

» MedMove!

⊕ MedVital

📄 MedAdd

💰 MedSaver

🔗 MedElect

👤 MedPrime

🏠 MedElite

🏠 MedPlus



medihelp

Medical Aid in Action

Adviser
guide 2024

Contents

02	Reasons to choose Medihelp Medical Aid	20	Benefit comparison	59	Support and engagement
03	Products for all generations	20	Core benefits	60	Adviser support and engagement
04	Product overview	27	Day-to-day benefits explained	61	Adviser Toolbox
05	Summary of changes	28	Day-to-day benefits	64	Adviser appointment process
07	HealthPrint	31	External prostheses and medical appliances	65	Corporate group support and engagement
08	Compare the benefits per plan	32	Optometry	66	Member support and engagement
09	Summary of benefits	33	Dentistry	69	Contact us
12	Contribution table	36	Co-payments		
13	Added insured benefits	38	What's not covered		
15	Care programmes	39	Explanation of terms		
16	Cancer programme	41	Membership and processes		
17	Emergencies	42	Benefits explained		
18	Prescribed minimum benefits	43	Application process - Corporate groups		
19	Elected hospital and day procedure networks	44	Application process - Individuals		
		45	Supporting documents to ensure quick enrolment		
		46	Membership certificates		
		47	Underwriting		
		48	Waiting periods		
		51	Late-joiner penalties		
		52	Non-disclosure		
		54	Dependants		
		55	Child dependants' contributions		
		56	Payment of contributions		
		57	Claims and claims statements		



Reasons to choose Medihelp Medical Aid

Experienced

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

Involved

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

Stable

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

Trusted

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

Choice

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

Attentive

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

Corporate citizenship

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

Premiums to suit everybody

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

Cover for general medical needs on all plans

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

Exceptional cover for essential care

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

Products for all generations



Product overview

● Day-to-day benefits

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

● Care extender benefit

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

● Added insured benefits

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

● Core benefits

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

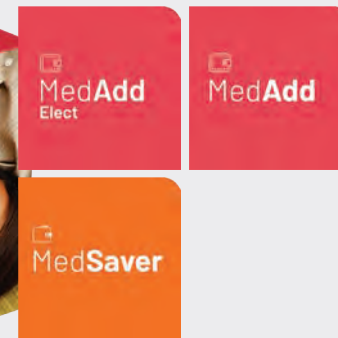
● Contributions

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



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

Premiums starting at R894 for students



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

Premiums starting at R2 676



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

Premiums starting at R2 820

Summary of changes

Benefit consistency

Medihelp's product range and benefit structures will remain as is in 2024: From comprehensive, to savings, to vital plans. The existing full basket of added insured benefits will also stay intact, as well as the care extender benefit that will activate after undergoing health tests and screenings.

Family contributions

Families will continue to benefit from paying for only two children under the age of 18 on MedVital, MedAdd, and MedPrime in 2024. Child dependant rates will apply to child dependants until they reach the age of 26 years and MedElect will still provide student cover for under a R1 000.

Benefits in 2024

Benefit amounts will **increase**
by on average 5% on all options

5%



Treatment of major depression

Another benefit package on offer will be for the treatment of major depression out of hospital instead of hospitalisation. This will be available in consultation with the treating psychiatrist on a case-by-case basis.

CoCare Centres of Excellence

Partnering with quality hospitals and medical professionals, Medihelp will in the future offer a number of care baskets for specific procedures. These CoCare Centres of Excellence, consisting of a carefully selected interdisciplinary team of medical professionals, will start rolling out in 2024. When members apply for pre-authorisation for procedures such as cataract surgery, they can consider this care basket alternative to cut down on potential out-of-pocket expenses.

Disease Management programme

To assist members living with high cholesterol, diabetes, and high blood pressure, Medihelp will be offering a Disease Management programme. Non-compliance to treatment regimes can have serious health implications for these members, especially insofar as doctor's visits, pathology, and medicine are concerned.

Medihelp's Disease Management programme will be integrated with the Member Zone to assist members in complying with treatment and the risks associated with these diseases.

DNA analysis

Medihelp will be using drug-gene testing or pharmacogenomics where needed to assist high-risk patients in managing their medication. In these cases, the test will be funded from the core benefit.

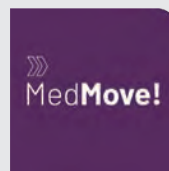
Any member on the MedSaver option will be able to fund the DNA test from their savings account.

MedVital and MedMove! PMB benefit

Facet joint injection, functional nasal surgery, hernia repair, and varicose veins

MedVital is a competitively priced hospital plan. In 2024, the prescribed minimum benefits (PMB) for the procedures, currently applied on MedMove!, has been described further and will also be applied to MedVital.

2023

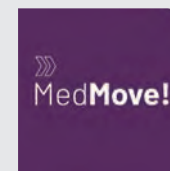


PMB only:

- Facet joint injection
- Functional nasal surgery
- Umbilical hernia repair
- Varicose veins

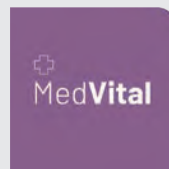


2024



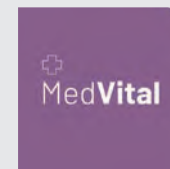
PMB only:

- Facet joint injection
- Functional nasal surgery
- Umbilical, incisional and hiatus hernia repair
- Varicose veins



PMB and non-PMB:

No exclusion



PMB only:

- Facet joint injection
- Functional nasal surgery
- Umbilical, incisional and hiatus hernia repair
- Varicose veins

Back and neck treatment programme

Medihelp members are currently required to participate in the Documentation Based Care (DBC) treatment programme or an alternative treatment as a prerequisite for spinal surgery. The table on the right sets out the co-payments that will apply in these instances in 2024.



Networks

Medihelp's networks and preferred providers remain unchanged for next year. To find a provider near you, go to Provider search on the Member Zone or Medihelp app.

For members' convenience, Medihelp negotiated competitive tariffs for pathology services with Ampath, Lancet, and PathCare Vermaak, as well as other smaller laboratories. All pathology services will be paid according to these preferred provider rates and the member will be liable for the difference in price if they use a laboratory that does not charge these rates.

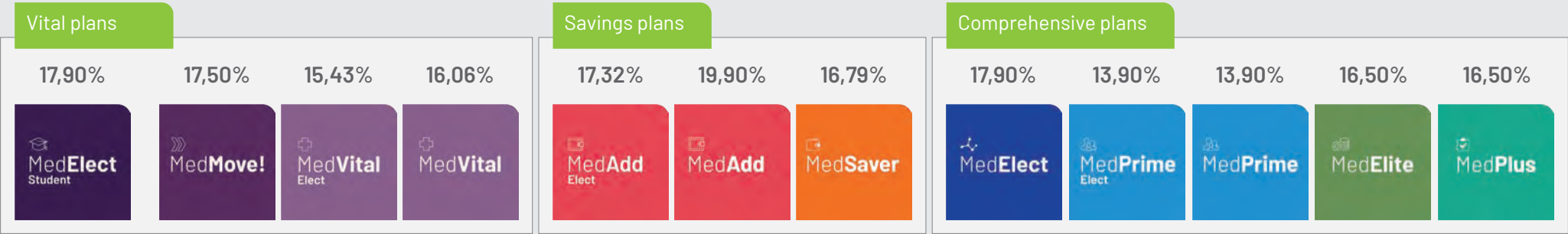
	2023	2024
MedPlus	No co-payment	No co-payment
MedElite	R9 000	R9 400 per admission
MedPrime MedPrime Elect	R10 400	R10 900 per admission
MedElect	R16 300	R17 100 per admission
MedSaver	R12 000	R12 600 per admission
MedAdd MedAdd Elect	R12 000	R12 600 per admission
MedVital MedVital Elect	R16 500	R17 300 per admission
MedMove!	Benefit exclusion	Benefit exclusion

Contribution adjustments 2024

Medihelp is in the fortunate position that our options are not over-priced. In fact, on most of our growth options, we took the lead in terms of price in 2022 and 2023, providing a lower base and lessening the effect of the increase. We lowered premiums on our growth options last year and MedMove!'s price was reduced by minus 13,64% in 2023. Medihelp's weighted average increase

for this year was also lower than the industry average for 2023. This should be set off against the weighted average contribution increase of 15,97% for 2024.

Option increases vary per option and per member category, depending on the target market of the option. MedVital Elect's main and adult dependent contributions will, for example, increase by 13,90%.





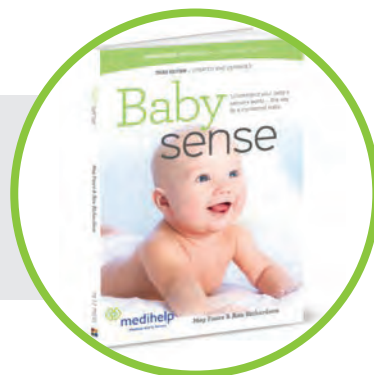
HealthPrint is Medihelp's free online health and wellness platform that gives members access to additional benefits to enhance their medical aid cover, including routine health tests and screenings. Members can activate these benefits by registering for HealthPrint on the Member Zone.

Relevant pregnancy and baby support

- Webinars and question-and-answer sessions presented by pregnancy and baby experts
- View available benefits and get relevant support, such as booking a hospital bed and registering newborns on Medihelp
- Keep track of baby's immunisations and receive SMS reminders when immunisations are due
- Track baby's developmental milestones from birth up to the age of four years
- Get useful information through videos, newsletters, articles, and our HealthyInfo library
- Get regular updates about what to expect during each stage of pregnancy

Members will receive added maternity value through HealthPrint's partners in 2024

Members will receive a book from Meg Faure's Sense series as a gift from Medihelp once they reach week 30 of their pregnancy.



Up to **30% discount** on 4D scans and womb photo sessions



20% discount on 18 months' access to Belly Babies online antenatal courses



25% discount on online parenting courses and webinars presented by occupational therapist and infant specialist, Meg Faure



15% discount on virtual consultations with Good Night child and baby sleep consultants

A healthy body

- The Healthy Weight programme is a 12-week weight loss challenge that provides informative communication through HealthyInfo pages to members who wish to take control of their weight
- Members get access to online workouts and receive essential health and nutrition advice as additional support
- An additional dietician consultation is available for members with a BMI over 30



Medihelp MultiSport

running and cycling club

- From R350 per year
- Free entry to Medihelp events
- 50% discount on running/cycling gear
- Club gazebo on race day
- Running ASA/AGN licence included



Planet Fitness

Members save on gym fees with Planet Fitness and Just Gym clubs

- Special offer for student members
- Three-month discounted rate for adult members
- Free black tag

Discount on gap cover products

HealthPrint offers great value through its gap cover partner, Sirago.



Members earn double points when they shop at Clicks!

HealthPrint members, who are also Clicks ClubCard members, can now earn double points at all Clicks stores.

Cashback is **automatically loaded every two months** to your ClubCard. Cashback can be spent on anything at Clicks (excl. gift cards) **and is valid for 12 months.**

Compare the benefits per plan

Core benefits (insured benefits)	MedMove!	MedVital Elect	MedVital	MedAdd Elect	MedAdd	MedSaver	MedElect	MedPrime Elect	MedPrime	MedElite	MedPlus
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	✓	✓	✓	✓	✓	PMB	✓	✓	✓	✓
Cancer treatment	PMB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mental health treatment	PMB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Specialised radiology (MRI and CT scans) in and out of hospital	In hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Day-to-day benefits											
(separate insured benefit, pooled benefit or savings account)											
GPs, specialists, and virtual consultations via nurses at network pharmacies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Physiotherapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Acute medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Non-PMB chronic medicine	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard radiology	✓	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Pathology	✓	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Conservative dentistry	✓	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Specialised dentistry	-	-	-	✓	✓	✓	-	✓	✓	✓	✓
• Removal of impacted teeth (third molars)	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Extensive treatment for children younger than seven years (in hospital)	-	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Optometry	✓	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Clinical psychology in and out of hospital	-	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Psychiatric nursing in and out of hospital	-	-	-	✓	✓	✓	-	✓	✓	✓	✓
Post-hospital care up to 30 days after discharge (speech, occupational, and physiotherapy)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Care extender benefit											
One GP consultation is activated after completing certain health tests	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A R490 self-medication benefit is activated after completing a preventive combo screening	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Added insured benefits											
(benefits offered in addition to day-to-day benefits)											
Maternity (antenatal, postnatal, dietician, and lactation specialist consultations)	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Babies <2 – first two consultations (at a paediatrician/GP/ear, nose, and throat specialist)	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Child immunisation	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wellness benefits (health tests)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Preventive care (flu vaccination, Pap smear, mammogram, etc.)	Flu vaccination and Pap smear	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Contraceptives	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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

Summary of benefits

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

Summary of benefits

Day-to-day benefits	<div>»»</div> <div>MedMove!</div> <div>NETWORK GPs AND VIRTUAL CARE BENEFITS</div> <div>Unlimited (get authorisation after sixth visit, protocols apply) Member pays the first R126</div> <div>RADIOLOGY, PATHOLOGY, MEDICAL TECHNOLOGISTS, ACUTE MEDICINE</div> <div>(Network pharmacies) R1 650 per family per year</div> <div>SELF-MEDICATION</div> <div>R100 per event and R490 per family per year</div> <div>PHYSIOTHERAPY</div> <div>Two visits per family per year Member pays the first R126</div> <div>OPTOMETRY - PPN</div> <div>One examination per beneficiary Member pays the first R110</div> <div>DENTAL SERVICES - DRC</div> <div>One routine check-up per beneficiary per year Member pays the first R110</div>	<div>+</div> <div>MedVital</div> <div>DAY-TO-DAY BENEFITS</div> <div>M = R1 450 per year M+ = R2 800 per year GP and specialist visits, physiotherapy, virtual consultations, and medicine</div>	<div>+</div> <div>MedAdd</div> <div>ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED</div> <div>M = R1 450 per year M+ = R2 800 per year GP and specialist visits, physiotherapy, virtual consultations, and medicine</div> <div>ADDITIONAL INSURED OPTOMETRY BENEFITS</div> <div>Spectacles or contact lenses</div> <div>ADDITIONAL INSURED DENTISTRY BENEFIT FOR CHILDREN</div> <div>Conservative dentistry for children <18 years</div> <div>Other dentistry is covered from the savings account</div>	<div>+</div> <div>MedSaver</div> <div>ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED</div> <div>M+ = R1 200 per year GP consultations for children ≥2 to <12 years</div>	<div>+</div> <div>MedElect</div> <div>INSURED DAY-TO-DAY BENEFIT</div> <div>M = R3 300 per year M+1 = R5 850 per year M+2 = R6 700 per year M+3 = R7 100 per year M+4+ = R7 750 per year</div> <div>• Specialists, radiology, pathology, clinical psychology and medicine</div> <div>• Self-medication</div> <div>Subject to annual day-to-day benefit</div> <div>R580 per beneficiary R1 700 per family per year</div> <div>NETWORK GPs and VIRTUAL CARE BENEFITS</div> <div>M = R2 200 per year M+1 = R4 050 per year M+2 = R4 750 per year M+3 = R5 100 per year M+4+ = R5 700 per year</div> <div>OUT-OF-NETWORK GP CONSULTATIONS</div> <div>M = R1 350 per year M+ = R2 700 per year</div> <div>PHYSIOTHERAPY AND OCCUPATIONAL THERAPY BENEFITS</div> <div>In and out of hospital M = R2 400 per year M+ = R3 750 per year</div> <div>OPTOMETRY AND DENTISTRY BENEFITS</div>	<div>+</div> <div>MedPrime</div> <div>ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED</div> <div>INSURED DAY-TO-DAY BENEFITS</div> <div>M = R6 900 per year M+ = R12 700 per year</div> <div>• GP and specialist visits and virtual consultations</div> <div>• Clinical psychology and physiotherapy</div> <div>• Other medical services</div> <div>• Medicine</div> <div>• Standard radiology and pathology</div> <div>OPTOMETRY</div> <div>Separate comprehensive benefits</div> <div>DENTISTRY</div> <div>Separate comprehensive benefits</div>	<div>+</div> <div>MedElite</div> <div>ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED</div> <div>ANNUAL DAY-TO-DAY BENEFIT</div> <div>M = R13 900 per year M+1 = R16 100 per year M+2 = R18 400 per year M+3+ = R20 700 per year</div> <div>The following benefit amounts apply within the annual day-to-day benefit</div> <div>• GP and specialist visits and virtual consultations, clinical psychology, physiotherapy, and other medical services</div> <div>M = R3 550 per year M+1 = R4 600 per year M+2 = R5 750 per year M+3+ = R6 900 per year</div> <div>• Acute medicine benefits</div> <div>M = R4 600 per year M+1 = R5 750 per year M+2 = R6 900 per year M+3+ = R8 050 per year</div> <div>• Radiology benefits</div> <div>R3 300 per family per year</div> <div>• Pathology benefits</div> <div>R3 300 per family per year</div> <div>NON-PMB CHRONIC MEDICINE BENEFITS</div> <div>M = R5 450 per year M+1 = R8 150 per year M+2 = R10 900 per year M+3+ = R11 700 per year</div> <div>TWO SEPARATE BENEFITS PROVIDE COMPREHENSIVE OPTOMETRY AND DENTISTRY COVER</div>	<div>+</div> <div>MedPlus</div> <div>INSURED DAY-TO-DAY BENEFITS</div> <div>R4 300 per beneficiary, pooled per family per year</div> <div>• GPs and specialists</div> <div>• Clinical psychology and physiotherapy</div> <div>• Other medical services</div> <div>NON-PMB CHRONIC MEDICINE BENEFITS</div> <div>R22 000 per beneficiary per year</div> <div>ACUTE MEDICINE</div> <div>R7 850 per beneficiary, pooled per family per year</div> <div>STANDARD RADIOLOGY</div> <div>Unlimited</div> <div>PATHOLOGY</div> <div>Unlimited</div> <div>INSURED DENTISTRY BENEFITS</div> <div>Conservative and specialised</div> <div>INSURED OPTOMETRY BENEFITS</div> <div>Spectacles/contact lenses</div>
	Care extender	Not applicable to this plan	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none">• One GP consultation• R490 for self-medication	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none">• One GP consultation• R490 for self-medication	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none">• One GP consultation• R490 for self-medication	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none">• One GP consultation• R490 for self-medication	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none">• One GP consultation• R490 for self-medication	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none">• One GP consultation• R490 for self-medication

