

medihelp plus

2016



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why medihelp



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 fulfilling your healthcare needs.

10

benefit options

A product range which differs in price & benefits

Multiple engagement opportunities through social and digital channels



Products and additional value to suit every stage of your life

Consistent service on online and offline service platforms



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

Videos to explain complex processes



A dedicated **call centre**

A walk-in service offered at our **5 offices**



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

2 a sound healthcare investment

Medihelp ticks all the boxes of a sound investment:



110

years' experience in the industry and a solid reputation

One of only two schemes who have managed to up their service while the rest of the industry is on a downward trend – SACS 2015



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 top five largest open medical schemes in the industry

3 individualised value



Peace of mind

- A 30 days' post-hospital care benefit to help you recover
- Support and treatment programmes for a selection of specific illnesses



- Unlimited cover for trauma and emergencies
- No overall annual limit on hospital cover

Preventive care



A menu of separate, additional preventive care benefits valued at R16 000

Health conscious



An individualised, free wellness programme that keeps track of all your health data

Get active



Join Medihelp's cycling/running club and get added discounts and value



Kids are grown up

Child dependant rates apply until they are 26 years old

preventive care

Our preventive care benefits are designed to enable you to pick up on potential health problems, keeping you healthy and enhancing your available day-to-day benefits.



Pregnancy and baby benefits



- 12 pregnancy consultations per family per year
- Two 2D sonars per family per year
- 2 consultations for babies < 1 year old
- Immunisation for children < 7 years old, as published by the National Department of Health (administering fee at Dis-Chem or Clicks pharmacy clinics included)

Health tests



- 1 combo test (blood glucose, cholesterol, BMI and blood pressure measurement) or individual blood glucose and/or cholesterol tests (only at Clicks and Dis-Chem pharmacy clinics)*
- 1 pap smear (pathology: 4566/4559)
- 1 mammogram for women > 40 years (radiology imaging: 3605/39175/34100/34101)
- 1 prostate test for men > 40 years (pathology: 4519)
- 1 FOBT test for beneficiaries > 50 years (pathology: 4351)
- 1 bone density test for women > 50 years (3604/50120)
- 1 HIV non-pathology test for beneficiaries > 15 years (consultation fees are paid from the available day-to-day benefits)

* 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

Immunisation



- 1 flu vaccine per beneficiary (administering fee at Dis-Chem or Clicks pharmacy clinics included)
- 1 tetanus vaccine per beneficiary (administering fee at Dis-Chem or Clicks pharmacy clinics included)
- 1 HPV vaccine for beneficiaries aged 10 to 26 years (3 injections in the course of one year, once per lifetime; administering fee at Dis-Chem or Clicks pharmacy clinics included)
- 1 Pneumovax vaccine in a 5-year cycle for beneficiaries > 55 years who are registered on the 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). Phone 086 0100 678 for more information.

HealthPrint wellness programme



HealthPrint is an online wellness programme that displays the results of your health assessment tests on the site. You can also:

- View, update and share your health information via the site
- Add your activity tracker and track your performance
- View your benefits used and check what healthcare benefits you have available
- Join the Medihelp MultiSport club for runners and cyclists and qualify for discounts on gear and events, and receive a free Medihelp sports bag
- Join the programme for pregnant women or for moms with young children and access a wealth of relevant health information and added value from selected HealthPrint partners.

Join HealthPrint in three easy steps:

1

Visit Medihelp's website

2

Click on the HealthPrint button

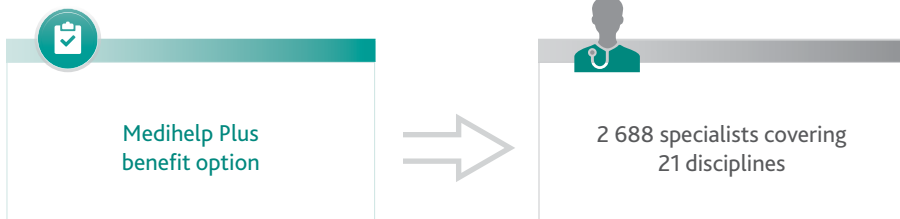
3

Complete your profile

HPV – Human papilloma virus
COPD – Chronic obstructive pulmonary disease

specialist network

Medihelp's specialist networks support you with prescribed minimum benefit (PMB) conditions. By visiting specialists who form part of these networks, 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 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 at cost, 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.

