

# medihelp plus

# 2017





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# why medihelp is the right choice



## 1 it's all about you

Everyone is unique, but the need to secure our wellness is something we all share. That is why Medihelp has individualised our approach to fulfil your healthcare needs.

### Consistent service and engagement on online and offline service platforms



A **member application** with an electronic membership card

#### Videos

to explain complex processes



A dedicated **call centre**



A **secured website** to change and view your Medihelp profile & benefits

Multiple engagement opportunities through social and digital channels



## 2 a sound healthcare investment

Medihelp ticks all the boxes of a sound investment



**111** *years' experience* in the industry and a solid reputation

**A solvency level** that has been consistently above the industry requirement

**AA- rating** for our claims-paying ability, awarded by Global Credit Rating

**One of the largest** open medical schemes in the industry



## 3 individualised value

### Preventive care



A menu of separate, additional preventive care benefits

### Health conscious



An individualised, free wellness programme provides relevant support during every life stage

### Get active



Join Medihelp MultiSport for running, walking and cycling

# a summary of your benefit option

Medihelp Plus offers the ultimate comprehensive cover.

Over and above excellent cover for medical emergencies, private hospitalisation and preventive care, you have ample benefits for diverse day-to-day medical services to ensure that you and your loved ones' health needs are met.



## HOSPITAL BENEFITS (NO OVERALL ANNUAL LIMIT)

Any hospital

## ESSENTIAL COVER

Diagnosis, treatment and care costs of 270 PMB and 26 chronic conditions on the CDL  
DSPs & specialist network apply

## POST-HOSPITAL CARE

Up to 30 days after discharge

## SPECIALISED RADIOLOGY

MRI, CT imaging and angiography  
Unlimited  
PET scan – R19 100 per case

## TRAUMA-RELATED BENEFITS

Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV

## ROAD & AIR TRANSPORT (Netcare 911)

Unlimited within RSA  
24-hour helpline & trauma counselling

## CHRONIC MEDICINE BENEFITS (Non-PMB)

R15 600 per beneficiary

## ACUTE MEDICINE BENEFITS

R5 350 per beneficiary per year, pooled per family

## STANDARD RADIOLOGY BENEFITS

Unlimited

## PATHOLOGY BENEFITS

Unlimited

## INSURED DENTISTRY BENEFITS

## INSURED OPTICAL BENEFITS




Spectacles/contact lenses

## OTHER INSURED BENEFITS

R3 100 per beneficiary per year, pooled per family

- GPs & specialists
- Clinical psychologists and psychiatric nursing
- Physiotherapy

## Monthly contributions

Principal member 	R6 936
Dependant 	R6 936
Child dependant <26 years 	R1 728

- The monthly contribution does not take any employer subsidy into account.
- Older children pay child dependant rates until they are 26 years old.

## additional insured benefits



Our additional insured benefits are designed to enhance your available day-to-day benefits and include pregnancy, baby and preventive care benefits.



### Pregnancy and baby benefits

		Benefits
Pregnancy consultations	✓	12 per family per year
2D sonars	✓	2 per family per year
Consultations	✓ < 1 year	2 per baby

### Preventive care



Health tests			Benefits	Item codes	More information
Blood glucose* Total cholesterol* or Combination test* (blood glucose, total cholesterol, BMI) HIV* – voluntary counselling and testing	✓	✓	One per beneficiary per year	As negotiated with participating pharmacies	Available at Clicks/Dis-Chem pharmacy clinics
Pap smear	–	✓		Pathology: 4566/4559	A medical doctor must request the services
Mammogram	–	✓ 40 years +		Radiology: 3605/39175/ 34100/34101	
FOBT	✓ 50 years +	✓ 50 years +		Pathology: 4351	The consultation will be paid from the available day-to-day benefits
Prostate test (PSA level)	✓ 40 years +	–		Pathology: 4519	
Bone mineral density test (BMD)	–	✓ 50 years +		Radiology: 3604/50120	

\* These benefits are not available if you have been registered for a chronic/PMB condition as it is no longer considered as preventive care.

BMI – Body mass index  
FOBT – Faecal occult blood test

PMB – Prescribed minimum benefits

## Preventive care

Immunisation			Benefits	More information
Standard immunisation	✓ < 7 years	✓ < 7 years	As published by the Department of Health	Administering fee at Dis-Chem or Clicks pharmacy clinics included
Flu vaccine	✓	✓	One per beneficiary per year	
Tetanus vaccine	✓	✓		
HPV vaccine	✓ 10 – 14 years	✓ 10 – 14 years	Two injections according to protocol	
	15 – 26 years	15 – 26 years	Three injections according to protocol	
Pneumovax vaccine	✓ > 55 years	✓ > 55 years	One vaccine in a 5-year cycle	Must be registered on Medihelp's treatment programme for asthma or COPD (NAPPI code 755826027)

### Back treatment programme

One Document-Based Care back treatment programme per beneficiary per year at a DBC facility (subject to protocols and pre-authorisation).

### HealthPrint wellness programme

HealthPrint is an online wellness programme that supports you with relevant health information through every life stage. You can also:

- View, update and share your health information and results of your health assessment via the site
- Add your activity tracker and view your performance
- Join Medihelp MultiSport, receive sports gear at a discounted price and participate as part of the Medihelp team in supported events
- Join lifestage-specific programmes such as the pregnancy and baby programme and receive added value.