Summary of benefits

Added insured benefits	MedMove!	MedVital Elect	MedVital	MedAdd Elect	MedAdd	MedSaver	MedElect	MedPrime Elect	MedPrime	MedElite	MedPlus
	<ul style="list-style-type: none">Pap smearContraceptivesScreeningsFlu vaccination	<ul style="list-style-type: none">Maternity and baby benefitsWomen's and men's health testsContraceptivesScreenings and immunisations		<ul style="list-style-type: none">Maternity and baby benefitsWomen's and men's health testsContraceptivesScreenings and immunisations		<ul style="list-style-type: none">Maternity and baby benefitsWomen's and men's health testsContraceptivesScreenings and immunisations	<ul style="list-style-type: none">Maternity and baby benefitsWomen's and men's health testsContraceptivesScreenings and immunisations	<ul style="list-style-type: none">Maternity and baby benefitsWomen's and men's health testsContraceptivesScreenings and immunisations		<ul style="list-style-type: none">Maternity and baby benefitsWomen's and men's health testsContraceptivesScreenings and immunisations	<ul style="list-style-type: none">Maternity and baby benefitsWomen's and men's health testsContraceptivesScreenings and immunisations
Core benefits	HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)		HOSPITAL BENEFITS (NO OAL)		HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)		HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)
	Network hospitals	Network hospitals	Any hospital	Network hospitals	Any hospital	Any hospital	Network hospitals	Network hospitals	Any hospital	Any hospital	Any hospital
	Network plans: Day procedure network applies to certain procedures Non-network plans: Day procedure facilities apply to certain procedures										
	CHRONIC ILLNESS/PMB Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	CHRONIC ILLNESS/PMB Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply		CHRONIC ILLNESS/PMB Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply		CHRONIC ILLNESS/PMB Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	CHRONIC ILLNESS/PMB Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	CHRONIC ILLNESS/PMB Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply		CHRONIC ILLNESS/PMB Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	CHRONIC ILLNESS/PMB Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply
	POST-HOSPITAL CARE Up to 30 days after discharge	POST-HOSPITAL CARE Up to 30 days after discharge		POST-HOSPITAL CARE Up to 30 days after discharge		POST-HOSPITAL CARE Up to 30 days after discharge	POST-HOSPITAL CARE Up to 30 days after discharge	POST-HOSPITAL CARE Up to 30 days after discharge		POST-HOSPITAL CARE Up to 30 days after discharge	POST-HOSPITAL CARE Up to 30 days after discharge
	SPECIALISED RADIOLOGY In hospital R13 000 per family Member pays the first R2 700 per examination	SPECIALISED RADIOLOGY Unlimited Member pays the first R3 550 per examination in hospital and R3 000 out of hospital Balance paid at 100% of the MT		SPECIALISED RADIOLOGY Unlimited Member pays the first R3 350 per examination in hospital and R2 800 out of hospital Balance paid at 100% of the MT		SPECIALISED RADIOLOGY Unlimited Member pays the first R3 350 per examination in hospital and R2 800 out of hospital Balance paid at 100% of the MT	SPECIALISED RADIOLOGY Unlimited Member pays the first R3 450 per examination in hospital and R2 900 out of hospital Balance paid at 100% of the MT	SPECIALISED RADIOLOGY Unlimited Member pays the first R2 500 per examination in hospital and R1 950 out of hospital Balance paid at 100% of the MT		SPECIALISED RADIOLOGY Unlimited Member pays the first R1 950 per examination in hospital and R1 450 out of hospital Balance paid at 100% of the MT	SPECIALISED RADIOLOGY Unlimited In and out of hospital MRI, CT imaging and angiography PET imaging - R26 200 per case
	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		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 AND AIR TRANSPORT Netcare 911 Unlimited within RSA	ROAD AND AIR TRANSPORT Netcare 911 Unlimited within RSA		ROAD AND AIR TRANSPORT Netcare 911 Unlimited within RSA		ROAD AND AIR TRANSPORT Netcare 911 Unlimited within RSA	ROAD AND AIR TRANSPORT Netcare 911 Unlimited within RSA	ROAD AND AIR TRANSPORT Netcare 911 Unlimited within RSA		ROAD AND AIR TRANSPORT Netcare 911 Unlimited within RSA	ROAD AND AIR TRANSPORT Netcare 911 Unlimited within RSA

Monthly contributions



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



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

	MedMove!	MedVital Elect	MedVital	MedAdd Elect	MedAdd	MedSaver	MedElect Student	MedElect	MedPrime Elect	MedPrime	MedElite	MedPlus
Main member	R1 476	R2 022	R2 598	R2 676 (R402 savings included per month and R4 824 per year)	R3 354 (R504 savings included per month and R6 048 per year)	R3 516 (R876 savings included per month and R10 512 per year)	R0 - R800 R894	R801 or more R2 820	R3 918 (R390 savings included per month and R4 680 per year)	R4 782 (R480 savings included per month and R5 760 per year)	R7 368 (R738 savings included per month and R8 856 per year)	R12 792
Dependant	R1 476	R1 470	R1 998	R2 100 (R312 savings included per month and R3 744 per year)	R2 832 (R426 savings included per month and R5 112 per year)	R2 892 (R720 savings included per month and R8 640 per year)	R894	R2 208	R3 306 (R330 savings included per month and R3 960 per year)	R4 044 (R402 savings included per month and R4 824 per year)	R6 900 (R690 savings included per month and R8 280 per year)	R12 792
Child dependant <26 years/ <21 years (MedElect)	R1 476	R852	R894	R930 (R138 savings included per month and R1 656 per year)	R1 134 (R168 savings included per month and R2 016 per year)	R1 080 (R270 savings included per month and R3 240 per year)	R894	R912	R1 140 (R114 savings included per month and R1 368 per year)	R1 398 (R138 savings included per month and R1 656 per year)	R1 998 (R198 savings included per month and R2 376 per year)	R3 192
	R2 952	R3 492	R4 596	R4 776 (R714 savings included per month and R8 568 per year)	R6 186 (R930 savings included per month and R11 160 per year)	R6 408 (R1 596 savings included per month and R19 152 per year)	-	R5 028	R7 224 (R720 savings included per month and R8 640 per year)	R8 826 (R882 savings included per month and R10 584 per year)	R14 268 (R1 428 savings included per month and R17 136 per year)	R25 584
	R2 952	R2 874	R3 492	R3 606 (R540 savings included per month and R6 480 per year)	R4 488 (R672 savings included per month and R8 064 per year)	R4 596 (R1 146 savings included per month and R13 752 per year)	-	R3 732	R5 058 (R504 savings included per month and R6 048 per year)	R6 180 (R618 savings included per month and R7 416 per year)	R9 366 (R936 savings included per month and R11 232 per year)	R15 984
	R4 428	R3 726	R4 386	R4 536 (R678 savings included per month and R8 136 per year)	R5 622 (R840 savings included per month and R10 080 per year)	R5 676 (R1 416 savings included per month and R16 992 per year)	-	R4 644	R6 198 (R618 savings included per month and R7 416 per year)	R7 578 (R756 savings included per month and R9 072 per year)	R11 364 (R1 134 savings included per month and R13 608 per year)	R19 176
	R4 428	R4 344	R5 490	R5 706 (R852 savings included per month and R10 224 per year)	R7 320 (R1 098 savings included per month and R13 176 per year)	R7 488 (R1 866 savings included per month and R22 392 per year)	-	R5 940	R8 364 (R834 savings included per month and R10 008 per year)	R10 224 (R1 020 savings included per month and R12 240 per year)	R16 266 (R1 626 savings included per month and R19 512 per year)	R28 776
	R5 904	R5 196	R6 384	R6 636 (R990 savings included per month and R11 880 per year)	R8 454 (R1 266 savings included per month and R15 192 per year)	R8 568 (R2 136 savings included per month and R25 632 per year)	-	R6 852	R9 504 (R948 savings included per month and R11 376 per year)	R11 622 (R1 158 savings included per month and R13 896 per year)	R18 264 (R1 824 savings included per month and R21 888 per year)	R31 968
	R8 856	R5 196	R6 384	R6 636 (R990 savings included per month and R11 880 per year)	R8 454 (R1 266 savings included per month and R15 192 per year)	R10 728 (R2 676 savings included per month and R32 112 per year)	-	R8 676	R9 504 (R948 savings included per month and R11 376 per year)	R11 622 (R1 158 savings included per month and R13 896 per year)	R22 260 (R2 220 savings included per month and R26 640 per year)	R38 352

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. Find network provider information on Medihelp's website at the provider search function. Members can also register for HealthPrint, Medihelp's free online health and wellness programme, to activate certain benefits as indicated.

	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
Care extender benefit								
<ul style="list-style-type: none"> One additional GP consultation – the first of either a Pap smear, mammogram, prostate test, faecal occult blood test (FOBT) or bone mineral density test activates a one-off GP consultation for the family for the year. Self-medication dispensed at a network pharmacy – an additional R490 will be activated for the family to use for non-prescribed medicine once a combo health screening has been claimed from the added insured benefits. 	-	✓	✓	✓	✓	✓	✓	✓
Women's health								
A mammogram requested by a medical doctor per two-year cycle (women 40-75 years and item codes 3605/39175/34100/34101)	-	✓	✓	✓	✓	✓	✓	✓
A Pap smear requested by a medical doctor per three-year cycle (women 21-65 years and item codes 4566/4559)	✓	✓	✓	✓	✓	✓	✓	✓
Contraceptives	✓	✓	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> Oral/injectable/implantable contraceptives (women up to 50 years) 	R105 per month up to R1 350 per year	R150 per month up to R2 000 per year	R160 per month up to R2 100 per year	R160 per month up to R2 100 per year	R150 per month up to R2 000 per year	R170 per month up to R2 250 per year	R178 per month up to R2 300 per year	R178 per month up to R2 300 per year
<ul style="list-style-type: none"> Intra-uterine device every 60 months 	R1 850	R2 250	R2 500	R2 500	R2 300	R2 600	R2 700	R2 700
A flu vaccination at network pharmacy clinics	✓	✓	✓	✓	✓	✓	✓	✓
Enhanced maternity benefits								
Registration on HealthPrint's Maternity and Baby programme activates these additional benefits per family per year								
Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist (MedVital Elect, MedAdd Elect, and MedElect – a network referral to the gynaecologist is not needed)	-	✓	✓	✓	✓	✓	✓	✓
Two antenatal and postnatal consultations at a dietician/lactation specialist/antenatal classes	-	✓	✓	✓	✓	✓	✓	✓
Two 2D ultrasound scans	-	✓	✓	✓	✓	✓	✓	✓
Nine months' antenatal iron supplements	-	Available day-to-day benefits	Available day-to-day benefits/savings	Available savings	Available day-to-day benefits	✓	✓	✓
Nine months' antenatal folic acid supplements	-	Available day-to-day benefits	Available day-to-day benefits/savings	Available savings	Available day-to-day benefits	✓	✓	✓
Child benefits								
Child flu vaccination at network pharmacy clinics	✓	✓	✓	✓	✓	✓	✓	✓
Babies under two years receive two additional visits to a GP, paediatrician or ear, nose, and throat specialist (MedVital Elect, MedAdd Elect, and MedElect – a network GP referral to these specialists is not needed)	-	✓	✓	✓	✓	✓	✓	✓
Full schedule of standard child immunisations covered up to seven years at network pharmacy clinics	-	✓	✓	✓	✓	✓	✓	✓

Added insured benefits

	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
Routine screening and immunisation Available at network pharmacy clinics per person: A combo test (blood glucose, cholesterol, BMI, and blood pressure measurement)/individual test (blood glucose/cholesterol)	✓	✓	✓	✓	✓	✓	✓	✓
HIV testing, counselling, and support	✓	✓	✓	✓	✓	✓	✓	✓
A tetanus vaccine	-	✓	✓	✓	✓	✓	✓	✓
A flu vaccination	✓	✓	✓	✓	✓	✓	✓	✓
Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years	-	✓	✓	✓	✓	✓	✓	✓
Men's health A prostate test (PSA level) requested by a medical doctor (men between 40-75 years and item code 4519)	-	✓	✓	✓	✓	✓	✓	✓
A flu vaccination at network pharmacy clinics	✓	✓	✓	✓	✓	✓	✓	✓
Screening and immunisation for over 45s Women >65 years have access to one bone mineral density test requested by a medical doctor per two-year cycle (item codes 3604/50120)	-	✓	✓	✓	✓	✓	✓	✓
A Pneumovax vaccine in a five-year cycle per person older than 55 years (if registered for asthma or COPD)	-	✓	✓	✓	✓	✓	✓	✓
An FOBT test for people between 45-75 years (item codes 4351/4352)	-	✓	✓	✓	✓	✓	✓	✓
Supporting wellness One back treatment per 12-month cycle as an alternative to surgery at a Documentation Based Care facility for eligible patients and the treatment is a prerequisite for spinal surgery	-	✓	✓	✓	✓	✓	✓	✓
One dietician consultation per registered HealthPrint member if a BMI measurement indicates a BMI higher than 30 (item codes 84200-84205)	-	✓	✓	✓	✓	✓	✓	✓
Cancer programme Offered in collaboration with oncologists in the Independent Clinical Oncology Network (ICON)	✓	✓	✓	✓	✓	✓	✓	✓
HIV programme Offered in collaboration with LifeSense Disease Management	✓	✓	✓	✓	✓	✓	✓	✓

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



Care programmes

Back and neck treatment programme

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

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

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

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

HIV/Aids programme

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

Medihelp pays 100% of the cost for:

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

Disease Management programme

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

CoCare Centres of Excellence

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

Cancer programme

Medihelp members have access to comprehensive cancer benefits. The first step when diagnosed with cancer is to register on the Medihelp Cancer programme and get authorisation for treatments. The patient will receive a cancer guide with all the information they will need. You can also download the cancer guide from the Adviser Toolbox and email it to your clients. Clients can call 086 0100 678 or email oncology@medihelp.co.za to register.

The Medihelp Cancer 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.

Benefits for cancer

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 cancer cover

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

Non-PMB cancer

(available on all plans except MedMove!)

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

Cancer medicine

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

MedMove!, MedVital Elect, MedAdd Elect, MedElect, and MedPrime Elect members must get their medicine from:

Dis-Chem Oncology: Tel: 010 003 8948 | oncology@dischem.co.za

Medipost: Tel: 012 404 4430 | oncology@medipost.co.za

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

Emergencies

What is a medical emergency?

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

Trauma

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

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

Benefits for emergency transport services (all plans)

Netcare 911

Services are subject to pre-authorisation and protocols

In beneficiary's country of residence	All plans	MedMove!
In the RSA, Lesotho, Eswatini, Zimbabwe, Mozambique, Namibia, and Botswana <ul style="list-style-type: none">• Transport by road• Transport by air	100% of the MT Unlimited	100% of the MT Unlimited
Outside beneficiary's country of residence	100% of the MT R2 400 per case	No benefit
<ul style="list-style-type: none">• Transport by road• Transport by air	100% of the MT R16 100 per case	No benefit



What is covered?

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



Note

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



In an emergency

If you need emergency transport, phone:

Netcare 911
082 911

Prescribed minimum benefits (PMB)

What are PMB?

PMB are benefits that medical aids are legally required to provide for a list of specific medical conditions, regardless of the plan on which a member is enrolled, to ensure that they receive appropriate care aimed at safeguarding their health. Medical aids use treatment guidelines, networks or selected providers, as well as pre-authorisation 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 PMB authorisation

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



PMB medicine

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



Hospitals

Use network hospitals for PMB services



Specialists

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

Elected hospital and day procedure networks

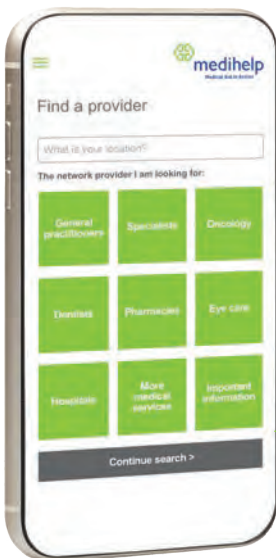
Medihelp has negotiated special tariffs with elected good quality private hospitals and day care facilities with the intent to ensure members' access to quality, affordable care. It also enables us to offer the Elect plans at a reduced premium. These facilities have been matched with the national footprint 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 and MedMove! members are required to get care at a hospital in the quality national network to avoid co-payments.

Network plans: Day procedure networks

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



A network hospital/ day procedure facility is easy to find

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

MedAdd
Elect

MedVital
Elect

MedPrime
Elect

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

MedElect MedMove!

All the cover these plans offer is structured around networks, including a vast network for MedElect, and one for MedMove! of quality hospitals and day procedure facilities.



Specialist care

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

Pre-authorisation of hospital/ day procedure admissions



Planned admissions

Pre-authorise hospital/day procedure admissions well in advance



Emergency admissions

Authorise on the first workday following the emergency admission



Dental procedure admissions

Contact Dental Risk Company (DRC) to authorise admissions

Tel: 087 943 9618

Email: auth@dentalrisk.com

Where can you authorise admissions?

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

Information needed for pre-authorisation









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

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

Benefit comparison









A detailed comparison of the benefits provided by each benefit plan is provided below.

Core benefits









	 MedMove!	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite	 MedPlus
CHRONIC ILLNESS and PMB Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL Protocols, pre-authorisation, DSPs, and specialist network apply	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited
TRAUMA BENEFITS Subject to authorisation, PMB protocols, and case management Benefits for major trauma that necessitates hospitalisation such as: Motor vehicle accidents, stab wounds, gunshot wounds, head trauma, trauma, and burns	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited
POST-EXPOSURE PROPHYLAXIS (for HIV/Aids)								
EMERGENCY TRANSPORT SERVICES Netcare 911 Subject to pre-authorisation and protocols - 50% co-payment if not pre-authorised In beneficiary's country of residence In the RSA, Lesotho, Eswatini, Zimbabwe, Mozambique, Namibia, and Botswana <ul style="list-style-type: none"> • Transport by road • Transport by air 	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	100% of the MT Unlimited	100% of the MT Unlimited
Outside beneficiary's country of residence <ul style="list-style-type: none"> • Transport by road • Transport by air 	This plan does not cover these services	100% of the MT R2 400 per case	100% of the MT R2 400 per case	100% of the MT R2 400 per case	100% of the MT R2 400 per case	100% of the MT R2 400 per case	100% of the MT R2 400 per case	100% of the MT R2 400 per case
		100% of the MT R16 100 per case	100% of the MT R16 100 per case	100% of the MT R16 100 per case	100% of the MT R16 100 per case	100% of the MT R16 100 per case	100% of the MT R16 100 per case	100% of the MT R16 100 per case

* Contracted tariffs may apply.

