



medihelp

Medical Aid in Action

Benefit
options
2023


MedVital


MedAdd


MedSaver


MedElect


MedPrime


MedElite

Go Green!



Apply online and track the progress of the application



Download the Medihelp app and use your digital membership card



Use your e-brochure to verify the cover you enjoy



Contents (Click on the contents below to read more)

<p>02 Reasons to choose Medihelp Medical Aid</p> <ul style="list-style-type: none"> 3 Products for all generations 4 Product overview 5 Compare the benefits per plan 6 Summary of benefits 9 Monthly contributions 	<p>10 Added insured benefits</p> <ul style="list-style-type: none"> 12 Maternity 13 Additional child care benefits 14 Care programmes 15 Oncology programme 16 Emergencies 17 Prescribed minimum benefits (PMB) 18 Hospitalisation 19 Core benefits 23 Elected hospital and day procedure networks 	<p>24 Day-to-day benefits explained</p> <ul style="list-style-type: none"> 25 Day-to-day benefits 28 Optometry 29 Dentistry 32 Deductibles 34 What's not covered 36 Explanation of terms 37 Contact us
---	--	--

General disclaimer

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

Reasons to choose Medihelp Medical Aid

Experienced

117 years' experience instils confidence in the medical cover we provide

Involved

Being self-administered means we **don't outsource services** but **personally take care of your membership** and claims

Stable

We maintain a **solvency level well above what is legally required**, and were awarded an **AA- rating** by GCR for our claims-paying ability

Trusted

As one of the **five largest open medical aids** we are entrusted with close to **200 000 South Africans' healthcare needs**

Growing

Medihelp is achieving **net growth, with the majority** of enrolments activated within **24 hours**

Attentive

Our **individualised approach** has enabled us to **manage individual and corporate business** with the same ease, with **80% of families who join us** opting to do so independently from an employer group

Corporate citizenship

Our **employee-driven community projects** give funds, time and expertise to make a meaningful difference



Premiums to suit every life stage and family

- Students pay **R756** on MedElect
- First job? Pay only **R1 254** on MedMove!
- Pay lower rates for **children** until they turn 26 years
- Three children under 18 years? **Pay for only two** and **get cover for all three** (MedPrime, MedAdd and MedVital)
- Pay up to **25% less** in monthly premiums when opting for a **quality network-based product**

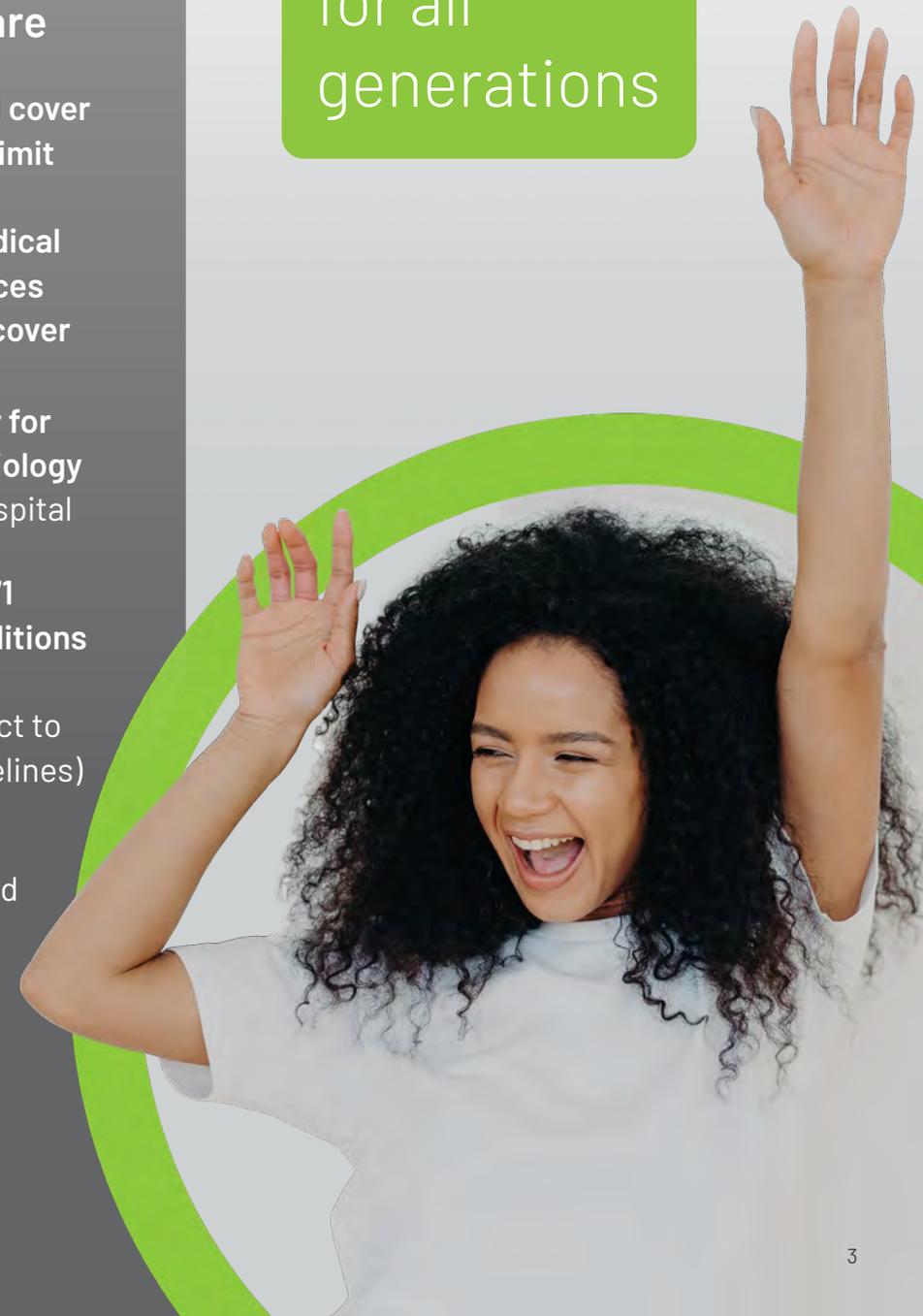
Designed to cater for all general medical needs

- Virtual consultations, GP visits and medicine are **covered on all plans**
- All plans cover **health tests, screenings, COVID-19 vaccines** and **immunisation**
- **Comprehensive pregnancy and baby benefits** on all family plans
- **Additional contraceptive benefit** on all plans
- A **post-hospital care benefit** on all plans to help speed up your recovery
- Unlock benefits for an **additional GP visit** and **R475 for medicine** when undergoing health screenings

Exceptional cover for essential care

- **Private hospital cover** with **no overall limit**
- **Emergency medical transport services** in SA enjoy **full cover**
- **Unlimited cover for specialised radiology** in and out of hospital
- **Full cover** for **271 listed PMB conditions** and **26 chronic diseases** (subject to treatment guidelines)
- **Free support programmes** and membership of Medihelp's wellness programme, HealthPrint

Products for all generations



Product overview

Day-to-day benefits

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

Care extender benefit

Two additional benefits: One GP consultation and R475 for self-medication are activated once you've completed a health screening/test.

Added insured benefits

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

Core benefits

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

Contributions

The monthly premium paid in exchange for receiving cover, which differs for the principal member, adult dependants and children.



Vital plans offer affordable cover for essential services, and are ideal for students and first-time buyers of medical aid cover.

Premiums starting at R756 for students



Medical savings plans are designed to give you flexibility of choice, and savings not used will be carried over to the next year.

Premiums starting at R2 310



Comprehensive plans include options with special family rates and provide cover for an array of services, designed to suit more extensive healthcare needs.

