



Corporate *guide* 2025

We've got a plan for **every#body**





Contents (Click on the contents below to read more)

		Quick links
4	Your health partner through every life stage	
5	Plan overview	
6	Added insured benefits	
8	Managing your employees' care	
9	Parenting journey	
10	MedElect – the perfect plan for employer groups	
13	MedMove!	
15	MedVital	
17	MedSaver	
19	MedAdd	
21	MedPrime	
23	MedElite	
25	MedPlus	
27	Your partner in workplace wellness	
28	Online resources: Corporate groups	
29	Take charge of your well-being with technology	
30	Application process	
31	Medihelp processes	
32	Payment of contributions	
33	Enrolling new Medihelp members	
34	Dependants	
36	Child dependants' contributions	
37	Interchange between plans	
37	Termination of membership	
37	Membership certificates	
38	Tax certificates	
38	Engagement	
39	Medihelp's Rules	
39	Frequently asked questions	
41	Late-joiner penalties	
43	Contact us	
		Medihelp plans
		Registering on the Corporate Zone
		Employer group support
		Paying contributions
		Enrolling new member
		Registering/ deregistering dependants
		Requesting tax certificates

Your **health partner** through every life stage

With **120 years' experience** in 2025, and covering almost **217 000 lives with access to premium healthcare services**, Medihelp has your back.



Healthy choices, healthy rewards

Activate extra day-to-day cover for you and your family with our care extender benefit. **Get R510 for self-medication and a free GP consultation** when you go for check-ups and health screenings.



Family first

We take care of your whole crew. Pay child rates until the age of 26. More than two children? **The third one is on us!*** Plus, awesome maternity benefits and essential child vaccinations.



A plan for everybody

With a choice of 11 plans, we're here for the students hustling for their dreams, the singles embracing independence, and the families growing with love. From vital cover, to savings plans, and comprehensive coverage – **we have a plan for YOU!**



Care journeys

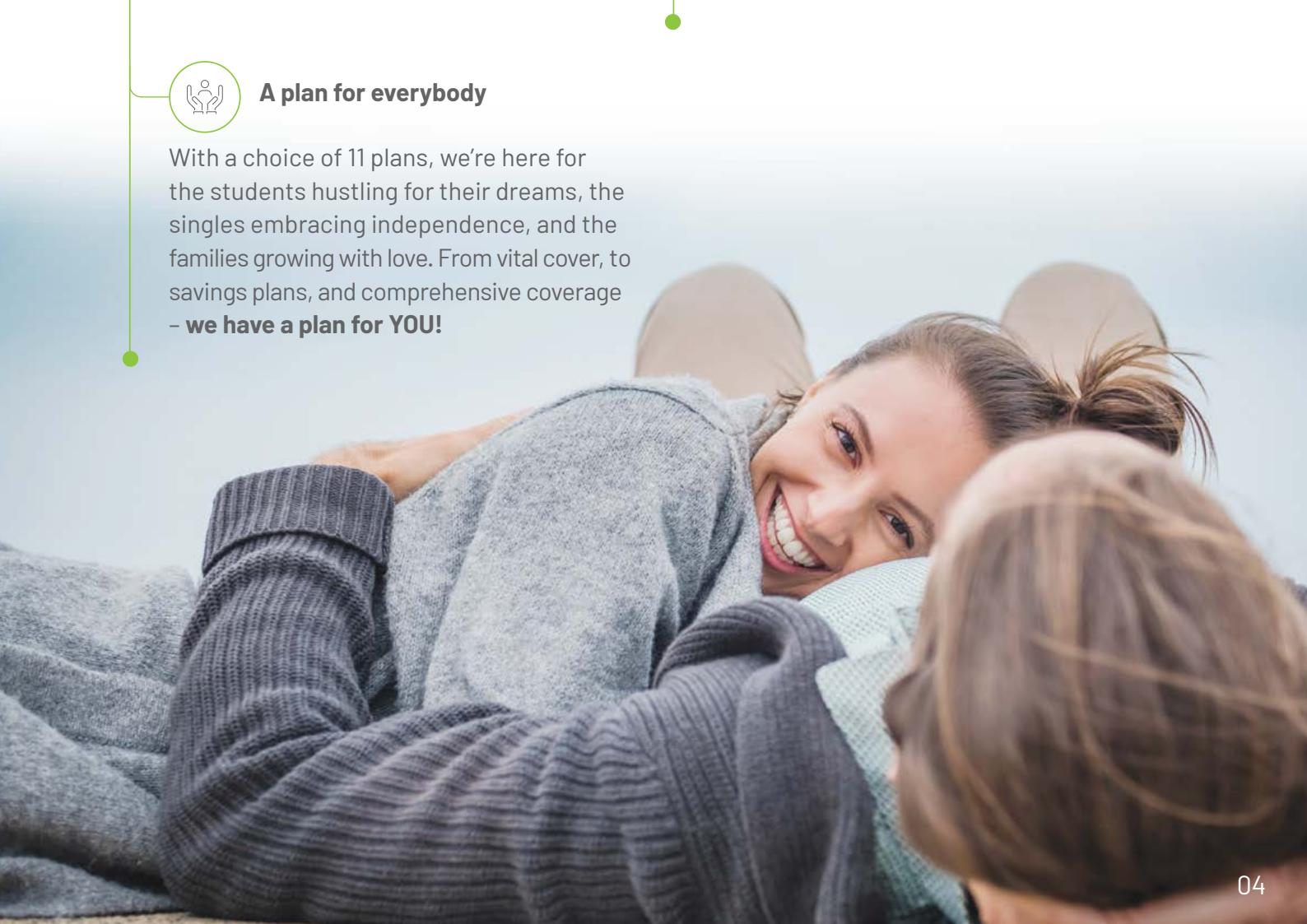
We care about your mental health, pregnancy journey, and recovery after you've been discharged from hospital, because **kindness matters**.



Member-owned, member-focused

Medihelp is a self-administered scheme, which means we prioritise your needs, not profits.

* Families on MedVital, MedAdd, and MedPrime

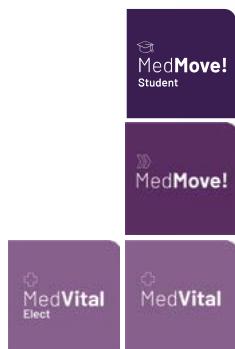


Plan overview

Basic plans

- Cover for essential medical services
- Ideal for students and first-time buyers of medical aid

Contributions starting at
R750
for students



MedMove! Student: A dream plan for all students

MedMove!: A digital health companion for the tech-savvy generation

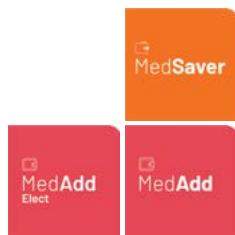
MedVital Elect and MedVital: Affordable cover for essential services



Savings plans

- The flexibility to manage your own healthcare expenses
- Unused savings carry over to the next year and earn interest

Contributions starting at
R2 970



MedSaver: 25% savings account
balancing flexibility and peace of mind

MedAdd Elect and MedAdd:
A **15% savings account** offering young families the flexibility to manage healthcare expenses

Comprehensive plans

- Rich, insured benefits for out-of-hospital expenses
- Special family rates
- Cover for various services to suit more extensive healthcare needs

Contributions starting at
R3 126



MedElect: A full basket of benefits at an affordable price

MedPrime Elect and MedPrime: Family plans with a **10% savings account** and generous insured benefits, including dentistry and optometry cover

MedElite and MedPlus: All-inclusive plans for families and individuals with extensive healthcare needs

Added insured benefits

Care extender benefit

Healthy rewards for proactive care



- **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 additional GP consultation for the family for the year**.
- **Self-medication dispensed at a network pharmacy:** An additional **R510** 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.

Please note: The care extender benefit applies to all plans, except MedMove!. Benefits are paid at 100% of the Medihelp tariff.

With a strong focus on preventive care and early detection of potential health issues, as well as maternity benefits and childcare, these benefits are provided in addition to other insured benefits. They are available annually (unless otherwise indicated). Protocols and specific item codes may apply. Find network provider information on Medihelp's website using the provider search function.

Women's health

Healthy women, healthy community



- A **mammogram** requested by a medical doctor per two-year cycle (women 40-75 years and item codes 3605/39175/34100/34101)
- **Pap smear** requested by a medical doctor per three-year cycle (women 21-65 years and item codes 4566/4559)
- **Contraceptives**
 - Oral/injectable/implantable contraceptives (women up to 50 years)
 - Intra-uterine device every 60 months
- **Bone mineral density tests**

Please note: Mammogram benefits apply to all plans, except MedMove!.

Enhanced maternity benefits

Delightful journeys



- **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 dietitian/lactation specialist/antenatal classes**
- **Two 2D ultrasound scans**
- Nine months' **antenatal iron supplements***
- Nine months' **antenatal folic acid supplements***

* Will be paid from available day-to-day benefits/savings on MedVital, MedAdd, MedSaver, and MedElect.

Please note: Maternity benefits apply to all plans, except MedMove!.

Child benefits

For your family's peace of mind



- **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
- **Hearing screening** for newborn babies before discharge from hospital

Please note: Only child flu vaccination is available on MedMove!.

Added insured benefits

Routine screening and immunisation

Protecting your future health today



- A **combo test** (blood glucose, cholesterol, BMI, and blood pressure measurement) or **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 and 14 years or **three vaccinations** between 15 and 26 years

Please note: Available at network pharmacy clinics per person. Tetanus and HPV vaccinations apply to all plans, except MedMove!.

Men's health

Helping men live healthier, longer, and stronger



- A **prostate test** (PSA level) requested by a medical doctor (men 40–75 years and item code 4519)

Please note: The prostate test benefit applies to all plans, except MedMove!.

Screening and immunisation for over 45s

Vitality in your prime



- Women older than 65 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 (if registered for asthma or chronic obstructive pulmonary disease (COPD))
- **An FOB test** for people between 45 and 75 years (item codes 4351/4352)

Please note: These benefits apply to all plans, except MedMove!.

Supporting wellness

Commitment to care



- **One back and neck treatment** per 12-month cycle as an alternative to surgery at a Documentation Based Care facility for eligible patients. The treatment is a prerequisite for spinal intervention
- **One dietitian 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: Back and neck treatment and dietitian consultations apply to all plans, except MedMove!.

Please note: Certain added insured benefits are unavailable if the patient has registered the condition for prescribed minimum benefits (PMBs) or chronic medicine benefits, as the treatment is no longer considered preventive care. Benefits are paid at 100% of the Medihelp tariff (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.

Managing your clients' care

Back and neck treatment programme

Medihelp's back and neck treatment programme, provided by Documentation Based Care (DBC) countrywide, is a prerequisite for spinal intervention. The programme aims to improve the general flexibility of the spinal column, strengthen targeted back muscles to relieve pain, and help patients 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 intervention, 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 emailing enquiries@medihelp.co.za.

HIV/Aids programme

Members receive extra 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

Cancer programme

Medihelp members have access to comprehensive cancer benefits provided by our designated service provider (DSP), the Independent Clinical Oncology Network (Icon). The first step when diagnosed with cancer is for members to register on the Medihelp cancer programme by emailing oncology@medihelp.co.za.

Members will receive a schedule containing all the necessary information regarding plan-specific treatment plans and DSPs for specialists and pharmacies.

Cancer cover

The benefit amount per plan applies to all cancer treatments, including hospital and related services.

For **PMB cancer treatment**, both in-hospital and out-of-hospital treatments and services, including consultations, scopes as part of cancer management, pathology, and radiology, will be funded at 100% of the cost, subject to PMB legislation, scheme rules, tariffs, and protocols.

For **non-PMB cancer treatment**, hospital and related services such as consultations, scopes, pathology, and radiology are subject to scheme rules and protocols, with the **benefit amount applicable per plan**.

Only PMB cancer treatment will continue to be funded after benefit depletion, subject to PMB legislation, protocols, and scheme rules.

Members can avoid unnecessary co-payments by ensuring their treatment plans align with Icon protocols applicable to their specific benefit plan, using an oncologist within the Medihelp DSP (Icon) network, and using medicine listed at the Medihelp Oncology Reference Price (MORP).

For MedMove!, MedVital Elect, MedAdd Elect, MedElect, and MedPrime Elect members, unnecessary co-payments can be further avoided by obtaining their medicine from:

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

Medipost: Tel: 012 404 4430 | oncology@medipost.co.za
Whatsapp: 012 426 4655

Protocols and the Medihelp Oncology Reference Price apply, and cancer treatment must be obtained from Icon oncologists.



Managing your clients' care

Post-hospitalisation care initiative

Medihelp's post-hospitalisation care initiative supports members during their recovery after a discharge from hospital.

Recognising the challenges and uncertainties that come with recuperation, Medihelp assigns a dedicated care coach to members following certain procedures. The care coaches guide members through the healing process, offering personalised follow-ups, addressing concerns, and providing advice when needed.