Core benefits

Description	 MedMove!	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite	 MedPlus
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 <ul style="list-style-type: none"> 20% co-payment per admission if not pre-authorised 	100% of the MT Unlimited Member pays the first R1 650 per admission for all non-PMB admissions Hospital network	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	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 	All day procedures and procedures as pre-authorised must be done in the day procedure network to avoid a co-payment of R11 800 Procedure-specific co-payments may also apply to certain procedures	100% of the MT Procedure-specific co-payments may also apply Network plans: A 35% co-payment applies to procedures performed outside the day procedure network Non-network plans: A 35% co-payment applies to procedures not performed in a day procedure facility						
<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 R380 per admission	100% of the MT R400 per admission	100% of the MT R400 per admission	100% of the MT R400 per admission	100% of the MT R400 per admission	100% of the MT R520 per admission	100% of the MT R580 per admission	100% of the MT R690 per admission
CHILDBIRTH Subject to pre-authorisation, protocols, and case management <ul style="list-style-type: none"> 20% co-payment per admission if not pre-authorised 35% co-payment for voluntary admission to a non-network hospital (for network plans only) 	100% of the MT Unlimited Non-PMB No benefits for elective caesareans	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	100% of the MT Unlimited
HOME DELIVERY Subject to pre-authorisation <ul style="list-style-type: none"> Professional nursing fees Equipment Material and medicine 	This plan does not cover these services	100% of the MT R15 600 per event 20% co-payment per event if not pre-authorised	100% of the MT R15 600 per event 20% co-payment per event if not pre-authorised	100% of the MT R15 600 per event 20% co-payment per event if not pre-authorised	100% of the MT R15 600 per event 35% co-payment per event if not pre-authorised	100% of the MT R15 600 per event 20% co-payment per event if not pre-authorised	100% of the MT R15 600 per event 20% co-payment per event if not pre-authorised	100% of the MT R15 600 per event 20% co-payment per event if not pre-authorised

Core benefits

Description	 MedMove!	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite	 MedPlus
NEONATAL ADMISSIONS Subject to pre-authorisation, protocols, and case management - 20% co-payment per admission if not pre-authorised - 35% co-payment for voluntary admission to a non-network hospital (for network plans only)	100% of the MT Hospitalisation: R51 000 per family per year	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	100% of the MT Unlimited
ORGAN TRANSPLANTS (PMB only) Subject to pre-authorisation and clinical protocols	100% of the MT	100% of the MT	100% of the MT	100% of the MT	100% of the MT	100% of the MT	100% of the MT	100% of the MT
• Cornea implants	PMB only Use DSP to avoid 30% co-payment	100% of the MT R34 200 per implant per year	100% of the MT R34 200 per implant per year	100% of the MT R34 200 per implant per year	100% of the MT R34 200 per implant per year	100% of the MT R34 200 per implant per year	100% of the MT R34 200 per implant per year	100% of the MT R34 200 per implant per year
STANDARD RADIOLOGY, PATHOLOGY (PPs* apply), and MEDICAL TECHNOLOGIST SERVICES In hospital – subject to clinical protocols	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
RADIOGRAPHY (radiographers' consultation fees)** In and out of hospital – subject to clinical protocols and on request of a medical doctor	100% of the MT R1 200 per family per year	100% of the MT R1 250 per family per year	100% of the MT R1 250 per family per year	100% of the MT R1 250 per family per year	100% of the MT R1 250 per family per year	100% of the MT R1 250 per family per year	100% of the MT R1 250 per family per year	100% of the MT R1 250 per family per year
SPECIALISED RADIOLOGY In and out of hospital On request of a specialist and subject to clinical protocols MedVital Elect, MedAdd Elect, and MedElect – prescribed by a specialist on referral by a network GP • MRI and CT imaging (subject to pre-authorisation)	100% of the MT In hospital R13 000 per family per year Co-payment: R2 700 per examination Out of hospital PMB only	100% of the MT Unlimited Member pays the first R3 550 per examination in hospital and R3 000 out of hospital	100% of the MT Unlimited Member pays the first R3 350 per examination in hospital and R2 800 out of hospital	100% of the MT Unlimited Member pays the first R3 350 per examination in hospital and R2 800 out of hospital	100% of the MT Unlimited Member pays the first R3 450 per examination in hospital and R2 900 out of hospital	100% of the MT Unlimited Member pays the first R2 500 per examination in hospital and R1 950 out of hospital	100% of the MT Unlimited Member pays the first R1 950 per examination in hospital and R1 450 out of hospital	100% of the MT Unlimited
• Angiography	100% of the cost Subject to pre-authorisation PMB only	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	
• PET imaging (non-PMB and subject to pre-authorisation)	These plans do not cover this service							100% of the MT R26 200 per case
CLINICAL TECHNOLOGIST SERVICES In hospital – services must be prescribed by a medical doctor/dentist	100% of the cost PMB only	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	100% of the MT Unlimited

* Pathology preferred providers: Ampath, Lancet, and PathCare Vermaak ** Radiography differs from radiology and qualifies for a separate service fee benefit, for example, for a radiographer who takes scans.

Core benefits

Description	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
POST-HOSPITAL CARE* Professional services relating to a Medihelp authorised private hospital admission, required for up to 30 days after discharge <ul style="list-style-type: none"> Speech therapy, occupational therapy, and physiotherapy 	100% of the MT M = R2 200 per year M+ = R3 150 per year	100% of the MT M = R2 200 per year M+ = R3 150 per year	100% of the MT M = R2 200 per year M+ = R3 150 per year	100% of the MT M = R2 200 per year M+ = R3 150 per year	100% of the MT M = R2 200 per year M+ = R3 150 per year	100% of the MT M = R2 200 per year M+ = R3 150 per year	100% of the MT M = R2 200 per year M+ = R3 150 per year	100% of the MT M = R2 200 per year M+ = R3 150 per year
RENAL DIALYSIS In and out of hospital <ul style="list-style-type: none"> Acute dialysis Chronic/peritoneal dialysis (subject to pre-authorisation, clinical protocols, preferred provider rates, and a 20% co-payment per admission if not pre-authorised) 	100% of the cost PMB only	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	100% of the MT Unlimited
OTHER MEDICAL SERVICES In hospital and protocols may apply <ul style="list-style-type: none"> Dietician services, biokenitics, audiometry and orthoptic services (must be pre-authorised and requested by the attending medical doctor) Podiatry, speech therapy, massage, chiropractic services, homeopathic services, herbal, and naturopathic services Physiotherapy and occupational therapy (must be pre-authorised and requested by the attending medical doctor) 	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the cost PMB only 100% of the MT** M = R2 400 per year M+ = R3 750 per year In and out of hospital	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
OXYGEN *** In and out of hospital	100% of the cost PMB only	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	100% of the MT Unlimited
PROSTATECTOMY Subject to pre-authorisation <ul style="list-style-type: none"> Conventional or laparoscopic procedure 	100% of the MT Member pays the first R11 000 per procedure	100% of the MT Member pays the first R7 550 per procedure	100% of the MT Member pays the first R6 900 per procedure	100% of the MT Member pays the first R6 900 per procedure	100% of the MT Member pays the first R7 550 per procedure	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
<ul style="list-style-type: none"> Robotic-assisted laparoscopic procedure 	This plan does not cover this service	This plan does not cover this service	This plan does not cover this service	This plan does not cover this service	This plan does not cover this service	100% of the MT Hospitalisation: R132 400 per beneficiary	100% of the MT Hospitalisation: R132 400 per beneficiary	100% of the MT Hospitalisation: R132 400 per beneficiary

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









** **MedElect:** A network GP or specialist, on referral by a network GP, must refer the beneficiary to a physio- or occupational therapist to avoid a 35% co-payment for out-of-hospital services.

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

Core benefits

Description	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
NEUROSTIMULATORS Subject to pre-authorisation and clinical protocols <ul style="list-style-type: none"> Device and components 	100% of the cost PMB only	100% of the cost PMB only	100% of the cost PMB only	100% of the cost PMB only	100% of the cost PMB only	100% of the MT R68 800 per beneficiary	100% of the MT R103 200 per beneficiary	100% of the MT R137 800 per beneficiary
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"> 20% co-payment per admission if not pre-authorized 35% co-payment for voluntary admission to a non-network hospital (network plans only) 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 cost PMB only	100% of the MT R22 800 per beneficiary per year (maximum R34 700 per family per year)	100% of the MT R28 900 per beneficiary per year (maximum R39 900 per family per year)	100% of the MT R28 900 per beneficiary per year (maximum R39 900 per family per year)	100% of the MT R22 900 per beneficiary per year (maximum R34 700 per family per year)	100% of the MT R34 700 per beneficiary per year (maximum R46 800 per family per year)	100% of the MT R42 100 per beneficiary per year (maximum R58 400 per family per year)	100% of the MT R51 400 per beneficiary per year (maximum R69 900 per family per year)
SERVICES AS AN 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 <ul style="list-style-type: none"> 20% co-payment per admission if not pre-authorized 	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
<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 <ul style="list-style-type: none"> 20% co-payment per admission if not pre-authorized 	100% of the MT PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited		100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
<ul style="list-style-type: none"> Private nursing Subject to pre-authorisation General day-to-day care is excluded from benefits <ul style="list-style-type: none"> 20% co-payment per case if not pre-authorized, except for MedElect where a 35% co-payment per case will apply if not pre-authorized 	100% of the MT PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT R26 600 per family per year	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited

Core benefits

Description	 MedMove!	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite	 MedPlus
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 R19 800 per family per year 20% co-payment if not pre-authorised	100% of the MT R22 800 per family per year 20% co-payment if not pre-authorised	100% of the MT R25 200 per family per year 20% co-payment if not pre-authorised	100% of the MT R25 200 per family per year 20% co-payment if not pre-authorised	100% of the MT R20 700 per family per year 20% co-payment if not pre-authorised	100% of the MT R27 500 per family per year 20% co-payment if not pre-authorised	100% of the MT R29 900 per family per year 20% co-payment if not pre-authorised	100% of the MT R32 200 per family per year 20% co-payment if not pre-authorised
CANCER Subject to pre-authorisation and registration on the Medihelp Cancer Programme protocols, a DSP, and the MORP apply - 20% co-payment if not pre-authorised - 10% co-payment applies to voluntary non-network services PMB cases <ul style="list-style-type: none"> Hospital and related cancer treatments and services, including bone marrow/stem cell transplants (subject to PMB legislation) 	100% of the MT PMB only 25% co-payment if treatment deviates from protocols 30% co-payment if treatment is received outside the network	100% of the MT Unlimited 20% co-payment if treatment deviates from protocols	100% of the MT Unlimited 20% co-payment if treatment deviates from protocols	100% of the MT Unlimited 20% co-payment if treatment deviates from protocols	100% of the MT Unlimited 25% co-payment if treatment deviates from protocols	100% of the MT Unlimited 20% co-payment if treatment deviates from protocols	100% of the MT Unlimited 15% co-payment if treatment deviates from protocols	100% of the MT Unlimited 10% co-payment if treatment deviates from protocols
Non-PMB cases <ul style="list-style-type: none"> Hospital and related cancer treatments, including radiotherapy, brachytherapy, chemotherapy, and associated adjuvant medicine In and out of hospital 	This plan does not cover this service	100% of the MT R254 100 per family per year 20% co-payment if treatment deviates from protocols	100% of the MT R275 100 per family per year 20% co-payment if treatment deviates from protocols	100% of the MT R275 100 per family per year 20% co-payment if treatment deviates from protocols	100% of the MT R242 500 per family per year No benefits if treatment deviates from protocols	100% of the MT R313 900 per family per year 20% co-payment if treatment deviates from protocols	100% of the MT R476 700 per family per year 15% co-payment if treatment deviates from protocols	100% of the MT Unlimited 10% co-payment if treatment deviates from protocols
REFRACTIVE SURGERY Subject to pre-authorisation and clinical protocols - 20% co-payment per admission if not pre-authorised - 35% co-payment for voluntary admission to a non-network hospital/day procedure facility (for network plans only)	These plans do not cover this service					100% of the MT Hospitalisation: R13 700 per family per year for beneficiaries 18-50 years	100% of the MT Hospitalisation: R22 800 per family per year for beneficiaries 18-50 years	100% of the MT Unlimited

Core benefits

Description

INTERNALLY IMPLANTED PROSTHESES

All hospital admissions and prostheses are subject to pre-authorisation, protocols, and case management

- 20% co-payment per admission if not pre-authorised
- 35% co-payment for voluntary admission to a non-network hospital (for network plans only)
- The member is liable for the difference in cost if PMB spinal, hip, knee, and cardiac prostheses are not obtained from the DSP

- EVARS prosthesis
- Vascular/cardiac prosthesis

- Health-essential functional prosthesis

- Hip, knee, and shoulder replacements (non-PMB)
- In case of acute injury where replacement is the only clinically appropriate treatment modality

- In case of wear and tear

- Intra-ocular lenses

- Prosthesis with reconstructive or restorative surgery (in and out of hospital)

- External breast prostheses (in and out of hospital)

- Implantable hearing devices (including devices and components)

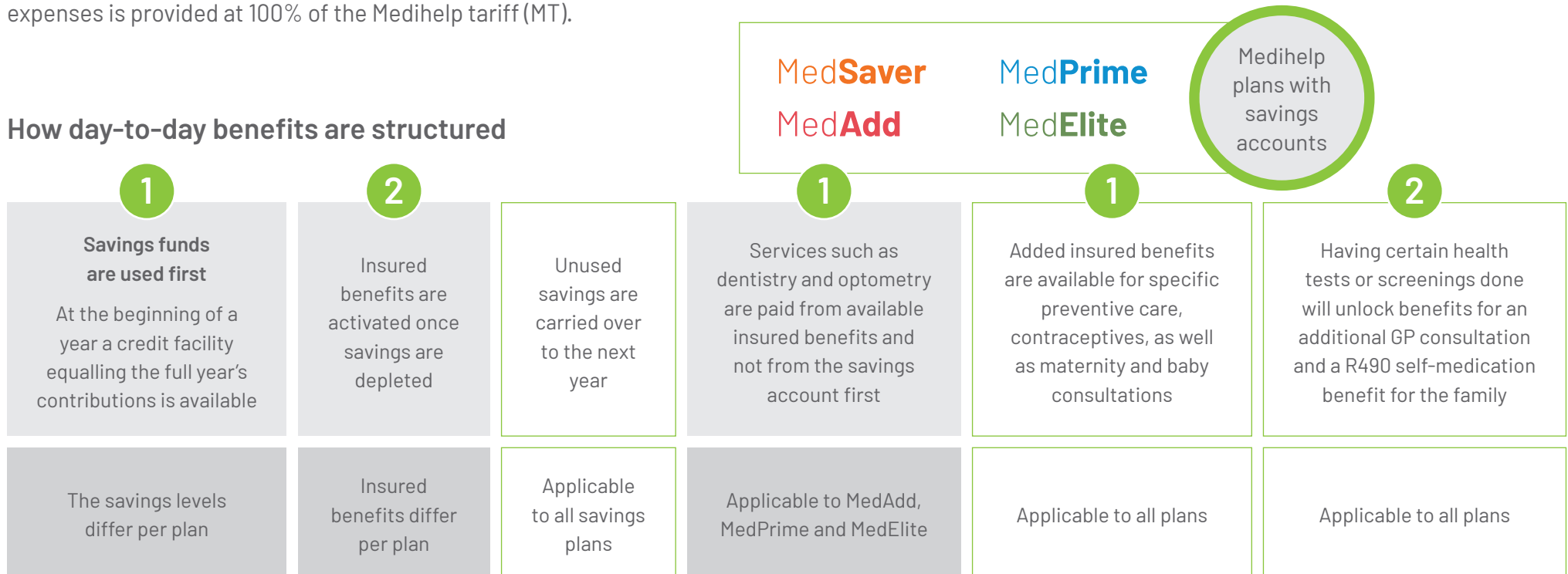
MedMove!		MedVital		MedAdd		MedSaver		MedElect		MedPrime		MedElite		MedPlus	
100% of the cost PMB only		100% of the MT R41 300 per beneficiary per year		100% of the MT R155 600 per beneficiary per year		100% of the MT R155 600 per beneficiary per year		100% of the cost PMB only		100% of the MT R155 600 per beneficiary per year		100% of the MT R155 600 per beneficiary per year		100% of the MT R155 600 per beneficiary per year	
		R41 300 per beneficiary per year		R66 500 per beneficiary per year		R66 500 per beneficiary per year				R66 500 per beneficiary per year		R66 500 per beneficiary per year		R66 500 per beneficiary per year	
		R27 500 per beneficiary per year		R73 800 per beneficiary per year		R73 800 per beneficiary per year				R73 800 per beneficiary per year		R73 800 per beneficiary per year		R73 800 per beneficiary per year	
		Hospitalisation: 100% of the MT		Hospitalisation: 100% of the MT		Hospitalisation: 100% of the MT				Hospitalisation: 100% of the MT		Hospitalisation: 100% of the MT		Hospitalisation: 100% of the MT	
		Prosthesis: Health-essential functional prosthesis benefits apply		Prosthesis: Health-essential functional prosthesis benefits apply		Prosthesis: Health-essential functional prosthesis benefits apply				Prosthesis: Health-essential functional prosthesis benefits apply		Prosthesis: Health-essential functional prosthesis benefits apply		Prosthesis: Health-essential functional prosthesis benefits apply	
These plans do not cover this service												Subject to DSP (ICPS)*		Prosthesis: Health-essential functional prosthesis benefits apply	
100% of the cost PMB only		Sublimit subject to health-essential functional prosthesis benefit Two lenses per beneficiary per year, R4 900 per lens								Sublimit subject to health-essential functional prosthesis benefit Two lenses per beneficiary per year, R4 900 per lens					
100% of the cost PMB only		R5 000 per family per year		R11 300 per family per year		R11 300 per family per year		100% of the cost PMB only		R11 300 per family per year		R11 300 per family per year		R11 300 per family per year	
These plans do not cover this service				Savings account		Savings account				R286 600 per beneficiary per year		R309 700 per beneficiary per year		R320 200 per beneficiary per year	
These plans do not cover this service										R286 600 per beneficiary per year		R309 700 per beneficiary per year		R320 200 per beneficiary per year	