Core benefits



Medihelp Plus

	Description	Benefit
PMB	DIAGNOSIS, TREATMENT AND CARE COSTS OF 270 PMB AND 26 CHRONIC CONDITIONS ON THE CDL Subject to protocols, pre-authorisation and DSPs	100% of the cost Unlimited Co-payments may apply in case of voluntary non-DSP use/protocol deviation
Trauma	BENEFITS FOR MAJOR TRAUMA THAT NECESSITATES HOSPITALISATION IN THE CASE OF: <ul style="list-style-type: none"> • Motor vehicle accidents • Stab wounds • Gunshot wounds • Head trauma • Burns • Near drowning Subject to authorisation, PMB protocols and case management	100% of the cost Unlimited
	POST-EXPOSURE PROPHYLAXIS	
EMS	EMERGENCY TRANSPORT SERVICES (ER24) RSA, Lesotho, Swaziland, Mozambique, Namibia and Botswana Subject to pre-authorisation	
	<ul style="list-style-type: none"> • In beneficiary's country of residence: <ul style="list-style-type: none"> • Transport by road • Transport by air 	100% of the MT Unlimited 50% co-payment if not pre-authorised (excluding emergencies)
	<ul style="list-style-type: none"> • Outside beneficiary's country of residence <ul style="list-style-type: none"> • Transport by road 	100% of the MT R1 700 per case 50% co-payment if not pre-authorised (excluding emergencies)
	<ul style="list-style-type: none"> • Transport by air 	100% of the MT R11 150 per case 50% co-payment if not pre-authorised (excluding emergencies)
	24-HOUR HELPLINE AND TRAUMA COUNSELLING (ER24)	Phone 084 124

- CDL – Chronic Diseases List
- EMS – Emergency medical services
- MT – Medihelp tariff (see definition on page 15)
- PMB – Prescribed minimum benefits
- DSP – Designated service provider

Core benefits

Description	Benefit
HOSPITALISATION (state and private hospitals and day clinics) Subject to pre-authorisation, protocols and case management <ul style="list-style-type: none"> Intensive and high care wards Ward accommodation Theatre fees Ward medicine Consultations, surgery and anaesthesia 	100% of the MT Unlimited 20% co-payment per admission if not pre-authorised
POST-HOSPITAL CARE Up to 30 days after discharge from a private hospital <ul style="list-style-type: none"> Speech therapy Occupational therapy Physiotherapy 	100% of the MT M = R1 590 per year M+ = R2 120 per year
CONFINEMENT (Childbirth) Subject to pre-authorisation, protocols and case management	100% of the MT Unlimited 20% co-payment per admission if not pre-authorised
HOME DELIVERY Subject to pre-authorisation <ul style="list-style-type: none"> Professional nursing fee Equipment Material and medicine 	100% of the MT R10 750 per event 20% co-payment per event if not pre-authorised
STANDARD RADIOLOGY, PATHOLOGY AND MEDICAL TECHNOLOGIST SERVICES In hospital Subject to clinical protocols	100% of the MT Unlimited

- CT – Computerised tomography
 MRI – Magnetic resonance imaging
 PET – Positron emission tomography
 MT – Medihelp tariff (see definition on page 15)
 PMB – Prescribed minimum benefits
 TTO – To take out (medicine)