This proactive approach aims to reduce the stress of recovery, prevent readmissions, and ensure a smooth transition back to health.

Disease Management programme

To help members 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](#).

Palliative care programme

Our new palliative care programme, in partnership with the Association of Palliative Care Practitioners of South Africa (PALPRAC), offers comfort and support to members and families facing serious illness. This compassionate service is provided by a multidisciplinary team of doctors, nurses, and social workers, all trained to deliver personalised, holistic care that meets the physical, emotional, and social needs of those they serve. Unlike traditional hospice care, which typically focuses on the end-of-life stage, our palliative care can begin at any point during the illness, adapting to the changing needs of members and their loved ones. By prioritising quality of life, preventing suffering, and offering emotional support, our programme ensures members remain as comfortable as possible. Whether at home or in a hospice, we aim to provide the highest standard of care and offer much-needed support to families.

Parenting journey

Free online health and wellness support

We have a few treats for first-time and seasoned parents alike to make your experience informative and enjoyable. Once expectant moms register on the Member Zone, you get access to the Parent Sense app to help you navigate every step of this adventure.

New parents have a lot on their minds. As a special gift, you will get access to a digital assistant for three months to help you take care of the everyday nitty-gritty.

For your peace of mind, we'll send you reminders of the following if you are registered for our Parenting journey:

- When to get pre-authorisation for the delivery (planned hospitalisation or home delivery) to avoid co-payments
- To register your newborn baby as a dependant within 90 days from birth

Childbirth in hospital or home delivery

- No overall annual limit
- Caesarean sections covered on all plans, except MedMove!
- A separate, specified benefit for home delivery
- Benefits paid at 100% of the Medihelp tariff
- Fixed benefit amount for prescription TTO (to-take-out) medicine

* MedVital Elect, MedAdd Elect, and MedElect – a network referral to a specialist is not needed.

Please note: Added insured benefits for maternity are not available on MedMove!.

Babies and toddlers

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



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



Standard child immunisation for children up to seven years



MedSaver

Additional benefit of R2 500 per family for GP consultations, specialist visits, and medicine once savings have been depleted

MedElect – the perfect plan for employer groups



Affordable network cover with a full basket of benefits, from only **R3 126 per month**

- **Child dependant rates until the age of 26**
- **Ample annual day-to-day benefits**
 - o M: R6 400
 - o M+1: R9 500
 - o M+2: R11 600
 - o M+3+: R12 700
- **A wound care benefit** of up to **R4 285** per family per year
- **Speech, occupational, and physical therapy benefits** after hospital discharge also apply to **day facility discharge**
- **Mental health treatment benefits** have increased to **R24 000 per beneficiary per year** (up to R36 400 per family) for hospitalisation and professional psychiatric services. An additional **R3 000 per beneficiary for out-of- hospital care for depression**, and **R95 per month for medication**, subject to registration on the mental health programme and in-hospital benefit limits.

More added value

- **Network GP consultations** (subject to day-to-day overall annual limit) and **clinical psychology** services (excluding psychiatric nursing):
 - o M: R2 200
 - o M+1: R4 050
 - o M+2: R4 750
- **Standard radiology, pathology, and medical technology out of hospital:** R3 600 per family per year, subject to day-to-day overall annual limit
- **Medical specialists and other service providers:** R1 500 per family per year, subject to day-to-day overall annual limit
- **Specialised radiology is covered up to R22 000 per family per year**, with a co-payment of R1 900 for in-hospital and R1 300 for out-of-hospital examinations
- **Acute medicine:**
 - o M: R1 500 (subject to day-to-day overall annual limit)
 - o M+1: R2 500 (subject to day-to-day overall annual limit)
 - o M+2: R3 000 (subject to day-to-day overall annual limit)
- **Over-the-counter medicine obtained from a network pharmacy** limited to **R500 per member** and up to **R2 000 per family per year**, subject to day-to-day overall annual limit
- **Separate benefits for supplementary services** such as radiography, physiotherapy, optometry, and dentistry



The perfect plan for employer groups

From **R3 126**
per month

MedElect



Day-to-day
benefits

Insured cover for daily medical expenses such as GP consultations, medicine, specialists, radiology and pathology

- 👤 R6 400
- 👤+1 R9 500
- 👤+2 R11 600
- 👤+3 R12 700



Dental
check-ups



Optometry
check-ups



**Physio- and
occupational therapy**

- 👤 R2 500
- 👤+ R3 900



Added
insured
benefits



Contraceptives
R2 100/R2 400



10 maternity
consultations



2 GP/specialist
visits for children
under 2 years



Preventive care
Health tests and
screenings



1 GP visit



R510
self-medication

Activated after completing
certain health screenings/tests

Core
benefits



Trauma and
emergency
medical cover



Network of
quality private
hospitals



Care for 271 PMB
diagnoses and all
CDL conditions



Specialised
radiology
in and out of
hospital

MedElect's quality networks enable comprehensive, private care in and out of hospital.

National networks
of quality, private
hospitals, and GPs



MedElect

Main
member



R3 126

Dependant



R2 448

Child dependant
<26 years



R1 014

You pay child
dependant rates
for children until
they turn 26

Monthly contributions

Main member		R3 126
Dependant		R2 448
Child dependant <26 years		R1 014

Children pay child dependant rates until they turn 26

Day-to-day benefits

Overall day-to-day limit Sub-limits apply	Day-to-day benefit Member = R6 400 Member + 1 = R9 500 Member + 2 = R11 600 Member + 3 + = R12 700
Self-medication (non-prescribed medicine)	Subject to overall day-to-day limit Member = R500 Family = R2 000
Acute medication	Subject to overall day-to-day limit Member = R1 500 Member + 1 = R2 500 Member + 2 + = R3 000
Network GP consultations and clinical psychology	Subject to overall day-to-day limit Member = R2 200 Member + 1 = R4 050 Member + 2 + = R4 750
Non-network GP consultations	Subject to overall day-to-day limit Member = R1 350 Family = R2 700
Medical specialists	Subject to overall day-to-day limit R1 500 per family per year
Pathology, medical technology, and standard radiology out of hospital	Subject to overall day-to-day limit R3 600 per family
Medical appliances	R1 150 per family
Physiotherapy and occupational therapy (in and out of hospital)	Member = R2 500 Family = R3 900
Radiography	R1 300 per family
Dentistry (DRC network)	Routine check-ups, fillings, X-rays, oral hygiene, and removal of impacted wisdom teeth
Optometry (PPN network)	Per person per 24-month cycle <ul style="list-style-type: none"> • Eye test • R625 for a frame/lens enhancements • R825 for contact lenses

Care extender benefit

One additional GP consultation	Activates for the family once we've paid the first claim for a specified health test* from your added insured benefits
R510 for self-medication dispensed at a network pharmacy	Activates for the family once we've paid the first claim for a combo health screening** from your added insured benefits

Important

This is only a summary of the available benefits and co-payments that may apply to certain benefits. Please consult the registered Rules of Medihelp and the Member guide for more details. In case of a dispute, the Rules of Medihelp will apply (subject to approval by the Council for Medical Schemes). Certain added insured benefits are not available if the patient has registered the medical condition for PMB or chronic medicine benefits, as the treatment is no longer considered as preventive care.

Added insured benefits

Medihelp provides these benefits on top of your insured day-to-day benefits. You can activate them when you register on HealthPrint, Medihelp's free wellness programme for members, on the Member Zone. Your health screening results from Dis-Chem or Clicks will automatically upload to your health record on HealthPrint.

Maternity benefits	<ul style="list-style-type: none"> • Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist • Two antenatal and postnatal consultations at a dietitian/lactation specialist/antenatal classes • Two 2D ultrasound scans
Babies <2 years	Two consultations at a paediatrician/GP/ear, nose, and throat specialist
Child immunisation	Standard immunisation up to seven years
Health screenings	<ul style="list-style-type: none"> • One combo health screening (blood glucose, cholesterol, BMI, and blood pressure measurement)**
Preventive care benefits	<ul style="list-style-type: none"> • A tetanus vaccine • A flu vaccine • A mammogram* every two years • A Pap smear* every three years • A prostate test* • An FOBT test* • A bone mineral density test* every two years • Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years
Contraceptives	<ul style="list-style-type: none"> • Oral/injectable/implantable contraceptives – R150 per month, up to R2 100 per year • Intra-uterine device – R2 400 every 60 months

Core benefits

In-hospital treatment and life-essential services (insured benefits)	
Hospitalisation	No overall annual limit Network hospitals Day procedure network applies for certain day procedures
Hospital medicine on discharge: Applicable medicine dispensed and charged by the hospital on discharge from the hospital (to take out or TTO), excluding PMB/ chronic medicine	R420 per admission
Trauma that necessitates hospitalisation	Unlimited
Childbirth	<ul style="list-style-type: none"> • In hospital – unlimited • Home delivery – R16 300 per event
Specialised radiology	R22 000 per family per year (co-payments apply)
Post-hospital care for speech therapy, occupational therapy, and physiotherapy	R2 300 per member and R3 300 per family, including discharge from a day procedure facility
Emergency transport (Netcare 911)	<ul style="list-style-type: none"> • In country of residence Unlimited (RSA, Lesotho, Eswatini, Mozambique, Zimbabwe, Namibia, and Botswana) • Outside country of residence R2 500 for road transport and R16 900 for air transport per case
Treatment of life-threatening conditions	Unlimited Includes 271 PMB and 26 Chronic Diseases List (CDL) conditions
PMB medicine	Unlimited
Cancer treatment	R260 000 per family
Mental health (psychiatric treatment)	<ul style="list-style-type: none"> • Hospitalisation and professional psychiatric services: R24 000 per beneficiary per year to a maximum of R36 400 per family per year • Treatment of depression out of hospital, subject to registration on the Mental Health programme: R3 000 per beneficiary per year, subject to the in-hospital limit, for services rendered by psychiatrists, psychologists, social workers, occupational therapists, and psychiatric nurses • Medicine: R95 per beneficiary per month, subject to the in-hospital limit
Internally implanted prostheses	PMB only – unlimited
Organ transplants	PMB only – unlimited Cornea implants – R35 900 per implant
Palliative care	R21 700 per family
Wound care	R4 285 per family per year, including nurse consultations and material/stock used
Other core benefits	Including renal dialysis, prostatectomy, oxygen, hospice, subacute care, and private nursing services as an alternative to hospitalisation

Ideal for first-time buyers of medical aid

» MedMove!



From R1 638
per month

Day-to-day
benefits



Network GP visits
(R130 co-payment
per visit)



**Radiology,
pathology, and
acute medicine**
R1 700



**Self-
medication**
R510



**Dental and
optometry
check-ups**

Added
insured
benefits



Contraceptives
R1 400/R1 900



Preventive care
Health tests and screenings

Core
benefits



**Trauma and
emergency
medical cover**



**Quality private
hospitalisation**



**Care for 271 PMB
diagnoses and all
CDL conditions**



**Specialised
radiology
in hospital**

National networks
of quality, private
hospitals, and GPs



Main
member



»
MedMove!

R1 638

Dependant



R1 638

Child dependant
<26 years



R1 638

MedMove is ideal
for young career
starters with
essential cover
at quality private
facilities, and
preventive care
benefits



Monthly contributions

Monthly income		
R901 +		
Main member		R1 636
Dependant		R1 636
Child dependant <26 years		R1 636

Day-to-day benefits

Network virtual GP consultations during nurse visits	Member pays the first R130 per virtual network GP consultation (no co-payment for nurse visits)
Network GP consultations	Member pays the first R130 per visit (visit 1-10 only) 11th visit onward - only listed conditions (R130 co-payment for visits not applicable) Authorisation required after the sixth visit
Specialist consultations	R1 000 per family per year at network specialists
Physiotherapy	Member pays the first R130 per visit Two visits per family
Self-medication	R105 per event, up to R510 per family
Acute medicine, standard radiology and pathology (Ampath, Lancet, and PathCare Vermaak)	R1 700 per family
Eye test (PPN network)	One consultation per person per 24-month cycle Member pays the first R130 per consultation
Dental check-up (DRC network)	One routine check-up Member pays the first R130 per consultation
Post-hospital care for speech therapy, occupational therapy, and physiotherapy	R2 300 per member and R3 300 per family

Added insured benefits

These benefits are provided in addition to your insured day-to-day benefits. They are activated when you register on HealthPrint, Medihelp's free wellness programme for members, on the Member Zone. Your health screening results from Dis-Chem or Clicks will automatically upload to your health record on HealthPrint.