Premiums starting at R2 394

Compare the benefits per plan

Core benefits (insured benefits)	MedVital Elect	MedVital	MedAdd Elect	MedAdd	MedSaver	MedElect	MedPrime Elect	MedPrime	MedElite
Emergency transport (ambulance)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospitalisation – no overall annual limit	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospital network applies	✓	-	✓	-	-	✓	✓	-	-
271 PMB and 26 chronic conditions on the Chronic Diseases List (CDL)	✓	✓	✓	✓	✓	✓	✓	✓	✓
• PMB chronic medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prostheses (internally implanted)	✓	✓	✓	✓	✓	✓ (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	✓	✓	✓	✓	✓	✓	✓	✓	✓
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	-	-	✓	✓	✓	-	✓	✓	✓
Post-hospital care up to 30 days after discharge (speech, occupational and physiotherapy)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Care extender benefit									
One GP consultation is activated after completing certain health tests	✓	✓	✓	✓	✓	✓	✓	✓	✓
A R475 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.

Summary of benefits

						
Description	<p>MedVital is an affordable healthcare solution that offers cover for minor medical expenses, private hospitalisation and emergency medical services.</p> <p>Pay 25% less for MedVital Elect, the network alternative of this option. High-quality networks of GPs, hospitals, and day procedure facilities for certain procedures apply to the network option.</p>	<p>The flexibility of a 15% savings account, additional insured cover once savings are depleted, cover for dental and eye care, as well as pregnancy benefits make this a popular choice for young families.</p> <p>Pay 24% less for MedAdd Elect, the network alternative of this option. High-quality networks of GPs, hospitals, and day procedure facilities for certain procedures apply to the network option.</p>	<p>MedSaver provides for private hospitalisation at any hospital, while the 25% savings account covers medical expenses incurred out of hospital. Once savings are depleted, additional out-of-hospital cover is unlocked.</p>	<p>MedElect's quality networks enable comprehensive care at an affordable premium. This plan also has a special rate for students.</p>	<p>Apart from private hospitalisation, you get excellent cover for out-of-hospital services through a savings account and insured pooled benefits, as well as comprehensive separate dental and optometry benefits.</p> <p>Pay 22% less for MedPrime Elect, the network alternative of this option. A high-quality network of private hospitals and day procedure facilities for certain procedures apply to the network option.</p>	<p>This option offers extensive benefits for private hospitalisation, a savings account and rich, insured benefits for out-of-hospital medical expenses, including chronic medicine, to offer complete peace of mind.</p>
Medical savings account	<p>This product does not include a medical savings account. Cover is provided through insured benefits</p>	<p>MedAdd offers a 15% savings account per year, equalling: R5 040 per principal member per year R4 248 per adult dependant per year R1 728 per child dependant per year</p> <hr/> <p>MedAdd Elect offers a 15% savings account per year, equalling: R4 176 per principal member per year R3 096 per adult dependant per year R1 440 per child dependant per year</p> <p>Savings funds are used to cover daily medical expenses such as GP and specialist visits, medicine, dentistry and physiotherapy, as well as shortfalls on hospital expenses.</p> <p>At the beginning of the year, the entire year's contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year.</p>	<p>MedSaver offers a 25% savings account per year, equalling: R9 000 per principal member per year R7 416 per adult dependant per year R2 664 per child dependant per year</p> <p>These funds are used to cover all daily medical expenses such as GP and specialist visits, dentistry, optometry, physiotherapy and medicine, as well as shortfalls on hospital expenses.</p> <p>At the beginning of the year, the entire year's contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year.</p>	<p>This product does not include a medical savings account. Cover is provided through insured benefits accessed via a quality network of healthcare providers.</p>	<p>MedPrime offers a 10% savings account per year, equalling: R5 112 per principal member per year R4 248 per adult dependant per year R1 584 per child dependant per year</p> <hr/> <p>MedPrime Elect offers a 10% savings account per year, equalling: R4 104 per principal member per year R3 456 per adult dependant per year R1 152 per child dependant per year</p> <p>These funds are used to cover daily medical expenses such as GP and specialist visits, medicine and physiotherapy.</p> <p>At the beginning of the year, the entire year's contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year.</p>	<p>MedElite offers a 10% savings account per year, equalling: R7 560 per principal member per year R7 128 per adult dependant per year R2 016 per child dependant per year</p> <p>These funds are used to cover all daily medical expenses such as GP and specialist visits, medicine and physiotherapy.</p> <p>At the beginning of the year, the entire year's contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year.</p>

Summary of benefits

						
Insured day-to-day benefits	<p>DAY-TO-DAY BENEFITS M = R1 400 per year M+ = R2 700 per year GP and specialist visits, physiotherapy, virtual consultations and medicine</p>	<p>ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED M = R1 400 per year M+ = R2 700 per year GP and specialist visits, physiotherapy, virtual consultations and medicine</p> <p>ADDITIONAL INSURED OPTOMETRY BENEFITS Spectacles or contact lenses</p> <p>ADDITIONAL INSURED DENTISTRY BENEFIT FOR CHILDREN Conservative dentistry for children <18 years</p> <p>Other dentistry is covered from the savings account</p>	<p>ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED M+ = R1 190 per year GP consultations for children ≥2 to <12 years</p>	<p>INSURED DAY-TO-DAY BENEFIT M = R3 150 per year M+1 = R5 600 per year M+2 = R6 400 per year M+3 = R6 800 per year M+4+ = R7 400 per year</p> <ul style="list-style-type: none"> Specialists, radiology, pathology, clinical psychology and medicine Self-medication <p>Subject to annual day-to-day benefit R560 per beneficiary R1 650 per family per year</p> <p>NETWORK GPs & VIRTUAL CARE BENEFITS M = R2 110 per year M+1 = R3 890 per year M+2 = R4 570 per year M+3 = R4 890 per year M+4+ = R5 460 per year</p> <p>OUT-OF-NETWORK GP CONSULTATIONS M = R1 300 per year M+ = R2 600 per year</p> <p>PHYSIOTHERAPY AND OCCUPATIONAL THERAPY BENEFITS In and out of hospital M = R2 300 per year M+ = R3 600 per year</p> <p>COVER FOR OPTOMETRY AND DENTISTRY</p>	<p>ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED</p> <p>INSURED DAY-TO-DAY BENEFITS M = R6 600 per year M+ = R12 100 per year</p> <ul style="list-style-type: none"> GP and specialist visits & virtual consultations Clinical psychology & physiotherapy Other medical services Medicine Standard radiology and pathology <p>TWO SEPARATE BENEFITS PROVIDE COMPREHENSIVE OPTOMETRY AND DENTISTRY COVER</p>	<p>ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED</p> <p>ANNUAL DAY-TO-DAY BENEFIT M = R13 300 per year M+1 = R15 400 per year M+2 = R17 600 per year M+3+ = R19 800 per year</p> <p>The following benefit amounts apply within the annual day-to-day benefit</p> <ul style="list-style-type: none"> GP and specialist visits & virtual consultations, clinical psychology, physiotherapy and other medical services M = R3 400 per year M+1 = R4 400 per year M+2 = R5 500 per year M+3+ = R6 600 per year Acute medicine benefits M = R4 400 per year M+1 = R5 500 per year M+2 = R6 600 per year M+3+ = R7 700 per year Radiology benefits R3 190 per family per year Pathology benefits R3 190 per family per year <p>NON-PMB CHRONIC MEDICINE BENEFITS M = R5 200 per year M+1 = R7 800 per year M+2 = R10 400 per year M+3+ = R11 200 per year</p> <p>TWO SEPARATE BENEFITS PROVIDE COMPREHENSIVE OPTOMETRY AND DENTISTRY COVER</p>
Care extender	Unlock these 2 additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> 1 GP consultation R475 for self-medication 	Unlock these 2 additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> 1 GP consultation R475 for self-medication 	Unlock these 2 additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> 1 GP consultation R475 for self-medication 	Unlock these 2 additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> 1 GP consultation R475 for self-medication 	Unlock these 2 additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> 1 GP consultation R475 for self-medication 	Unlock these 2 additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> 1 GP consultation R475 for self-medication