Description	Benefit
SPECIALISED RADIOLOGY In and out of hospital On request of a specialist and subject to clinical protocols <ul style="list-style-type: none"> MRI and CT imaging Subject to pre-authorisation PET scan Angiography 	100% of the MT Unlimited for MRI, CT imaging and angiography R18 050 per case for PET scans (non-PMB cases)
OXYGEN In hospital	100% of the MT Unlimited
PHYSIOTHERAPY, OCCUPATIONAL AND SPEECH THERAPY, DIETICIAN SERVICES, AUDIOMETRY, PODIATRY, MASSAGE, ORTHOPTIC, CHIROPRACTIC, HOMEOPATHIC, HERBAL AND NATUROPATHIC, OSTEOPATHIC AND BIOKINETIC SERVICES In hospital	100% of the MT Unlimited
NEUROSTIMULATORS Subject to pre-authorisation and clinical protocols <ul style="list-style-type: none"> Device and components 	100% of the MT R90 350 per beneficiary per year
RENAL DIALYSIS In and out of hospital Subject to pre-authorisation and clinical protocols	100% of the MT Unlimited
APPLICABLE PRESCRIBED MEDICINE DISPENSED AND CHARGED BY THE HOSPITAL ON DISCHARGE FROM THE HOSPITAL (TTO) (Excluding chronic medicine)	100% of the MT R490 per admission

Core benefits

Description	Benefit
<p>PSYCHIATRIC TREATMENT OF A MENTAL HEALTH CONDITION Subject to pre-authorisation, services rendered in an approved hospital/facility and prescribed by a medical doctor</p> <ul style="list-style-type: none"> Professional services rendered in and out of hospital by a psychiatrist General ward accommodation Medicine supplied during the period of treatment in the facility Outpatient consultations 	<p>100% of the MT R34 900 per beneficiary per year to a maximum of R47 500 per family per year 20% co-payment per admission if not pre-authorised</p>
<p>ONCOLOGY Subject to pre-authorisation and registration on the Medihelp Oncology Management Programme Protocols and DSP (ICON) applies</p> <ul style="list-style-type: none"> Radiotherapy Brachytherapy Chemotherapy and associated adjuvant therapy (medicine subject to MORP) 	<p>100% of the MT Unlimited ICON enhanced protocol Co-payments apply to voluntary non-network services (10%) and/or deviating from protocol (10%)</p>
<p>SUB-ACUTE CARE FACILITIES AND HOSPICE SERVICES AS AN ALTERNATIVE TO HOSPITALISATION Subject to pre-authorisation, services rendered in an approved facility and prescribed by a medical doctor</p>	<p>100% of the MT Unlimited 20% co-payment per admission if not pre-authorised</p>
<p>PRIVATE NURSING AS AN ALTERNATIVE TO HOSPITALISATION Subject to pre-authorisation (Excluding general day-to-day care)</p>	<p>100% of the MT Unlimited 20% co-payment per event if not pre-authorised</p>

Description	Benefit
<p>ORGAN TRANSPLANT Subject to pre-authorisation and clinical protocols</p> <ul style="list-style-type: none"> Bone marrow/stem cell transplants PMB only Cornea implants PMB and non-PMB 	<p>100% of the MT Unlimited</p> <p>100% of the MT Subject to protocols</p> <p>100% of the MT R23 350 per implant per year</p>
<p>ENDOSCOPIC PROCEDURES In hospital and performed in doctor's rooms (including material)</p>	<p>100% of the MT Unlimited 20% co-payment per admission if not pre-authorised</p>
<p>DENTAL PROCEDURES UNDER GENERAL ANAESTHESIA In hospital Subject to pre-authorisation and Denis managed care protocols</p>	<p>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-authorised</p>

Internally implanted prostheses

Description	Benefit
<p>Subject to pre-authorisation, protocols and case management</p>	<p>100% of the MT 20% co-payment per admission on the hospital account if not pre-authorised The member is liable for the difference in cost should PMB spinal, hip, knee and cardiac prostheses not be obtained from the DSP</p>
<p>EVARS prosthesis</p>	<p>R105 500 per beneficiary per year</p>
<p>Vascular/cardiac prosthesis</p>	<p>R45 200 per beneficiary per year</p>

- DSP – Designated service provider
 EVARS – Endovascular aortic repair surgery
 ICON – Independent Clinical Oncology Network
 MORP – Medihelp Oncology Reference Price
 MT – Medihelp tariff (see definition on page 15)
 PMB – Prescribed minimum benefits

Internally implanted prostheses

Description	Benefit
Health-essential functional prosthesis	R50 050 per beneficiary per year
<ul style="list-style-type: none"> Intra-ocular lenses 	Sub-limit: 2 lenses per beneficiary per year R3 400 per lens
<ul style="list-style-type: none"> Prosthesis with reconstructive or restorative surgery and external breast prostheses (in and out of hospital) 	R7 850 per family per year