Health screening tests	<ul style="list-style-type: none"> One combo health screening (blood glucose, cholesterol, BMI, and blood pressure measurement)
Preventive care benefits	<ul style="list-style-type: none"> A flu vaccine A Pap smear every three years
Contraceptives	<ul style="list-style-type: none"> Oral/injectable/implantable contraceptives - R110 per month, up to R1 400 per year Intra-uterine device - R1 900 every 60 months

Core benefits

In-hospital treatment and life-essential services (insured benefits)

Hospitalisation	<p>Network hospitals Day procedure network applies to all day procedures Member pays a R1 750 co-payment (PMB admission excluded)</p> <p>Hospital medicine on discharge: Applicable medicine dispensed and charged by the hospital on discharge from the hospital (to take out or TTO), excluding PMB/chronic medicine</p>
Neonatal hospitalisation	R390 per admission
Trauma that necessitates hospitalisation	PMB
Childbirth	PMB
Specialised radiology	<ul style="list-style-type: none"> MRI and CT imaging in hospital R13 600 per family (co-payment applies) Angiography PMB
Standard radiology, pathology (Ampath, Lancet, and PathCare Vermaak) and medical technologist services	Unlimited when admitted to a network hospital
Radiography	R1 250 per family per year
Emergency transport (Netcare 911)	(Country of residence: RSA, Lesotho, Eswatini, Mozambique, Zimbabwe, Namibia, and Botswana)
Treatment of life-threatening conditions	Unlimited Includes 271 PMB and 26 Chronic Diseases List (CDL) conditions
PMB medicine	Unlimited
Oxygen	PMB
Mental health (psychiatric treatment)	PMB
Cancer treatment	PMB
Organ transplants	PMB
Palliative care	R20 700 per family
Other core benefits	PMB only Including renal dialysis, hospice, subacute care, and private nursing services as an alternative to hospitalisation

Important

This is only a summary of the available benefits and co-payments that may apply to certain benefits. Please consult the registered Rules of Medihelp and the Member guide for more details. In case of a dispute, the Rules of Medihelp will apply (subject to approval by the Council for Medical Schemes). Certain added insured benefits are not available if the patient has registered the medical condition for PMB or chronic medicine benefits, as the treatment is no longer considered as preventive care.



Affordable medical cover

From **R2 244**
per month

MedVital



Day-to-day benefits



R1 500 per year



R2 900 per year



Specialists
GPs
Physiotherapy



Medicine

Post-hospital care

Up to 30 days after discharge from hospital or day procedure facilities



Added insured benefits



Contraceptives
R2 100/R2 350



10 maternity consultations



2 GP/specialist visits for children under 2 years



Preventive care
Health tests and screenings



1 GP visit
R510 self-medication

Activated after completing certain health screenings/tests

Core benefits



Trauma and emergency medical cover



Quality private hospitalisation



Care for 271 PMB diagnoses and all CDL conditions



Specialised radiology in and out of hospital

MedVital offers affordable cover for essential healthcare services. AND you can save on your monthly contributions if you choose the network option.



Quality network of private hospitals

Main member



MedVital Elect

R2 244

MedVital

R2 880

Dependant



R1 632

R2 214

Child dependant
<26 years



R942

R990

You only pay for 2 children under 18 and child dependant rates for all children under 26

 **medihelp**
Medical Aid in Action

**Monthly contributions**

		MedVital Elect	MedVital
Main member		R2 244	R2 880
Dependant		R1 632	R2 214
Child dependant <26 years		R942	R990

Pay for only two children under the age of 18 and pay child dependant rates until they turn 26

Day-to-day benefits

Consultations, acute medicine, immunisations, physiotherapy and visits to emergency units MedVital Elect - GP network and specialist referrals by a network GP apply	Member = R1 500 Family = R2 900
Dentistry (DRC network)	Removal of impacted teeth in the dentist's chair
Care extender benefit	
One additional GP consultation	Activates for the family once we've paid the first claim for a specified health test* from your added insured benefits
R510 for self-medication prescribed at a network pharmacy	Activates for the family once we've paid the first claim for a combo health screening** from your added insured benefits

Added insured benefits

Medihelp provides these benefits on top of your insured day-to-day benefits. You can activate them when you register on HealthPrint, Medihelp's free wellness programme for members, on the Member Zone. Your health screening results from Dis-Chem or Clicks will automatically upload to your health record on HealthPrint.

Maternity benefits	<ul style="list-style-type: none"> Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist Two antenatal and postnatal consultations at a dietician/lactation specialist/antenatal classes Two 2D ultrasound scans
Babies <2 years	Two consultations at a paediatrician/GP/ear, nose, and throat specialist
Child immunisation	Standard immunisation up to seven years
Health screening tests	<ul style="list-style-type: none"> One combo health screening (blood glucose, cholesterol, BMI, and blood pressure measurement)**
Preventive care benefits	<ul style="list-style-type: none"> A tetanus vaccine A flu vaccine A mammogram* every two years A Pap smear* every three years A prostate test* An FOBT test* A bone mineral density test* every two years Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years
Contraceptives	<ul style="list-style-type: none"> Oral/injectable/implantable contraceptives - R150 per month, up to R2 100 per year Intra-uterine device - R2 350 every 60 months

Important

This is only a summary of the available benefits and co-payments that may apply to certain benefits. Please consult the registered Rules of Medihelp and the Member guide for more details. In case of a dispute, the Rules of Medihelp will apply (subject to approval by the Council for Medical Schemes). Certain added insured benefits are not available if the patient has registered the medical condition for PMB or chronic medicine benefits, as the treatment is no longer considered as preventive care.

Core benefits

	In-hospital treatment and life-essential services (insured benefits)
Hospitalisation	<p>No overall annual limit MedVital: Any private hospital, and day procedure facilities apply for certain day procedures MedVital Elect: Network hospitals, and network day procedure facilities apply for certain day procedures</p>
Hospital medicine on discharge: Applicable medicine dispensed and charged by the hospital on discharge from the hospital (to take out or TTO), excluding PMB/chronic medicine	R420 per admission
Trauma that necessitates hospitalisation	Unlimited
Childbirth	<ul style="list-style-type: none"> In hospital - unlimited Home delivery - R16 300 per event
Specialised radiology	R15 000 per family (co-payments apply)
Radiography	R1 300 per family in-hospital
Post-hospital care for speech therapy, occupational therapy and physiotherapy	R2 300 per member and R3 300 per family, including after a procedure in a day procedure facility
Emergency transport (Netcare 911)	<ul style="list-style-type: none"> In country of residence Unlimited (RSA, Lesotho, Eswatini, Mozambique, Zimbabwe, Namibia, and Botswana) Outside country of residence R2 500 for road transport and R16 900 for air transport
Treatment of life-threatening conditions	<p>Unlimited Includes 271 PMB and 26 Chronic Diseases List (CDL) conditions</p>
PMB medicine	Unlimited
Cancer treatment	R250 000 per family
Mental health (psychiatric treatment)	<ul style="list-style-type: none"> Hospitalisation and professional psychiatric services: R23 900 per beneficiary per year to a maximum of R36 400 per family per year Treatment of depression out of hospital, subject to registration on the Mental Health programme: R3 000 per beneficiary per year, subject to the in-hospital limit, for services rendered by psychiatrists, psychologists, social workers, occupational therapists, and psychiatric nurses <ul style="list-style-type: none"> Medicine: R95 per beneficiary per month, subject to the in-hospital limit
Health-essential functional prostheses	<p>R28 800 per person <ul style="list-style-type: none"> Intra-ocular lenses - R5 180 per lens, two lenses per person Hip, knee and shoulder replacement - non-PMB cases are limited to replacements caused by an acute injury </p>
Other prostheses	<ul style="list-style-type: none"> EVARS prosthesis - R43 300 per person Vascular/cardiac prosthesis - R43 300 per person
Organ transplants	PMB only - unlimited Cornea implants - R35 900 per implant
Palliative care	R23 900 per family
Wound care	R4 285 per family per year, including nurse consultations and material/stock used
Other core benefits	Including renal dialysis, oxygen, hospice, subacute care, and private nursing services as an alternative to hospitalisation

Comprehensive savings plan

From **R3 900**
per month

MedSaver



Day-to-day benefits

- GPs
- Specialists
- Dentistry
- Optometry
- Physiotherapy
- Medicine
- In-hospital shortfalls

25% savings account per year

Once savings account is depleted:

R2 500 per year per family for GP and specialist visits, and OTC and acute medicine

Added insured benefits

	Contraceptives R2 200/R2 600	10 maternity consultations	2 GP/specialist visits for children under 2 years		Preventive care Health tests and screenings
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Activated after completing certain health screenings/tests

Core benefits

	Trauma and emergency medical cover		Quality private hospitalisation		Care for 271 PMB diagnoses and all CDL conditions		Specialised radiology in and out of hospital
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MedSaver's 25% savings account gives you the freedom to manage your medical expenses according to your needs. We've got your back with ample preventive care benefits.

Savings account:

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.

Main member



MedSaver

R3 900
(R11 664 savings per year)

Dependant



R3 204
(R9 576 savings per year)

Child dependant
<26 years



R1 200
(R3 600 savings per year)

AND you pay child dependant rates until your children turn 26 years old

medihelp
Medical Aid in Action



Monthly contributions

Main member	R3 900 (R972 savings contribution included per month and R11 664 per year)
Dependant	R3 204 (R798 savings contribution included per month and R9 576 per year)
Child dependant <26 years	R1 200 (R300 savings contribution included per month and R3 600 per year)

Children pay child dependant rates until they turn 26

Day-to-day benefits

Savings account	25% savings available at the beginning of the year (see monthly contributions) Example of available savings: Member = R11 664 per year Member +1 = R21 240 per year Member +2 = R24 840 per year Unused savings are carried over to the next year and accumulate interest. Once your savings are depleted, insured day-to-day benefits become available
Medical and supplementary healthcare practitioner services out of hospital	R2 500 per family, after savings are depleted (GP consultations, specialist visits, acute medicine and over-the-counter medicine)
Radiography	R1 300 per family
Dentistry (DRC network)	Removal of impacted teeth in the dentist's chair

Care extender benefit

One additional GP consultation	Activates for the family once we've paid the first claim for a specified health test* from your added insured benefits
R510 for self-medication dispensed at a network pharmacy	Activates for the family once we've paid the first claim for a combo health screening** from your added insured benefits

Added insured benefits

Medihelp provides these benefits on top of your insured day-to-day benefits. You can activate them when you register on HealthPrint, Medihelp's free wellness programme for members, on the Member Zone. Your health screening results from Dis-Chem or Clicks will automatically upload to your health record on HealthPrint.

Maternity benefits	<ul style="list-style-type: none"> Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist Two antenatal and postnatal consultations at a dietician/lactation specialist/antenatal classes Two 2D ultrasound scans
Babies <2 years	Two consultations at a paediatrician/GP/ear, nose, and throat specialist
Child immunisation	Standard immunisation up to seven years
Health screening tests	<ul style="list-style-type: none"> One combo health screening (blood glucose, cholesterol, BMI, and blood pressure measurement)**
Preventive care benefits	<ul style="list-style-type: none"> A tetanus vaccine A flu vaccine A mammogram* every two years A Pap smear* every three years A prostate test* An FOB test* A bone mineral density test* every two years Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years
Contraceptives	<ul style="list-style-type: none"> Oral/injectable/implantable contraceptives - R160 per month, up to R2 200 per year Intra-uterine device - R2 600 every 60 months

Core benefits

In-hospital treatment and life-essential services (insured benefits)

Hospitalisation	<ul style="list-style-type: none"> No overall annual limit Any private hospital, and day procedure facilities apply for certain day procedures
Hospital medicine on discharge: Applicable medicine dispensed and charged by the hospital on discharge from the hospital (to take out or TTO), excluding PMB/chronic medicine	R420 per admission
Trauma that necessitates hospitalisation	Unlimited
Childbirth	<ul style="list-style-type: none"> In hospital - unlimited Home delivery - R16 300 per event
Specialised radiology	R20 000 per family per year (co-payments applicable)
Post-hospital care for speech therapy, occupational therapy, and physiotherapy	R2 300 per member and R3 300 per family, including discharge from a day procedure facility or hospital
Emergency transport (Netcare 911)	<ul style="list-style-type: none"> In country of residence Unlimited (RSA, Lesotho, Eswatini, Mozambique, Zimbabwe, Namibia, and Botswana) Outside country of residence R2 500 for road transport and R16 900 for air transport
Treatment of life-threatening conditions	Unlimited Includes 271 PMB and 26 Chronic Diseases List (CDL) conditions
PMB medicine	Unlimited
Cancer treatment	R275 000 per family
Mental health (psychiatric treatment)	<ul style="list-style-type: none"> Hospitalisation and professional psychiatric services: R30 300 per beneficiary per year to a maximum of R41 800 per family per year Treatment of depression out of hospital, subject to registration on the Mental Health programme: R4 000 per beneficiary per year, subject to the in-hospital limit, for services rendered by psychiatrists, psychologists, social workers, occupational therapists, and psychiatric nurses <ul style="list-style-type: none"> Medicine: R120 per beneficiary per month, subject to the in-hospital limit
Health-essential functional prostheses	<p>R77 400 per person</p> <ul style="list-style-type: none"> Intra-ocular lenses - R5 340 per lens, two lenses per person Hip, knee, and shoulder replacement - non-PMB cases are limited to replacements caused by an acute injury
Other prostheses	<ul style="list-style-type: none"> EVARS prosthesis - R163 300 per person Vascular/cardiac prosthesis - R69 800 per person Prosthesis with reconstructive or restorative surgery - R11 800 per family
Organ transplants	PMB only - unlimited Cornea implants - R35 900 per implant
Palliative care	R26 400 per family
Wound care	R4 500 per family per year, including nurse consultations and material/stock used
Other core benefits	Including renal dialysis, oxygen, hospice, subacute care, and private nursing services as an alternative to hospitalisation

Important

This is only a summary of the available benefits and co-payments that may apply to certain benefits. Please consult the registered Rules of Medihelp and the Member guide for more details. In case of a dispute, the Rules of Medihelp will apply (subject to approval by the Council for Medical Schemes). Certain added insured benefits are not available if the patient has registered the medical condition for PMB or chronic medicine benefits, as the treatment is no longer considered as preventive care.