Summary of benefits

	 MedVital Elect MedVital	 MedAdd Elect MedAdd	 MedSaver	 MedElect	 MedPrime Elect MedPrime	 MedElite
Added insured benefits	<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)					
	CHRONIC ILLNESS/PMB Diagnosis, treatment and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs & specialist network apply	CHRONIC ILLNESS/PMB Diagnosis, treatment and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs & specialist network apply	CHRONIC ILLNESS/PMB Diagnosis, treatment and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs & specialist network apply	CHRONIC ILLNESS/PMB Diagnosis, treatment and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs & specialist network apply	CHRONIC ILLNESS/PMB Diagnosis, treatment and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs & specialist network apply	CHRONIC ILLNESS/PMB Diagnosis, treatment and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs & specialist network apply
	POST-HOSPITAL CARE Up to 30 days after discharge					
	SPECIALISED RADIOLOGY Unlimited In and out of hospital Member pays the first R3 400 per examination in hospital and R2 900 out of hospital Balance paid at 100% of the MT	SPECIALISED RADIOLOGY Unlimited In and out of hospital Member pays the first R3 200 per examination in hospital and R2 700 out of hospital Balance paid at 100% of the MT	SPECIALISED RADIOLOGY Unlimited In and out of hospital Member pays the first R3 200 per examination in hospital and R2 700 out of hospital Balance paid at 100% of the MT	SPECIALISED RADIOLOGY Unlimited In and out of hospital Member pays the first R3 300 per examination in hospital and R2 800 out of hospital Balance paid at 100% of the MT	SPECIALISED RADIOLOGY Unlimited Member pays the first R2 400 per examination in hospital and R1 900 out of hospital Balance paid at 100% of the MT	SPECIALISED RADIOLOGY Unlimited Member pays the first R1 900 per examination in hospital and R1 400 out of hospital Balance paid at 100% of the MT
	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
EMS	ROAD & AIR TRANSPORT Netcare 911 Unlimited within RSA					



Monthly contributions



Three or more children under 18 years? You pay monthly contributions for only two of them (not applicable to MedSaver, MedElect and MedElite)



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

	MedVital Elect	MedVital	MedAdd Elect	MedAdd	MedSaver	MedElect Student	MedElect	MedPrime Elect	MedPrime	MedElite
Principal member	R1 776	R2 256	R2 310 (R348 savings included per month and R4 176 per year)	R2 796 (R420 savings included per month and R5 040 per year)	R3 024 (R750 savings included per month and R9 000 per year)	R0 - R800 R756	R801 or more R2 394	R3 438 (R342 savings included per month and R4 104 per year)	R4 200 (R426 savings included per month and R5 112 per year)	R6 324 (R630 savings included per month and R7 560 per year)
Dependant	R1 290	R1 722	R1 722 (R258 savings included per month and R3 096 per year)	R2 364 (R354 savings included per month and R4 248 per year)	R2 484 (R618 savings included per month and R7 416 per year)	R756	R1 872	R2 904 (R288 savings included per month and R3 456 per year)	R3 552 (R354 savings included per month and R4 248 per year)	R5 922 (R594 savings included per month and R7 128 per year)
Child dependant <26 years/ <21 years (MedElect)	R696	R744	R804 (R120 savings included per month and R1 440 per year)	R948 (R144 savings included per month and R1 728 per year)	R912 (R222 savings included per month and R2 664 per year)	R756	R774	R1 002 (R96 savings included per month and R1 152 per year)	R1 230 (R132 savings included per month and R1 584 per year)	R1 716 (R168 savings included per month and R2 016 per year)
	R3 066	R3 978	R4 032 (R606 savings included per month and R7 272 per year)	R5 160 (R774 savings included per month and R9 288 per year)	R5 508 (R1 368 savings included per month and R16 416 per year)	-	R4 266	R6 342 (R630 savings included per month and R7 560 per year)	R7 752 (R780 savings included per month and R9 360 per year)	R12 246 (R1 224 savings included per month and R14 688 per year)
	R2 472	R3 000	R3 114 (R468 savings included per month and R5 616 per year)	R3 744 (R564 savings included per month and R6 768 per year)	R3 936 (R972 savings included per month and R11 664 per year)	-	R3 168	R4 440 (R438 savings included per month and R5 256 per year)	R5 430 (R558 savings included per month and R6 696 per year)	R8 040 (R798 savings included per month and R9 576 per year)
	R3 168	R3 744	R3 918 (R588 savings included per month and R7 056 per year)	R4 692 (R708 savings included per month and R8 496 per year)	R4 848 (R1 194 savings included per month and R14 328 per year)	-	R3 942	R5 442 (R534 savings included per month and R6 408 per year)	R6 660 (R690 savings included per month and R8 280 per year)	R9 756 (R966 savings included per month and R11 592 per year)
	R3 762	R4 722	R4 836 (R726 savings included per month and R8 712 per year)	R6 108 (R918 savings included per month and R11 016 per year)	R6 420 (R1 590 savings included per month and R19 080 per year)	-	R5 040	R7 344 (R726 savings included per month and R8 712 per year)	R8 982 (R912 savings included per month and R10 944 per year)	R13 962 (R1 392 savings included per month and R16 704 per year)
	R4 458	R5 466	R5 640 (R846 savings included per month and R10 152 per year)	R7 056 (R1 062 savings included per month and R12 744 per year)	R7 332 (R1 812 savings included per month and R21 744 per year)	-	R5 814	R8 346 (R822 savings included per month and R9 864 per year)	R10 212 (R1 044 savings included per month and R12 528 per year)	R15 678 (R1 560 savings included per month and R18 720 per year)
	R4 458	R5 466	R5 640 (R846 savings included per month and R10 152 per year)	R7 056 (R1 062 savings included per month and R12 744 per year)	R9 156 (R2 256 savings included per month and R27 072 per year)	-	R7 362	R8 346 (R822 savings included per month and R9 864 per year)	R10 212 (R1 044 savings included per month and R12 528 per year)	R19 110 (R1 896 savings included per month and R22 752 per year)

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

Added insured benefits

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

	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
Care extender benefit <ul style="list-style-type: none"> One additional GP consultation – the first of either a Pap smear, mammogram, prostate test, faecal occult blood test (FOBT) or bone mineral density test activates a one-off GP consultation for the family for the year. Self-medication – an additional R475 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) 	✓	✓	✓	✓	✓	✓
	R150 per month up to R1 950 per year	R155 per month up to R2 015 per year	R155 per month up to R2 015 per year	R150 per month up to R1 950 per year	R165 per month up to R2 145 per year	R170 per month up to R2 210 per year
<ul style="list-style-type: none"> Intra-uterine device every 60 months 	✓ R2 150	✓ R2 420	✓ R2 420	✓ R2 200	✓ R2 520	✓ R2 600
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
Men's health						
A prostate test (PSA level) requested by a medical doctor (men between 40-75 years)	✓	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓	✓
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. Doctors' consultations are paid from the available savings account funds/day-to-day benefits. Pathology networks apply.

Maternity

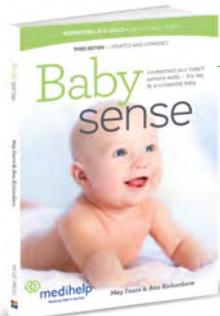
In addition to your regular maternity benefits as set out on page 18, Medihelp also offers added insured benefits on all options. Registration on HealthPrint's Maternity and Baby programme will activate these additional benefits:



- 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
- It is vital to **pre-authorise** your planned hospital admission or home delivery to avoid deductibles.
- Fixed benefit amount for **prescription TTO medicine** when you leave the hospital.
- **Register your new-born baby** within 90 days from birth

Childbirth in hospital or home delivery

- No overall annual limit. Caesarean sections covered on all plans
 - Benefits paid at 100% of the Medihelp tariff
 - Specified benefit available for home delivery
- * MedVital Elect, MedAdd Elect and MedElect members don't have to obtain a network GP referral to the gynaecologist to qualify for added insured benefits. Consultations are paid at the Medihelp tariff.



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

Visit [HealthPrint](#) for other support available to new moms



Additional child care benefits

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



2 consultations at a paediatrician*/ GP/ear, nose and throat specialist* for babies under 2 years



Standard child immunisation for children up to 7 years



MedSaver
Additional child benefit of R1 190 per family, once savings have been depleted

Free online health & wellness support

Enrol on the [HealthPrint](#) Maternity and Baby programme for support on your parenting journey.