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

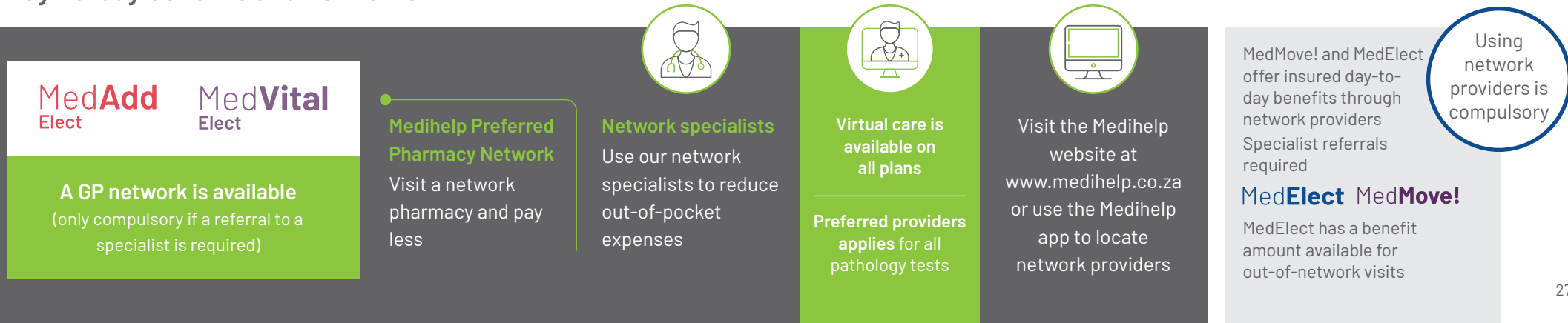
Day-to-day benefits explained

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









How day-to-day benefits are structured



Day-to-day benefits and networks



Day-to-day benefits

Description	 MedMove!	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite	 MedPlus
ANNUAL DAY-TO-DAY BENEFITS	Not applicable	Day-to-day benefit 100% of the MT M = R1 450 per year M+ = R2 800 per year	15% savings account Day-to-day benefit 100% of the MT M = R1 450 per year M+ = R2 800 per year Activated after depletion of savings	25% savings account	Annual day-to-day benefit 100% of the MT M = R3 300 per year M+1 = R5 850 per year M+2 = R6 700 per year M+3 = R7 100 per year M+4+ = R7 750 per year	10% savings account Day-to-day benefit 100% of the MT M = R6 900 per year M+ = R12 700 per year Activated after depletion of savings	10% savings account Annual day-to-day benefit 100% of the MT M = R13 900 per year M+1 = R16 100 per year M+2 = R18 400 per year M+3+ = R20 700 per year Activated after depletion of savings	Not applicable
GP VISITS, TELEMEDICINE AND VIRTUAL CONSULTATIONS, NURSE VISITS AT NETWORK PHARMACIES, PRIMARY CARE DRUG THERAPISTS, AND EMERGENCY UNITS Consultations and follow-up consultations MedMove!, MedVital Elect, MedAdd Elect, and MedElect: GP network and specialist referral by a network GP apply	Unlimited network virtual GP consultations during nurse visits at network pharmacies and network GP visits – R126 co-payment per consultation (visit 7-10 require authorisation and from visit 11 only PMB consultations will be covered)	Subject to day-to-day benefit	Paid from 15% savings first and after depletion of savings from the day-to-day benefit	Once 25% savings have been depleted, a GP consultation benefit becomes available for children ≥2 to <12 years old 100% of the MT M+ = R1 200 per year	100% of the MT M = R2 200 per year M+1 = R4 050 per year M+2 = R4 750 per year M+3 = R5 100 per year M+4+ = R5 700 per year Out-of-network GP consultations 80% of the MT M = R1 350 per year M+ = R2 700 per year	Paid from 10% savings first and after depletion of savings from the day-to-day benefit	Paid from 10% savings first and after depletion of savings: 100% of the MT M = R3 550 per year M+1 = R4 600 per year M+2 = R5 750 per year M+3+ = R6 900 per year Subject to day-to-day annual benefit, shared with benefit for psychiatric nursing and other medical services	100% of the MT R4 300 per beneficiary, pooled per family per year Shared with benefit for psychiatric nursing and other medical services
SPECIALISTS Consultations and follow-up consultations MedMove!, MedVital Elect, MedAdd Elect, and MedElect: Specialist referral by a network GP applies	PMB only				Subject to annual day-to-day benefit Specialist referrals apply			
PHYSIOTHERAPY Out of hospital Treatment and material	Two consultations per family per year Member pays the first R126 per visit			100% of the MT Savings account	100% of the MT M = R2 400 per year M+ = R3 750 per year Shared benefit with occupational therapy in and out of hospital			
CLINICAL PSYCHOLOGY In and out of hospital	This plan does not cover these services	This plan does not cover these services	100% of the MT Savings account		Subject to annual day-to-day benefit			









Day-to-day benefits

Description	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
PSYCHIATRIC NURSING In and out of hospital	This plan does not cover this service	This plan does not cover this service	100% of the MT Savings account	100% of the MT Savings account	This plan does not cover this service		Paid from 10% savings first and after depletion of savings: 100% of the MT M = R3 550 per year M+1 = R4 600 per year M+2 = R5 750 per year M+3+ = R6 900 per year Subject to annual day-to-day benefit, shared with benefit for GPs, specialists, physiotherapy, and clinical psychology	100% of the MT R4 300 per beneficiary, pooled per family per year Shared with benefit for GPs, specialists, physiotherapy, and clinical psychology
OTHER MEDICAL SERVICES Occupational and speech therapy, dietician services, audiology, podiatry, massage, orthoptic, chiropractic, homeopathic, herbal, and naturopathic, osteopathic, and biokinetic services	This plan does not cover these services	This plan does not cover these services	100% of the MT Savings account	100% of the MT Savings account	This plan does not cover these services Occupational therapy shared with benefit for physiotherapy in and out of hospital, and a referral from a network GP applies	Paid from 10% savings first and after depletion of savings from the day-to-day benefit		
PMB CHRONIC MEDICINE Subject to pre-authorisation, and registration on Medihelp's PMB chronic medicine management programme Network plans: Formulary and DSPs may apply	100% of the MHRP Medicine formulary and DSP apply 30% co-payment for not using the formulary 30% co-payment for not using a network pharmacy or dispensing network GP	100% of the MHRP Unlimited MedVital Elect Medicine formulary and DSP apply 60% co-payment for not using the DSP/medicine formulary	100% of the MHRP Unlimited MedAdd Elect Medicine formulary and DSP apply 60% co-payment for not using the DSP/medicine formulary	100% of the MHRP Unlimited	100% of the MHRP Unlimited 30% co-payment for not using a network pharmacy or dispensing network GP	100% of the MHRP Unlimited MedPrime Elect Medicine formulary and DSP apply 60% co-payment for not using the DSP/medicine formulary	100% of the MHRP Unlimited	100% of the MHRP Unlimited
NON-PMB CHRONIC MEDICINE <ul style="list-style-type: none"> Generic medicine – 100% of the MMAP Original medicine when no generic equivalent is available – 80% of the MT Original medicine used voluntarily when a generic equivalent is available – 70% of the MMAP 	This plan does not cover this service	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 a network pharmacy or dispensing network GP	Paid from 10% savings first and after depletion of savings from the day-to-day benefit	100% of the MMAP M = R5 450 per year M+1 = R8 150 per year M+2 = R10 900 per year M+3+ = R11 700 per year Subject to pre-authorisation, and registration on Medihelp's chronic medicine management programme	100% of the MMAP R22 000 per beneficiary per year Subject to pre-authorisation, and registration on Medihelp's chronic medicine management programme
ACUTE MEDICINE Including medicine dispensed at an emergency unit and immunisations <ul style="list-style-type: none"> Generic medicine – 100% of the MMAP Original medicine when no generic equivalent – 80% of the MT Original medicine used voluntarily when a generic equivalent is available – 70% of the MMAP Homeopathic, naturopathic, and osteopathic medicine – paid first from savings then 25% of the available day-to-day/acute medicine benefit (no benefits for MedElect and MedMove!) 	80% of the MT R1 650 per family per year Shared with benefit for pathology, medical technologist services, and radiology Must be obtained from a network pharmacy or dispensing network GP						Paid from 10% savings first and after depletion of savings: 100% of the MMAP M = R4 600 per year M+1 = R5 750 per year M+2 = R6 900 per year M+3+ = R8 050 per year Subject to annual day-to-day benefits Shared with benefit for self-medication	100% of the MMAP R7 850 per beneficiary, pooled per family per year Shared with benefit for self-medication

Day-to-day benefits

Description

SELF-MEDICATION

	 MedMove!	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite	 MedPlus
SELF-MEDICATION	R100 per event R490 per family per year	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	R580 per beneficiary and R1 700 per family per year Subject to annual day-to-day benefit	Paid from 10% savings first and after depletion of savings, from the day-to-day benefit	Paid from 10% savings first and after depletion of savings: 100% of the MMAP M = R4 600 per year M+1 = R5 750 per year M+2 = R6 900 per year M+3+ = R8 050 per year Subject to annual day-to-day benefits Shared with benefit from acute medicine	100% of the MMAP R7 850 per beneficiary, pooled per family per year Shared with benefit for acute medicine
CARE EXTENDER		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"> One additional GP consultation 	Not applicable							
<ul style="list-style-type: none"> R490 for self-medication dispensed at a network pharmacy 		Self-medication – an additional R490 will be activated for the family to use for non-prescribed medicine once a beneficiary claims for the combo health screening						
OXYGEN								
Out of hospital Subject to pre-authorisation, clinical protocols, and services prescribed by a medical doctor	100% of the cost PMB only 20% co-payment if not pre-authorised	100% of the MT Unlimited 20% co-payment if not pre-authorised		100% of the MT Unlimited 35% co-payment if not pre-authorised	100% of the MT Unlimited 20% co-payment if not pre-authorised			
PATHOLOGY and MEDICAL TECHNOLOGIST SERVICES								
Out of hospital Subject to clinical protocols and requested by a medical doctor Pathology preferred providers: Ampath, Lancet, and PathCare Vermaak	100% of the MT R1 650 per family per year Shared with benefit for acute medicine	This plan does not cover these services	100% of the MT Savings account	100% of the MT Savings account	Subject to annual day-to-day benefit	Paid from 10% savings first and after depletion of savings, from the day-to-day benefit	Paid from 10% savings first and after depletion of savings: 100% of the MT R3 300 per family per year Subject to annual day-to-day benefit	100% of the MT Unlimited
STANDARD RADIOLOGY				100% of the MT Savings account	Subject to annual day-to-day benefit		Paid from 10% savings first and after depletion of savings: 100% of the MT R3 300 per family per year (subject to annual day-to-day benefit)	100% of the MT Unlimited
Out of hospital Subject to clinical protocols and requested by a medical doctor (if requested by a chiropractor, black and white X-rays only)								

External prostheses and medical appliances

Description	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
EXTERNAL PROSTHESES AND MEDICAL APPLIANCES								
In and out of hospital						100% of the MT R5 450 per family per three-year cycle	100% of the MT R9 300 per beneficiary per three-year cycle	100% of the MT R18 900 per beneficiary per three-year cycle
<ul style="list-style-type: none"> Artificial eyes 	This plan does not cover these services	This plan does not cover these services	100% of the MT Savings account	100% of the MT Savings account	This plan does not cover these services	100% of the MT R5 450 per family per three-year cycle	100% of the MT R9 300 per beneficiary per three-year cycle	100% of the MT R18 900 per beneficiary per three-year cycle
<ul style="list-style-type: none"> Speech and hearing aids 						100% of the MT R5 450 per family per three-year cycle	100% of the MT R9 300 per beneficiary per three-year cycle	100% of the MT R18 900 per beneficiary per three-year cycle
<ul style="list-style-type: none"> Artificial limbs 						100% of the MT R5 450 per family per three-year cycle	100% of the MT R7 400 per beneficiary per three-year cycle	100% of the MT R10 200 per beneficiary per three-year cycle
<ul style="list-style-type: none"> Wheelchairs 	PMB only	PMB only	100% of the MT Savings account	100% of the MT Savings account	100% of the MT R1 100 per year per family Shared with benefit for glucometers	100% of the MT R5 450 per family per three-year cycle	100% of the MT R7 400 per beneficiary per three-year cycle	100% of the MT R10 200 per beneficiary per three-year cycle
<ul style="list-style-type: none"> Medical appliances 			100% of the MT Savings account	100% of the MT Savings account				
<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 			100% of the MT R840 per family per year	100% of the MT R840 per family per year	PMB only			
<ul style="list-style-type: none"> Glucometers (per five-year cycle) 					100% of the MT M+ = R1 100 per year Shared with benefit for medical appliances and wheelchairs	100% of the MT R1 550 per family per year	100% of the MT R1 750 per beneficiary per year	100% of the MT R2 200 per beneficiary per year
<ul style="list-style-type: none"> Insulin pumps (per five-year cycle and subject to protocols) 			100% of the MT Savings account	100% of the MT Savings account	These plans do not cover this service			
<ul style="list-style-type: none"> Stoma components Incontinence products/supplies 		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	100% of the MT Unlimited
<ul style="list-style-type: none"> Wigs (for alopecia totalis or cancer patients) 	This plan does not cover this service	This plan does not cover these services	100% of the MT Savings account	100% of the MT Savings account	This plan does not cover these services	These plans do not cover this service		100% of the MT R2 200 per beneficiary per three-year cycle
<ul style="list-style-type: none"> CPAP apparatus Prescribed by a medical doctor per two-year cycle 	PMB only		100% of the MT Savings account	100% of the MT Savings account		100% of the MT R11 400 per beneficiary	100% of the MT R11 400 per beneficiary	100% of the MT R11 400 per beneficiary









* **Medical appliances** include back, leg, arm, and neck supports, crutches, orthopaedic footwear, elastic stockings, peakflow meters, and nebulisers. Benefits for the cost of repairs, maintenance, spares, accessories, and adjustments are included in the maximum amount available for a particular appliance. Consultations and follow-up consultations are subject to available day-to-day benefits/savings.

Optometry

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

Contact information

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

Description	 MedMove!	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite	 MedPlus
Subject to PPN protocols and pre-authorisation - 100% of the MT								
OPTOMETRY	One composite examination per beneficiary per 24-month cycle Member pays the first R110		One composite examination per beneficiary per 24-month cycle		One composite examination per beneficiary per 24-month cycle	One composite examination per beneficiary per 24-month cycle	One composite examination per beneficiary per 24-month cycle	One composite examination per beneficiary per 24-month cycle
• Eye examination at a PPN network optometrist One composite consultation, including refraction test, tonometry, and visual field test								
• Eye examination at a non-network optometrist								
Spectacles or contact lenses								
• Spectacles								
• Frames and/or lens enhancements (at a PPN network optometrist)								
• Frames and/or lens enhancements (at a non-network optometrist)	This plan does not cover these services	This plan 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 and bifocal per beneficiary per 24-month cycle R810 for multifocal* lenses per beneficiary per 24-month cycle	Single vision and bifocal per beneficiary per 24-month cycle R810 for multifocal* lenses per beneficiary per 24-month cycle
• Lenses at a PPN network optometrist One pair of standard clear Aquity lenses								
• Lenses at a non-network optometrist One pair of standard clear Aquity lenses								
• Contact lenses (benefits at a network and non-network optometrist)								

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

Dentistry

	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
Specialised dentistry or dental services	Subject to DRC protocols and pre-authorisation – 100% of the MT*							
Partial metal frame dentures	This plan does not cover this service	This plan does not cover this service	Savings account Two partial frames (upper and lower jaw) per beneficiary in a five-year period		This plan does not cover this service	One partial frame (upper or lower jaw) per beneficiary in a five-year period	Two partial frames (upper and lower jaw) per beneficiary in a five-year period	Two partial frames (upper and lower jaw) per beneficiary in a five-year period
Maxillofacial surgery and oral pathology: Surgery in the dentist's chair Benefits for temporomandibular joint (TMJ) therapy are limited to non-surgical interventions/treatments)	PMB only	PMB only			PMB only	Unlimited	Unlimited	Unlimited
Crowns and bridges Subject to pre-authorisation						One crown per family per year, once per tooth in a five-year period	Two crowns per family per year, once per tooth in a five-year period	Three crowns per family per year, once per tooth in a five-year period
Implants Subject to pre-authorisation			Savings account	Savings account		This plan does not cover this service	This plan does not cover this service	Two implants per beneficiary in a five-year period R2 940 for implant components per implant
Orthodontic treatment (only one beneficiary <18 years per family may begin orthodontic treatment per calendar year and payment is only made from the date of authorisation until the patient turns 18) Subject to pre-authorisation and orthodontic needs analysis	This plan does not cover these services	This plan does not cover these services			This plan does not cover these services	R10 630 per beneficiary per lifetime	R13 900 per beneficiary per lifetime	R17 340 per beneficiary per lifetime
Periodontal treatment (conservative non-surgical therapy only) Subject to pre-authorisation and a treatment plan						Unlimited (conservative non-surgical therapy only)	Unlimited (conservative non-surgical therapy only)	Unlimited (conservative non-surgical therapy only)

* Medihelp tariff paid by Medihelp for dental treatment, that can include a contracted tariff or the Medihelp Dental Tariff. A period is calculated from the date of service.