Ideal cover for young families

From R2 970 per month



Day-to-day benefits

15% savings account

Insured dentistry
< 18 years



Insured eye care cover



Insured benefits

Once savings account funds are depleted
R4 000 per year for a family



Added insured benefits



Contraceptives
R2 200/R2 600



10 maternity consultations



2 GP/specialist visits for children under 2 years



Preventive care
Health tests and screenings



Care extender
1 GP visit
R510 self-medication
Activated after completing certain health screenings/tests

Core benefits



Trauma and emergency medical cover



Quality private hospitalisation



Care for 271 PMB diagnoses and all CDL conditions



Specialised radiology in and out of hospital

MedAdd gives you the flexibility of a **15% savings account** to manage your medical aid your way. It also offers a safety net of additional insured cover after your savings are depleted.



Quality network of private hospitals

Main member	
Dependant	
Child dependant <26 years	

MedAdd Elect

R2 970 (R5 328 savings per year)
R2 328 (R4 176 savings per year)
R1 032 (R1 872 savings per year)

MedAdd

R3 720 (R6 696 savings per year)
R3 138 (R5 616 savings per year)
R1 260 (R2 304 savings per year)

On MedAdd, you also pay for only 2 children under the age of 18 and child dependant rates until they turn 26. This makes it a popular option for young families.

**Monthly contributions**

	MedAdd Elect	MedAdd
Main member	R2 970 (R444 savings contribution included per month and R5 328 per year)	R3 720 (R558 savings contribution included per month and R6 696 per year)
Dependant	R2 328 (R348 savings contribution included per month and R4 176 per year)	R3 138 (R468 savings contribution included per month and R5 616 per year)
Child dependant <26 years	R1 032 (R156 savings contribution included per month and R1 872 per year)	R1 260 (R192 savings contribution included per month and R2 304 per year)

Pay for only 2 children under the age of 18 and pay child dependant rates until they turn 26

Core benefits

In-hospital treatment and life-essential services (insured benefits)

Hospitalisation	No overall annual limit MedAdd: Any private hospital, and day procedure facilities apply for certain day procedures MedAdd Elect: Network hospitals, and day procedure network applies to certain day procedures
Hospital medicine on discharge: Applicable medicine dispensed and charged by the hospital on discharge from the hospital (to take out or TTO), excluding PMB/ chronic medicine	R420 per admission
Trauma that necessitates hospitalisation	Unlimited
Childbirth	<ul style="list-style-type: none"> In hospital – unlimited Home delivery – R16 300 per event
Specialised radiology	R18 000 per family (co-payments apply)
Post-hospital care for speech therapy, occupational therapy, and physiotherapy	R2 300 per member, and R3 300 per family, including discharge from a day procedure facility or hospital
Emergency transport (Netcare 911)	<ul style="list-style-type: none"> In country of residence – Unlimited (RSA, Lesotho, Eswatini, Mozambique, Zimbabwe, Namibia, and Botswana) Outside country of residence – R2 500 for road transport and R16 900 for air transport
Treatment of life-threatening conditions	Unlimited Includes 271 PMB and 26 Chronic Diseases List (CDL) conditions
PMB medicine	Unlimited
Cancer treatment	R260 000 per family
Mental health (psychiatric treatment)	<ul style="list-style-type: none"> Hospitalisation and professional psychiatric services: R30 300 per beneficiary per year to a maximum of R41 800 per family per year Treatment of depression out of hospital, subject to registration on the Mental Health programme: R3 000 per beneficiary per year, subject to the in-hospital limit, for services rendered by psychiatrists, psychologists, social workers, occupational therapists, and psychiatric nurses Medicine: R95 per beneficiary per month, subject to the in-hospital limit
Health-essential functional prostheses	R77 400 per person <ul style="list-style-type: none"> Intra-ocular lenses – R5 260 per lens, two lenses per person Hip, knee and shoulder replacement – non-PMB cases are limited to replacements caused by an acute injury
Other prostheses	<ul style="list-style-type: none"> EVARS prosthesis – R163 300 per person Vascular/cardiac prosthesis – R69 800 per person Prosthesis with reconstructive or restorative surgery – R11 800 per family
Organ transplants	PMB – unlimited Cornea implants – R35 900 per implant
Palliative care	R26 400 per family per year
Wound care	R4 500 per family per year, including nurse consultations and material/stock used
Other core benefits	Including renal dialysis, oxygen, hospice, subacute care, and private nursing services as an alternative to hospitalisation

Day-to-day benefits

Savings account	15% savings available at the beginning of the year (see monthly contributions) Example of available savings: MedAdd: Member = R6 696 per year Member +1 = R12 312 per year Member +2 = R14 616 per year MedAdd Elect: Member = R5 328 per year Member +1 = R9 504 per year Member +2 = R11 376 per year Unused savings are carried over to the next year and accumulate interest. Once you've depleted your savings, insured day-to-day benefits become available
GP and specialist visits, virtual consultations, physiotherapy, acute medicine, self-medication, visits to emergency units, standard radiology, pathology, and medical technologist services	Paid from savings first and after the depletion of savings: Member = R2 000 per year Family = R4 000 per year MedAdd Elect: GP network and specialist referrals by a network GP apply
Radiography	R1 300 per family
Dentistry (DRC network)	<ul style="list-style-type: none"> Conservative dental benefits for children <18 years Removal of impacted teeth in the dentist's chair

Care extender benefit

One additional GP consultation	Activates for the family once we've paid the first claim for a specified health test* from your added insured benefits
R510 for self-medication dispensed at a network pharmacy	Activates for the family once we've paid the first claim for a combo health screening** from your added insured benefits

Added insured benefits

Contraceptives	<ul style="list-style-type: none"> Oral/injectable/implantable contraceptives – R160 per month, up to R2 200 per year Intra-uterine device – R2 600 every 60 months
Maternity benefits	<ul style="list-style-type: none"> Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist Two antenatal and postnatal consultations at a dietitian/lactation specialist/antenatal classes Two 2D ultrasound scans
Babies <2 years	Two consultations at a paediatrician/GP/ear, nose, and throat specialist
Child immunisation	Standard immunisation up to seven years
Health screenings	<ul style="list-style-type: none"> One combo health screening (blood glucose, cholesterol, BMI, and blood pressure measurement)**
Preventive care benefits	<ul style="list-style-type: none"> A tetanus vaccine A flu vaccine A mammogram* every two years A Pap smear* every three years A prostate test* An FOBT test* A bone mineral density test* every two years Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years

Important

This is only a summary of the available benefits and co-payments that may apply to certain benefits. Please consult the registered Rules of Medihelp and the Member guide for more details. In case of a dispute, the Rules of Medihelp will apply (subject to approval by the Council for Medical Schemes). Certain added insured benefits are not available if the patient has registered the medical condition for PMB or chronic medicine benefits, as the treatment is no longer considered as preventive care.

The ultimate cover for families

From **R4 344**
per month

MedPrime



Day-to-day
benefits

10%
savings
account

Comprehensive
insured dentistry
cover



Comprehensive
insured
optometry cover



Insured pooled benefits
for daily medical
expenses after
depletion of savings

1 person: R7 200

1+2 persons: R13 300

Added
insured
benefits



Contraceptives
R2 350/R2 700



10 maternity
consultations



2 GP/specialist
visits for children
under 2 years



Preventive care
Health tests and
screenings



1 GP visit



R510
self-medication

Activated after completing
certain health screenings/tests

Core
benefits



Trauma and
emergency
medical cover



Quality private
hospitalisation



Care for 271 PMB
diagnoses and all
CDL conditions



Specialised
radiology
in and out of
hospital

MedPrime is your family cover hero: You can also save on your monthly contributions when you choose the network option.



Quality
network
of private
hospitals

	MedPrime Elect	MedPrime
Main member	R4 344 (R5 184 savings per year)	R5 304 (R6 336 savings per year)
Dependant	R3 666 (R4 392 savings per year)	R4 482 (R5 400 savings per year)
Child dependant <26 years	R1 266 (R1 512 savings per year)	R1 548 (R1 872 savings per year)

You only pay for
2 children under the
age of 18 and child
dependant rates
until they turn 26



Monthly contributions

	MedPrime Elect	MedPrime
Main member	 R4 344 (R432 savings contribution included per month and R5 184 per year)	R5 304 (R528 savings contribution included per month and R6 336 per year)
Dependant	 R3 666 (R366 savings contribution included per month and R4 392 per year)	R4 482 (R450 savings contribution included per month and R5 400 per year)
Child dependant <26 years	 R1 266 (R126 savings contribution included per month and R1 512 per year)	R1 548 (R156 savings contribution included per month and R1 872 per year)

Pay for only two children under the age of 18 and pay child dependant rates until they turn 26

Day-to-day benefits

Savings account	10% savings available at the beginning of the year (see monthly contributions) Example of savings: MedPrime Elect: Member = R5 184 per year Member +1 = R9 576 per year Member +2 = R11 088 per year MedPrime: Member = R6 336 per year Member +1 = R11 736 per year Member +2 = R13 608 per year Unused savings are carried over to the next year and accumulate interest. Once your savings are depleted, insured day-to-day benefits become available.
GPs and specialists, clinical psychology, physiotherapy, supplementary health services, acute medicine, non-PMB chronic medicine, standard radiology, and pathology (Ampath, Lancet, and PathCare Vermaak)	Available after depletion of savings account Member = R7 200 Family = R13 300
Optometry (PPN network)	Per person per 24-month cycle • Eye test • R910 for a frame/lens enhancements • R1 310 for contact lenses
Conservative dentistry (DRC network)	Routine check-ups, fillings, X-rays, and oral hygiene
Specialised dentistry (DRC network)	Crowns, bridges, and orthodontic treatment
External prostheses and medical appliances	Per family per three-year cycle • Artificial eyes - R5 700 • Speech and hearing aids - R5 700 • Wheelchairs - R5 700 • Artificial limbs - R5 700 CPAP apparatus - R11 900 per person per two-year cycle Medical appliances and hyperbaric oxygen treatment - R1 600 per family
Radiography	R1 300 per family

Care extender benefit

One additional GP consultation	Activates for the family once we've paid the first claim for a specified health test* from your added insured benefits
R510 for self-medication dispensed at a network pharmacy	Activates for the family once we've paid the first claim for a combo health screening** from your added insured benefits

Important

This is only a summary of the available benefits and co-payments that may apply to certain benefits. Please consult the registered Rules of Medihelp and the Member guide for more details. In case of a dispute, the Rules of Medihelp will apply (subject to approval by the Council for Medical Schemes). Certain added insured benefits are not available if the patient has registered the medical condition for PMB or chronic medicine benefits, as the treatment is no longer considered as preventive care.

Added insured benefits

Medihelp provides these benefits on top of your insured day-to-day benefits. You can activate them when you register for HealthPrint, Medihelp's free wellness programme for members, on the Member Zone. Your health screening results from Dis-Chem or Clicks will automatically upload to your health record on HealthPrint.