Track your baby's development milestones from birth up to the age of 4 years



View your available benefits and get relevant support



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



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



Receive discounts and offers from our value-add partners

Standard child immunisation – vaccination schedule

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

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

Care programmes

Back treatment programme

The back treatment programme aims to improve the general flexibility of the spinal column, strengthens targeted back muscles to relieve pain, and helps patients to regain normal back and neck function.

The programme:

Is a non-surgical intervention extending over **6 weeks**

Is a prerequisite for any **spinal column surgery**

Offers **1 treatment** per beneficiary per 12-month cycle

The programme is provided countrywide by Document Based Care (DBC), who uses an interdisciplinary medical team including general practitioners, physiotherapists and biokineticists.

How to access benefits

STEP 01

Phone Medihelp

To obtain the contact information of your nearest DBC facility, phone 086 0100 678

STEP 02

Register

Complete the required forms at DBC and they will register your programme with Medihelp

STEP 03

Medical evaluation

Undergo a medical evaluation at DBC and if you qualify, DBC will notify you and Medihelp of your treatment plan

STEP 04

Receive treatment

Complete your prescribed treatment programme

Additional consultation fees and X-rays or MRIs are not included in the treatment programme and are payable from your option's available benefits for these services, if applicable.

HIV/Aids programme

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

The LifeSense healthcare consultants will assist you with enrolment and you can be sure of –

- the strictest confidentiality;
- delivery of medicine to the address of your choice; and
- personal service by a dedicated case manager who will counsel and advise you on important matters, such as correct medicine and lifestyle.

Available benefits

Medihelp pays 100% of the cost for:



Accidental HIV exposure treatment

PMB cases – GP consultations, emergency rooms and PEP



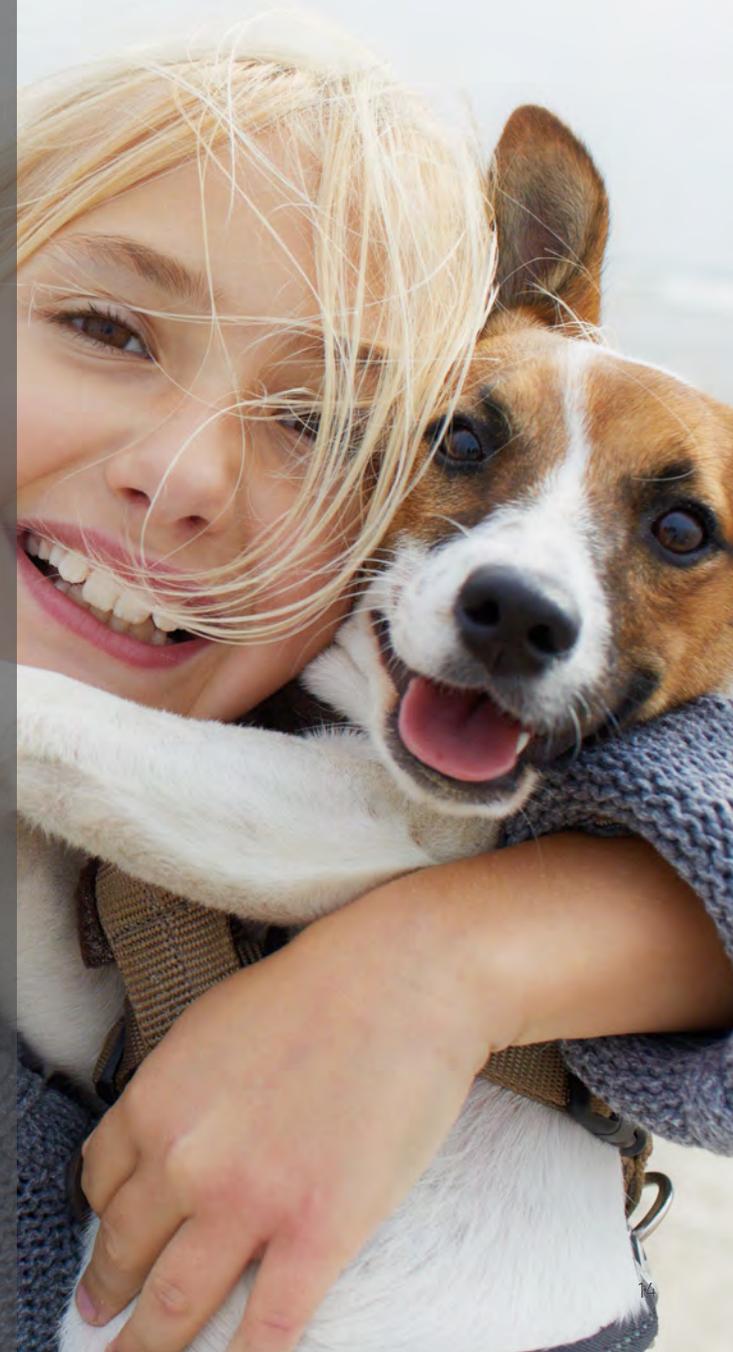
Health services

HIV screening, testing (non-pathology) and counselling at network pharmacies



Antiretroviral therapy

At LifeSense, Dis-Chem, and Medipost



Oncology programme

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

The Medihelp Oncology Programme

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

Oncology benefits

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

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

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

PMB oncology cover

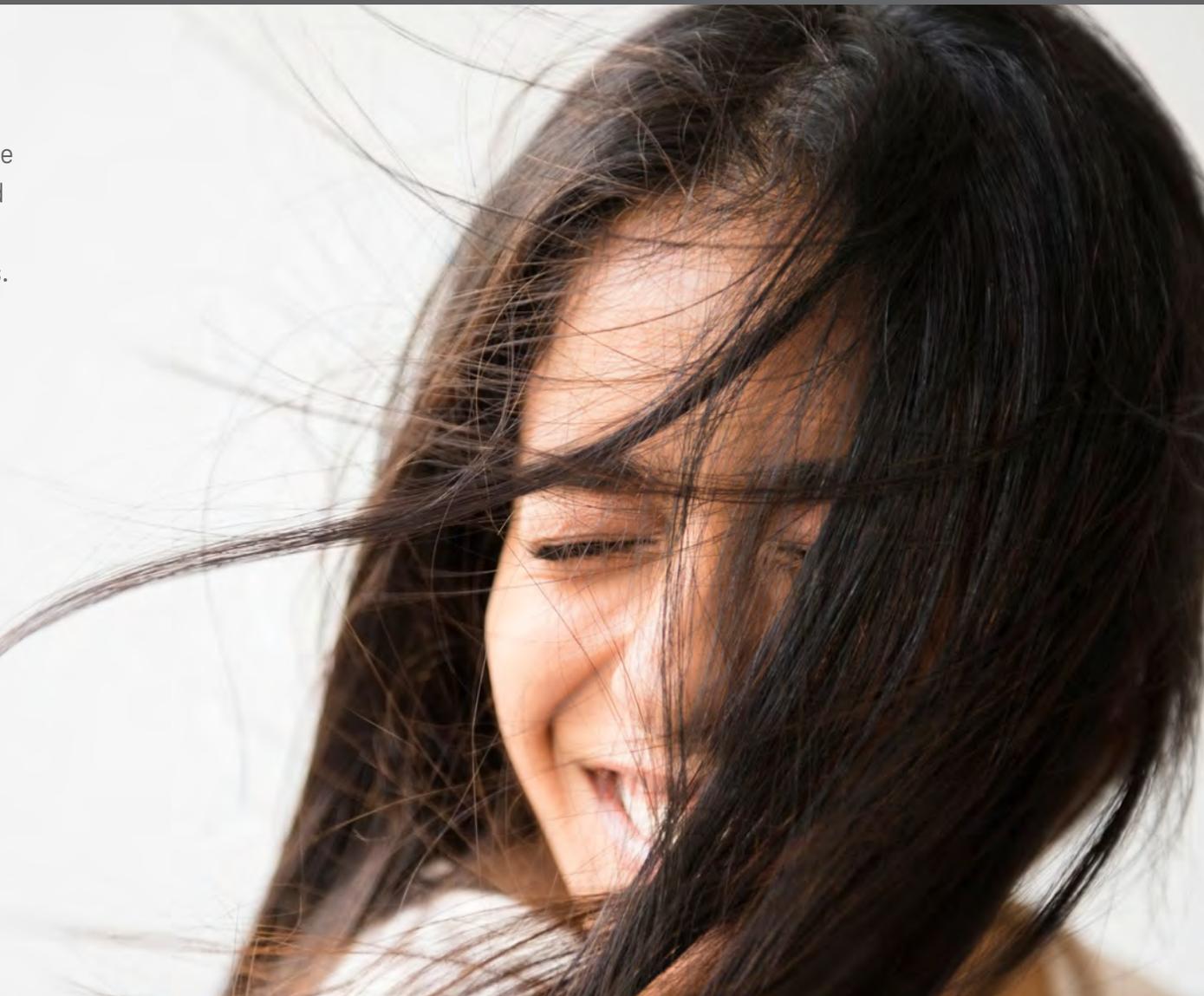
Hospital and related cancer treatments and services, including bone marrow/stem cell transplants (subject to PMB legislation) have unlimited cover at 100% of the cost.