# benefits



## Core benefits



	Description	Benefit
<b>EC</b>	<p><b>DIAGNOSIS, TREATMENT AND CARE COSTS OF 270 PMB AND 26 CHRONIC CONDITIONS ON THE CHRONIC DISEASES LIST (CDL)</b> Subject to protocols, pre-authorisation and DSPs</p>	<p>100% of the cost Unlimited Co-payments may apply in case of voluntary non-DSP use/protocol deviation</p>
<b>Trauma</b>	<p><b>BENEFITS FOR MAJOR TRAUMA THAT NECESSITATES HOSPITALISATION IN THE CASE OF:</b></p> <ul style="list-style-type: none"> <li>• Motor vehicle accidents</li> <li>• Stab wounds</li> <li>• Gunshot wounds</li> <li>• Head trauma</li> <li>• Burns</li> <li>• Near drowning</li> </ul> <p>Subject to authorisation, PMB protocols and case management</p>	<p>100% of the cost Unlimited</p>
	<b>POST-EXPOSURE PROPHYLAXIS</b>	
<b>EMS</b>	<p><b>EMERGENCY TRANSPORT SERVICES (Netcare 911)</b> RSA, Lesotho, Swaziland, Mozambique, Namibia and Botswana Subject to pre-authorisation and protocols</p> <ul style="list-style-type: none"> <li>• <b>In beneficiary's country of residence:</b> <ul style="list-style-type: none"> <li>• Transport by road</li> <li>• Transport by air</li> </ul> </li> </ul>	<p>100% of the MT Unlimited 50% co-payment if not pre-authorised (excluding emergencies)</p>
	<ul style="list-style-type: none"> <li>• <b>Outside beneficiary's country of residence</b> <ul style="list-style-type: none"> <li>• Transport by road</li> </ul> </li> </ul>	<p>100% of the MT R1 800 per case 50% co-payment if not pre-authorised (excluding emergencies)</p>
	<ul style="list-style-type: none"> <li>• Transport by air</li> </ul>	<p>100% of the MT R11 800 per case 50% co-payment if not pre-authorised (excluding emergencies)</p>
	<p><b>24-HOUR HELPLINE AND TRAUMA COUNSELLING (Netcare 911)</b></p>	<p>Phone 082 911</p>

- CDL – Chronic Diseases List
- EMS – Emergency medical services
- MT – Medihelp tariff (see definition on page 19)
- PMB – Prescribed minimum benefits
- DSP – Designated service provider
- EC – Essential cover



## Core benefits

Description	Benefit
<p><b>HOSPITALISATION</b> (state and private hospitals and day clinics)</p> <p>Subject to pre-authorisation, protocols and case management</p> <ul style="list-style-type: none"> <li>Intensive and high care wards</li> <li>Ward accommodation</li> <li>Theatre fees</li> <li>Ward medicine</li> <li>Consultations, surgery and anaesthesia</li> </ul>	<p>100% of the MT</p> <p>Unlimited</p> <p>20% co-payment per admission if not pre-authorised</p>
<p><b>POST-HOSPITAL CARE</b></p> <p>Professional services required for up to 30 days after discharge following a Medihelp authorised private hospital admission (Prescribed medicine and medical appliances are paid from available benefits)</p> <ul style="list-style-type: none"> <li>Speech therapy</li> <li>Occupational therapy</li> <li>Physiotherapy</li> </ul>	<p>100% of the MT</p> <p>M = R1 650 per year</p> <p>M+ = R2 200 per year</p>
<p><b>CONFINEMENT</b> (Childbirth)</p> <p>Subject to pre-authorisation, protocols and case management</p>	<p>100% of the MT</p> <p>Unlimited</p> <p>20% co-payment per admission if not pre-authorised</p>
<p><b>HOME DELIVERY</b></p> <p>Subject to pre-authorisation</p> <ul style="list-style-type: none"> <li>Professional nursing fee</li> <li>Equipment</li> <li>Material and medicine</li> </ul>	<p>100% of the MT</p> <p>R11 350 per event</p> <p>20% co-payment per event if not pre-authorised</p>
<p><b>STANDARD RADIOLOGY, PATHOLOGY AND MEDICAL TECHNOLOGIST SERVICES</b></p> <p>In hospital</p> <p>Subject to clinical protocols</p>	<p>100% of the MT</p> <p>Unlimited</p>
<p><b>SPECIALISED RADIOLOGY</b></p> <p>In and out of hospital</p> <p>Only on request of a specialist and subject to clinical protocols</p> <ul style="list-style-type: none"> <li>MRI and CT imaging (subject to pre-authorisation)</li> <li>Angiography</li> <li>PET scan</li> </ul>	<p>100% of the MT</p> <p>Unlimited for MRI, CT imaging and angiography</p> <p>R19 100 per case for PET scans (non-PMB cases)</p>
<p><b>OXYGEN</b></p> <p>In hospital</p>	<p>100% of the MT</p> <p>Unlimited</p>
<p><b>PHYSIOTHERAPY, OCCUPATIONAL AND SPEECH THERAPY, DIETICIAN SERVICES, AUDIOMETRY, PODIATRY, MASSAGE, ORTHOPTIC, CHIROPRACTIC, HOMEOPATHIC, HERBAL AND NATUROPATHIC, OSTEOPATHIC AND BIKINETIC SERVICES</b></p> <p>In hospital</p>	<p>100% of the MT</p> <p>Unlimited</p>

CT – Computerised tomography  
MRI – Magnetic resonance imaging  
PET – Positron emission tomography

MT – Medihelp tariff (see definition on page 19)  
PMB – Prescribed minimum benefits