Maternity benefits	<ul style="list-style-type: none"> Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist Two antenatal and postnatal consultations at a dietician/lactation specialist/antenatal classes Two 2D ultrasound scans Nine months' antenatal iron supplements Nine months' antenatal folic acid supplements
Babies <2 years	Two consultations at a paediatrician/GP/year, nose, and throat specialist
Child immunisation	Standard immunisation up to seven years
Health screening tests	<ul style="list-style-type: none"> One combo health screening (blood glucose, cholesterol, BMI, and blood pressure measurement)**
Preventive care benefits	<ul style="list-style-type: none"> A tetanus vaccine A flu vaccine A mammogram* every two years A Pap smear* every three years A prostate test* An FOBT test* A bone mineral density test* every two years Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years
Contraceptives	<ul style="list-style-type: none"> Oral/injectables/implantable contraceptives - R180 per month, up to R2 350 per year Intra-uterine device - R2 700 every 60 months
Core benefits	
In-hospital treatment and life-essential services (insured benefits)	
Hospitalisation	<p>No overall annual limit MedPrime: Any private hospital, and day procedure facilities apply for certain day procedures MedPrime Elect: Network hospitals, and network day procedure facilities apply for certain day procedures</p>
Hospital medicine on discharge: Applicable medicine dispensed and charged by the hospital on discharge from the hospital (to take out or TTO), excluding PMB/ chronic medicine	R540 per admission
Refractive surgery (professional fee included)	R14 300 per family (beneficiaries 18 to 50 years)
Trauma that necessitates hospitalisation	Unlimited
Childbirth	<ul style="list-style-type: none"> In hospital - unlimited Home delivery - R16 300 per event
Specialised radiology	R25 000 per family (co-payments apply)
Post-hospital care for speech therapy, occupational therapy, and physiotherapy	R2 300 per member and R3 300 per family, including discharge from a day procedure facility or hospital
Emergency transport (Netcare 911)	<ul style="list-style-type: none"> In country of residence Unlimited (RSA, Lesotho, Eswatini, Mozambique, Zimbabwe, Namibia, and Botswana) Outside country of residence R2 500 for road transport and R16 900 for air transport
Treatment of life-threatening conditions	Unlimited Includes 271 PMB and 26 Chronic Diseases List (CDL) conditions
PMB medicine	Unlimited MedPrime Elect: Formulary and DSP apply
Cancer treatment	R320 000 per family
Mental health (psychiatric treatment)	<ul style="list-style-type: none"> Hospitalisation and professional psychiatric services: R36 400 per beneficiary per year to a maximum of R49 100 per family per year, including one educational psychologist consultation per beneficiary per year to diagnose autism Treatment of depression out of hospital, subject to registration on the Mental Health programme: R4 000 per beneficiary per year, subject to the in-hospital limit, for services rendered by psychiatrists, psychologists, social workers, occupational therapists, and psychiatric nurses Medicine: R120 per beneficiary per month, subject to the in-hospital limit
Health-essential functional prostheses	<p>R77 400 per person</p> <ul style="list-style-type: none"> Intra-ocular lenses - R5 420 per lens, two lenses per person Hip, knee, and shoulder replacements - non-PMB cases are limited to replacements caused by an acute injury
Other prostheses	<ul style="list-style-type: none"> EVARS prosthesis - R163 300 per person Vascular/cardiac prosthesis - R69 800 per person Prosthesis with reconstructive or restorative surgery and external breast prostheses - R11 800 per family Implantable hearing devices (including device and components) - R300 900 per person Out-of-hospital benefit: R140 000 sub-limit per beneficiary per 5-year period for replacement of the sound processor
Organ transplants	PMB - unlimited Cornea implants - R35 900 per implant
Palliative care	R28 800 per family
Wound care	R5 800 per family per year, including nurse consultations and material/stock used
Other core benefits	Including renal dialysis, prostatectomy, oxygen, hospice, subacute care, and private nursing services as an alternative to hospitalisation

All-inclusive family cover

MedElite



From **R8 172**
per month

Day-to-day
benefits



Insured benefits

Once savings account funds are depleted, up to **R21 700** per year for a family

Added
insured
benefits



Contraceptives
R2 400/R2 800



10 maternity
consultations



2 GP/specialist
visits for children
under 2 years



Preventive care
Health tests and
screenings



1 GP visit



R510
self-medication

Activated after completing
certain health screenings/tests

Core
benefits



Trauma and
emergency
medical cover



Quality private
hospitalisation



Care for 271 PMB
diagnoses and all
CDL conditions



Specialised
radiology
in and out of
hospital

MedElite

Quality
private
hospitalisation

Main
member



MedElite

R8 172

(R9 792 savings per year)

Dependant



R7 650

(R9 216 savings per year)

Child dependant
<26 years



R2 214

(R2 664 savings per year)

Pay child dependant
rates until your
children turn 26

 **medihelp**
Medical Aid in Action

Monthly contributions	
Main member	R8 172 (R816 savings contribution included per month and R9 792 per year)
Dependant	R7 650 (R768 savings contribution included per month and R9 216 per year)
Child dependant <26 years	R2 214 (R222 savings contribution included per month and R2 664 per year)
Children pay child dependant rates until they turn 26	

Day-to-day benefits

Savings account	<p>10% savings available at the beginning of the year (see monthly contributions):</p> <p>Example of available savings:</p> <p>Member = R9 792 per year Member +1 = R19 008 per year Member +2 = R21 672 per year</p> <p>Unused savings are carried over to the next year and accumulate interest. Once your savings are depleted, insured day-to-day benefits become available.</p>
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Insured day-to-day benefits (available after depletion of your savings)	
Overall annual day-to-day benefit	<p>Member = R14 500 Member +1 = R16 900 Member +2 = R19 300 Member +3+ = R21 700</p>
GP and specialist visits, virtual consultations, physiotherapy, clinical psychology, psychiatric nursing, and supplementary health services	<p>Member = R3 700 Member +1 = R4 800 Member +2 = R6 000 Member +3+ = R7 200 Subject to annual day-to-day benefit</p>

Medicine	
Acute medicine	<p>Member = R4 800 Member +1 = R6 000 Member +2 = R7 200 Member +3+ = R8 450 Subject to annual day-to-day benefit</p>
Non-PMB chronic medicine	<p>Member = R5 700 Member +1 = R8 550 Member +2 = R11 400 Member +3+ = R12 200</p>

Other day-to-day benefits	
External prostheses and medical appliances	<p>Per person per three-year cycle</p> <ul style="list-style-type: none"> Artificial eyes – R9 750 Speech and hearing aids – R9 750 Wheelchairs – R7 750 Artificial limbs – R7 750 <p>CPAP apparatus – R11 900 per person per two-year cycle</p> <p>Medical appliances and hyperbaric oxygen treatment – R1 800 per person</p>
Optometry (PPN network)	<p>Per person per 24-month cycle</p> <ul style="list-style-type: none"> Eye test R1 135 for a frame/lens enhancements R1 835 for contact lenses
Conservative dentistry (DRC network)	Routine check-ups, fillings, X-rays, and oral hygiene
Specialised dentistry (DRC network)	Crowns, bridges, and orthodontic treatment
Standard radiology	R3 450 per family Subject to annual day-to-day benefit
Pathology (Ampath, Lancet, and PathCare Vermaak)	R3 450 per family Subject to annual day-to-day benefit

Care extender benefit	
One additional GP consultation	Activates for the family once we've paid the first claim for a specified health test* from your added insured benefits
R510 for self-medication dispensed at a network pharmacy	Activates for the family once we've paid the first claim for a combo health screening** from your added insured benefits

Important

This is only a summary of the available benefits and co-payments that may apply to certain benefits. Please consult the registered Rules of Medihelp and the Member guide for more details. In case of a dispute, the Rules of Medihelp will apply (subject to approval by the Council for Medical Schemes). Certain added insured benefits are not available if the patient has registered the medical condition for PMB or chronic medicine benefits, as the treatment is no longer considered as preventive care.

Added insured benefits

Medihelp provides these benefits on top of your insured day-to-day benefits. You can activate them when you register on HealthPrint, Medihelp's free wellness programme for members, on the Member Zone. Your health screening results from Dis-Chem or Clicks will automatically upload to your health record on HealthPrint.

Maternity benefits	<ul style="list-style-type: none"> Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist Two antenatal and postnatal consultations at a dietitian/lactation specialist/antenatal classes Two 2D ultrasound scans Nine months' antenatal iron supplements Nine months' antenatal folic acid supplements
Babies <2 years	Two consultations at a paediatrician/GP/ear, nose, and throat specialist
Child immunisation	Standard immunisation up to seven years
Health screening tests	<ul style="list-style-type: none"> One combo health screening (blood glucose, cholesterol, BMI, and blood pressure measurement)**
Preventive care benefits	<ul style="list-style-type: none"> A tetanus vaccine A flu vaccine A mammogram* every two years A Pap smear* every three years A prostate test* An FOBT test* A bone mineral density test* every two years Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years
Contraceptives	<ul style="list-style-type: none"> Oral/injectables/implantable contraceptives – R180 per month, up to R2 400 per year Intra-uterine device – R2 800 every 60 months

Core benefits

In-hospital treatment and life-essential services (insured benefits)	
Hospitalisation	<p>No overall annual limit Any private hospital, and day procedure facilities apply for certain day procedures</p>
Hospital medicine on discharge: Applicable medicine dispensed and charged by the hospital on discharge from the hospital (to take out or TTO), excluding PMB/chronic medicine	R600 per admission
Refractive surgery	R23 900 per family (beneficiaries 18-50 years)
Trauma that necessitates hospitalisation	Unlimited
Childbirth	<ul style="list-style-type: none"> In hospital – unlimited Home delivery – R16 300 per event
Specialised radiology	Angiography, MRI, and CT imaging – R30 000 per family per year
Post-hospital care for speech therapy, occupational therapy, and physiotherapy	R2 300 per member and R3 300 per family
Emergency transport (Netcare 911)	<ul style="list-style-type: none"> In country of residence – Unlimited (RSA, Lesotho, Eswatini, Mozambique, Zimbabwe, Namibia, and Botswana) Outside country of residence – R2 500 for road transport and R16 900 for air transport
Treatment of life-threatening conditions	Unlimited Includes 271 PMB and 26 Chronic Diseases List (CDL) conditions
PMB medicine	Unlimited
Cancer treatment	R480 000 per family
Mental health (psychiatric treatment)	<ul style="list-style-type: none"> Hospitalisation and professional psychiatric services: R44 200 per beneficiary per year to a maximum of R61 300 per family per year, including one educational psychologist consultation per beneficiary per year to diagnose autism Treatment of depression out of hospital, subject to registration on the mental health programme: R5 000 per beneficiary per year, subject to the in-hospital limit, for services rendered by psychiatrists, psychologists, social workers, occupational therapists, and psychiatric nurses Medicine: R135 per beneficiary per month, subject to the in-hospital limit
Health-essential functional prostheses	<p>R77 400 per person</p> <ul style="list-style-type: none"> Intra-ocular lenses – R5 520 per lens, two lenses per person Hip, knee, and shoulder replacement – non-PMB cases are limited to replacements caused by an acute injury Hip, knee, and shoulder replacements due to wear and tear – a R24 500 benefit applies to the hospital account and prosthesis components (combined) per admission. Hip and knee replacements are subject to a DSP if the patient qualifies in terms of clinical criteria
Other prostheses	<ul style="list-style-type: none"> EVARS prosthesis – R163 300 per person Vascular/cardiac prosthesis – R69 800 per person Prosthesis with reconstructive or restorative surgery and external breast prostheses – R11 800 per family Implantable hearing devices (including device and components) – R325 100 per person Out-of-hospital benefit: R160 000 sub-limit per beneficiary per 5-year period for replacement of the sound processor
Organ transplants	PMB – unlimited Cornea implants – R35 900 per implant
Palliative care	R31 300 per family
Wound care	R10 700 per family per year, including nurse consultations and material/stock used
Other core benefits	Including renal dialysis, prostatectomy, oxygen, hospice, subacute care, and private nursing services as an alternative to hospitalisation

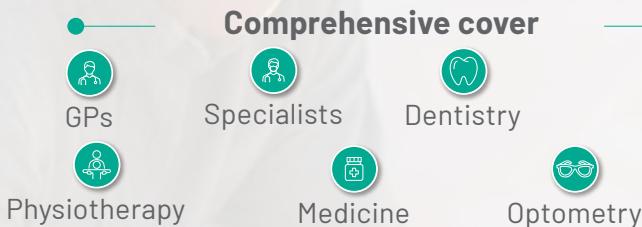
Top-of-the-range extensive cover

MedPlus

From **R14 184**
per month



Day-to-day
benefits



Post-hospital care

Up to 30 days after
discharge from hospital
or a day procedure
facility

Added
insured
benefits

	Contraceptives R2 400/R2 800		10 maternity consultations		2 GP/specialist visits for children under 2 years
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Preventive care
Health tests and
screenings

Care extender

- 1 GP visit
- R510 self-medication

Activated after completing
certain health screenings/tests

Core
benefits

	Trauma and emergency medical cover		Quality private hospitalisation		Care for 271 PMB diagnoses and all CDL conditions		Specialised radiology in and out of hospital
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MedPlus

Quality private
hospitalisation

Main member		MedPlus R14 184
Dependant		R14 184
Child dependant <26 years		R3 540

Pay child dependant
rates until your
children turn 26

medihelp
Medical Aid in Action

Medihelp is an authorised financial services provider (FSP No 15738).
This is a summary of benefits. In the event of a dispute, the registered Rules of Medihelp
will apply, subject to approval by the Council for Medical Schemes.