Non-PMB 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.

Oncology medicine

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





Emergencies

What is a medical emergency?

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

Trauma

You are covered for major trauma that necessitates hospitalisation in the case of:

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

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 320 per case

100% of the MT
R15 400 per case

What is covered?

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



Note:

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

In an emergency

If you need emergency transport, phone:



Netcare app

- Download the app for fast medical assistance
- Add your emergency contacts on your profile
- Phone 082 911 for rapid response by road or air
- Geolocation technology enables Netcare 911 to pinpoint your exact location
- Receive SMS updates of the Netcare 911 team's progress on their way to you
- Get first aid assistance on the phone while you wait
- Wi-Fi enabled ambulances update the hospital on your condition en route

Prescribed minimum benefits (PMB)

What are PMB?

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

Accessing PMB

STEP 01

Apply for authorisation as PMB

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

STEP 02

Study your authorisation schedule

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



The Chronic Diseases List (CDL) conditions are:

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



What will be covered?

- Consultations
- Treatment
- Medicine
- Hospitalisation

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

Network options



PMB medicine

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



Hospitals

Make use of network hospitals for PMB services



Specialists

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

Hospitalisation

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

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

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

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

Description	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
HOSPITALISATION (state and private hospitals and day procedure facilities) 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"> • Hospital medicine on discharge Applicable prescription medicine dispensed and charged by the hospital on discharge from the hospital (TTO) (excluding PMB/chronic medicine) 	100% of the MT R390 per admission	100% of the MT R390 per admission	100% of the MT R390 per admission	100% of the MT R390 per admission	100% of the MT R500 per admission	100% of the MT R560 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 900 per event	100% of the MT R14 900 per event	100% of the MT R14 900 per event	100% of the MT R14 900 per event	100% of the MT R14 900 per event	100% of the MT R14 900 per event

Core benefits

Description	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
ORGAN TRANSPLANTS (PMB only) Subject to pre-authorization and clinical protocols	100% of the MT Unlimited					
• Cornea implants	100% of the MT R32 600 per implant per year	100% of the MT R32 600 per implant per year	100% of the MT R32 600 per implant per year	100% of the MT R32 600 per implant per year	100% of the MT R32 600 per implant per year	100% of the MT R32 600 per implant per year
STANDARD RADIOLOGY, PATHOLOGY* (DSPs APPLY) AND MEDICAL TECHNOLOGIST SERVICES In hospital – subject to clinical protocols	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 210 per family per year	100% of the MT R1 210 per family per year	100% of the MT R1 210 per family per year	100% of the MT R1 210 per family per year	100% of the MT R1 210 per family per year	100% of the MT R1 210 per family per year
SPECIALISED RADIOLOGY In and out of hospital On request of a specialist and subject to clinical protocols MedVital Elect, MedAdd Elect and MedElect – prescribed by a specialist on referral by a network GP • MRI and CT imaging (subject to pre-authorization)	100% of the MT Unlimited Member pays the first R3 400 per examination in hospital and R2 900 out of hospital	100% of the MT Unlimited Member pays the first R3 200 per examination in hospital and R2 700 out of hospital	100% of the MT Unlimited Member pays the first R3 200 per examination in hospital and R2 700 out of hospital	100% of the MT Unlimited Member pays the first R3 300 per examination in hospital and R2 800 out of hospital	100% of the MT Unlimited Member pays the first R2 400 per examination in hospital and R1 900 out of hospital	100% of the MT Unlimited Member pays the first R1 900 per examination in hospital and R1 400 out of hospital
• 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					
POST-HOSPITAL CARE** Professional services relating to a Medihelp authorised private hospital admission, required for up to 30 days after discharge • Speech therapy, occupational therapy and physiotherapy	100% of the MT M = R2 100 per year M+ = R3 000 per year	100% of the MT M = R2 100 per year M+ = R3 000 per year	100% of the MT M = R2 100 per year M+ = R3 000 per year	100% of the MT M = R2 100 per year M+ = R3 000 per year	100% of the MT M = R2 100 per year M+ = R3 000 per year	100% of the MT M = R2 100 per year M+ = R3 000 per year

* Pathology DSPs: Lancet/PathCare for MedElect; Ampath for all other options

** 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			
OTHER MEDICAL SERVICES In hospital <ul style="list-style-type: none"> Dietician services (must be pre-authorised and requested by the attending medical doctor) Speech therapy (must be pre-authorised) Audiometry and orthoptic services (must be requested by the attending medical doctor) Podiatry <hr/> <ul style="list-style-type: none"> Physiotherapy and occupational therapy (must be pre-authorised and requested by the attending medical doctor) 	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	PMB only 100% of the MT** M = R2 300 per year M+ = R3 600 per year In and out of hospital	100% of the MT Unlimited	100% of the MT Unlimited
OXYGEN In and out of hospital*	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited			
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 R21 800 per beneficiary per year (maximum R33 100 per family per year)	100% of the MT R27 600 per beneficiary per year (maximum R38 000 per family per year)	100% of the MT R27 600 per beneficiary per year (maximum R38 000 per family per year)	100% of the MT R21 840 per beneficiary per year (maximum R33 180 per family per year)	100% of the MT R33 100 per beneficiary per year (maximum R44 600 per family per year)	100% of the MT R40 100 per beneficiary per year (maximum R55 700 per family per year)
SERVICES AS ALTERNATIVE TO HOSPITALISATION <ul style="list-style-type: none"> Hospice services 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

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

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

Core benefits

Description	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
<ul style="list-style-type: none"> Subacute care facilities Subject to pre-authorisation Services rendered in an approved facility and prescribed by a medical doctor 	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT R25 400 per family per year	100% of the MT Unlimited	100% of the MT Unlimited
<ul style="list-style-type: none"> Private nursing Subject to pre-authorisation Services prescribed by a medical doctor (excluding general day-to-day care) 						
<ul style="list-style-type: none"> Palliative care Subject to pre-authorisation, clinical protocols, services prescribed by a medical doctor, a treatment plan and a quotation from a registered nursing practitioner Services include nursing care and services rendered by a social worker 	100% of the MT R21 800 per family per year	100% of the MT R24 000 per family per year	100% of the MT R24 000 per family per year	100% of the MT R19 800 per family per year	100% of the MT R26 200 per family per year	100% of the MT R28 500 per family per year
<p>ONCOLOGY Subject to pre-authorisation and registration on the Medihelp Oncology Programme. Protocols, a DSP and the MORP apply</p> <p>PMB cases</p> <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				
<p>Non-PMB cases</p> <ul style="list-style-type: none"> Hospital and related cancer treatments, including radiotherapy, brachytherapy, chemotherapy and associated adjuvant medicine 	100% of the MT R242 000 per family per year	100% of the MT R262 000 per family per year	100% of the MT R262 000 per family per year	100% of the MT R231 000 per family per year	100% of the MT R299 000 per family per year	100% of the MT R454 000 per family per year
<p>REFRACTIVE SURGERY Subject to pre-authorisation and clinical protocols</p>	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: R13 100 per family per year for beneficiaries 18-50 years	100% of the MT Hospitalisation: R21 800 per family per year for beneficiaries 18-50 years