## Core benefits

Description	Benefit
<b>NEUROSTIMULATORS</b> Subject to pre-authorisation and clinical protocols <ul style="list-style-type: none"> <li>• Device and components</li> </ul>	100% of the MT R95 750 per beneficiary per year
<b>RENAL DIALYSIS</b> In and out of hospital Subject to pre-authorisation and clinical protocols	100% of the MT Unlimited
<b>APPLICABLE PRESCRIBED MEDICINE DISPENSED AND CHARGED BY THE HOSPITAL ON DISCHARGE FROM THE HOSPITAL (TTO)</b> (Excluding chronic medicine)	100% of the MT R510 per admission
<b>PSYCHIATRIC TREATMENT OF A MENTAL HEALTH CONDITION</b> Subject to pre-authorisation, services rendered in an approved hospital/facility and prescribed by a medical doctor <ul style="list-style-type: none"> <li>• Professional services rendered in and out of hospital by a psychiatrist</li> <li>• General ward accommodation</li> <li>• Medicine supplied during the period of treatment in the facility</li> <li>• Outpatient consultations</li> </ul>	100% of the MT R36 950 per beneficiary per year to a maximum of R50 350 per family per year 20% co-payment per admission if not pre-authorised
<b>ONCOLOGY</b> Subject to pre-authorisation and registration on the Medihelp Oncology Management Programme Protocols and DSP (ICON) apply <ul style="list-style-type: none"> <li>• Radiotherapy</li> <li>• Brachytherapy</li> <li>• Chemotherapy and associated adjuvant therapy (medicine subject to MORP)</li> <li>• Bone marrow/stem cell transplants</li> </ul>	100% of the MT Unlimited ICON enhanced protocol Co-payments apply to voluntary non-network services (10%) and/or deviating from protocol (10%)
<b>SUB-ACUTE CARE FACILITIES AND HOSPICE SERVICES AS AN ALTERNATIVE TO HOSPITALISATION</b> Subject to pre-authorisation, services rendered in an approved facility and prescribed by a medical doctor	100% of the MT Unlimited 20% co-payment per admission if not pre-authorised
<b>PRIVATE NURSING AS AN ALTERNATIVE TO HOSPITALISATION</b> Subject to pre-authorisation (Excluding general day-to-day care)	100% of the MT 20% co-payment per event if not pre-authorised

DSP – Designated service provider  
 MT – Medihelp tariff (see definition on page 19)  
 ICON – Independent Clinical Oncology Network

MORP – Medihelp Oncology Reference Price  
 TTO – To take out (medicine)

## Core benefits

Description	Benefit
<b>ORGAN TRANSPLANTS</b> Subject to pre-authorisation and clinical protocols	100% of the MT Unlimited
<ul style="list-style-type: none"> <li>• Cornea implants</li> </ul>	100% of the MT R24 750 per implant per year
<b>ENDOSCOPIC PROCEDURES</b> In hospital and performed in doctor's rooms (including material)	100% of the MT Unlimited 20% co-payment per admission if not pre-authorized
<b>DENTAL PROCEDURES UNDER GENERAL ANAESTHESIA</b> In hospital Subject to pre-authorisation and Denis managed care protocols	100% of the MT Only for removal of impacted teeth and extensive dental treatment for children younger than 5 years – once per lifetime 20% co-payment per admission if not pre-authorized
<b>APPENDECTOMY</b> Subject to pre-authorisation	100% of the MT Unlimited
<ul style="list-style-type: none"> <li>• Conventional procedure</li> </ul>	
<ul style="list-style-type: none"> <li>• Laparoscopic procedure</li> </ul>	100% of the MT Hospitalisation: R15 000 per beneficiary
<b>PROSTATECTOMY</b> Subject to pre-authorisation	100% of the MT Unlimited
<ul style="list-style-type: none"> <li>• Conventional or laparoscopic procedure</li> </ul>	
<ul style="list-style-type: none"> <li>• Robotic assisted laparoscopic procedure</li> </ul>	100% of the MT Hospitalisation: R95 000 per beneficiary

## Internally implanted prostheses

Description	Benefit
Subject to pre-authorisation, protocols and case management	100% of the MT 20% co-payment per admission on the hospital account if not pre-authorized The member is liable for the difference in cost should PMB spinal, hip, knee and cardiac prostheses not be obtained from the DSP
EVARS prosthesis	R111 800 per beneficiary per year
Vascular/cardiac prosthesis	R47 900 per beneficiary per year
Health-essential functional prosthesis	R53 050 per beneficiary per year
<ul style="list-style-type: none"> <li>• Intra-ocular lenses</li> </ul>	<b>Sub-limit:</b> 2 lenses per beneficiary per year R3 600 per lens
<ul style="list-style-type: none"> <li>• Prosthesis with reconstructive or restorative surgery and external breast prostheses (in and out of hospital)</li> </ul>	R8 300 per family per year
<ul style="list-style-type: none"> <li>• Implantable hearing devices (including devices and components)</li> </ul>	R90 000 per beneficiary per year

DSP – Designated service provider  
 EVARS – Endovascular aortic repair surgery  
 MT – Medihelp tariff (see definition on page 19)

PMB – Prescribed minimum benefits  
 Denis – Dental Information Systems

## Day-to-day benefits

Description	Benefit
<b>GPs, SPECIALISTS AND EMERGENCY UNITS</b> <ul style="list-style-type: none"> <li>Treatment (medical and surgical services, anaesthesia as well as material and medicines used during the service)</li> </ul>	100% of the MT Unlimited
<ul style="list-style-type: none"> <li>Consultations and follow-up consultations</li> </ul>	
<b>PHYSIOTHERAPY</b> Treatment and material	100% of the MT
<b>CLINICAL PSYCHOLOGY AND PSYCHIATRIC NURSING</b> Services rendered in and out of hospital	R3 100 per beneficiary per year, pooled per family
<b>OCCUPATIONAL AND SPEECH THERAPY, DIETICIAN SERVICES, AUDIOMETRY, PODIATRY, MASSAGE, ORTHOPTIC, CHIROPRACTIC, HOMEOPATHIC, HERBAL AND NATUROPATHIC, OSTEOPATHIC AND BOKINETIC SERVICES</b>	
<b>MEDICINE</b> Medicine obtained in the Medihelp Preferred Pharmacy Network and prescribed/dispensed by a medical doctor <ul style="list-style-type: none"> <li>Acute medicine (including medicine dispensed at an emergency unit and self-medication, immunisations, contraceptives and homeopathic, herbal, naturopathic and osteopathic medicine)</li> </ul>	100% of the MMAP if generic medicine is used  80% of the MT if no generic medicine is available  70% of the MMAP if original medicine is used voluntarily although generic medicine is available  R5 350 per beneficiary per year, pooled per family
<ul style="list-style-type: none"> <li>Non-PMB chronic medicine Subject to pre-authorisation and registration on Medihelp's chronic medicine management programme</li> </ul>	100% of the MMAP if generic medicine is used  80% of the MT if no generic medicine is available  70% of the MMAP if original medicine is used voluntarily although generic medicine is available  R15 600 per beneficiary per year
<ul style="list-style-type: none"> <li>PMB chronic medicine Subject to pre-authorisation and registration on Medihelp's PMB medicine management programme</li> </ul>	100% of the MHRP Unlimited
<b>OPTOMETRY</b> Subject to pre-authorisation by PPN and services should be obtained from a PPN provider <ul style="list-style-type: none"> <li>Optometric examinations 1 composite consultation, including refraction test, tonometry and visual field test</li> </ul>	100% of the MT 1 composite examination per beneficiary per 24-month cycle