**Monthly contributions**

Main member		R14 184
Dependant		R14 184
Child dependant <26 years		R3 540

Children pay child dependant rates until they turn 26

Day-to-day benefits

GP and specialist visits, virtual consultations, physiotherapy, clinical psychology, psychiatric nursing, and supplementary health services	R4 500 per person (pooled per family)
Acute medicine	R8 200 per person (pooled per family)
Non-PMB chronic medicine	R23 100 per person
External prostheses and medical appliances	<p>Per person per three-year cycle</p> <ul style="list-style-type: none"> Artificial eyes – R19 800 Speech and hearing aids – R19 800 Wheelchairs – R10 700 Artificial limbs – R10 700 Wigs – R2 300 <p>CPAP apparatus – R11 900 per person per two-year cycle</p> <p>Medical appliances and hyperbaric oxygen treatment – R2 300 per person</p>
Optometry (PPN network)	<p>Per person per 24-month cycle</p> <ul style="list-style-type: none"> R1 135 for a frame/lens enhancements R1 835 for contact lenses
Conservative dentistry (DRC network)	Routine check-ups, fillings, X-rays, and oral hygiene
Specialised dentistry (DRC network)	Crowns, implants, bridges, and orthodontic treatment
Standard radiology	Unlimited
Radiography	R1 300 per family
Pathology (Ampath, Lancet, and PathCare Vermaak)	Unlimited

Care extender benefit

One additional GP consultation	Activates for the family once we've paid the first claim for a specified health test* from your added insured benefits
R510 for self-medication dispensed at a network pharmacy	Activates for the family once we've paid the first claim for a combo health screening** from your added insured benefits

Important

This is only a summary of the available benefits and co-payments that may apply to certain benefits. Please consult the registered Rules of Medihelp and the Member guide for more details. In case of a dispute, the Rules of Medihelp will apply (subject to approval by the Council for Medical Schemes). Certain added insured benefits are not available if the patient has registered the medical condition for PMB or chronic medicine benefits, as the treatment is no longer considered as preventive care.

Added insured benefits

Medihelp provides these benefits on top of your insured day-to-day benefits. You can activate them when you register on HealthPrint, Medihelp's free wellness programme for members, on the Member Zone. Your health screening results from Dis-Chem or Clicks will automatically upload to your health record on HealthPrint.

Maternity benefits	<ul style="list-style-type: none"> Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist Two antenatal and postnatal consultations at a dietician/lactation specialist/antenatal classes Two 2D ultrasound scans Nine months' antenatal iron supplements Nine months' antenatal folic acid supplements
Babies <2 years	Two consultations at a paediatrician/GP/ear, nose, and throat specialist
Child immunisation	Standard immunisation up to seven years
Health screenings	<ul style="list-style-type: none"> One combo health screening (blood glucose, cholesterol, BMI, and blood pressure measurement)**
Preventive care benefits	<ul style="list-style-type: none"> A tetanus vaccine A flu vaccine A mammogram* every two years A Pap smear* every three years A prostate test* An FOB test* A bone mineral density test* every two years Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years
Contraceptives	<ul style="list-style-type: none"> Oral/injectables/implantable contraceptives – R180 per month, up to R2 400 per year Intra-uterine device – R2 800 every 60 months

Core benefits

Hospitalisation	In-hospital treatment and life-essential services (insured benefits)
	No overall annual limit Any private hospital, and day procedure facilities apply for certain day procedures
Hospital medicine on discharge: Applicable medicine dispensed and charged by the hospital on discharge from the hospital (to take out or TTO), excluding PMB/chronic medicine	R720 per admission
Refractive surgery	Unlimited
Trauma that necessitates hospitalisation	Unlimited
Childbirth	<ul style="list-style-type: none"> In hospital – unlimited Home delivery – R16 300 per event
Specialised radiology	<ul style="list-style-type: none"> Angiography, MRI and CT imaging – unlimited PET scans – R27 500 per case
Post-hospital care for speech therapy, occupational therapy, and physiotherapy	R2 300 per member and R3 300 per family, including discharge from a day procedure facility
Emergency transport (Netcare 911)	<ul style="list-style-type: none"> In country of residence – Unlimited (RSA, Lesotho, Eswatini, Mozambique, Zimbabwe, Namibia, and Botswana) Outside country of residence – R2 500 for road transport and R16 900 for air transport
Treatment of life-threatening conditions	Unlimited Includes 271 PMB and 26 Chronic Diseases List (CDL) conditions
PMB medicine	Unlimited
Cancer treatment	R650 000 per family
Mental health (psychiatric treatment)	<ul style="list-style-type: none"> Hospitalisation and professional psychiatric services: R53 900 per beneficiary per year to a maximum of R73 300 per family per year, including one educational psychologist consultation per beneficiary per year to diagnose autism Treatment of depression out of hospital, subject to registration on the Mental Health Programme: R6 000 per beneficiary per year, subject to the in-hospital limit, for services rendered by psychiatrists, psychologists, social workers, occupational therapists, and psychiatric nurses Medicine: R160 per beneficiary per month, subject to the in-hospital limit
Health-essential functional prostheses	<p>R77 400 per person</p> <ul style="list-style-type: none"> Intra-ocular lenses – R5 620 per lens, two lenses per person Hip, knee, and shoulder replacement – PMB and non-PMB
Other prostheses	<ul style="list-style-type: none"> EVARS prosthesis – R163 300 per person Vascular/cardiac prosthesis – R69 800 per person Prosthesis with reconstructive or restorative surgery and external breast prostheses – R11 800 per family Implantable hearing devices (including device and components) – R336 200 per person Out-of-hospital benefit: R180 000 sub-limit per beneficiary per 5-year period for replacement of the sound processor
Organ transplants	PMB only – unlimited Cornea implants – R35 900 per implant
Palliative care	R33 800 per family
Wound care	R16 000 per family per year, including nurse consultations and material/stock used
Other core benefits	Including renal dialysis, prostatectomy, oxygen, hospice, subacute care, and private nursing services as an alternative to hospitalisation



Your partner in workplace wellness:

Going beyond medical aid cover

Medihelp offers a range of personalised support and resources to simplify managing your employees' medical aid. Our dedicated team of experts, including new business specialists, corporate consultants, and a network of accredited advisers, supports your medical aid administration every step of the way, from onboarding to ongoing service.

Partnership for success

Dedicated corporate consultants attend to the service needs of our corporate clients in the form of:

- Product, website, and group accounts training
- Presentations to employees including advising individual members during the annual product selection process
- Personal consultations and engagement with members, HR, and Finance departments on request
- Representation at committee and union meetings, as well as on-site enquiry services
- Coordinating wellness days and annual product roadshows



Group reports

Comprehensive group profile reports regarding the corporate group's claiming patterns and health profile.

Membership support

Assistance with changes to employees' membership details, such as the registration of new dependants and the enrolment of new employees.

Plan recommendations

Working with your healthcare adviser, our consultants can suggest the best plan for your unique employee group.

Billing support

Our corporate clients have direct access to dedicated assistance from administration specialists regarding statements, reconciliations, and payment queries.

Convenient digital solutions

Medihelp offers a personal approach combined with technology for efficient service. Our in-house IT infrastructure ensures a seamless experience, and the user-friendly Corporate Zone is a dedicated online self-service platform for employer groups, allowing you to manage healthcare administration anytime, anywhere.

Corporate Zone

The secured self-service Corporate Zone gives your human resources and finance teams access to all the functions they need to manage your Medihelp business easily. The functions include:

Administrative information



- Download or submit contribution accounts.
- View, download or print documents for employees, such as membership certificates and contribution composition.
- Request your employees' tax certificates and get an email with the PDF certificates.
- Calculate an employee's monthly contribution with the easy-to-use estimation calculator.
- Update corporate contact persons.
- Download a list of your employees whose:
 - contributions are in arrears;
 - benefits have been suspended due to arrears contributions; and
 - membership have been terminated due to arrears contributions.
- Submit online applications for new members and register dependants.
- View application progress, submit outstanding information, and accept enrollment conditions on the Application in Motion system.

View details



- View Medihelp's banking details.
- View your dedicated Medihelp corporate consultant's or contribution administration officer's details.
- View Medihelp members' products, guides, forms, and documents.
- View your deposit identifier or payment reference number on the Corporate Zone home page in the Employer information block (see page 17). You need these when opening password-protected documents or making payments to Medihelp.
- If you consult an adviser view their information.

Get forms and brochures on the Corporate Zone! All in one place.

How to register and log in to the Corporate Zone

Contacts who haven't registered on the Corporate Zone yet will receive an email invitation. This email will include your Medihelp employer group code and Corporate Zone ID, along with a link to set



Email Medihelp at subscriptions@medihelp.co.za to update your group's outdated information on the Medihelp system before you continue with the registration process.

How to register and log in to the Corporate Zone

Step 1

Click on the link provided in the email.

Step 2

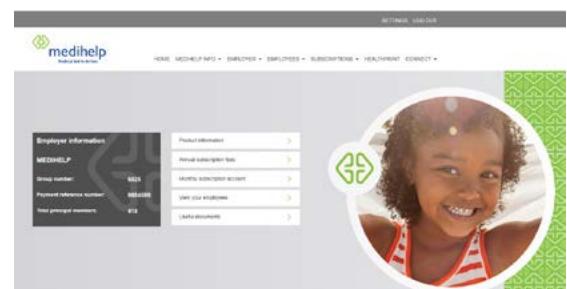
Enter your group's details and your personal and contact details as provided in the email. Please keep the web page open until you have completed the registration process.

Step 3

Each user will receive an email from Medihelp containing a one-time password (OTP) to verify their details. Enter the OTP and create your password to finalise the registration.

Please ensure that you use the same information that Medihelp has on record for you, as we cannot validate your details if you use different information during the registration process.

If you have any questions or if you need assistance, you are welcome to contact us at corporatezone@medihelp.co.za. Our support team is available from 07:30 to 16:00, Monday to Friday.



Take charge of your well-being with technology

Medihelp is embracing the power of technology to personalise our engagements and empower our members to welcome their healthcare and wellbeing journey with open arms.

PElectronic Consumer Record

By using digital touchpoints and machine learning, each members' personalised Electronic Consumer Record allows our case managers to provide expert and personal managed care, digitally monitor areas such as chronic care compliance and pick up key points of intervention when needed, in real-time. By leveraging AI-driven data analytics, traditional case managers have become healthcare coaches. This allows us to deepen our support and enable our members to create the best versions of themselves. In essence, it means a transition from a world of predictive to prescriptive.



Home monitoring app

A home monitoring app is available to eligible members. This app uses ground breaking technology to measure vitals.



Digital healthcare kiosks

Digital healthcare kiosks at wellness days make taking care of your health easy, convenient, personal, and confidential.



Virtual consultations

Members get expert advice from the comfort of their home by booking virtual consultations on the Member Zone. Medihelp also helps members search and book visits with our network providers, therefore ensuring that they are covered for care and never out of pocket.



Medihelp app

On the Medihelp app, members can:

- View their plan brochure
- View and send their digital membership card
- View available benefits
- Find network providers
- Update their personal information



Member Zone

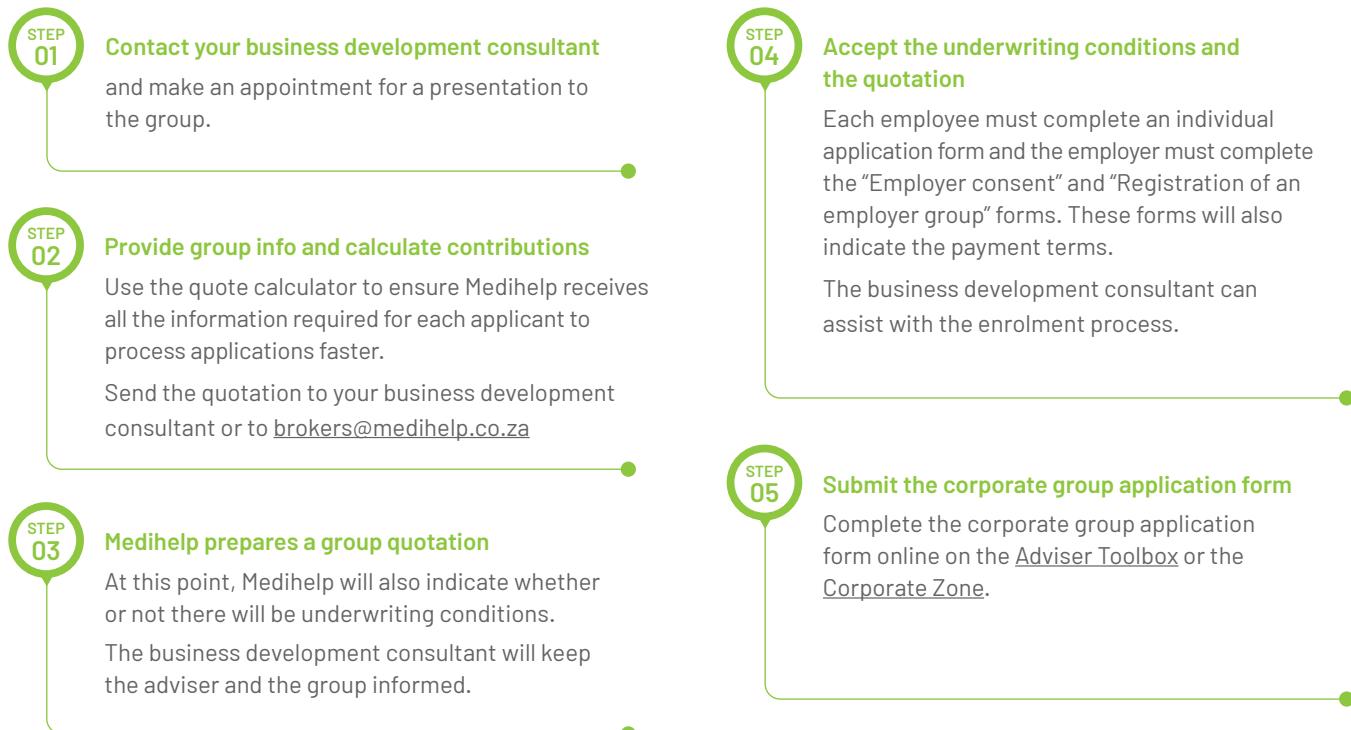
- View and share their digital membership card
- Request pre-authorisation
- Track benefit usage and check available benefits
- Update personal and banking details
- View, submit, and track new claims
- Find network providers
- Download tax certificates or membership certificates
- Register dependants and/or newborn babies

Read more about our online resources for corporate groups on page 28



Application process: Corporate groups

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



Medihelp application form 2025
Corporate

Enquiries: 086 0100 678
Email: corapp@medihelp.co.za
www.medihelp.co.za

Medihelp application form 2025
Corporate

Enquiries: 086 0100 678
Email: corapp@medihelp.co.za
www.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 business development consultant will assist you in providing the correct form to the group.