Dentistry



Conservative dental services*

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

<ul style="list-style-type: none">• Routine check-ups	One per beneficiary per year Member pays the first R110	This plan does not cover these services	Beneficiaries <18 years: One in six months from date of service Beneficiaries >18 years: Savings account	Savings account One in six months from date of service	One in 365 days per beneficiary from date of service	One in six months from date of service		
<ul style="list-style-type: none">• Oral hygiene<ul style="list-style-type: none">• Scale and polish treatments for beneficiaries >12 years	This plan does not cover these services		Beneficiaries <18 years: One in six months from date of service Beneficiaries >18 years: Savings account	Savings account One in six months from the date of service	One in 365 days from date of service (<12 years - item code 8155 and >12 years - item code 8159)	One in six months from date of service		
<ul style="list-style-type: none">• Fluoride treatment for children >5 and <13 years			Beneficiaries >5 and <13 years: One in 6 months from date of service Beneficiaries>18 years: Savings account	Savings account One in six months from the date of service	One in 365 days from date of service			
<ul style="list-style-type: none">• Fissure sealants for children >5 and <16 years only (permanent teeth)			Savings account First and second permanent molars once per tooth	Savings account First and second permanent molars once per tooth	First and second permanent molars once per tooth	First and second permanent molars once per tooth	First and second permanent molars once per tooth	First and second permanent molars once per tooth
<ul style="list-style-type: none">• Fillings (treatment plans and X-rays may be requested for multiple fillings)***			Beneficiaries <18 years: One filling per tooth in 12 months from date of service Beneficiaries >18 years: Savings account	Savings account One filling per tooth in 12 months from date of service	Four fillings per beneficiary, one filling per tooth in 12 months from date of service for amalgam fillings (item codes 8341/8342/8343/ 8344) and resin restorations in anterior teeth (item codes 8351/8352/ 8353/8354)	One filling per tooth in 12 months from date of service	One filling per tooth in 12 months from date of service	One filling per tooth in 12 months from date of service
Tooth extractions in the dentist's chair***			Beneficiaries <18 years: Unlimited Surgical extractions (savings account) Beneficiaries >18 years: Savings account	Savings account	Unlimited	Unlimited	Unlimited	Unlimited
Root canal treatment in the dentist's chair (only on permanent teeth)*	Savings account		Two per beneficiary per year					
Laughing gas (in the dentist's chair)		Savings account	Unlimited					

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

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

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

Dentistry

Dental procedures under conscious sedation in the dentist's chair (sedation cost)
Subject to pre-authorisation and managed care protocols

Dental procedures performed under general anaesthesia in a day procedure facility
Pre-authorisation and protocols apply

- Removal of impacted teeth (third molars – item codes 8941/8943/8945)
- Extensive dental treatment for children younger than seven years – once per beneficiary per 365-day period

- Dentist's account for treatment rendered to special needs patients in hospital (pre-authorisation by Medihelp and protocols apply)

Plastic dentures

X-rays

- Intra-oral X-rays
Pre-authorisation for more than six per year

- Extra-oral X-rays

MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
	Removal of impacted teeth only (third molars – dentist's account only for item codes 8941/8943/8945)			Removal of impacted teeth (third molars) and extensive dental treatment for children younger than 12 years			
	R3 880 co-payment per admission Dentist's services for member's account or savings account						
				R2 140 co-payment per admission	R1 750 co-payment per admission	R1 060 co-payment per admission	100% of the MT
This plan does not cover these services	This plan does not cover this service	Member pays the first R3 880 per admission Dentist's services paid from savings account	Savings account				
	This plan does not cover this service	Unlimited	Savings account	Unlimited			
		Savings account One set per beneficiary in a four-year period		80% of the MT One set per family (21 years and older) in a two-year period	One set per beneficiary in a four-year period	One set per beneficiary in a four-year period	One set per beneficiary in a four-year period
Four per beneficiary at the routine check-up	This plan does not cover these services	100% of the MT Beneficiaries <18 years: Unlimited Beneficiaries >18 years: Savings account	Savings account	Four per beneficiary per year	Unlimited	Unlimited	Unlimited
		100% of the MT Beneficiaries <18 years: One per beneficiary in a three-year period Beneficiaries >18 years: Savings account	Savings account One per beneficiary in a three-year period	One per beneficiary in a three-year period	One per beneficiary in a three-year period		

Co-payments

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

Description	» MedMove!	⛶ 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.	This plan does not cover this service	R17 300 per admission	R12 600 per admission		R17 100 per admission	R10 900 per admission	R9 400 per admission
ENDOSCOPIC PROCEDURES Subject to protocols and pre-authorisation <ul style="list-style-type: none">Network plans: Day procedure network appliesNon-network plans: Day procedure facilities apply	R4 600 per admission All scopes* except for colonoscopy, gastroscopy/esophagogastroduodenoscopy, sigmoidoscopy, proctoscopy, and removal of polyps to be done in the doctor's rooms	R4 800 per admission All scopes*	R4 700 per admission All scopes*		R5 000 per admission All scopes*	R3 850 per admission Only gastroscopy, colonoscopy, arthroscopy, and sigmoidoscopy	R2 500 per admission Only gastroscopy, colonoscopy, arthroscopy, and sigmoidoscopy
DENTAL PROCEDURES UNDER GENERAL ANAESTHESIA In hospital/day procedure facilities – network plans must make use of a day procedure network Subject to pre-authorisation and DSPs managed care protocols <ul style="list-style-type: none">Removal of impacted teeth (third molars)(item codes 8941, 8943, 8945)	This plan does not cover these services	R3 880 per admission Dentist's services for member's account	R3 880 per admission Dentist's services paid from savings account	R3 880 per admission Dentist's services paid from savings account	R2 140 per admission	R1 750 per admission	R1 060 per admission
Subject to clinical assessment/motivation <ul style="list-style-type: none">Extensive treatment for children younger than seven years – once per 365-day period		This plan does not cover these services		No co-payment Paid from savings account			
SPECIALISED RADIOLOGY In and out of hospital Subject to pre-authorisation, clinical protocols, and services must be requested by a specialist <ul style="list-style-type: none">MRI and CT imaging	In hospital R13 000 per family per year Co-payment: R2 700 per examination Out of hospital PMB only	R3 550 per examination in hospital and R3 000 out of hospital	R3 350 per examination in hospital and R2 800 out of hospital	R3 350 per examination in hospital and R2 800 out of hospital	R3 450 per examination in hospital and R2 900 out of hospital MRI, CT imaging, and angiography	R2 500 per examination in hospital and R1 950 out of hospital	R1 950 per examination in hospital and R1 450 out of hospital
PROSTATECTOMY (CONVENTIONAL OR LAPAROSCOPIC) Subject to protocols, and pre-authorisation	R11 000 per admission	R7 550 per admission	R6 900 per admission	R6 900 per admission	R7 550 per admission	No co-payment	No co-payment
HYSTERECTOMY and ENDOMETRIAL ABLATION Subject to protocols, and pre-authorisation	R11 000 per admission	R7 550 per admission	R6 900 per admission	R6 900 per admission	R7 550 per admission	No co-payment	No co-payment
FACET JOINT INJECTIONS, FUNCTIONAL NASAL REPAIR, UMBILICAL HERNIA REPAIR, VARICOSE VEIN SURGERY Subject to protocols, and pre-authorisation	PMB only	PMB only	No co-payment		R3 400 per admission	No co-payment	
INCISIONAL AND HAITUS HERNIA REPAIR Subject to protocols, and pre-authorisation					No co-payment		
ALL NON-PMB HOSPITAL ADMISSIONS	R1 650 per admission	No co-payment					

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

Co-payments

Description

OPHTHALMOLOGICAL, DENTAL, EAR, NOSE, AND THROAT, AND ENDOSCOPIC PROCEDURES, REMOVAL OF SKIN LESIONS, CIRCUMCISIONS, AND PROCEDURES AS AUTHORISED

Voluntarily obtained outside the day procedure network

» MedMove!

Member pays the first R11 800 per admission for all day procedures and procedures as pre-authorised if voluntarily obtained outside the day procedure network

MedVital

MedAdd

MedSaver

MedElect

MedPrime

MedElite

MedPlus

Network plans: A 35% co-payment if services are obtained outside the day procedure network
Non-network plans: A 35% co-payment if services are not obtained in a day procedure facility

MEDICINE ON PRESCRIPTION/ SELF-MEDICATION

80% benefit applies to original medicine if no generic equivalent is available
70% benefit applies to original medicine if a generic equivalent is available

SERVICES NOT RENDERED BY NETWORK PROVIDERS

(Applicable to network plans)

- Voluntary admissions to non-network hospitals (excluding procedures that must be performed in the day procedure network)
- 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% co-payment

Not applicable

35% co-payment

35% co-payment

30% co-payment for not using the formulary
30% co-payment for not using the DSP

60% co-payment on the benefit amount applies

Not applicable

30% co-payment for not using the DSP

60% co-payment on the benefit amount applies

Not applicable

No benefits

35% co-payment on the benefit amount applies

Not applicable

Out-of-network benefit applies*
35% co-payment on the benefit amount applies and in case of no network GP referral for specialist visits, physiotherapy, and occupational therapy

Not applicable

SERVICES OBTAINED WITHOUT PRE-AUTHORISATION

- 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% co-payment on the benefit amount applies

No benefits

No benefits

20% co-payment on the benefit amount applies

20% co-payment

20% co-payment

35% co-payment

20% co-payment

50% co-payment - get pre-authorisation by phoning 082 911

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

What's not covered

The following is a summary of healthcare services not covered. It does not apply to services which qualify for prescribed minimum benefits (PMB) or which are authorised by Medihelp. For a detailed list of exclusions, please refer to the Rules of Medihelp.

Services and procedures

- Alcohol, drug, and substance abuse treatment
- Ambulance or emergency vehicle transport not related to a hospital admission
- Appointments for medical services not kept
- Bariatric surgery*
- Cochlear implants and related procedures, services and devices***
- Cosmetic and reconstructive surgery and treatment
- Emergency room facility fees
- Other medical services in hospital (e.g. physiotherapists and dieticians) without a referral from the attending doctor
- Large joint replacements and surgery**
- Physiotherapy services for the removal of wisdom teeth
- Refractive surgery***
- Travelling and accommodation costs, including meals

Medicines, consumables, and other products

- Biological medicines and other medicine items specified on the Medihelp medicine exclusion list*
- High-technology treatment modalities, surgical devices, and medicines that are experimental and investigational*

Appliances

- Insulin pumps and continuous glucose monitors, including the consumable items required for these devices**
- Implanted hearing devices***
- Neurostimulators***

The exclusions are not applicable to the plans as indicated. Pre-authorisation, clinical protocols and maximum benefit amounts apply.

* Not applicable for MedPlus members

** Not applicable for MedPlus and MedElite members

*** Not applicable for MedPlus, MedElite, MedPrime and MedPrime Elect members

Additional product-specific exclusions

MedElect

Services and procedures

- Hyperbaric oxygen treatment
- Speech and hearing aids (including repairs and related services), intraocular lenses, artificial eyes, artificial limbs, prostheses required after reconstructive surgery, and external breast prostheses and associated services
- Psychiatric nursing

Medicines, consumables and other products

- Complementary and alternative medicines, including homeopathic and herbal medicines

MedVital MedVital Elect

Services and procedures

- Clinical psychology and psychiatric nursing services
- Dental procedures under general anaesthesia – this includes extensive dental treatment for children younger than 7 years and treatment rendered to people with special needs
- Facet joint injection
- Functional nasal surgery, umbilical, incisional and hiatus hernia repair
- Hyperbaric oxygen treatment
- Speech and hearing aids (including repairs and related services), artificial eyes, artificial limbs, and external breast prostheses and associated services
- Varicose vein surgery

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

MedMove!

Services and procedures

- Biopsies and fine needle aspirations
- Clinical psychology and psychiatric nursing services
- Diagnostic polysomnograms
- Elective caesarean sections and related maternity services, tests and procedures
- Endoscopic procedures not performed in the doctor's rooms (e.g. gastroscopy, colonoscopy, laparoscopy, cystoscopy and endoscopic, ear, nose and throat procedures and examinations)
- Excision procedures (e.g. lipomas, cysts and benign tumours and lesions)
- Healthcare services rendered in hospital that should be done out of hospital or for which admission to hospital is not necessary
- Genetic and metabolic testing and cryopreservation
- Hyperbaric oxygen treatment
- Injection of diagnostic, therapeutic and anaesthetic agents into nerves and the intrathecal space
- Orthopaedic and spinal procedures
- Minor joint arthroplasty
- Services rendered outside the borders of the Republic of South Africa
- Speech and hearing aids (including repairs and related services), intraocular lenses, artificial eyes, artificial limbs, prostheses required after reconstructive surgery and external breast prostheses and associated services
- Surgery for oesophageal reflux, functional nasal surgery, umbilical, incisional and hiatus hernia repair
- Surgery for skin disorders
- Varicose vein surgery
- Dental services except one routine check-up

Medicines, consumables and other products

- Complementary and alternative medicines, including homeopathic and herbal medicines
- Medicines used for the treatment of non-PMB chronic conditions

Explanation of terms

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

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

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

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

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

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

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

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

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

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

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

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

Day procedure network means the Medihelp network of facilities where patients undergo day procedures that do not require them to stay overnight. Members of MedMove! must get all day procedures in the Medihelp day procedure network to prevent a 35% co-payment, while members of the network plans must get ophthalmological, ear, nose, and throat, dental and endoscopic procedures, removal of skin lesions, circumcisions, and procedures as pre-authorised in the Medihelp day procedure network to prevent the 35% co-payment. Non-network plans must make use of any day procedure facilities to avoid a 35% co-payment on the mentioned procedures. Medihelp encourages members to use the day procedure network for all pre-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% co-payment.

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

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

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

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

Explanation of terms

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Membership and processes



Benefits explained

To learn more about Medihelp's benefits, care programmes, and processes, consult the Adviser Toolbox library under "More about Medihelp benefits" to download these pamphlets.

More about benefits and care programmes

- Emergencies
- Cancer
- HIV/Aids
- Medicine benefits
- Mental health
- Optometry
- Activating the care extender benefit
- Radiology
- Maternity
- Standard child immunisation
- DBC back treatment programme
- Get a network GP referral to a network specialist
- Prescribed minimum benefits (PMB) explained
- Ordering pre-authorised chronic medicine (MedVital Elect, MedAdd Elect, MedPrime Elect)

More about online platforms and processes

- Member app
- Claims and claims statements
- Healthcare services rendered abroad
- Savings account





Application process – Corporate groups

A dedicated Medihelp team is ready to prioritise and process your group applications.

STEP
01

Contact your broker consultant

and make an appointment for a presentation to the group.

STEP
02

Provide group info and calculate contributions

Use the quote calculator to ensure Medihelp receives all the information required for each applicant process applications faster.

Send the quotation to your broker consultant or to brokers@medihelp.co.za.

STEP
03

Medihelp prepares a group quotation

At this point, Medihelp will also indicate whether or not there will be underwriting conditions.

The broker consultant will keep the adviser and the group informed.

STEP
04

Accept the underwriting conditions and the quotation

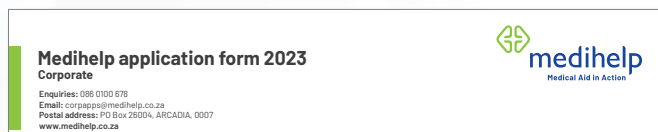
Each employee must complete an individual application form and the employer must complete the “Employer consent” and “Registration of an employer group” forms. These forms will also indicate the payment terms.

The broker consultant can assist with the enrolment process.

STEP
05

Submit the corporate group application form

Complete the corporate group application form online or download it from the Adviser Toolbox. Submit the form together with the employee applications to corpapps@medihelp.co.za.



Corporate groups' application forms

Medihelp has developed two corporate group application forms for group employees to complete, depending on the underwriting conditions of the group. A complete application form with a **green bar** on the front must be used for groups where underwriting applies, while the corporate group application form with the **grey bar** is a shortened form without the medical questionnaire for groups without underwriting.

Your broker consultant will assist you in providing the correct form to the group.

Application process – Individuals

STEP
01

Needs analysis

Do a needs analysis to determine which plans might be suitable for your client. Use the plan's benefit guide on the Adviser Toolbox.

STEP
02

Generate a quotation/estimate

Get an estimate on recommended plans for your client using the quote calculator.

STEP
03

Complete application – digital is faster

Use our digital platforms to ensure faster turnaround times. Avoid incomplete forms by ensuring that your clients provide all the required supporting documents (see the complete list of scenarios on the next page).

There are two variations of the individual application form – one with the full medical questionnaire and one with a short version of the questionnaire. Both are available on our digital platforms. The form with the short medical questionnaire is entitled "My Medihelp application form: Abbreviated form".

STEP
04

Submit application forms

Please ensure that supporting documents are attached and complete. Submit the application:

- Via the Adviser Toolbox at "Prospective clients" and "Applications";
- Email newbusiness@medihelp.co.za.

E-applications – what you need to know

The e-applications for membership, registration of a dependant, and registration of a newborn are all available on the Adviser Toolbox and are linked to the Application in Motion (AiM) application tracking system for quick processing. You need to know the following to use the e-application forms:

The online app does not have an electronic signature function but is convenient to use while you are on the phone with your client.

Find the online application under "Prospective clients" and select "Applications".

Click the "Save application" button to store an incomplete application. A pop-up message and email will provide you with the reference number.

Medihelp will send you a confirmation document on receipt of the e-application.

When you use the Adviser Toolbox to start with the online application, your information will be added to the application automatically.

Don't open more than one online app, as this will cause you to be logged out of the first application and you will no longer be linked to the application. If you start a new application for a client who already has an application saved on the system, you will not be able to submit the second application.

To retrieve an incomplete application form, click on "Stored application" (available only for 30 days).

If you need assistance to retrieve a lost application, contact your broker consultant.

Application in Motion (AiM)

Medihelp developed an Application in Motion (AiM) facility where you and your client will be kept updated on the application's progress via email and SMS. This system allows you to:

- Track the progress of your client's application in real time;
- Generate a full PDF version of a client's hard copy application on which pages were missing, by clicking on the "Submit" button without actually submitting any pages;
- Upload and submit omitted information directly;
- Attach additional documentation; and
- Accept the enrolment conditions, thereby instantly activating your client's enrolment.

How to access the AiM platform on the Adviser Toolbox

1

Click on "Clients" on the dropdown menu, then "Pending Clients".

2

Under "Actions", select "Application in Motion".

Supporting documents to ensure quick enrolment

Member/dependants	Documents required
Main member	<ul style="list-style-type: none"> • Copy of a valid ID/passport
A dependant as a main member	<ul style="list-style-type: none"> • Membership certificate from previous medical scheme
A student as a main member of MedElect	<ul style="list-style-type: none"> • Proof of registration of studies on official letterhead of tertiary institution or or training authority for the current academic year. Any distant learning is included as long as sufficient proof of subjects and enrolment can be provided • International students: Proof of payment for 12 months' contributions in advance
An orphan as a main member	<ul style="list-style-type: none"> • Copy of the person's ID/passport and the ID of the guardian/curator • Copy of latest bank statement/affidavit of financial means (only applicable if bank details change) • Official documents confirming continuation of membership
Husband/wife/adult dependants	<ul style="list-style-type: none"> • Copy of the ID/passport • Membership certificate from previous medical scheme, if applicable
Member's partner	<ul style="list-style-type: none"> • Copy of the ID/passport • Membership certificate from previous medical scheme, if applicable
Own new-born baby	<ul style="list-style-type: none"> • No documentation needed, ID number compulsory within 45 days - to avoid suspension of membership. ID number can be updated on the Member Zone
Child dependant up to the age of 21 (MedElect and foster children/children placed in temporary safe care) or 26 (all other plans)	<ul style="list-style-type: none"> • Copy of the ID/passport • Membership certificate from previous medical scheme, if applicable
An orphan/legally adopted/ foster child/child placed in member's temporary safe care	<ul style="list-style-type: none"> • Legal documentation confirming that the child was adopted/placed in foster care/temporary safe care of the main member

Member/dependants	Documents required
Child (if surname differs)	<ul style="list-style-type: none"> • Unabridge birth certificate needed
Partner's children (partner must be registered as a dependant)	<ul style="list-style-type: none"> • Copy of a valid ID/passport of child
To register a stepchild, the stepparent must still be married to the child's own/ birth mother or father	<ul style="list-style-type: none"> • Copy of a valid ID/passport • Membership certificate from previous medical scheme, if applicable, or in the case of a deceased parent, proof of estate
Widow(er) (continued membership is compulsory)	<ul style="list-style-type: none"> • Application for a change in membership • Copy of person's ID/passport • Copy of death certificate
Main member who retires and wishes to continue membership	<ul style="list-style-type: none"> • Letter or completed form 4176 requesting a change in membership, confirming the date of private membership/retirement date • Copy of latest bank statement or affidavit of financial means (if bank details have changed) • If the bank account is in the name of a company, provide an official letter from the bank on the bank's letterhead with the initials, surname, and signature of the person who has signing powers on the account <p>If the account holder is not a Medihelp member:</p> <ul style="list-style-type: none"> • A copy of the account holder's identity document or card • A copy of a recent official bank statement (not older than three months) • Copy of latest bank statement/affidavit of financial means (only applicable if bank details have changed)

Membership certificates

Medihelp requires a membership certificate of the member's (dependants') previous medical scheme to determine waiting periods. Information provided on the application form about the previous medical aid history will be accepted, but if the information is not provided or overlaps, the following will apply:

Membership certificates

- Must not be older than two months

No membership certificate/affidavit needed

- If the name of the registered scheme to which your clients belonged is indicated on the application (not the employer's detail) and the scheme doesn't exist anymore, only then will an affidavit be accepted
- Joining and end dates indicating the month and year of their membership are specified

A membership certificate/affidavit is needed to confirm the correct enrolment category

- If the dates provided by clients overlap
- If the dates could possibly have been manipulated to prevent late-joiner penalties (LJPs)
- If clients are older than 50 years, pregnant or have any high-risk conditions

Get a Medihelp membership certificate

- Members can download it from the Member Zone
- Advisers can download it from the Adviser Toolbox

Information required on the affidavit

- Who belonged to the scheme (client and dependants)
- Attempts made to get a membership certificate
- The registered scheme's name (not the employer's detail)
- Date joined and date ended (month and year)

Affidavit confirming a member's or dependant's previous period of membership

- Available on the Adviser Toolbox
- Request it from your broker consultant

Underwriting

Corporate clients

Please get the latest details from your business development consultant (BDC) or corporate consultant.