## Day-to-day benefits

Description	Benefit
<ul style="list-style-type: none"> <li>Spectacles or contact lenses Benefits are limited to either spectacles or contact lenses</li> <li>Spectacles               <ul style="list-style-type: none"> <li>Frame and/or lens enhancements</li> </ul> </li> </ul>	R750 per beneficiary per 24-month cycle
<ul style="list-style-type: none"> <li>Lenses (one pair of standard clear Aquity lenses)</li> </ul>	Single vision, bifocal or multifocal lenses per beneficiary per 24-month cycle
<ul style="list-style-type: none"> <li>Contact lenses</li> </ul>	R1 660 per beneficiary per 24-month cycle
<b>DENTAL SERVICES</b> Subject to Denis managed care protocols <b>Conservative dental services</b>	
<ul style="list-style-type: none"> <li>Routine check-ups</li> </ul>	100% of the MT 2 per beneficiary per year (once in 6 months)
<ul style="list-style-type: none"> <li>Oral hygiene               <ul style="list-style-type: none"> <li>Fluoride treatment for children 5-13 years only</li> <li>Fissure sealants for children younger than 16 years only</li> </ul> </li> </ul>	100% of the MT 2 scale and polish treatments per beneficiary per year (once in 6 months)
<ul style="list-style-type: none"> <li>Fillings (treatment plans and X-rays may be requested for multiple fillings)</li> </ul>	100% of the MT 1 filling per tooth in 365 days
<ul style="list-style-type: none"> <li>Tooth extractions and root canal treatment in the dentist's chair</li> </ul>	100% of the MT
<ul style="list-style-type: none"> <li>Laughing gas (in the dentist's chair)</li> </ul>	
<ul style="list-style-type: none"> <li>Dental procedures under conscious sedation in the dentist's chair (sedation cost) Subject to pre-authorisation and managed care protocols</li> </ul>	100% of the MT Extensive dental treatment and the removal of impacted teeth only 20% co-payment if not pre-authorised
<ul style="list-style-type: none"> <li>Plastic dentures</li> </ul>	100% of the MT 1 set (upper and lower jaw) per beneficiary in a 4-year period
<b>X-rays</b>	
<ul style="list-style-type: none"> <li>Intra-oral X-rays</li> </ul>	100% of the MT
<ul style="list-style-type: none"> <li>Extra-oral X-rays</li> </ul>	100% of the MT 1 per beneficiary in a 3-year period

Denis – Dental Information Systems  
 MT – Medihelp tariff (see definition on page 19)

## Day-to-day benefits

Description	Benefit
<b>Specialised dental services</b> Subject to pre-authorisation and Denis managed care protocols <ul style="list-style-type: none"> <li>Partial metal frame dentures</li> </ul>	100% of the MT 2 partial frames (upper and lower jaw) per beneficiary in a 5-year period
<ul style="list-style-type: none"> <li>Maxillofacial surgery and oral pathology               <ul style="list-style-type: none"> <li>Surgery in the dentist's chair</li> </ul>               Benefits for temporomandibular joint (TMJ) therapy are limited to non-surgical interventions/treatment             </li> </ul>	100% of the MT
<ul style="list-style-type: none"> <li>Crowns and bridges Subject to pre-authorisation</li> </ul>	100% of the MT 3 crowns per family per year, once per tooth in a 5-year period 20% co-payment if not pre-authorised
<ul style="list-style-type: none"> <li>Implants Subject to pre-authorisation</li> </ul>	100% of the MT 2 implants per beneficiary in a 5-year period R2 270 for implant components per implant 20% co-payment if not pre-authorised
<ul style="list-style-type: none"> <li>Orthodontic treatment Subject to pre-authorisation and orthodontic needs analysis (Only one beneficiary per family may begin orthodontic treatment per calendar year)</li> </ul>	100% of the MT R13 500 per beneficiary from 9 - 17 years old per lifetime Payment only from the date of authorisation
<ul style="list-style-type: none"> <li>Periodontal treatment Subject to pre-authorisation and registration on the Perio Programme Conservative non-surgical therapy only</li> </ul>	100% of the MT 20% co-payment if not pre-authorised
<b>PATHOLOGY AND MEDICAL TECHNOLOGIST SERVICES</b> Out of hospital Subject to clinical protocols and requested by a medical doctor	100% of the MT Unlimited
<b>STANDARD RADIOLOGY</b> Out of hospital Subject to clinical protocols and requested by a medical doctor or chiropractor (black and white X-rays only)	100% of the MT Unlimited

Denis – Dental Information Systems

MT – Medihelp tariff (see definition on page 19)