Medihelp processes

Contributions processes

Group contribution account

The Corporate Zone gives you 24-hour access to corporate subscription accounts for the current and previous months. Medihelp updates the accounts continually to accommodate any changes until the subscription account is issued. If your group pays contributions per debit order, you will receive your statement on the 23rd of a month. If you pay by EFT, you may select an alternative date, or we will send your statement on the 15th of each month.

The account will contain all the relevant information, including explanation codes indicating any changes in contributions following membership changes such as changes in the number of dependants. Medihelp also includes the following information in Excel format:

- Member's initials and surname
- Membership number
- Payroll number
- Identity number
- Enrolment date
- Product name
- Number of dependants
- Late-joiner penalty amount
- Savings contribution
- Full contribution amount
- Arrears (debit)
- Refunds (credit)
- Total amount due



Payment of contributions

Requirements

- Members must pay their contributions on the first workday of every month. Medihelp will inform the employer and the member in writing in case of short-paid contributions or rejected debit orders. The outstanding amount must be paid by the set deadline or Medihelp will have to suspend the member's benefits. Should the member or employer not settle the outstanding amount on the contribution account within 30 days of suspension, Medihelp will have to terminate the member's membership.
- Please use the deposit identifier (reference number) when making payments. You received this number when Medihelp registered your group, but you can also get the number on the Corporate Zone.

Get your deposit identifier code

- Visit the Corporate Zone and look for the code (payment reference number) on the home page in the Employer information block.
- Contact your dedicated corporate contribution administration officer for assistance.

Changes to the contribution account

Please let Medihelp know about any incorrect information on the contribution account by following the steps below:



Indicate the change on the account.



Attach the relevant proof/documents (where applicable).



Email subscriptions@medihelp.co.za or submit via the Corporate Zone.

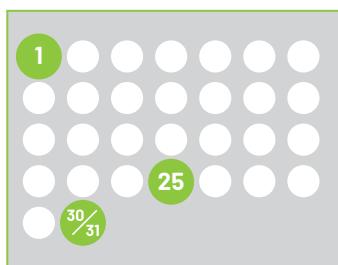
Contributions in arrears

Medihelp must receive your employees' contributions by the first workday of each calendar month. If we do not receive the payment timely or a member's contributions account indicates a debit balance for any other reason, our registered Rules require that we follow a recovery process to manage risk for the Scheme. We will let you know about outstanding amounts in writing. To protect our members' information and in accordance with the Protection of Personal Information Act 4 of 2013, we will not supply the affected members' details by email, but will make it available in a report that you can access on the Corporate Zone under the Contributions/Contributions in arrears menu. The recovery of arrears contributions is a programmatic process that will only end when a member's contributions account indicates a zero or credit balance, when a repayment arrangement is made, or if the member requests the voluntary termination of membership.

Please pay any outstanding amounts as soon as possible to ensure your employees' continued coverage. You can deposit the amount due directly into Medihelp's bank account at Absa, account number 610000088, branch code 632005, with your deposit identifier as reference. Payments made at banks other than Absa may take up to three workdays to reflect in Medihelp's bank account. In such cases, you should consider using the instant payment option to prevent benefit suspension or membership termination, and if urgent reinstatement of benefits is required.

If you make payments after a statement date, the payment will not be on the statement, but reflect on your contribution account. Medihelp updates the contribution account in real time on the Corporate Zone and the account will show all your payments after the statement date, as well as your employees' most current account balances. You can ignore the outstanding amounts on a statement if you paid the amounts in full after the statement date.

Enrolling new Medihelp members



Medihelp must receive the application form before the date of enrolment requested on the application form, or the date as agreed on with the employer.

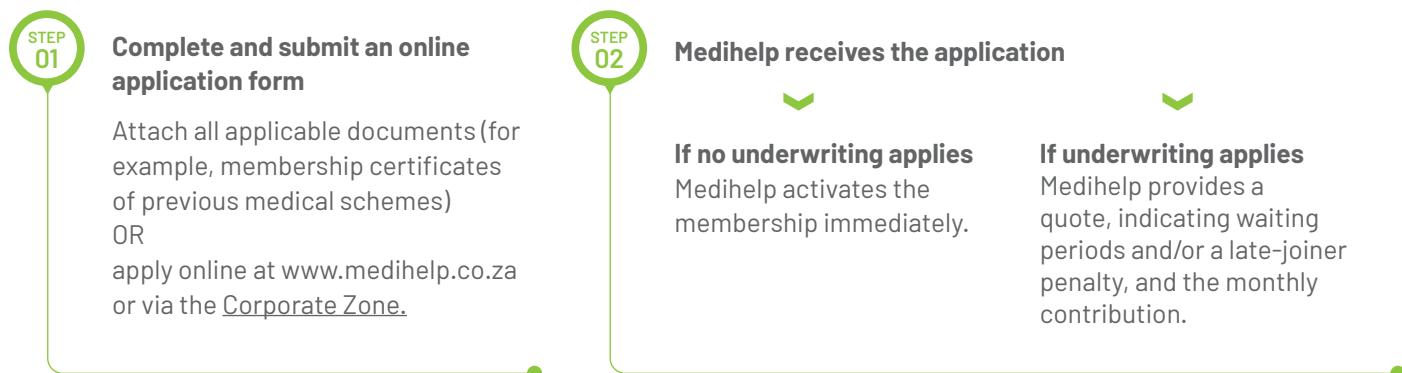
Date of new enrolments

If Medihelp has an agreement with the employer group, we will enroll new members from the date of their appointment. Medihelp must receive their application forms within 90 days from the date of their appointment. As employer you can enroll new members online on the Corporate Zone and track the progress of the application.

Note: Employees must please ensure that they terminate their membership of another medical scheme before they join Medihelp.

Process for enrolling new members

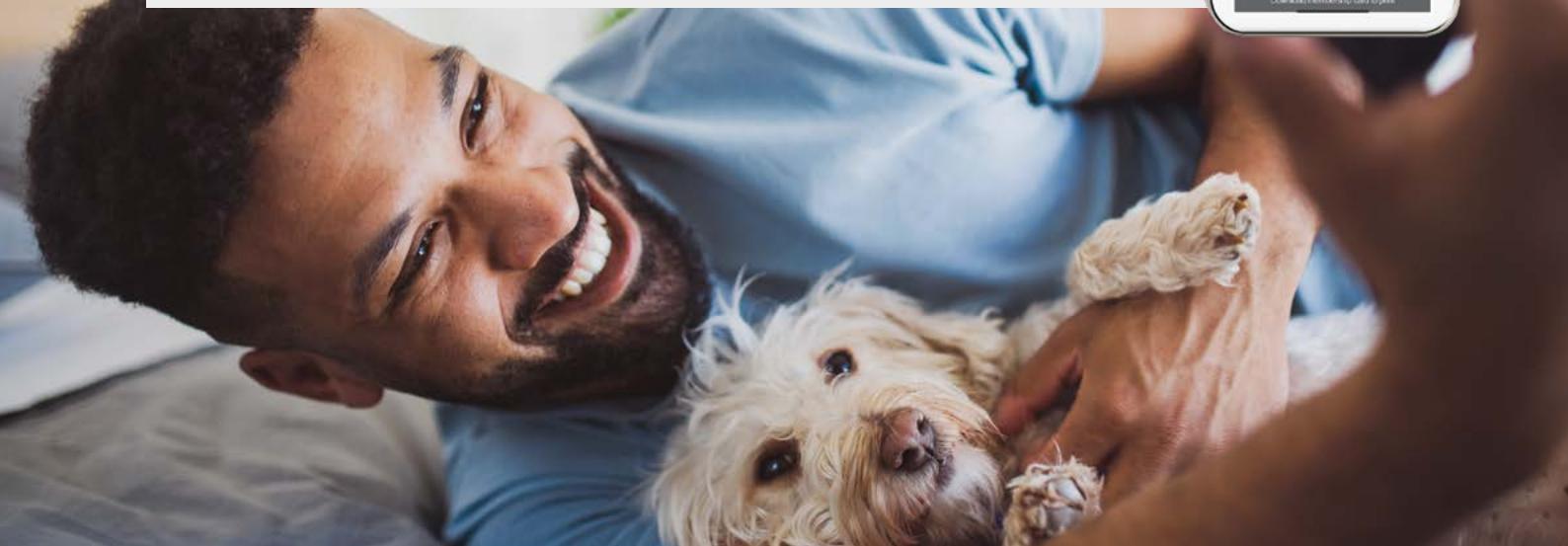
Any employee can join Medihelp by following these easy steps:



STEP 03 Medihelp activates the employee's membership. The member and employer will receive confirmation of the membership activation and date of enrolment, as well as information about the member's product and benefits, digital membership card, e-brochure, and how to register on the Member Zone.

Digital membership card

Membership cards are available in digital format on Medihelp's Member Zone and the Medihelp app.



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 26 (proof is required).
- Children born in terms of a surrogate motherhood agreement with the main member/spouse or partner.
- Grandchildren

Grandchildren as dependants-

- They may 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 date of receipt of the application or any future date

Who will need to register as main members on their own plan and not as dependants?

- Godchildren
- Stepbrothers and sisters
- In-laws
- Cousins
- Stepparents
- Divorced dependants must apply for a change in membership

How to register a child or adult dependant

STEP
01

Quick and easy online registration:

Employers can log in to the Corporate Zone and select "Employees", "Applications", "Apply online" and choose dependant to registered "Newborn of Registration of dependant".

or

Members can register their dependants on the Member Zone selecting "Membership", "Dependants" and "Register dependants".

STEP
02

Members can submit the form and supporting documents online on the Member Zone;

or

Email the editable form and supporting documents to newbusiness@medihelp.co.za.

Important notes about 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.
- If a member gave a passport number for the dependant, they must include a copy of the passport with the application form.

When registering a dependant older than 21/26 years:

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

How to register a newborn

Newborns	Register within 90 days from date of birth
• Own children • Grandchildren	<ul style="list-style-type: none">You can register the newborn online on the Corporate Zone or employees can do it on the Member Zone.If the newborn's ID number is not available with registration, the member must email it to membership@medihelp.co.za or provide the ID number on the Member Zone within 45 days of registration (also see "Grandchildren as dependants" above).
• Surrogacy • Foster care	<ul style="list-style-type: none">The member can register the baby online on the Member Zone; orThe employer can register the baby on the Corporate Zone.

Deregistering a dependant

Either the member or the employer (an office stamp is required) can request Medihelp to deregister a dependant.

Step 1

Request deregistration

- The employer can request deregistration from a future date.
- Deregistration will be completed within one month.
- Deregistration will be effective from the beginning of the month after Medihelp received the request.

Step 2

Receive membership certificate

Medihelp issues a certificate as proof of the dependant's membership period after deregistration.

Step 3

Update membership card

An updated digital card is issued which can be accessed on the Member Zone or Medihelp app for members.

Please remember that Medihelp adjusts benefits pro rata when we deregister dependants during the year.

In the event of death

The registered spouse/partner and children of a deceased member may continue with uninterrupted membership if they inform Medihelp within 90 days following the main member's death. Please provide Medihelp with the documentation as indicated below:

Main member

- Email a notification with the member's date of death to membership@medihelp.co.za.
- Include the Medihelp membership number.
- Give the contact details of the executor of the estate (if applicable).

Dependant/child dependant

- Email a notification with the dependant/child dependant's date of death to membership@medihelp.co.za.
- Include a copy of the death certificate.
- State the Medihelp membership number.

