRCUMCISIONS AND PROCEDURES AS AUTHORISED	Network options: A 35% deductible applies for day procedures performed outside the day procedure network Non-network options: A 35% deductible 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 options) <ul style="list-style-type: none">Voluntary admissions to non-network hospitals (excluding procedures that must be performed in the day procedure network)	35% deductible	Not applicable	35% deductible	35% deductible	Not applicable	
<ul style="list-style-type: none">PMB chronic medicine obtained outside the formulary and/or not from the DSP	60% deductible on the benefit amount applies	Not applicable	30% deductible on the benefit amount applies	60% deductible on the benefit amount applies		
<ul style="list-style-type: none">Out-of-network GP consultations and no network GP referral to a specialist	35% deductible on the benefit amount applies	Not applicable	Out-of-network benefit applies* 35% deductible on the benefit amount applies	35% deductible on the benefit amount applies		
SERVICES OBTAINED WITHOUT PRE-AUTHORISATION <ul style="list-style-type: none">All planned hospital admissionsSpecialised dental services	20% deductible			20% deductible	20% deductible	
<ul style="list-style-type: none">Dental procedures under conscious sedation (sedation cost) in the dentist's chairOxygen for out-of-hospital use				35% deductible		
<ul style="list-style-type: none">Emergency transport services	50% deductible					

* **MedElect:** Outpatient emergency unit services, medicine and services rendered by a non-network GP are paid at 80% of the MT, up to R1 200 for a member and R2 450 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.
- Supplementary health services such as dietician and physiotherapy services rendered in hospital without a referral form by the attending medical doctor.
- 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 calculated pro rata according to the remaining number of months of the year.

Explanation of terms

BMI	-	Body mass index
COPD	-	Chronic obstructive pulmonary disease
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, including preventive health screenings, immunisation and pregnancy and baby benefits.

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 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.

Care extender benefits are benefits activated for making use of certain health screenings.

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

The **Chronic Care programme** provides beneficiaries diagnosed with 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 beneficiary's care to ensure optimal utilisation of medicine and consultation benefits, with the objective of improving their 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 predetermined deductible is applicable to a specific benefit as indicated per benefit option.

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 (MedVital Elect, MedAdd Elect and MedPrime Elect options).

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-authorised to prevent a 20% deductible. 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.

Day procedure network means the Medihelp network of facilities where patients undergo day procedures that do not require them to stay overnight. Members of network plans must obtain ophthalmological, ear, nose and throat, dental and endoscopic procedures, removal of skin lesions, circumcisions and procedures as authorised in the Medihelp day procedure network while non-network members may use any day procedure facility to prevent a 35% deductible. Medihelp encourages members to use the day procedure network for all pre-authorised 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-authorised to prevent a 20% deductible.

Explanation of terms

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 [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 deductibles.

MMA – The **Maximum Medical Aid Price** is the reference price used by Medihelp to determine benefits for acute and chronic medicine. The MMA 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 using the provider search function.

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 these protocols. Medihelp covers PMB bone marrow/stem cell transplants subject to the applicable PMB legislation. Oncology received outside ICON and that deviates from ICON protocols will attract 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.

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 options 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. For your convenience, you will have a credit facility available upfront equalling the monthly savings contributions for the remainder of a financial year.

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. Nurses consult with the patients and use a virtual consultation with a network of accredited GPs who will confirm diagnosis, prescribe medicine and give referrals if necessary.

Contact us

Medihelp

Medihelp Customer Care centre

Tel: 086 0100 678

enquiries@medihelp.co.za

www.medihelp.co.za

Application forms (new business)

newbusiness@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

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

PMB chronic medicine and more than 30 days' medicine supply

Tel: 086 0100 678

medicineapp@medihelp.co.za

Prescribed minimum benefits (PMB)

Tel: 086 0100 678

enquiries@medihelp.co.za

MRI and CT imaging

Tel: 086 0200 678

Oncology

Disease management programme

Tel: 086 0100 678

oncology@medihelp.co.za

Oncology medicine (MedVital Elect, MedAdd Elect, MedElect and MedPrime Elect 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, palliative care, hospice and sub-acute care facilities

Tel: 086 0100 678

hmanagement@medihelp.co.za

Chronic renal dialysis & oxygen administered at home

Tel: 086 0100 678

preauth@medihelp.co.za

Medihelp fraudline

Tel: 012 334 2428

fraud@medihelp.co.za

MobileMeds (MedVital Elect, MedAdd Elect and MedPrime Elect options only)

PMB chronic medicine

Tel: 086 0100 678

mobilemeds@medihelp.co.za

Partners

Netcare 911 (emergency medical transport)

Emergencies: 082 911

Account enquiries: 010 2098 911/010 2098 009

customer.service@netcare.co.za

Netcare 911 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 or 041 065 0650

info@ppn.co.za

www.ppn.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)