Core benefits

Description	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
<p>INTERNALLY IMPLANTED PROSTHESES All hospital admissions and prostheses are subject to pre-authorization, protocols and case management The member is liable for the difference in cost if PMB spinal, hip, knee and cardiac prostheses are not obtained from the DSP</p> <ul style="list-style-type: none"> EVARS prosthesis 	100% of the MT R39 400 per beneficiary per year	100% of the MT R148 200 per beneficiary per year	100% of the MT R148 200 per beneficiary per year		100% of the MT R148 200 per beneficiary per year	100% of the MT R148 200 per beneficiary per year
<ul style="list-style-type: none"> Vascular/cardiac prosthesis 	R39 400 per beneficiary per year	R63 400 per beneficiary per year	R63 400 per beneficiary per year		R63 400 per beneficiary per year	R63 400 per beneficiary per year
<ul style="list-style-type: none"> Health-essential functional prosthesis 	R26 200 per beneficiary per year	R70 300 per beneficiary per year	R70 300 per beneficiary per year		R70 300 per beneficiary per year	R70 300 per beneficiary per year
<ul style="list-style-type: none"> Hip, knee and shoulder replacements (non-PMB) <ul style="list-style-type: none"> In case of acute injury where replacement is the only clinically appropriate treatment modality 	<p>Hospitalisation: 100% of the MT</p> <p>Prosthesis: Health-essential functional prosthesis benefits apply</p>			PMB only	<p>Hospitalisation: 100% of the MT</p> <p>Prosthesis: Health-essential functional prosthesis benefits apply</p>	
<ul style="list-style-type: none"> In case of wear and tear 	These 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 700 per lens				Sublimit subject to health-essential functional prosthesis benefit. 2 lenses per beneficiary per year, R4 700 per lens	
<ul style="list-style-type: none"> Prosthesis with reconstructive or restorative surgery (in and out of hospital) 	R4 800 per family per year	R10 800 per family per year	R10 800 per family per year		R10 800 per family per year	R10 800 per family per year
<ul style="list-style-type: none"> External breast prostheses (in and out of hospital) 	This option does not cover this service	Savings account	Savings account			
<ul style="list-style-type: none"> Implantable hearing devices (including devices and components) 	These options do not cover this service				R273 000 per beneficiary per year	R295 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 R22 300 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.

Elected hospital and day procedure networks

Medihelp has negotiated special tariffs with elected good quality private hospitals and day care facilities with the intent to ensure members' access to quality, affordable care that also enable us to offer the Elect options at a reduced premium to members. These facilities have been matched with the national footprint of Medihelp's membership and the network specialists who operate at these facilities.

Network plans: Hospital networks

Members of plans where Elect forms part of the product name are required to obtain care at a hospital in the quality national network to avoid deductibles.

Network plans: Day procedure networks

For members of the Elect plans, certain day procedures are only covered if performed in one of our day procedure facilities. Your Medihelp authorisation schedule will indicate whether you are required to obtain care within this network. These procedures are ophthalmological, endoscopic, ear, nose and throat procedures, skin lesion removal, circumcisions, dental procedures and procedures as pre-authorised.

MedAdd
Elect

MedVital
Elect

MedPrime
Elect

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

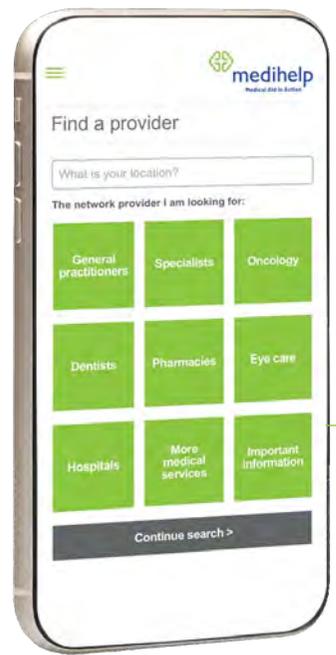
MedElect

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



Specialist care

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



A network hospital/ day procedure facility is easy to find

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

Pre-authorisation of hospital/day procedure admissions

- Planned admissions**
Pre-authorise hospital/day procedure admissions well in advance
- Emergency admissions**
Authorise on the first workday following the emergency admission
- Dental procedure admissions**
Contact Dental Risk Company (DRC) to authorise admissions
Tel: 087 943 9618
Email: auth@dentalrisk.com

Where can you authorise admissions?

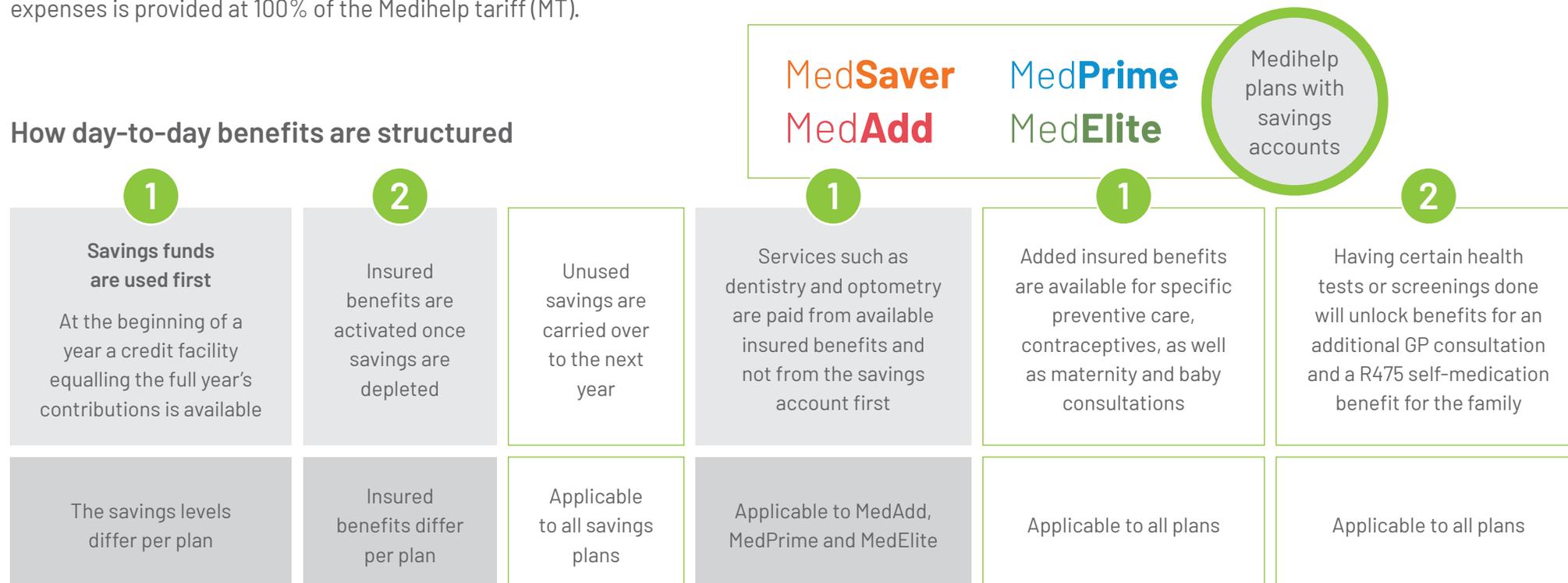
- [Member Zone / Medihelp app](#)
- Phone: 086 0200 678
- Email: hospitalauth@medihelp.co.za

Pre-authorisation and making use of network facilities will assist in avoiding deductibles