## Day-to-day benefits

Description	Benefit
<b>EXTERNAL PROSTHESES, MEDICAL, SURGICAL AND ORTHOPAEDIC APPLIANCES</b> Services in and out of hospital <ul style="list-style-type: none"> <li>Artificial eyes</li> </ul>	100% of the MT R13 560 per beneficiary per 3-year cycle
<ul style="list-style-type: none"> <li>Speech and hearing aids</li> </ul>	100% of the MT R13 560 per beneficiary per 3-year cycle
<ul style="list-style-type: none"> <li>Artificial limbs</li> </ul>	100% of the MT R7 440 per beneficiary per 3-year cycle
<ul style="list-style-type: none"> <li>Wheelchairs</li> </ul>	100% of the MT R7 440 per beneficiary per 3-year cycle
<ul style="list-style-type: none"> <li>Insulin pumps (per 5-year cycle)</li> <li>Glucometers (per 5-year cycle)</li> <li>Medical appliances</li> <li>Hyperbaric oxygen treatment</li> </ul>	100% of the MT R1 650 per beneficiary per year
<ul style="list-style-type: none"> <li>Stoma components</li> <li>Incontinence products/supplies</li> </ul>	100% of the MT Unlimited
<ul style="list-style-type: none"> <li>Wigs (for alopecia totalis or cancer patients) Subject to pre-authorisation and protocols</li> </ul>	100% of the MT R1 650 per beneficiary per 3-year period
<ul style="list-style-type: none"> <li>CPAP apparatus Prescribed by a medical doctor and subject to pre-authorisation and protocols</li> </ul>	100% of the MT R8 400 per beneficiary per 24-month cycle
<b>OXYGEN</b> Out of hospital Subject to pre-authorisation, clinical protocols and services prescribed by a medical doctor	100% of the MT Unlimited 20% co-payment if not pre-authorised

CPAP – Continuous positive airway pressure

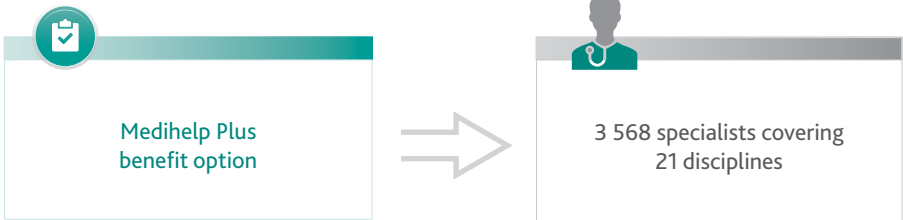
MT – Medihelp tariff (see definition on page 19)

This is a summary of the available benefits. In the event of a dispute the registered Rules of Medihelp will apply, subject to approval by the Registrar of Medical Schemes. If a beneficiary joins during the course of a financial year, the benefits are calculated pro rata according to the remaining number of months per year.



## specialist network

Medihelp's specialist network supports you with prescribed minimum benefit (PMB) conditions. By visiting specialists who form part of this network, you can limit your out-of-pocket expenses.



### Where can I obtain a list of network specialists?

Visit Medihelp's website at [www.medihelp.co.za](http://www.medihelp.co.za) and go to "Products and benefits", then click on "Provider list". Alternatively, use Medihelp's smartphone app to locate the nearest network specialist.

### Is the specialist you visit part of the applicable specialist network?

Your PMB services will be paid in full, and other services at the Medihelp tariff.

You will be responsible for the difference between the cost and the Medihelp tariff.

### Tip: Talk to your specialists about their fees

To prevent any surprises on your specialists' accounts, phone them before you receive the consultation or treatment and enquire about their fees. This way, you will know in advance how much your co-payment (if any) will be. You can also negotiate a reduced fee with the specialists or arrange payment terms.



## Medicine benefits

Your benefit option covers acute medicine, and the benefit for generic medicine is 100% of the Maximum Medical Aid Price or MMAP. This means that it will significantly reduce your out-of-pocket expenses when using generic medicine.

This is how the benefit allocation for acute medicine works:



Generic medicine –  
100% of the MMAP



Original use where no  
generic equivalent is  
available –  
80% of the MT



Original medicine used  
voluntarily although a generic  
equivalent is available –  
70% of the MMAP

## What is generic medicine and why is it so much cheaper?

Before a new medicine may be made available to the public, extensive research is necessary to ensure it is effective and safe. This research costs millions of rand, and pharmaceutical companies register a patent on the medicine to recover some of these research and development costs.

After the patent rights have expired, other pharmaceutical companies may use the same dosage form, active ingredient and strength, but with a different brand name. These companies do not have to repeat all the research, making the generic so much cheaper. The generic manufacturer has to prove that their medicine is **as effective** and of the same quality as the original.

We often hear people compare original medicine with generic medicine, but is there a difference?

	Generic	Original	
Dosage form			✓
Active ingredients			✓
Strength			✓
Cost			

There is **only one difference** – the cost



**Generic medicine is exactly the same as the original medicine**, but will cost you less. You can ask your doctor or pharmacy for the generic equivalent of original medicine.

## Healthcare partners

### Essential information about our healthcare partners

We partner with preferred providers and networks to give you access to affordable, quality care.



#### Dental Information Systems (Denis)

Dental Information Systems (Denis) is South Africa's leading dental benefit management company. Members may visit any dentist of their choice, but benefits are managed by Denis and granted in accordance with Denis protocols.



#### Medihelp Preferred Pharmacy Network

Medihelp's Preferred Pharmacy Network consists of more than 1 700 pharmacies who offer Medihelp members the most cost-effective professional fee structure for prescribed medicine. This means that members who visit network pharmacies will not have to pay any excess amounts for higher professional fees which non-network pharmacies charge to dispense medicine items.



#### OneHealth and Dis-Chem Direct

OneHealth is the managed healthcare partner for HIV/Aids-related services and post-exposure prophylaxis and Dis-Chem Direct is the designated service provider (DSP) for HIV/Aids medicine.



#### Specialist network

The Medihelp Plus specialist network effectively manages any PMB specialist care that our members may require, while reducing their out-of-pocket expenses.