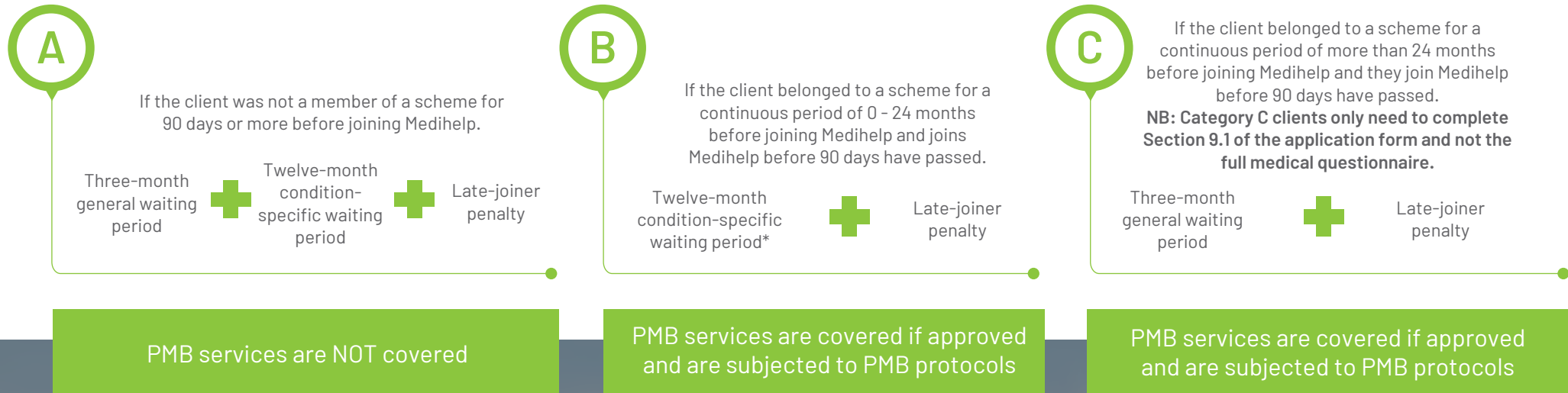
Individuals

Medihelp's underwriting policy complies with the stipulations of the Medical Schemes Act, 1998. Medihelp may impose full, partial or no underwriting, depending on the risk posed by the client. Risks are determined on the basis of the information provided on the application form and it is important that clients are advised accordingly.

Ask your business development consultant (BDC) for possible concessions and please refer to the Adviser Toolbox for the latest updates.

Medihelp applies underwriting as follows for three risk categories:

Please note: While concession underwriting applies, please use the latest abbreviated application form on all types category enrolments.



* May include general or condition-specific waiting periods at the previous scheme which have not yet expired.

ICD-10 codes used for determining condition-specific waiting periods

Medihelp uses the ICD-10 code descriptors to determine the medical conditions that will be subject to condition-specific waiting periods. This approach will ensure that clients are not generally excluded from a very broad category of diseases, for example all heart conditions, but more specifically for a certain condition only, for example heart failure. This is also in line with the requirements set by the Council for Medical Schemes.

Aligning the conditions which will be subject to a waiting period with the standard ICD-10 code descriptors means that detailed information about applicants' conditions will be required. The more detail is available, the faster we can complete the enrolment process. Using Medihelp's online Application in Motion (AiM) system will furthermore ensure that both you and your client will be updated continually.



Underwriting for restricted scheme members

Underwriting for members who belonged to a restricted scheme in accordance with section 29A (6) of the Medical Schemes Act, 1998 and rule 8.6 of the Rules of Medihelp

- Main members of restricted schemes (for example Transmed and Polmed) who resign or are retrenched may not continue their membership of these schemes and Medihelp may therefore not apply underwriting. However, a late-joiner penalty may be applied.
- Main members who retire may continue their membership of the restricted scheme, but should they elect not to do so and voluntarily decide to join Medihelp instead, Medihelp may apply underwriting.
- Members who joined one of the open schemes offered by their employer as part of a basket of schemes, but subsequently resigned from their employer's service and decided not to continue their membership of that scheme but join Medihelp, will be subject to underwriting.
- Should the main member remain on the restricted scheme but move dependants to Medihelp, underwriting will apply to dependants who divorce the main member or turn 21 or 26 (depending on the plan).

Change of employment

No
underwriting

Employer changes schemes
at the beginning of the
financial year

No
underwriting

Any other scenario

Underwriting
will apply

Waiting periods

Medihelp may impose certain waiting periods on new members and/or their dependants when they join. According to the Medical Schemes Act, medical schemes are entitled to impose a three-month general waiting period and/or a twelve-month condition-specific waiting period for any pre-existing medical conditions.

General waiting periods

A three-month period during which a beneficiary is not entitled to claim any benefits. For category C, PMB services will be covered. For category A, PMB services will not be covered.

A condition-specific waiting period

A period of up to 12 months during which a beneficiary is not entitled to claim benefits in respect of a condition for which medical advice, diagnosis, care or treatment was recommended or received within the 12-month period ending on the date on which the application for membership was made.

Unexpired waiting periods

If the client's previous medical scheme imposed a general or condition-specific waiting period and such waiting period had not yet expired at the time when they terminated their membership, Medihelp may impose the unexpired duration of such waiting period.



Waiting periods

Waiting periods and underwriting for continued membership applicants will not apply in these instances:

Membership for dependants who no longer qualify as dependants in terms of Medihelp's Rules

Dependants turning 21, 26 or a dependant who divorces the member

They will have different membership numbers and may choose different plans.

- The change takes place from a current date without any break in coverage.
- Contributions will be deducted as before, either in advance or in arrears.
- Limits will be prorated and will replace previous limits.
- The membership fees will be increased to adult dependant rates in the month that the dependants turn 21 or 26.
- The application must be submitted before they turn 21 or 26, to ensure no underwriting (remaining waiting periods will be carried over).
- The dependant must apply for new membership (even if the member's divorce agreement stipulates that the member is responsible for dependant's medical aid).
- The member must deregister the dependant within one month. If dependant wasn't deregistered in one month, Medihelp can deregister the dependant from the beginning of the calendar month in which the notification was received.
- The dependant must complete a Medihelp application form.
- Dependants may be enrolled without any break in coverage.

Status change on the same plan – spouse on previous membership becomes the main member with new membership number

Main member becomes beneficiary

They will have different membership numbers but will be enrolled on the same plan.

- The change takes place from a current date without any break in coverage.
- Contributions will be deducted as before, either in advance or in arrears.
- Limits will be prorated and will replace previous limits.
- Should there be any unexpired waiting periods, the duration of such waiting period will be carried over.
- The member profile must stay the same (all the dependants on the current membership should be included on the new application).

OR

Beneficiary becomes main member

Main member and dependant(s) split membership and both remain on the same plan

Main member/ dependant

They will have different membership numbers but will be enrolled on the same plan.

- The change takes place from a current date without any break in coverage.
- Contributions will be deducted as before, either in advance or in arrears.
- Limits will be prorated and will replace previous limits.
- If members change their status or divide their membership at the end of the year when normal plan interchange is allowed, for implementation from 1 January of the following year, no underwriting will be applied.

The member profile may not change

If the main member terminates membership and the beneficiaries continue the membership on the same benefit plan under a new membership number, full underwriting will apply.

Waiting periods

Waiting periods and underwriting for continued membership applicants will not apply in these instances:

Continued membership for existing dependants of a deceased member

Main member – membership terminated the day after demise

The registered dependants of a deceased member must apply to continue their membership of Medihelp without a break in coverage within 90 days from the date on which Medihelp informed the dependants that they qualify for continued membership.

A widow/widower:

- May interchange between plans.
- Will be enrolled from the first day of the month following the month in which the member passed away.
- Will be entitled to benefits on the deceased member's membership until the end of the month in which the member passed away.
- Contributions for the widow/widower for the month in which the main member passed, will be charged on the deceased member's membership.
- Contributions will be recovered in advance or arrears, depending on the payment method of the deceased member.

Child dependants

If a registered child dependant is orphaned, the child may become a main member with the assistance of their guardian. Certain terms and conditions may apply.



Late-joiner penalties (LJP)

According to the Medical Schemes Act, penalties may be imposed on the late joiner according to a formula as prescribed in the Regulations under the Act. The formula takes previous creditable coverage at other medical schemes into consideration. Late-joiner penalties are imposed indefinitely and do not expire after a certain period.



An LJP is automatically calculated on the Medihelp app for advisers or the Adviser Toolbox when a quote is generated

Recalculating a late-joiner penalty

While application is still pending

When a beneficiary produces acceptable proof of previous membership as a beneficiary after a late-joiner penalty has been imposed, the New Business department will recalculate the late-joiner penalty and apply the revised penalty. A new quotation will be issued, if applicable.

Once membership is already active

Upon receipt of acceptable proof of membership, a recalculation will be done by the Membership Administration department. Should the LJP be amended, the new penalty will be applied from the beginning of the month following the month in which such proof was received.

LJP intervals and penalty percentages

1 – 4 years

5%

5 – 14 years

25%

15 – 24 years

50%

25 years +

75%

of the subscription of the main member and dependant
(excluding savings contribution)

LJP formula

$A = B \text{ minus } (35 + C)$

A = number of years (1-4 years/5-14 years/15-24 years/25 years and more)

B = age of the late joiner at time of application

C = number of years of creditable coverage which can be demonstrated

Please note

- If a LJP is imposed, it applies to the full contribution of the late joiner only. In other words, only the contribution in respect of the person on whom the LJP is imposed, is surcharged and not the contribution of the entire family.
- The LJP does not apply to the personal medical savings account contribution, only to the insured portion.
- If a late joiner previously belonged to a medical scheme in South Africa, he/she must submit acceptable proof of membership (a membership certificate) of the medical scheme concerned.
- Proof of previous membership of a medical scheme provided in an affidavit is acceptable if reasonable but unsuccessful efforts have been made to get the certificates of membership. The beneficiary must declare the reasonable efforts that were made, names of the relevant medical schemes, and the membership periods.
- If a person was subject to a LJP at another medical scheme and he/she becomes a beneficiary of Medihelp, such LJP will be continued by Medihelp. The previous LJP percentage will be re-imposed.
- The LJP that applies to pensioners is not subsidised by the Government Pensions Administration Agency (GPAA) but the LJP that applies to Persal members is subsidised.

Non-disclosure

Non-disclosure is the withholding of information, such as previously diagnosed conditions, symptoms and treatment, when completing the full medical questionnaire during the application process and may have serious consequences, such as termination of membership.

The majority of non-disclosure cases are:

- Pregnancy
- Gastrointestinal diseases
- Gynaecological conditions
- Urinary conditions
- Depression
- Hypertension
- High cholesterol

Inform Medihelp of all medical conditions

Clients should disclose all relevant information about their/their dependants' health status and history, even if no treatment was received during the past 12 months. Medihelp manages risk by investigating requests for authorisation, specialist referrals or pregnancy benefits received during the first year of membership for new members and dependants. Failure to disclose material information may result in membership termination.

Disclosing medical conditions

Medihelp requires the following information on the conditions disclosed on the medical questionnaire, to avoid delays in finalising applications:

- The date of the last consultation
- Date of diagnosis
- Treatment received, even if this was not within the past 12 months

Disclosing newly-diagnosed medical conditions

While application is pending	After membership has been activated	
The new information will be referred to Medihelp's New Business department to be processed	Enrolment date has already commenced ▼ The Forensic investigation department will investigate possible non-disclosure	Enrolment date has not yet commenced ▼ The new information will be forwarded to the medical adviser to determine possible new underwriting conditions. If underwriting is applied, the member will receive an amended quotation confirming the applicable underwriting conditions.

Non-disclosure investigations

An investigation may be initiated if benefits for the following are requested within the first 12 months of membership:

- Any treatment that requires pre-authorisation
- Hospital admissions
- Chronic medicine
- Specialised radiology
- Any PMB conditions
- MedMove!, MedVital Elect, MedAdd Elect, and MedElect specialist referrals
- Pregnancy consultations at a GP or gynaecologist

Non-disclosure

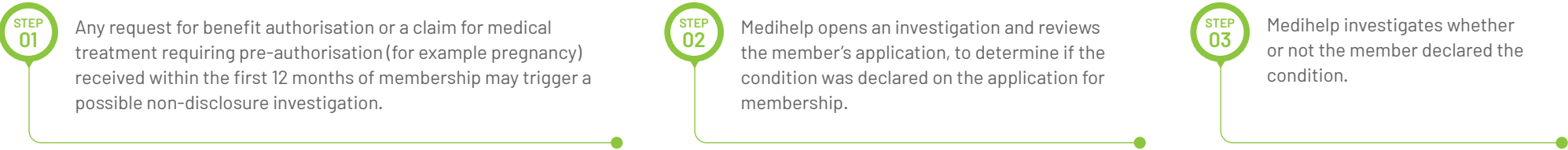
Medical conditions

If your client completes the full medical questionnaire and answers "Yes" to any of the questions, Medihelp will require details of the date of the last consultation, diagnosis and/or treatment. Please use the tips on the right to assist you in advising your client and avoid unnecessary non-disclosure investigations. Ask your BC to explain Medihelp's underwriting model and grid.

Tips to avoid non-disclosure

- Is your client taking vitamins daily? If so, is it perhaps for a medical condition, such as an iron deficiency?
- Was your client diagnosed with high blood pressure/cholesterol/diabetes a few years ago but then decided to stop taking the medication? This is more dangerous and a higher risk for the Scheme than a client who takes his/her medicine every day.
- Was your client diagnosed with a chronic condition but then adopted a lifestyle change by eating healthier and exercising? Your client still needs to declare the condition.
- If your client was diagnosed with a chronic condition (for example asthma) but hasn't required any medication for a few years (for example an asthma inhaler), it must still be declared.
- If your client buys over-the-counter medication to treat a chronic condition, they must declare the condition.
- Ask your clients if they are planning a family, suspect a pregnancy or anticipate a pregnancy. Have they bought a pregnancy test?

Non-disclosure process



Did not declare the condition

STEP 1 ▼

Medihelp changes the member's status and informs all the relevant parties, for example doctors, hospitals, advisers and the member, accordingly

STEP 2 ▼

Medihelp requests the patient's treating doctor to complete a medical questionnaire within seven days

Declared the condition

If no evidence of non-disclosure is found, Medihelp clears the person and changes the status to grant benefits. All the relevant parties are notified of the outcome

Dependants

Members may register their adult and child dependants on their Medihelp membership.

Dependants who may be registered

If any of the following persons are dependent on the main member for family care and support, they may register them as their dependants:

Adult dependants

- Partner/spouse

Member's own:

- Father
- Mother
- Sister
- Brother

Child dependants

- Own children of the main member/spouse or partner
- Stepchildren of the main member/spouse or partner – to register a stepchild, the stepparent must be married to the child's birth mother/father
- Newborns
- Children adopted by the main member
- Children placed in foster care/temporary safe care of the main member up to the age of 21 (proof is required)
- Children born in terms of a surrogate motherhood agreement with the main member/spouse or partner

Members may register their grandchildren as follows:

Grandchildren adopted by the main member or placed in the foster care or temporary safe care of the member, will be registered as child dependants up to the age of 21. If no legal documentation can be provided, grandchildren will be registered as adult dependants and pay the contribution for adult dependants.

More about grandchildren

- Grandchildren of the partner may not be registered as dependants of the main member
- Grandchildren can only be registered as dependants from their date of birth if one of their parents is a registered dependant of the member
- If not, grandchildren will only be registered from the first day following the month in which the application was finalised

How to register a child or adult dependant

STEP 01

Quick and easy online registration

Members can log in to the Member Zone and select the "Dependant(s)" plan from the "Membership" menu

STEP 02

Members can submit the form and attach the supporting documents online on the Member zone.

How to register a new-born baby

Newborns

- Own children
- Grandchildren

Register within 90 days from date of birth

- Follow step 1 mentioned above on the Member Zone for a quick and easy online registration
- If the newborn's ID number is not available with registration, the member must email it to membership@medihelp.co.za within 45 days from the date of birth

- Surrogacy
- Foster care/ adoption/ temporary safe care
- The member can register the baby online on the Member Zone

Who will need to register as main members and not as dependants?

