



Healthcare services rendered abroad

When a Medihelp member or their dependants plan to travel abroad, whether for a holiday, to work, or study, they should inform Medihelp of the departure and return dates, and the country they will be travelling to.

Notify Medihelp 086 0100 678

STEP 01

Documentation will be emailed to the member

STEP 02

They should check their benefits

STEP 03

They should familiarise themselves with the claims process

STEP 04

Travel insurance

Extra travel insurance will help make provision for the difference between the member's benefits and the actual cost of the medical service provided abroad. Most countries will only issue a visa if members can provide proof of additional travel insurance.

Members cannot claim for:

- services that their travel insurance covers in full; or
- portions of the claim already paid for by the travel insurance.

Services rendered abroad

The country where the member stays will determine their benefits for emergency transport and other medical services.

- **Emergency transport services:** If members are a resident of South Africa, Lesotho, Mozambique, Namibia, Eswatini, Zimbabwe, or Botswana, they can claim for emergency transport services rendered in any of these countries. The benefit will be paid for as specified in the member's e-guide. Different benefits apply to services rendered in different countries when members are outside their country of residence. If they need emergency transport in another country, they will only be covered for 90 days after their departure if the service is an emergency.
- **Medical services:** Members will only be covered for 90 days after their departure and only to treat an emergency medical condition.

Check your medical aid plan

	MedMove!	MedElect	All other plans
Covered for emergencies abroad for 90 days	No	No	Yes
Covered for emergency transport abroad for 90 days	No	Yes	Yes
If you work or study abroad	No	No	Yes
More than 30 days' medicine supply	Yes	Yes	Yes

Travelling abroad for work or as a student

If members are stationed abroad by their employer (a private company or a state department) or studying overseas on the instruction of their employer, the benefit restriction of cover for 90 days for emergencies only does not apply.

In this case, Medihelp requires written confirmation from the employer, including details of the members who will be abroad and the period of stay. Members must email the letter to enquiries@medihelp.co.za.

Members have to pay all their medical accounts first and claim a refund from Medihelp within four months after the date on which the service was rendered.

Need PMB*/chronic medicine for more than 30 days whilst abroad?

STEP
01

Download the application form here

STEP
02

Email the completed form to enquiries@medihelp.co.za

STEP
03

Members can collect medicine

Notes

Application forms must be submitted five days before they plan to collect their medicine.

- Medicine requests are only processed until 31 December of the current year. Members who are still abroad after 31 December, must submit a new application in January. If their prescription changes before departing, they must complete a new application.
- Remember that PMB* does not apply to foreign claims.

How to submit a foreign claim

Claims for services provided abroad must still reach Medihelp within four months after receiving the service. The member has to submit:

- a copy of their travel insurance documents reflecting the payment;
- a copy of their passport documents and applicable visas;
- a detailed account specifying the type of service and/or medicine, the country's name, and the currency in which the account was charged;
- an explanation in English of the service received, especially the diagnosis; and
- if a patient was hospitalised, the hospital must provide written confirmation on their original letterhead, along with their contact details.

Members have to email the documents to foreignclaims@medihelp.co.za.

Payment of a foreign claim

Medihelp does not pay overseas healthcare providers directly but the member instead. Benefits will be calculated according to the Scheme tariff for a similar service provided in South Africa and no adjustments to the exchange rate or other variables will be made.

* Prescribed minimum benefits (PMB) are paid for 26 chronic conditions on the Chronic Disease List and 271 diagnoses with their treatments which medical schemes are legally compelled to pay.

086 0100 678
www.medihelp.co.za

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