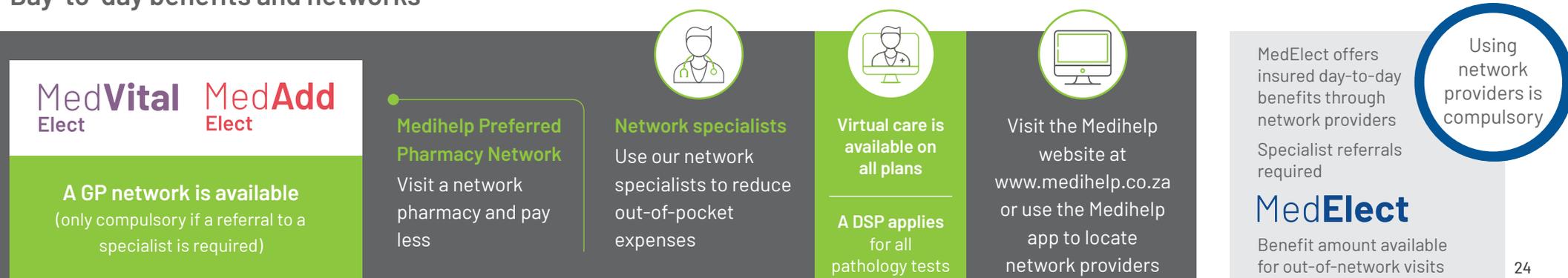
Day-to-day benefits explained

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

How day-to-day benefits are structured



Day-to-day benefits and networks



Day-to-day benefits

Description	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
ANNUAL DAY-TO-DAY BENEFITS	Day-to-day benefit 100% of the MT M = R1 400 per year M+ = R2 700 per year	15% savings account Day-to-day benefit 100% of the MT M = R1 400 per year M+ = R2 700 per year Activated after depletion of savings	25% savings account	Annual day-to-day benefit 100% of the MT M = R3 150 per year M+1 = R5 600 per year M+2 = R6 400 per year M+3 = R6 800 per year M+4+ = R7 400 per year	10% savings account Annual day-to-day benefit 100% of the MT M = R6 600 per year M+ = R12 100 per year Activated after the depletion of savings	10% savings account Annual day-to-day benefit 100% of the MT M = R13 300 per year M+1 = R15 400 per year M+2 = R17 600 per year M+3+ = R19 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 and MedElect* GP network and specialist referral by a network GP apply			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 190 per year	100% of the MT M = R2 110 per year M+1 = R3 890 per year M+2 = R4 570 per year M+3 = R4 890 per year M+4+ = R5 460 per year		
SPECIALISTS Consultations and follow-up consultations MedVital Elect, MedAdd Elect and MedElect* Specialist referral by a network GP applies	Subject to day-to-day benefit	Paid from 15% savings first and after depletion of savings from the day-to-day benefit		Subject to annual day-to-day benefit Specialist referral applies	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 400 per year M+1 = R4 400 per year M+2 = R5 500 per year M+3+ = R6 600 per year Subject to day-to-day annual benefit, shared with benefit for psychiatric nursing and other medical services
PHYSIOTHERAPY Out of hospital Treatment and material			100% of the MT Savings account	100% of the MT Services rendered in and out of hospital M = R2 300 per year M+ = R3 600 per year Shared with benefit for 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 300 for a member and R2 600 for a family per year.

Day-to-day benefits

Description	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
<p>PSYCHIATRIC NURSING In and out of hospital</p>				This option does not cover this service		Paid from 10% savings first and after depletion of savings 100% of the MT M = R3 400 per year M+1 = R4 400 per year M+2 = R5 500 per year M+3+ = R6 600 per year Subject to annual day-to-day benefit, shared with benefits for GPs, virtual consultations, specialists, physiotherapy and clinical psychology
<p>OTHER MEDICAL SERVICES Out of hospital Occupational and speech therapy, dietician services, audiometry, podiatry, massage, orthoptic, chiropractic, homeopathic, herbal and naturopathic, osteopathic and biokinetic services</p>	This option does not cover these services	100% of the MT Savings account	100% of the MT Savings account	Cover for occupational and physiotherapy only - in and out of hospital if referred by a network GP M = R2 300 M+ = R3 600	Paid from 10% savings first and after depletion of savings from the day-to-day benefit	
<p>PMB CHRONIC MEDICINE Subject to pre-authorisation and registration on Medihelp's PMB chronic medicine management programme</p>	100% of the MHRP Unlimited MedVital Elect Formulary and DSP apply	100% of the MHRP Unlimited MedAdd Elect Formulary and DSP apply	100% of the MHRP Unlimited	100% of the MHRP Unlimited Must be obtained from network pharmacies or dispensing network GPs	100% of the MHRP Unlimited MedPrime Elect Formulary and DSP apply	100% of the MHRP Unlimited
<p>NON-PMB CHRONIC MEDICINE</p> <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 = R5 200 per year M+1 = R7 800 per year M+2 = R10 400 per year M+3+ = R11 200 per year
<p>ACUTE MEDICINE Including medicine dispensed at an emergency unit, and immunisations</p> <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 Must be obtained from network pharmacies or dispensing network GPs	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 400 per year M+1 = R5 500 per year M+2 = R6 600 per year M+3+ = R7 700 per year Subject to annual day-to-day benefit
<ul style="list-style-type: none"> Self-medication 				100% of the MT R560 per beneficiary R1 650 per family per year Subject to annual day-to-day benefit Must be obtained from network pharmacies or dispensing network GPs		
<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"> R475 for self-medication 	Self-medication – an additional R475 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 Pathology DSPs: Lancet/PathCare	Paid from 10% savings first and after depletion of savings from day-to-day benefit Pathology DSP: Ampath	Paid from 10% savings first and after depletion of savings: 100% of the MT R3 190 per family per year Subject to annual day-to-day benefit Pathology DSP: Ampath
Subject to annual day-to-day benefit				Paid from 10% savings first and after depletion of savings: 100% of the MT R3 190 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)	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 200 per family per 3-year cycle	100% of the MT R8 900 per beneficiary per 3-year cycle
100% of the MT R5 200 per family per 3-year cycle				100% of the MT R7 050 per beneficiary per 3-year cycle		
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 200 per family per 3-year cycle	100% of the MT R8 900 per beneficiary per 3-year cycle
<ul style="list-style-type: none"> Speech and hearing aids 						100% of the MT R7 050 per beneficiary per 3-year cycle
<ul style="list-style-type: none"> Artificial limbs 	This option does not cover these services	100% of the MT Savings account	100% of the MT Savings account	100% of the MT R1 050 per family per year	100% of the MT R5 200 per family per 3-year cycle	100% of the MT R7 050 per beneficiary per 3-year cycle
<ul style="list-style-type: none"> Wheelchairs 						100% of the MT R7 050 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 R800 per family per year	100% of the MT R800 per family per year	PMB only	100% of the MT R1 500 per family per year	100% of the MT R1 700 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 900 per beneficiary	100% of the MT R10 900 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						
Subject to PPN protocols and pre-authorization - 100% of the MT						
OPTOMETRY						
Optometric examination		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	1 composite examination per beneficiary per 24-month cycle
Spectacles or contact lenses		R285 per beneficiary per 24-month cycle		R565 per beneficiary per 24-month cycle	R825 per beneficiary per 24-month cycle	R1 030 per beneficiary per 24-month cycle
<ul style="list-style-type: none"> • Spectacles <ul style="list-style-type: none"> • Frame and/or lens enhancements 	This option does not cover these services	Single vision or bifocal lenses (multifocal lenses paid at the cost of bifocal lenses) per beneficiary per 24-month cycle	Savings account	Single vision or bifocal lenses (multifocal lenses paid at the cost of bifocal lenses) per beneficiary per 24-month cycle	Single vision or bifocal lenses (multifocal lenses paid at the cost of bifocal lenses) per beneficiary per 24-month cycle	Single vision, bifocal or multifocal lenses per beneficiary per 24-month cycle
<ul style="list-style-type: none"> • Lenses (one pair of standard clear lenses) 		R670 per beneficiary per 24-month cycle		R775 per beneficiary per 24-month cycle	R1 235 per beneficiary per 24-month cycle	R1 730 per beneficiary per 24-month cycle
<ul style="list-style-type: none"> • Contact lenses 						

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-authorization 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-authorization - 100% of the MT