- Godchildren
- In-laws
- Stepparents
- Stepbrothers and stepsisters
- Step-grandchildren
- Cousins
- Grandchildren of the partner
- Divorced dependants must apply for a change in membership

Important notes regarding supporting documentation:

- The member does not need to provide a copy of the dependant's ID, but should ensure that the ID number on the form is correct and complete

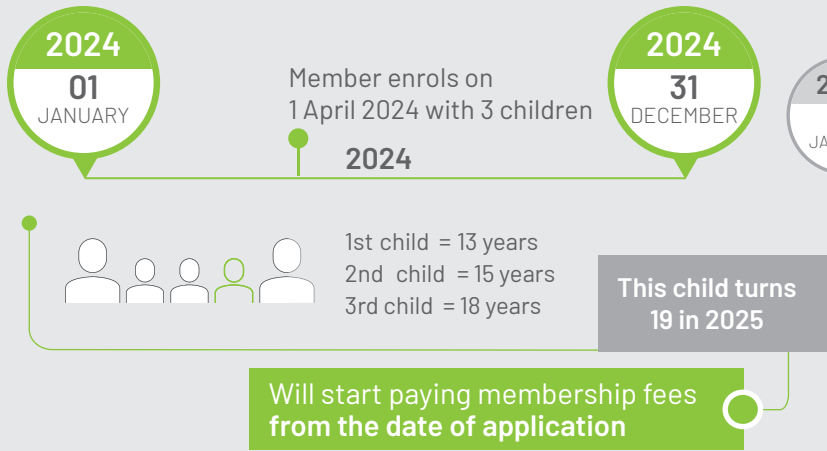
When registering a **dependant older than 21/26 years** (depending on the member's benefit plan), the following documentation must be also be submitted:

- Affidavit from the main member that the dependant is financially dependent on him or her and that they reside together,
- Three months' bank statements of the dependant and
- Income and expenses statement of the dependant.

Child dependants' contributions

	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
When children turn 26 <ul style="list-style-type: none"> The member starts paying adult dependant contributions from the month in which they turn 26 	✓	✓	✓	✓		✓	✓	✓
When children turn 21 <ul style="list-style-type: none"> The member starts paying adult dependant contributions from the month in which they turn 21 					✓			
<ul style="list-style-type: none"> Children/grandchildren placed in foster care or in temporary safe care 	✓	✓	✓	✓	✓	✓	✓	✓
MedVital, MedAdd, MedPrime: <p>Pay for only two children younger than 18 - If the third child turns 18 during the course of a year, the contributions will only increase from January of the following year</p>		✓	✓			✓		

New member (scenario 1)



New member (scenario 2)

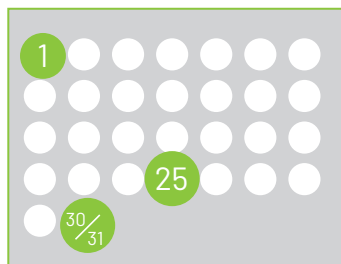


Existing members

- Existing members pay child dependant rates for children younger than 26 years and pay for only the first two children under 18 on **MedVital, MedAdd, and MedPrime**.
- Child dependant rates will apply from the beginning of the year following the year in which they turn 18, until they are 26 years old.

Payment of contributions

To meet the deadline for Medihelp's monthly debit order deduction, the entire enrolment process should be completed at least 10 workdays before the debit order deduction date.



Debit orders

- If a client's membership is not activated before the debit order deduction deadline, please advise them that Medihelp will contact them to make alternative arrangements.
- For members' convenience, Medihelp makes debit order deductions monthly on:
 - the first workday;
 - the 25th; and
 - the last workday of a month.
- If no debit order deduction date is selected, Medihelp will make the deduction on the first workday of the month.

You can view the debit order cut-off dates on the Adviser Toolbox.

Debit order date	Cut-off date
2021-08-25	2021-08-19
2021-08-31	2021-08-23
2021-09-01	2021-08-23
2021-09-27	2021-09-21
2021-09-30	2021-09-23
2021-10-01	2021-09-23
2021-10-25	2021-10-20
2021-11-01	2021-10-22
2021-11-01	2021-10-22
2021-11-25	2021-11-19

Paying in advance

All new private members who join Medihelp will pay their contributions in advance. Contributions must be paid via debit order monthly.

Paying in arrears

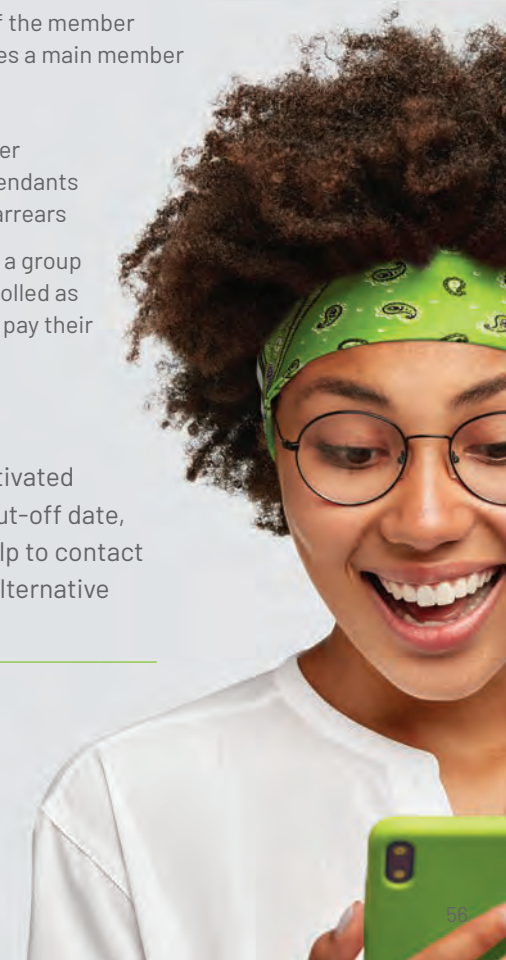
Existing Medihelp members who currently pay their contributions in arrears will continue to do so in the following cases:

- Where only a status change applies and there is no break in membership (for example the status changes from main member to dependant)
- Should a split in membership occur
- When the dependant of the member turns 21/26 and becomes a main member
- In case of divorce
- Should the main member pass away, his/her dependants can continue to pay in arrears

Members who form part of a group (current or new) will be enrolled as part of their group and will pay their contributions in arrears.

Important

If the application is activated after the debit order cut-off date, please wait for Medihelp to contact the member to make alternative arrangements.



Claims and claims statements

Claims

Doctors and healthcare practitioners usually submit claims for their services directly to Medihelp on members' behalf, but some healthcare practitioners require that members should pay their accounts first and then claim a refund from Medihelp. To ensure that claims are valid according to the Medical Schemes Act and Medihelp's Rules, please ensure that the following details are printed on your client's account:

1. The member's membership number
2. The member's name and surname
3. The name, surname, and date of birth of the patient
4. Medihelp Medical Scheme – not "Private" (this has tax implications)
5. The healthcare professional's name and practice code number
6. Proof of payment (attach this to the claim)
7. The amount paid
8. The amount charged per item
9. The relevant codes such as ICD-10, NAPPI and item codes
10. The date on which the service/procedure was rendered/performed

The account should not contain any modifications made by hand, as this will cause the claim to be invalid. The account must also indicate the full amount charged by the doctor, not only the portion that is claimed from Medihelp, as any so-called "split billing" is unacceptable. Medihelp also does not accept accounts in Word or Excel format.

Claims submission period

4

MONTHS

Members have four months to **submit new claims** from the date of service.

60

DAYS

Members have 60 days to **resubmit amended claims**, request information or query a payment on an account.

How to submit claims

Member app

Take a photo of the account and proof of payment and submit it in a few easy steps

Member Zone

Submit a claim by logging in to Medihelp's Member Zone and using the "Submit a claim" plan. Members can also submit their DRC and PPN claims on the Member Zone and view their previous claims

Email

Email the account and proof of payment to claims@medihelp.co.za

Claims submissions

Please submit new claims to this email address and not to the claims enquiries email address.

Email: claims@medihelp.co.za

Claims enquiries

Please submit amended claims to this email address and not to the claims submissions email address.

Email: enquiries@medihelp.co.za

Client care centre: 086 0100 678

Mondays to Thursdays: 07:00 – 17:00

Fridays: 08:00 – 16:00

Optometry claims and enquiries (PPN)

Email info@ppn.co.za

Dental claims and enquiries (DRC)

Email **claims** to claims@dentalrisk.com

Email **dental claims enquiries** to medihelp@dentalrisk.com

Claims statements

The electronic claims statement contains handy contact details and links to email addresses, should members require more information about their claims, wish to submit a new claim, request pre-authorisation for hospitalisation, or change their personal information. Members can receive claims statements up to three times a month via email, depending on when claims are submitted to Medihelp. They can also compare their statement with the claims they have submitted to ensure the information is the same.

The details of their claim are displayed on a separate page.

Statement number:	Statement date	At the top of the first page there is a summary of all the claims details, including the balance brought forward from previous statements, all claims paid to the member and amounts due by the member.
Balance brought forward from previous statements		
Total amount claimed		
Total claims paid		
Claims paid to member		
Claims paid to service provider		
Due by the member to Medihelp (journal transactions)		
Due to the member by Medihelp (journal transactions)		
Member liability (claims not paid by Medihelp)		
Accumulated income tax amount for the current year		

The second page contains the following info:


AMOUNT PAID TO		AMOUNT PAID FROM		MEMBER'S LIABILITY				
Paid to member	Paid to service provider	Limit code	Benefit pool	Scheme tariff exceeded	Member co-pay	Limit amount exceeded	Rejected amount	Reason code
CLAIM NUMBER:								

- Claims received;
- Services that were claimed and the medical service providers involved;
- Any co-payments payable by the member to a service provider (if applicable);
- The benefit pool from which benefits were paid (for example core benefits or the savings account);
- Any amounts rejected and the reasons for the rejection; and
- A summary of benefits, how much the member has already used and how much money they still have available after the claims on this statement have been deducted.

Remember

- Members must always open their claims statements and read the information carefully.
- Make sure all the information is correct.
- If members don't agree with the information, or if they have any questions about the processing of claims, they can phone the client care centre on 086 0100 678 or email enquiries@medihelp.co.za.
- In case of any other enquiries, or to submit a new claim or request pre-authorisation for a hospital admission, refer to the handy contact details on the first page of the claims statement.

Example of a member statement



Summary:

Statement number: 58	Statement date: 10/09/2021
Balance brought forward from previous statement	0.00
Total amount claimed	282.23
Total claims paid	282.23
Claims paid to member	0.00
Claims paid to service provider	282.23
Due by you to Medihelp (journal transactions)	0.00
Due to you by Medihelp (journal transactions)	0.00
Member liability (claims not paid by Medihelp)	106.36
Accumulated income tax amount for current year	0.00

Details of the above claims are included on the next page of this statement.

Private and confidential

Claims statement with detail of claims processed

This statement contains details of claims that were processed by Medihelp. Please verify this information carefully, as well as your details below.

Member details:			
Principal member	Cell phone number	Fax	-
Membership number	Home telephone	Email	
Benefit option	Work telephone		
	MEDSAVER		

To update any of the above detail please phone the Call Centre on 086 0100 678 or use the smartphone app for members, or visit our secured website for members by clicking [here](#).

If a credit amount is payable to you, please log on to the [secured website](#) for members and confirm that your banking details are correct.

If you have any enquiries about the processing of claims on this claims statement, please phone Medihelp's Call Centre on 086 0100 678 or email us at enquiries@medihelp.co.za.

To submit a new claim, send email to claims@medihelp.co.za or submit the claim online on the [secured website](#) or with the smartphone app for members.

To request pre-authorisation for a hospital admission, please log on to the [secured website](#) or use the smartphone app for members. Medihelp's automated authorisation system allows you to get immediate pre-authorisation for certain standard procedures. You can also request authorisation by phoning Medihelp on 086 0200 678 or sending email to hospitalauth@medihelp.co.za. You can phone our Call centre on Mondays to Thursdays from 07:00 to 17:00, and on Fridays from 08:00 to 16:00 (excluding public holidays).

Remember that you can report any suspected fraudulent activities by phoning 012 334 2428 or sending email to fraud@medihelp.co.za.

Kind regards
Medihelp Customer Care
Please do not reply to this e-mail.

Disclaimer:
This email is intended for the use of the individual or entity to which it is addressed and may contain information that is confidential. If the reader of this message is not the intended recipient, you should note that any dissemination, distribution, or copying of this email is strictly prohibited. If you have received this email in error, please contact the sender immediately and delete the email from your system. Although we have taken measures to ensure this email is virus free, accurate and complete, we do not accept responsibility for any loss or cost arising from this email. Please also refer to the general disclaimer on Medihelp website: [www.medihelp.co.za](#).
Enquiries: 086 0100 678 | E-mail: enquiries@medihelp.co.za | Hospital pre-authorisation: 086 0200 678 | E-mail: hospitalauth@medihelp.co.za | claims@medihelp.co.za | 410 Steve Biko Road, Arcadia, Pretoria, 0083 | Medihelp is an authorised financial services provider (FSP No 15736)

Page: 2

Detailed statement

CLAIM DETAIL							AMOUNT PAID TO		AMOUNT PAID FROM		MEMBER'S LIABILITY				
Treatment date	Patient's information	Account reference number	Tariff/Medicine	Qty	Claimed amount	Scheme benefit	Paid to member	Paid to service provider	Limit code	Benefit pool	Scheme tariff exceeded	Member co-pay	Limit amount exceeded	Rejected amount	Reason code
04/09/2021	SPENCER, PHOEBUS; MEDICINE: MARVELL, P. (P. PARACETAMOL)	97	ASPAVOR 10MG TAB	30	40.87	40.87				01					
			Total for this transaction		40.87	40.87		40.87							
04/09/2021		11	YAZ TAB	28	241.36	183.09				01/02		48.27	58.09		061
			Total for this transaction		241.36	183.09		241.36				48.27	58.09		

Pool from which benefits were paid

Pool code	Description	Explanation
01	Core benefits	Include benefits for hospitalisation, PMB, trauma recovery and benefits that complement care when patients need to recover. Co-payments and sub-limits may be applicable in some cases.
02	Medical Savings account	An account which is kept by Medihelp on behalf of the member and which is credited monthly with the member's contribution. The available credit is used to pay for qualifying medical expenses.
03	Limit	The maximum benefit amount which is paid for a specific service, apparatus or appliance, for example in the case of prostheses.
04	Cumulative Savings account	Unused contributions to the medical savings account are carried over to the next year and are kept in a cumulative savings account.

Explanation of reason codes

Reason code	Explanation
061	MEMBER CO-PAYMENT INCLUDES MMAR, GENERIC CO-PAY, MHRP, MORP

Description of tariff codes

Tariff code	Description
97	PMB-CHRONIC MEDICINE
11	CONTRACEPTIVES: TABLETS

Medical Savings account transactions (For the Elite, UnityPrime 3 and Prime 2)
(Please refer to your monthly savings account statement for more details)

Claims paid on this statement	106.36
Available for claims	21532.06

Claim statements for visually impaired members

Our visually impaired members can receive their claim statements in audio format. Should a member wish to receive his/her statements in this format or know of a Medihelp member who is visually impaired and would prefer this means of communication, they can send an email to enquiries@medihelp.co.za and we will link them to this service.

Support and engagement



Adviser support and engagement

Business development consultant

Dedicated personal support is provided to advisers and brokerages by Medihelp's business development consultants. Your business development consultant is responsible for the following:

- Engaging with you regularly
- Providing product and service training
- Helping with marketing and promotional needs
- Helping with corporate enrolments
- Helping with presentations

Email: brokers@medihelp.co.za

Administrative support services

- Distribution of marketing material and application forms
- Web access and services
- Assistance with group enrolments
- Commission enquiries and statements
- Accreditation, contracting and FAIS updates
- Adviser/brokerage complaints
- Adviser/brokerage administrative/database amendments and maintenance
- Compliance enquiries
- Linking advisers to members and employer groups
- Ensuring that adviser appointments are handled in accordance with legislation

Email: brokers@medihelp.co.za

The Adviser Call Centre

Adviser requests:

- Benefit limit confirmations and pre-authorisation
- Reconciliation of savings or membership fees
- PMB chronic medication authorisation schedules
- Changing of members' personal information
- Benefit plan changes *

What only the member may request:

- Registration and deregistration of dependants
- Termination of membership
- Changes to banking details
- Double and additional debit orders
- PMB medicine orders placed at Medipost
- Telephonic registration of babies

Phone: 012 336 9099/9199

New business support

The New Business department is responsible for:

- Receiving and processing new applications
- Registration of dependants
- Assisting and following up on outstanding and incomplete application forms
- Assisting with conditions of membership

Email: newbusiness@medihelp.co.za

Phone: 012 336 9099/9199



Member Administration

Once your client's membership has been activated our Member Administration team can assist you with the following:

- Banking details
- Personal information changes
- Deregistration of a dependant's membership
- Termination of membership
- Granting permission for a third party to access a member's information
- Review underwriting conditions and late-joiner penalties

Email: membership@medihelp.co.za



Medihelp app for advisers

Download the Medihelp app to:

- Complete an e-application form
- View your client's profile at a glance
- View, download or email product brochures
- Generate and email a quote with relevant product info
- Monitor the progress of pending clients' applications or view active clients' information
- View, download or email Medihelp's most recently updated documents from the document manager
- Submit clients' claims

Personal engagement

- Events to provide Scheme updates
- Annual introduction of products for the forthcoming year
- Training regarding products and processes
- Visits by BCs and/or the Sales Manager

Marketing support

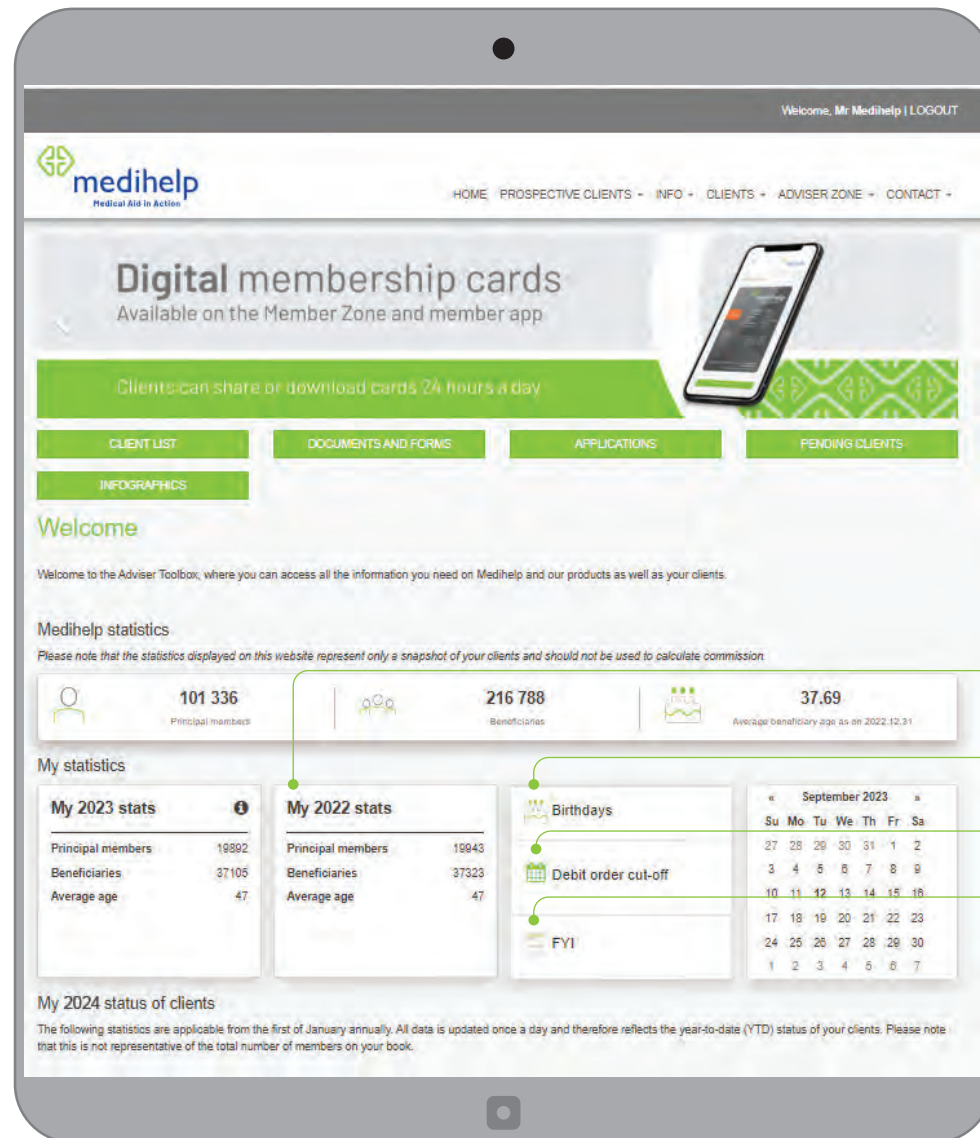
- Assistance with e-adverts, social media banners, flyers, and posters
- Promotions
- Medihelp leads for qualifying advisers
- Marketing material

Adviser newsletter

Medihelp's Info2U newsletter provides updates on Medihelp news, processes, upcoming events, and industry developments.