#### Netcare 911

Netcare 911 is our partner in providing emergency medical services, including emergency medical transport, emergency assistance and trauma counselling.



#### ICON

ICON is the Independent Clinical Oncology Network to which more than 80% of the country's oncologists belong. They provide high quality cancer care through a countrywide footprint of high-tech chemotherapy and radiotherapy facilities. ICON is Medihelp's designated service provider for oncology treatment.



### **DBC**

Medihelp's back treatment programme is offered in cooperation with Document-Based Care (DBC). Each programme is developed by a multidisciplinary medical team according to the individual's clinical profile.



### **Preventive care**

Clicks and Dis-Chem are Medihelp's designated service providers for preventive care health assessment tests.



### **PPN**

The Preferred Provider Negotiators (PPN) provide Medihelp's optical benefits in partnership with more than 2 000 optometrists across South Africa. Medihelp members may visit any optometrist and benefits are paid according to PPN tariffs.




### **MobileMeds**

MobileMeds is a convenient medicine ordering and delivery service especially for authorised monthly chronic medicine.

## Download the member app

Register on the secured site for members on the Medihelp website, download the member app on your smartphone and get access to the following:



**Your medical history**  
Access all your Medihelp health data and the wellness programme HealthPrint, containing information such as your biometric data, chronic medication registrations, previous pre-authorisations and the results of your preventive care health assessment tests.

**Pre-authorisation**  
For a quick and hassle-free experience, apply for pre-authorisation for your hospitalisation via the app.

**E-membership card**  
A digital version of your membership card. It can be emailed to the doctor's practice quickly and conveniently.

**Locate a network provider**  
Locate providers who are included in Medihelp's various networks of providers via the app:

- Specialist networks
- Pharmacy network
- Hospital networks

Download the app

Android devices: Visit the Google Play  
iOS devices: Visit iTunes or your phone's app store

Remember that you must be registered to use the secured site for members before you can download the Medihelp member app.

## Register on the member secured site

Medihelp's secured site for members offers you an array of online services.



**Hospital pre-authorisation**

**Change your personal details**

**Manage your Medihelp accounts and benefits**

**View detail of your claims and contributions**

If you have not registered to use the secured site yet, please visit [www.medihelp.co.za](http://www.medihelp.co.za), click on "Members" and then on "Register".

## Explanation of terms

The **back treatment programme** is a non-surgical intervention in lieu of surgery for the management of spinal column disease/conditions/abnormalities. This approach to the treatment of back and neck pain involves an inter-disciplinary team handling the rehabilitation programme, which is individualised for each patient based on the patient's needs and clinical diagnosis. Patients are assessed to ascertain if they are eligible to participate in the programme.

**Chronic medicine** is medicine used for the long-term treatment of a chronic condition, and which meets the following requirements:

- It must be used to prevent and/or treat a serious medical condition;
- It must be used for an uninterrupted period of three months or longer;
- It must be used to sustain life, to delay the progress of a disease, and to repair natural physiology;
- It must be registered in South Africa for the treatment of the medical condition for which it is prescribed; and
- It must be the accepted treatment according to local and international treatment protocols and algorithms.

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

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

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

- When doctors and other providers of medical services charge fees which exceed Medihelp's scheme tariffs, the member is responsible for paying the difference between the amount charged and the amount which Medihelp pays;
- When Medihelp's benefit allocation is not 100% (e.g. for original acute medicine), or where the cost exceeds the limit available for the service (e.g. for medical, surgical and orthopaedic appliances); and
- When the member chooses not to obtain services from a designated service provider (e.g. the ICON network in the case of oncology) or when a pre-determined co-payment is applicable to a specific benefit as indicated per benefit option.

A **cycle** means the stated length of the benefit cycle commencing on the date of the first service and thereafter calculated from the date of each subsequent service.

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

**EVARs prostheses** shall only be considered where the patient suffers from an abdominal aortic aneurysm with an accompanying high risk for anaesthesia.

**Health-essential functional prostheses** necessarily replace a part of the body or a component thereof, or perform an essential function of the body.

**HIV testing** should take place in a controlled clinical environment to determine HIV status and should include pre- and post-testing counselling. This test may be followed by pathology tests according to Scheme protocols.

**Hospital benefits** refer to benefits for services rendered by a hospital during a patient's stay in hospital. Services include ward accommodation and ward medicine, standard radiology and pathology, physiotherapy and other supplementary services rendered during hospitalisation. Hospital benefits are subject to pre-authorisation and a 20% co-payment will be applicable to the hospital account if the admission is not pre-authorised. Emergency admissions must be registered on the first workday following the admission (see also "emergency medical condition").

Standard **immunisations** are child immunisations in accordance with the guidelines set by the Department of Health on the standard immunisation chart.

A **limit** is the maximum benefit amount which is paid for a specific service, apparatus or appliance, for example in the case of prostheses.

**Major medical benefits** include benefits for hospitalisation, PMB, trauma recovery and benefits that complement care when patients need to recover. Co-payments and sub-limits may be applicable in some cases.

**Maxillofacial surgery** means services pertaining to the jaws and face, particularly with reference to specialised surgery in this region.

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

**Medicine** means a substance or mixture of substances which is accepted as being ethical by medical science and which is registered with the South African Medicines Control Council, to be administered or applied for the prevention, treatment or healing of an illness (see also "chronic medicine").

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

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

**Per year** means from 1 January to 31 December of a year. Should a beneficiary enrol within a financial year, benefit amounts will be pro-rated according to the remaining number of months of the year. All limits are valid for a year, unless otherwise indicated.

**Period** refers to the specific duration of a service which is described per benefit (e.g. dentistry), or from the date of enrolment as beneficiary.