	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
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			Savings account	Savings account	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					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-authorization and orthodontic needs analysis	This option does not cover these services			This option does not cover these services	R10 120 per beneficiary per lifetime	R13 260 per beneficiary per lifetime
Periodontal treatment (conservative non-surgical therapy only) Subject to pre-authorization and a treatment plan					Unlimited (conservative non-surgical therapy only)	Unlimited (conservative non-surgical therapy only)

Dentistry

MedVital

MedAdd

MedSaver

MedElect

MedPrime

MedElite

Conservative dental services*		Subject to DRC protocols - 100% of the MT**				
Routine check-ups		Beneficiaries <18 years: 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		Beneficiaries <18 years: 2 per beneficiary per year Beneficiaries >18 years: Savings account	Savings account	1 treatment per beneficiary per year (<12 years - item code 8155 and >12 years - item code 8159)		
• Scale and polish treatments					2 per beneficiary per year	
• Fluoride treatment for children >5 and <13 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)	This option does not cover these services	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 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		
Root canal treatment in the dentist's chair (only on permanent teeth)*			Savings account	2 per beneficiary per year	Unlimited	Unlimited
Laughing gas (in the dentist's chair)		Savings account		Unlimited		

* Benefits for the retreatment of a tooth are subject to managed care protocols. Specific item codes and pre-authorization 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-authorization is required for more than 4 fillings per year, 2 fillings on front teeth per visit and 4 extractions per visit.

Dentistry



Conservative dentistry		Subject to DRC protocols and pre-authorisation – 100% of the MT				
Dental procedures under conscious sedation in the dentist's chair (sedation cost) Subject to pre-authorisation and managed care protocols	Removal of impacted teeth only (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	Member pays the first R3 700 per admission Dentist's services for member's account or savings account		Member pays the first R2 040 per admission	Member pays the first R1 660 per admission	Member pays the first R1 008 per admission	
<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 	This option does not cover this service	Member pays the first R3 700 per admission Dentist's services paid from savings account	Savings account			
Dentist's account for treatment rendered to special needs patients in hospital (pre-authorisation by Medihelp and protocols apply)	This option does not cover this service	Unlimited	Savings account	Unlimited		
Plastic dentures		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	This option does not cover these services	Beneficiaries <18 years: Unlimited Beneficiaries >18 years: Savings account	Savings account	4 per beneficiary per year	Unlimited	
<ul style="list-style-type: none"> Intra-oral X-rays 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	1 per beneficiary in a 3-year period	

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

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 R16 500 per admission	Member pays the first R12 000 per admission		Member pays the first R16 300 per admission	Member pays the first R10 400 per admission	Member pays the first R9 000 per admission
ENDOSCOPIC PROCEDURES Subject to protocols and pre-authorisation Network options: A day procedure network applies Non-network options: Any day procedure facility may be used	Member pays the first R4 600 per admission All scopes*	Member pays the first R4 500 per admission All scopes*		Member pays the first R4 800 per admission All scopes*	Member pays the first R3 680 per admission Only gastroscopy, colonoscopy, arthroscopy and sigmoidoscopy	Member pays the first R2 400 per admission Only gastroscopy, colonoscopy, arthroscopy and sigmoidoscopy
<ul style="list-style-type: none"> In the doctor's rooms 	No deductible					
DENTAL PROCEDURES UNDER GENERAL ANAESTHESIA In hospital/day procedure facility - members of network options must make use of a day procedure network Subject to pre-authorisation and DSPs managed care protocols	Member pays the first R3 700 per admission Dentist's services for member's account	Member pays the first R3 700 per admission Dentist's services paid from savings account	Member pays the first R3 700 per admission Dentist's services paid from savings account	Member pays the first R3 700 per admission Dentist's services paid from savings account	Member pays the first R2 040 per admission	Member pays the first R1 660 per admission
<ul style="list-style-type: none"> Removal of impacted teeth (3rd molars)(item codes 8941, 8943, 8945) 						
Subject to clinical assessment/motivation	This option does not cover this service		No deductible Benefits paid from savings account			
<ul style="list-style-type: none"> Extensive treatment for children younger than 7 years – once per beneficiary per 365-day period 						
SPECIALISED RADIOLOGY In and out of hospital Subject to pre-authorisation, clinical protocols and services must be requested by a specialist	Member pays the first R3 400 per examination in hospital and R2 900 out of hospital	Member pays the first R3 200 per examination in hospital and R2 700 out of hospital	Member pays the first R3 200 per examination in hospital and R2 700 out of hospital	Member pays the first R3 300 per examination in hospital and R2 800 out of hospital for MRI, CT imaging and angiography	Member pays the first R2 400 per examination in hospital and R1 900 out of hospital	Member pays the first R1 900 per examination in hospital and R1 400 out of hospital
<ul style="list-style-type: none"> MRI and CT imaging 						
PROSTATECTOMY (CONVENTIONAL OR LAPAROSCOPIC) Subject to protocols and pre-authorisation	Member pays the first R7 200 per admission	Member pays the first R6 600 per admission	Member pays the first R6 600 per admission	Member pays the first R7 200 per admission	No deductible	No deductible
HYSTERECTOMY AND ENDOMETRIAL ABLATION Subject to protocols and pre-authorisation	Member pays the first R7 200 per admission	Member pays the first R6 600 per admission	Member pays the first R6 600 per admission	Member pays the first R7 200 per admission	No deductible	No deductible

* 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-authorization	No deductible			Member pays the first R3 250 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) PMB chronic medicine obtained outside the formulary and/or not from the DSP Out-of-network GP consultations and no network GP referral to a specialist 	35% deductible	Not applicable	35% deductible	35% deductible	Not applicable			
	60% deductible on the benefit amount applies	Not applicable	30% deductible on the benefit amount applies	60% deductible on the benefit amount applies				
	35% deductible on the benefit amount applies	Not applicable	Out-of-network benefit applies* 35% deductible on the benefit amount applies if specialist services, physiotherapy and occupational therapy are obtained without a network GP referral	Not applicable				
SERVICES OBTAINED WITHOUT PRE-AUTHORISATION <ul style="list-style-type: none"> All planned hospital admissions Specialised dental services Dental procedures under conscious sedation (sedation cost) in the dentist's chair Oxygen for out-of-hospital use Emergency transport services 	20% deductible			20% deductible	20% deductible			
				35% deductible				
	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 300 for a member and R2 600 for a family per year.

What's not covered

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

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

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

Explanation of terms

BMI	-	Body mass index
COPD	-	Chronic obstructive pulmonary disease
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.

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.

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.

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.

Explanation of terms

MHRP – The Medihelp Reference Price is applicable to all pre-authorized PMB medicine. The price is determined according to the most cost-effective treatment based on evidence-based principles. The MHRP will differ for the different 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.

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

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

Network benefit options offer benefits to members in collaboration with a medical provider network. Members on these options must make use of the network to qualify for benefits and prevent deductibles. Please visit www.medihelp.co.za for details of the network providers for your benefit option 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 271 diagnoses with their treatments as published in the Regulations under the Medical Schemes Act 131 of 1998. In terms of these Regulations, medical schemes are compelled to grant benefits for the diagnosis, treatment and care costs of any of these conditions as well as emergency medical conditions (that meet the published definition) without imposing any limits. PMB are subject to pre-authorization, protocols, and the utilisation of designated service providers, where applicable, e.g. ICON for cancer treatment. Benefits for PMB services are first funded from the related day-to-day benefits.

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

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

Savings account (for 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.

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. Patients visit nurses, who consult with an accredited network GP to confirm the 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-authorised)
Member Zone
 Member app
 Tel: 086 0200 678
hospitalauth@medihelp.co.za

Prescribed minimum benefits (PMB)

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

PMB chronic medicine and more than 30 days' medicine supply

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

Ordering of PMB chronic medicine

(MedVital Elect, MedAdd Elect and MedPrime Elect)

Medipost

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

MRI and CT imaging

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

Oxygen administered at home

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

Chronic renal dialysis

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

Medihelp fraudline

Tel: 012 334 2428
fraud@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 app

DRC (dental services)

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

PPN (optometry)

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

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

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)