Adviser Toolbox

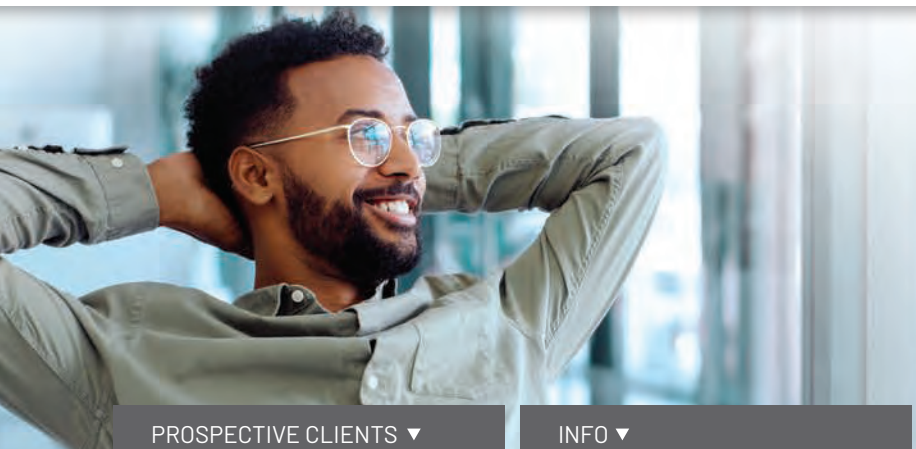
Medihelp's secured website for advisers provides extensive access to your Medihelp business and helps you manage your new and existing clients. The website and the Medihelp app for advisers are fully integrated and you are welcome to make an appointment with your broker consultant for a training session on its functionalities. The Adviser Toolbox offers more functionalities than the app and you can also view your adviser statements on the Adviser Toolbox. An online live chat function is also available for enquiries.



Home page

- The menu lists the available tools, functionalities, and information to assist you in managing your Medihelp business.
- A range of banners will keep you informed and provide quick access to certain tools or information hosted on our website.
- Get quick access to your client list, documents, applications, and your pending clients from the additional menu bar.
- View Medihelp's client profile (statistics).
- View your client profile (statistics).
- Find a calendar.
- Click on **Birthdays** and you will have the plan to send a card via SMS or email to one or all your clients celebrating a birthday on that day.
- Debit order cut-off dates.
- FYI – here you will find all the newsletters we send to you.
- For your convenience, we've also added shortcuts to your clients' statuses with an updated Excel file should you need to follow up with your clients. You can view details of the following clients:
Pending | Not taken up | Resigned | Deceased | New enrolments
Suspensions | Non-disclosures (past 12 months).

Adviser Toolbox – main menu



PROSPECTIVE CLIENTS ▼	INFO ▼	CLIENTS ▼	ADVISER ZONE ▼	CONTACT ▼
<div>Client list</div> <div>Add a prospective</div> <div>Client</div> <div>Product comparison</div> <div>Needs analysis</div> <div>Get a quote</div> <div>Applications</div>	<div>Products</div> <div>MHRP list</div> <div>Provider list</div> <div>Member services</div> <div>Document library</div> <div>Video library</div> <div>Infographics</div> <div>Medical Schemes Act</div>	<div>Pending clients</div> <div>Active clients</div> <div>Corporate groups</div> <div>Non-disclosure</div> <div>Client list</div> <div>Pending dependants</div> <div>Submit a client's claim</div>	<div>Personal information</div> <div>Adviser accreditation</div> <div>Statements</div> <div>Email templates</div> <div>Email history</div> <div>Contact me</div> <div>Medihelp adviser app</div> <div>Your BC</div>	<div>Adviser support</div> <div>Medihelp</div>
<div><ul style="list-style-type: none">• View all your prospective clients, add new clients, and manage your sales from here.• The product comparison is easy to use and allows your clients to compare our products.• Create and email a quote to your clients and then enrol them via our electronic application system.</div>	<div>Here you can read more about our products, the services we render to our members and find provider lists as well as all the documents you may need.</div>	<div>View all your client information</div> <div>Active clients:</div> <div>Learn more about active clients on the next page</div>	<div>Update your info and view your statements here.</div> <div>You will also find your BC's contact information at this menu.</div>	<div>Find the correct contact information here. You can also get quick support during office hours with the Live Chat functionality.</div>

Adviser Toolbox

Active clients

Active clients

Search for your client by using one or more of the following options.
Remember: If you refined your search by using any of the options below, the client list will only contain the selected information.
Medihelp's product range has been repackaged and benefit options renamed with effect from 1 January 2022. [Click here to read more](#)

Name: Membership No:

Surname: ID No:

Initials: Status:

Enrolment date from: Benefit option:

Enrolment to:

Download your client list

To download your client list in Excel format, click on "Download" and select the information you would like to see. You will receive an email with a link that will only be valid for 24 hours.

Client profile

To see a client's profile, click on the membership number.

Show 10 entries

Membership No	First Name	Surname	ID No	Status	Termination	Actions
8033875	Henrietta	Pretorius	8912160007084	Active		N/A
8033185	Livhuwani	Radzhadzhi	8808235701081	Active		N/A

Member profile

MedMove!

Membership number: 8033875
Membership status: Active
Enrolment date: 2023-10-01
Benefit date: 2023-10-01

Please ensure that Medihelp always has your client's latest details to enable them to receive essential communication. You are now also able to change your client's personal information by simply clicking on the pencil icon in the personal information fields.

Member | Membership card | Dependants | Documents | Plan choice | Claim statements | Submit a claim | Available benefits | EMAIL CLIENT | GET A QUOTE

Search for a client

Search for a client by entering the membership or ID number.

Download your client list

Click on **DOWNLOAD** and select the information you need about your clients. You'll receive a link within 24 hours where you can download the list.

Client profile

All your clients are listed here. Click on Membership Number to open a specific client's profile.

Member profile

Member: All the member information you may need

Membership card: The details printed on your clients' e-membership card

Dependants: Information about your clients' dependants

Documents: Tax and membership certificates, as well as subscription compositions and reconciliations

Plan choice: View member guides and change your clients' benefit plans

Claim statements: Clients' claim statements

Submit a claim: Upload claims (dental and optometry included) and view a history of claims

Available benefits: View the benefits available to the member or their dependants

Adviser appointment process

All requests for adviser appointments must be emailed to Medihelp's Adviser Support division at brokers@medihelp.co.za. Medihelp may process either an individual or a corporate group appointment.

When we receive a request for an individual or a corporate group adviser appointment, we will validate the request in terms of our approved processes and guidelines to comply with the requirements as set by the Council for Medical Schemes (CMS) and the Financial Sector Conduct Authority (FSCA).

Individual adviser appointments

If an individual adviser appointment is processed, we will issue the following confirmation:

- An email will be sent to the newly-appointed adviser and the member involved.
- An email will also be sent to the current appointed adviser notifying him/her that the member is no longer linked to his/her profile.

Corporate group adviser appointments

Compulsory corporate groups

To appoint an adviser for a compulsory corporate group, we require an original letter on the employer's letterhead authorising the appointment of the brokerage/adviser. The letter must be signed by a duly authorised person from the employer.

Non-compulsory corporate groups

In the case of non-compulsory corporate groups, individual members may appoint their own advisers. If a corporate group adviser appointment is made, we will issue the following confirmation:

- An email will be sent to the newly-appointed adviser and the members at the corporate group.
- An email will also be sent to the current appointed adviser notifying him/her that the corporate group's member are no longer linked to his/her profile.

Important

Advisers are appointed to deal with Medihelp on behalf of members. Medihelp may refuse to appoint brokerages and advisers that are not licensed, registered and/or contracted with Medihelp.

The effective date of an appointment will be the first day of the month following the receipt of the request. The effective date cannot be backdated. Should an appointed brokerage change its juristic profile, be sold to another financial services provider or cease to exist for whatever reason, Medihelp is authorised by the client to transfer the contractual obligation to another financial services provider.

The adviser appointment process

STEP
01

Receive request
from adviser

STEP
02

Verify member, adviser,
and brokerage detail

STEP
03

Verify whether a
corporate group
appointment applies

STEP
04

Verify the adviser/
brokerage code

STEP
05

Determine the
link date

STEP
06

Link adviser to the
member

STEP
07

Verify the member's
signature

STEP
08

Medihelp will email
confirmation/
notification of the
appointment to the
member, linked adviser,
and delinked adviser

Corporate group support and engagement

Dedicated corporate consultants

These consultants visit corporate clients' offices regularly or on request.

They are trained in all areas of the business and are able to provide valuable support to the Human Resources department, individual employees as well as the appointed adviser/healthcare consultant.

They also give presentations on the next year's products and assist employees with product choices.

Management report



Each quarter, the group will receive a group profile report containing statistics on the group's membership, claims, and health profile. To request a report, email Medihelp's Corporate membership department and they will send the report to you or will make an appointment to discuss the report with you.

Email: intouch@medihelp.co.za

Corporate Zone

A secured website for corporate groups is available with the following functionalities:

- Requesting membership cards, certificates, and tax certificates
- The latest enrolment conditions
- Downloading group account reports and statements
- Viewing the corporate profile
- Membership information and enrolment conditions
- Contribution accounts and monthly schedules
- Newsletters

Dedicated subscription recoveries personnel

The human resources and/or payroll department has direct access to a dedicated contact person at Medihelp for assistance with:

- Statements, reconciliations, and payment queries
- Changes to membership details, for example registration/deregistration of dependants and resignations
- Annual benefit plan changes

Email: subscriptions@medihelp.co.za

New business support

The New Business department is responsible for:

- Receiving and processing new applications
- Registering of dependants
- Assisting with and following up on outstanding and incomplete application forms
- Assisting with conditions of membership

Email: newbusiness@medihelp.co.za
corpapps@medihelp.co.za



Staff wellness days

Wellness days are held at the premises of corporate clients and various risk assessment tests are offered, for example cholesterol and blood glucose testing, blood pressure measurements, eye tests, and more. Following the wellness day, a report is generated highlighting the key risk factors identified in the measurements.



Member support and engagement

Medihelp client care centre

We employ dedicated call centre consultants to answer calls and supporting staff to handle written enquiries. Members can contact us here:

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

E-newsletter

We communicate important information to members by means of email.

SMS

We use SMS communication (with links to documents, websites or videos where applicable) as a fast and effective way to keep members updated and remind them of important events.

Healthcare support programmes

Medihelp offers health support programmes to our members through the:

- Cancer programme
- HIV/Aids programme
- Back treatment programme
- Disease Management programme
- Mental Health programme

Social media platforms

Members can find us on Facebook ("Be healthy with Medihelp"), LinkedIn, Twitter, and Instagram.

Videos

Short videos explaining product details or processes serve as an easy-to-understand means of conveying important information to members.

élan health magazine

Through élan, our digital wellness magazine, we inspire, enable and inform members with articles on how to live healthy, balanced lives and emphasise the benefits of maintaining a healthy lifestyle. We also share the latest Medihelp news.

HealthPrint

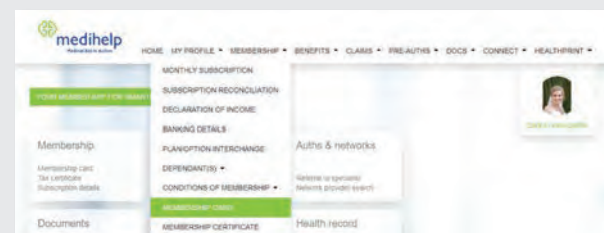
HealthPrint is a free online health and wellness platform specifically designed for Medihelp members, to add value in a unique and individualised manner to their Medihelp experience. Refer to the HealthPrint brochure or website for more information on what this platform offers.

Member Zone

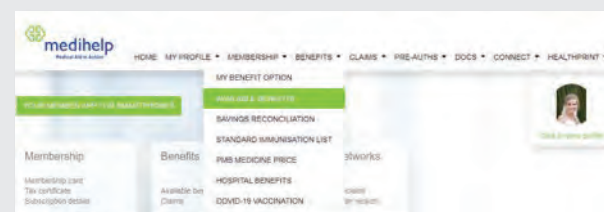
Connected features for members



Access the **digital membership card**



View **available benefits**



Other functionalities



Update, download, and share your health record



Find a network provider



Submit and track a claim



Apply for pre-authorisation



Download tax certificates



Download important forms

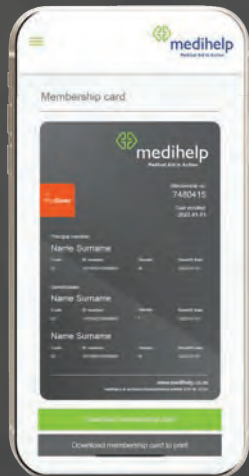


Register new dependants



Update personal and banking details

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



On the Member Zone, members can:

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

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

Anywhere, anytime access to medical aid information

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



The image displays the MediHelp mobile application interface. At the top, there is a hamburger menu icon on the left and the MediHelp logo (a green hexagon with a white 'H') and the text 'medihelp Medical Aid in Action' on the right. Below the header, the main content area is divided into two sections. The first section, titled 'Welcome, Member', features a circular profile picture placeholder with a smartphone icon. Below this, there are six white rectangular buttons arranged in a 3x2 grid: 'Membership card', 'Find a network provider', 'Available benefits', 'Submit a claim', 'Health record', and 'Contact us'. The second section, titled 'Notifications', contains the text: 'All your important notification will be published here to be easily accessible.' Below the notifications section is a decorative green patterned bar. The final section, titled 'Contact', provides contact information: 'International: +27 12 336 9000' and 'General Enquiries : 0860 100 678'. At the bottom of the screen, there is a navigation bar with five icons: a back arrow, a home house icon, a magnifying glass for search, a document for services, and an envelope for contact.



The screenshot displays the MediHelp app interface. At the top, the app's logo is visible. Below it, the 'Health record' section is titled. Under 'Health measurements', there is a list of four items: '120/75 Blood pressure', '5.60 Cholesterol', '4.80 Blood sugar', and '80 Heart rate/min'. To the right of these items are their respective values: '80', '50', '1.55', and '54.00'. A central silhouette of a person is shown. Below the silhouette is a green button labeled 'Add measurement'. At the bottom, the 'Health record' section is titled, followed by a note: 'You can take your regular or one-off blood pressure measurement, record new symptoms'. Below this note is a green button labeled 'Add new measurement'. The bottom of the screen shows a standard Android navigation bar with icons for back, home, search, and app drawer.

Contact us

Adviser enquiries

Use brokers@medihelp.co.za for:

- Commission enquiries
- Adviser appointments
- Accreditation
- Change of adviser/brokerage details
- Requesting brochures
- Web access, Adviser Toolbox and app enquiries

Use newbusiness@medihelp.co.za or phone 012 336 9099/9199 for:

- New applications
- Additional information or incomplete applications
- Registration of dependants

Use membership@medihelp.co.za or phone 012 336 9099/9199 for:

- Membership-related enquiries

Use enquiries@medihelp.co.za or phone 012 336 9099/9199 for:

- All claims enquiries
- All benefit enquiries

E-services:

Access the Adviser Toolbox (secured website) via www.medihelp.co.za.

Download the Medihelp app for advisers from iStore/Google Play/Huawei AppGallery

Medihelp client care centre

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

General disclaimer

The information in this guide is only a summary of Medihelp's benefits. In case of a dispute, the registered Rules of Medihelp apply, which are available on request. The information in this guide is subject to approval by the Council for Medical Schemes. The content of this guide may change from time to time. Please refer to the Adviser Toolbox for an updated guide or consult Medihelp's Rules for the latest information.

Medihelp

Application forms (new business)

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

Membership enquiries

membership@medihelp.co.za

Subscriptions enquiries

subscriptions@medihelp.co.za

E-services

Access the Member Zone via www.medihelp.co.za
Download the Medihelp app from iStore/Google Play /Huawei AppGallery

Submission of claims

claims@medihelp.co.za

Hospital admissions (all hospital admissions must be pre-authorised)

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

PMB chronic medicine and more than 30 days' medicine supply

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

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
Email: customer@medipost.co.za
Proof of payment: pay@medipost.co.za
Fax: 086 682 2821

Prescribed minimum benefits (PMB)

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

MRI and CT imaging

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

Cancer

Cancer programme

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

Cancer medicine

(MedMove!, MedVital Elect, MedAdd Elect, MedElect and MedPrime Elect plans only)

Dis-Chem Oncology

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

or

Medipost

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

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

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

Oxygen administered at home

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

Chronic renal dialysis

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

Medihelp fraudline

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

Partners

Netcare 911 (emergency medical transport)

Emergencies: 082 911
Account enquiries: 0860 638 2273
customer.service@netcare.co.za
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, 086 1101 477 or 041 065 0650
info@ppn.co.za
www.ppn.co.za

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

HIV/Aids programme

LifeSense

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

Medicine

Dis-Chem Direct

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

or

Medipost

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

Council for Medical Schemes

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

Medical Aid *in Action*

086 0100 678

www.medihelp.co.za



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