**Pre-authorization** means benefits for a service must be authorised before it is rendered.

**Prescribed Minimum Benefits (PMB)** are paid for 26 chronic conditions on the CDL and 270 diagnoses with their treatments as published in the Regulations of the Medical Schemes Act, 1998 (Act No 131 of 1998). In terms of these Regulations, medical schemes are compelled to grant benefits for the diagnosis, treatment and care costs of any of these conditions as well as emergency medical conditions (that meet the published definition) without imposing any limits. PMB are subject to pre-authorization, protocols, and the utilisation of designated service providers, where applicable, e.g. ICON for cancer treatment.

**Private nursing** is a service rendered to patients at their home as an alternative to hospitalisation. Benefits for private nursing are subject to pre-authorization by Medihelp and exclude general day-to-day services such as bathing and general care.

**Protocols** are clinical guidelines compiled by experts in the field of a specific medical condition for the treatment of that condition based on best practice principles.

**Unlimited** means that no overall annual limit (benefit amount) applies to the specific service/procedure. This does not refer to the number of days spent in hospital or the number of procedures applicable.

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

## General exclusions

### General

- Services which are not mentioned in the Rules as well as services which in the opinion of the Board of Trustees, are not aimed at the generally accepted medical treatment of an actual or a suspected medical condition or handicap, which is harmful or threatening to necessary bodily functions (the process of ageing is not considered to be a suspected medical condition or handicap).
- Travelling and accommodation/lodging costs, including meals as well as administration costs of a beneficiary and in case of a service provider where such costs do not relate to PMB conditions.
- Aptitude, intelligence/IQ and similar tests as well as the treatment of learning problems.
- Operations, treatments and procedures –
  - of own choice;
  - for cosmetic purposes; and
  - for obesity, with the exception of the treatment of obesity which is motivated by a medical specialist as life-threatening and approved beforehand by Medihelp.
- The completion of medical and other questionnaires/certificates not requested by Medihelp and the services related thereto.
- Costs for evidence in a lawsuit.
- Costs exceeding the scheme tariff for a service or the maximum benefit to which a member is entitled, subject to PMB.
- Appointments not kept.

### Medical conditions

- The treatment of infertility, other than that stipulated in the Regulations to the Medical Schemes Act, 1998.
- Treatment of alcoholism and drug abuse as well as services rendered by institutions which are registered in terms of the Prevention of and Treatment for Substance Abuse Act, 2008 (Act No 70 of 2008) or other institutions whose services are of a similar nature, other than stipulated in the Regulations of the Medical Schemes Act, 1998.
- Treatment of impotence.

### Procedures and services

- The artificial insemination of a person as defined in the National Health Act, 2003 (Act No 61 of 2003).
- Immunisation (including immunisation procedures and material) which is required by an employer, excluding flu immunisations and standard child immunisations.
- Exercise, guidance and rehabilitation programmes.
- Services rendered by social workers.
- Costs of visits at home and home programmes.
- When only accommodation is provided and/or general care services rendered.
- The cost of transport with an ambulance/emergency vehicle –
  - from a hospital/other institution to a residence;
  - in the event of a visit to friends/family; and
  - to the rooms of a medical doctor when the objective of the visit/consultation/treatment does not pertain to admission in a hospital.
- The cost of harvesting and/or preserving human tissues, including, but not limited to, stem cells, for future use thereof to treat a medical condition which has not yet been diagnosed in a beneficiary.
- Pathology services requested by a person other than a medical doctor.
- Radiology services requested by a person other than a medical doctor with the exception of a chiropractor who may request black and white X-rays.
- Facility fees at emergency units.
- Services rendered by counsellors not registered as clinical psychologists.
- Physiotherapy services associated with the removal of impacted wisdom teeth.

### Medicines, consumables and other products

- Bandages, cotton wool, dressings, plasters and similar material that are not used by a supplier of service during a treatment/procedure.
- Food substitutes, food supplements and patent food, including baby food.
- Multivitamin and multi-mineral supplements alone or in combination with stimulants (tonics).
- Appetite suppressants.
- All patent substances, suntan lotions, anabolic steroids, contact lens solutions as well as substances not registered by the South African Medicines Control Council, except medicine items approved by Medihelp in the following instances –
  - medicine items with patient-specific exemptions in terms of section 21 of the Medicines and Related Substances Control Act, 1965 (Act No 101 of 1965) as amended;

- homeopathic and naturopathic medicine items that have valid NAPPI codes;
- medicine derived from blood products; and
- where well-documented, sound evidence-based proof exists of efficacy and cost-effectiveness.
- Combination analgesic medicine claimed from acute medicine benefits exceeding 360 units per beneficiary per year.
- Non-steroidal anti-inflammatory medicine claimed from acute medicine benefits exceeding 180 units per beneficiary per year.
- Nappies for adults and children.

### Appliances

- Blood pressure meters.
- Motorised mobility aids/devices.
- Commode.
- Toilet seat raiser.
- Hospital beds for use at home.
- Devices to improve sight, other than spectacles and contact lenses.
- Mattresses and pillows.
- Bras without external breast prostheses.

## Dental exclusions

### Oral hygiene

- Oral hygiene instruction and evaluation.
- Professionally applied fluoride for beneficiaries older than 13 years.
- Dental bleaching.
- Nutritional and tobacco counselling.
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments.
- Fissure sealants on patients 16 years and older.

### Fillings/restorations

- Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis.
- Resin bonding for restorations charged as a separate procedure to the restoration.
- Polishing of restorations.
- Gold foil restorations.
- Ozone therapy.
- Replacement of amalgam (silver) fillings with composite (white) fillings.

### Root canal therapy and extractions

- Root canal therapy on primary (milk) teeth.
- Direct and indirect pulp capping procedures.
- Root canal therapy on wisdom teeth (third molars).

### Plastic dentures/snoring appliances/mouth guards

- Diagnostic dentures and the associated laboratory costs.
- Snoring appliances and the associated laboratory costs.
- Provisional dentures and associated laboratory costs.