Child dependants' contributions

	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
When children turn 26	✓	✓	✓	✓	✓	✓	✓	✓
• The member starts paying adult dependant contributions from the month in which they turn 26	Children are eligible for child rates up to the age of 26. However, starting from age 23, proof of financial dependency may be required.							
• Children/grandchildren and children placed in foster care or in temporary safe care	✓	✓	✓	✓	✓	✓	✓	✓
MedVital, MedAdd, MedPrime	Pay only for your two youngest own natural children under 18 years. If the third child turns 18 during the course of a year, the contributions will only increase from January							
	✓	✓	✓	✓	✓	✓	✓	✓

New member (scenario 1)



Member enrols on 1 April 2025 with 3 children
2025



1st child = 13 years
2nd child = 15 years
3rd child = 18 years

This child is 18 at the time of enrolment

Will start paying membership fees from the date of application

New member (scenario 2)



Member enrols on 1 April 2025 with 3 children
2025



1st child = 13 years
2nd child = 15 years
3rd child = 17 years

This child is not yet 18 at the time of enrolment, but turns 18 in 2025

Will only start paying membership fees from 1 January 2026

Existing members

- Existing members pay child dependant rates for children younger than 26 years on all plans and pay for only the youngest two natural 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.

Interchange between plans

Members can interchange between plans from the beginning of every financial year. They will receive communication about their plan's contributions and benefits for the following year during October/November. Please notify Medihelp of all interchanges in one of the following ways before the interchange cut-off date.

Interchange form on the
[Member Zone](#)

If you require your employees to channel interchanges via your HR office instead of informing Medihelp directly, please notify Medihelp by emailing membership@medihelp.co.za before the interchange cut-off date.

Termination of membership

Medihelp terminates members' membership on the last day of the month in which we receive the termination instruction, which must be prior to the termination date. It is the member's responsibility to inform Medihelp of their resignation/termination/retirement. Please note the following:

Employer

The employer must consent to termination of membership and must inform Medihelp of the termination by emailing membership@medihelp.co.za.

Employee

Employees may continue their membership of Medihelp after termination/resignation of their employment or retirement.

Claims

Only claims for services rendered before the date of termination qualify for payment if benefits are available.

Employees who wish to continue their Medihelp membership as a private member must complete the "Change in membership" form available on Medihelp's website and on the Corporate Zone under "Medihelp info" - "Forms and documents".

Members must apply for continued membership within 30 days **after they have instructed Medihelp** to terminate their membership.

Termination due to subscription debt

Medihelp may terminate the membership of a member whose contributions are in arrears. We will use the last date on which the member paid a full month's contribution to determine the termination date, and will pay claims accordingly. Please refer to page 32 for more information.

Membership certificates

You may request confirmation of your employees' membership of Medihelp. Medihelp will not include details about the members' waiting periods or exclusions on these certificates.

How to get membership certificates:

Request the certificates on the Corporate Zone and Medihelp will email the certificates to the members.

Members can also get the certificates on the Member Zone.



Tax certificates

Employees' tax certificates are available on these platforms:

On the [Member Zone](#). | On the [Corporate Zone](#).

You can also view or download tax certificates in bulk for all your Medihelp employees on the Corporate Zone under "Employees" - "View members".

Engagement

Medihelp offers a variety of engagement platforms to establish convenient and effective two-way communication with members and corporate groups.

Personal engagement

Personal visits

A dedicated corporate consultant supports you with your Medihelp business.

Annual product presentations

Our corporate consultants will visit you annually to share Medihelp's offering and products for the following year, and provide employees with personal advice about products to suit their specific healthcare needs.

mNews newsletters

Our regular mNews newsletters provide updates on Medihelp news, upcoming events, and industry developments.

Social media platforms

Follow us on these platforms:

 @medihelpsa

 @medihelpsa

 @medihelpsa

 Medihelp

 Medihelp Medical Scheme

Annual general meeting (AGM)

Medihelp holds a virtual annual general meeting where we present our annual report and financial results to members, and discuss items on the agenda. Matters serving before the AGM must be submitted to Medihelp by 31 March of each year and voting takes place electronically prior to the AGM, with voting results announced at the meeting. We encourage our corporate clients and members to attend the AGM.

Medihelp's Rules

All medical schemes are managed according to rules that describe and explain the rights and responsibilities of the Scheme as well as its members. These rules constitute the contract between members and their medical scheme. The rules are approved and registered by the Council for Medical Schemes, which regulates the activities of all medical schemes and protects the interests of members. Medihelp's Rules are binding on all members. No exceptions to these Rules are made, to ensure that all members are treated fairly and that their interests are secured through strict corporate governance principles. To get a copy of Medihelp's Rules, please visit the Corporate Zone. Members can get a copy of the Rules on the [Member Zone](#).

Frequently asked questions

Where can I find a list of Medihelp's network providers?

Members of MedMove!, MedVital Elect, MedAdd Elect, MedElect, and MedPrime Elect must use Medihelp's quality hospital and day procedure networks as well as our GP network (except MedPrime Elect members) to avoid co-payments. All members must also use a network provider for cancer and HIV treatment. On Medihelp's website under the provider search function, members can easily find a network provider and view the list of network facilities that apply to each of these plans.

Why does Medihelp assign a group number?

We use your unique group number to identify your company on our systems so that we can provide fast and efficient service to you. Please include this number in all your communication with Medihelp.

How can I access monthly statements from Medihelp?

As part of our ongoing commitment to data security and compliance with the Protection of Personal Information Act (POPIA), we no longer send contribution statements by post or email. Because these documents contain your personal details as well as those of your employees, Medihelp is responsible for protecting this information. You can access your statement by logging into the [Corporate Zone](#) after receiving an email notification that it's ready to view. If you have any questions or need assistance, please contact your Medihelp corporate consultant. Your latest contribution statement will be available on the [Corporate Zone](#) within 48 hours of your employer group's monthly cut-off date(s).

If you do not receive email notifications, please ensure your contact details are correct by visiting the Corporate Zone. Please provide the names and contact details of the persons at your group who should receive the monthly statements in writing on an official company letter and email the letter to subscriptions@medihelp.co.za. Remember to include your group number.

Does Medihelp inform employees about changes to their membership?

If your employees make changes to their membership, for example, if they register or deregister dependants, it may result in a debit or credit balance on their contribution account. Medihelp will inform you via email of the changes and adjusted contributions payable per month, as well as any debit/credit balance (if applicable) on the next billing statement.

What reference should I use when making a payment to Medihelp?

When you make a payment to Medihelp, please use the deposit identifier code that we issued to you when you joined Medihelp as reference. You can find this code on the [Corporate Zone](#) or ask your Medihelp contribution administration contact person. If a member (employee) makes a direct payment to Medihelp, the member's membership number must be used as reference.

What are Medihelp's banking details?

Medihelp Medical Scheme

Bank: ABSA

Branch: Arcadia

Account type: Cheque

Account number: 61 00 000 88

Frequently asked questions (continued)



What happens if the payment differs from the Medihelp monthly statement amount?

Please email a payment schedule to subscriptions@medihelp.co.za in which you explain the differences, so that we can allocate your payment correctly. You can also upload the information on the [Corporate Zone](#).

When members register dependants, when will their contributions increase?

A member's contribution will increase from the beginning of the month in which the dependant is registered, after Medihelp approved the registration of the dependants. Members who form part of a group (current or new) pay their contributions in arrears or in advance, as arranged with Medihelp. If the registration of a dependant takes place after Medihelp has issued your group's contribution statement, the change will reflect on the next statement with the arrears amount (if applicable). Members will pay contributions for their newborns only from the month following the birth.

Does Medihelp require proof of studies for dependent children?

No, Medihelp does not require proof of studies for dependent children on plans where child dependant rates are payable until they turn 26.

Late-joiner penalties

What are late-joiner penalties (LJP) and when do these apply?

A late-joiner penalty is imposed in the form of a higher contribution on persons who join a medical scheme when they are 35 years or older and have not been a member of one or more medical schemes before 1 April 2001, with a break in coverage exceeding three consecutive months following 1 April 2001. Late-joiner penalties are imposed indefinitely and do not expire after a certain period. The objective of the penalty is to compensate for the fact that the late joiner has not been contributing to a medical scheme from a young age as have other members of a scheme, yet qualifies for the same benefits.

Medihelp considers the following in determining whether or not an LJP should be applied:

- Is the individual 35 years or older?
- Is an employer group policy applicable to the member?
- Did the individual belong to a medical scheme before 1 April 2001?
- Was the individual registered as a beneficiary with one or more medical schemes prior to 1 April 2001?
- Was the individual registered as a beneficiary with one or more medical schemes prior to 1 April 2001, but with a continuous break in coverage of more than three months since 1 April 2001?
- Is the member a dependant who wishes to become a main member?



LJP intervals and penalty percentages

1 - 4 years	5 - 14 years	15 - 24 years	25 years +
5%	25%	50%	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.

Example:

Mrs Ann, aged 54, has five years' creditable coverage from 1980 to 1984. Her LJP is calculated as follows:

Step 1

Formula

A = B minus (35 + C) where:
A = number of years for determining the penalty band
B = age of the late joiner at time of application
C = number of years of creditable coverage which can be demonstrated

Step 2

Calculation

A = 54 (B) minus 40
(35 + 5 years' coverage (C))
Thus, A = 14

Step 3

LJP

14 years = 25% increase in contributions is the maximum penalty the Scheme may apply

Recalculating an LJP

While an application is still pending

When a beneficiary produces acceptable proof of previous membership as a beneficiary after an LJP has been imposed, Medihelp will recalculate the LJP and apply the revised penalty. A new quotation will be issued if applicable.

Once membership is active

On receipt of acceptable proof of membership, Medihelp will recalculate the LJP. If it must be amended, the new penalty will be applied from the beginning of the calendar month following the month in which the proof was received.

Please note

- If an LJP is imposed, it applies to the full subscription of the late joiner only. In other words, only the subscription in respect of the person on whom the LJP is imposed, is surcharged and not the subscription 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, they must submit acceptable proof of membership (a membership certificate) of the medical scheme concerned.
- If the membership certificate cannot be obtained, proof of previous membership of a medical scheme provided in the form of an affidavit in which the beneficiary declares the names of the medical schemes and the period during which they were registered as a beneficiary, is acceptable.
- If a person was subject to an LJP at another medical scheme and they become 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. If a member is enrolled at Medihelp as part of an employer group, it's important to confirm with the employer whether or not they will pay for/ subsidise the LJP.

Contact us

Medihelp

Medihelp Client Care centre

Tel: 086 0100 678

enquiries@medihelp.co.za

www.medihelp.co.za

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 secured website for members

(Member Zone)

via www.medihelp.co.za

Download the member app from Apple App Store/

Google Play/Huawei AppGallery

Submission of claims

claims@medihelp.co.za

Member app

Hospital admissions

(all hospital admissions must be pre-authorised)

Member Zone

Member app

Tel: 086 0200 678

hospitalauth@medihelp.co.za

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

Tel: 086 0100 678

hmanagement@medihelp.co.za

Oxygen administered at home

Tel: 086 0100 678

preauth@medihelp.co.za

Chronic renal dialysis

Tel: 086 0100 678

preauth@medihelp.co.za

Prescribed minimum benefits (PMB)

Tel: 086 0100 678

preauth@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

Phone: 012 426 4000

customercare@medipost.co.za

Proof of payment: pay@medipost.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

Disease management programme

Tel: 086 0100 678

oncology@medihelp.co.za

Cancer medicine (MedVital Elect, MedAdd

Elect,

MedElect, and MedPrime Elect plans only)

Dis-Chem Oncology

Tel: 010 003 8948

oncology@dischem.co.za

or

Medipost

Tel: 012 404 4430

oncology@medipost.co.za

Whatsapp: 012 426 4655

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

medihelp@dentalrisk.com

claims@dentalrisk.com

auth@dentalrisk.com

www.dentalrisk.com

PPN (optometry)

Tel: 041 065 0650

info@ppn.co.za

www.ppn.co.za

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

Disease management programme

LifeSense

Tel: 0860 50 60 80

SMS: 31271 for a call-back

Enquiries: enquiry@lifesense.co.za

Scripts and pathology: results@lifesense.co.za

www.lifesensedm.co.za

Medicine

Dis-Chem Direct

Tel: 010 589 2788

direct.medihelp@dischem.co.za

or

Medipost

Tel: 012 426 4000

life@medipost.co.za

Whatsapp: 012 426 4655

Council for Medical Schemes

Tel: 086 1123 267

complaints@medicalschemas.co.za

www.medicalschemas.co.za

General disclaimer

This brochure is intended for marketing purposes and contains 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 Medihelp's website for an updated guide or consult Medihelp's Rules for the latest information. We encourage you to seek financial advice about your healthcare cover by speaking to your financial adviser.





Medical Aid *in Action*

086 0100 678



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

www.medihelp.co.za

 **medihelp**
Medical Aid in Action