- The clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures. (The laboratory fee will be covered at the Medihelp Dental Tariff where managed care protocols apply.)
- The laboratory cost associated with mouth guards. (The clinical fee will be covered at the Medihelp Dental Tariff where managed care protocols apply.)
- High impact acrylic.
- Cost of gold, precious metal, semi-precious metal and platinum foil.
- Laboratory delivery fees.

#### **Partial metal frame dentures**

- Metal base to partial or full dentures, including the laboratory cost.
- High impact acrylic.
- Cost of gold, precious metal, semi-precious metal and platinum foil.
- Laboratory delivery fees.

#### **Crowns and bridges**

- Crowns or crown retainers on wisdom teeth (third molars).
- Pontics on second molars.
- Crown and bridge procedures for cosmetic reasons and the associated laboratory costs.
- Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs.
- Occlusal mouth rehabilitations and the associated laboratory costs.
- Provisional crowns and the associated laboratory costs.
- Porcelain veneers, inlays and the associated laboratory costs.
- Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs.
- Cost of gold, precious metal, semi-precious metal and platinum foil.
- Laboratory delivery fees.

#### **Implants**

- Implants on wisdom teeth (third molars).
- Dolder bars and associated abutments on implants including the laboratory cost.
- Laboratory delivery fees.

#### **Orthodontics**

- Orthodontic treatment for cosmetic reasons and associated laboratory costs.
- Orthodontic treatment for beneficiaries 18 years and older.
- Orthodontic re-treatment and the associated laboratory costs.
- Cost of invisible retainer material.
- Laboratory delivery fees.
- Orthodontic-related surgery.

#### **Periodontics**

- Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemisection of a tooth.
- Perio chip placement.

#### **Maxillofacial surgery and oral pathology**

- Orthognathic (jaw correction) surgery and any orthodontic related surgery, as well as associated hospital cost and the associated laboratory costs.
- Bone augmentations.
- Bone and other tissue regeneration procedures.
- Cost of bone regeneration material.
- The auto-transplantation of teeth.
- Sinus lift procedures.
- The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8943 and 8945).

#### **Hospitalisation (general anaesthetic)**

- Where the reason for admission to hospital is dental fear or anxiety.
- Multiple hospital admissions.
- Where the only reason for admission to hospital is to acquire a sterile facility.
- The cost of dental materials for procedures performed under general anaesthesia.
- The hospital and anaesthetist claims for the following procedures will not be covered when performed under general anaesthesia:
  - Apicectomies.
  - Dentectomies.
  - Frenectomies.
  - Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for adults.
  - Professional oral hygiene procedures.
  - Implantology and associated surgical procedures.
  - Surgical tooth exposure for orthodontic reasons.

#### **Additional Scheme exclusions**

- Special reports.
- Dental testimony, including dento-legal fees.
- Behaviour management.
- Intra-muscular and subcutaneous injections.
- Procedures that are defined as unusual circumstances and unlisted procedures.
- Appointments not kept.
- Treatment plan completed (Item code 8120).
- Electrognathographic recordings, pantographic recordings and other such electronic analyses.
- Caries susceptibility and microbiological tests.
- Pulp tests.
- Cost of mineral trioxide.
- Enamel micro-abrasion.



# contact us

## Medihelp

### Medihelp Customer Care centre

Tel: 086 0100 678  
Fax: 012 336 9540  
www.medihelp.co.za  
enquiries@medihelp.co.za

### Application forms (new business)

newbusiness@medihelp.co.za

### Membership enquiries

membership@medihelp.co.za

### E-services

Access the member site via  
[www.medihelp.co.za](http://www.medihelp.co.za)  
Download the member app from  
iStore/Google Play

### Submission of claims

claims@medihelp.co.za  
Fax: 012 336 9556

### Hospital admissions

#### (All hospital admissions must be pre-authorised)

Electronic pre-authorisations:  
www.medihelp.co.za (members' secured site)  
Tel: 086 0200 678  
Fax: 012 336 9535  
hospitalauth@medihelp.co.za

### Chronic and PMB medicine and more than 30 days' medicine supply

Tel: 086 0100 678  
Fax: 012 334 2466 (chronic and PMB medicine)  
Fax: 012 334 2425 (more than 30 days' supply)  
medicineapp@medihelp.co.za

### Prescribed minimum benefits (PMB)

Tel: 086 0100 678  
Fax: 086 0064 762  
pmb@medihelp.co.za

### MRI and CT scans

Tel: 086 0200 678

### Oncology

Tel: 086 0100 678  
Fax: 086 0064 762  
oncology@medihelp.co.za

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

Tel: 086 0100 678  
Fax: 012 336 9523  
hmanagement@medihelp.co.za

### Chronic renal dialysis & oxygen administered at home

Tel: 086 0100 678  
Fax: 012 336 9540  
preauth@medihelp.co.za

### MobileMeds

Tel: 086 0100 678  
Fax: 012 336 9544  
mobilemeds@medihelp.co.za

### Medihelp fraudline

Tel: 012 334 2428  
Fax: 012 336 9538  
fraud@medihelp.co.za

## Partners

### Netcare 911

Tel: 082 911

### Denis (dental services)

Tel: 086 0104 941  
Fax: 086 6770 336  
medihelpenq@denis.co.za  
www.denis.co.za

### HIV/Aids programme & post-exposure prophylaxis (PEP) Disease management programme

OneHealth  
Tel: 086 014 3258  
Emergencies: 071 786 4520  
Fax: 086 644 4945  
medihelp@onehealth.co.za  
**Medicine**

Dis-Chem Direct  
Tel: 011 589 2788  
Fax: 086 641 8311  
direct@dischem.co.za

### PPN (Optometry)

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

## Council for Medical Schemes

Tel: 086 1123 267  
complaints@medicalschemes.com  
www.medschemes.com







086 0100 678  
www.medihelp.co.za

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



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medical scheme