Day-to-day benefits

Description	Benefit
GPs, SPECIALISTS AND EMERGENCY UNITS <ul style="list-style-type: none"> Treatment (medical and surgical services, anaesthesia as well as material and medicines used during the service) Consultations and follow-up consultations 	100% of the MT Unlimited
PHYSIOTHERAPY Treatment and material	
CLINICAL PSYCHOLOGY AND PSYCHIATRIC NURSING Services rendered in and out of hospital	100% of the MT R2 970 per beneficiary per year, pooled per family per year
OCCUPATIONAL AND SPEECH THERAPY, DIETICIAN SERVICES, AUDIOMETRY, PODIATRY, MASSAGE, ORTHOPTIC, CHIROPRACTIC, HOMEOPATHIC, HERBAL AND NATUROPATHIC, OSTEOPATHIC AND BIOKINETIC SERVICES	

MHRP – Medihelp Reference Price

MMAP – Maximum Medical Aid Price

MT – Medihelp tariff (see definition on page 15)

OTC – Over-the-counter medicine

PMB – Prescribed minimum benefits

Description	Benefit
MEDICINE Medicine obtained in the Medihelp Preferred Pharmacy Network and prescribed/dispensed by a medical doctor <ul style="list-style-type: none"> Acute medicine (including medicine dispensed at an emergency unit and over-the-counter (OTC) medicine, immunisations, contraceptives and homeopathic, herbal, naturopathic and osteopathic medicine) 	100% of the MMAP if generic medicine is used 80% of the MMAP if original medicine is used because no generic medicine is available 70% of the MMAP if original medicine is used voluntarily although generic medicine is available R5 090 per beneficiary per year, pooled per family per year
<ul style="list-style-type: none"> Non-PMB chronic medicine Subject to pre-authorisation and registration on Medihelp's chronic medicine management programme 	100% of the MMAP if generic medicine is used 80% of the MMAP if original medicine is used because no generic medicine is available 70% of the MMAP if original medicine is used voluntarily although generic medicine is available R14 750 per beneficiary per year
<ul style="list-style-type: none"> PMB chronic medicine Subject to pre-authorisation and registration on Medihelp's PMB medicine management programme 	100% of the MHRP Unlimited
OPTOMETRY Subject to pre-authorisation by PPN and services should be obtained from a PPN provider <ul style="list-style-type: none"> Optometric examinations 1 composite consultation, including refraction test, tonometry and visual field test 	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"> Spectacles or contact lenses Benefits are limited to either spectacles or contact lenses Spectacles <ul style="list-style-type: none"> Frame and/or lens enhancements Lenses (one pair of standard clear Aquity lenses) Contact lenses 	<p>R750 for a frame or lens enhancements per beneficiary per 24-month cycle</p> <p>Single vision, bifocal or multifocal lenses per beneficiary per 24-month cycle</p> <p>R1 660 per beneficiary per 24-month cycle</p>
DENTAL SERVICES Subject to Denis managed care protocols Emergency dental services	100% of the MT
Conservative dental services <ul style="list-style-type: none"> Routine check-ups 	100% of the MT 2 per beneficiary per year (once in 6 months)
<ul style="list-style-type: none"> Oral hygiene <ul style="list-style-type: none"> Fluoride treatment for children 5-13 years only Fissure sealants for children younger than 16 years only 	100% of the MT 2 scale and polish treatments per beneficiary per year (once in 6 months)
<ul style="list-style-type: none"> Fillings (treatment plans and X-rays may be requested for multiple fillings) 	100% of the MT 1 filling per tooth in 365 days
<ul style="list-style-type: none"> Tooth extractions and root canal treatment in the dentist's chair 	100% of the MT
<ul style="list-style-type: none"> Laughing gas (in the dentist's chair) 	
<ul style="list-style-type: none"> Dental procedures under conscious sedation in the dentist's chair (sedation cost) Subject to pre-authorisation and managed care protocols 	100% of the MT Extensive dental treatment and the removal of impacted teeth only 20% co-payment if not pre-authorised

Description	Benefit
<ul style="list-style-type: none"> Plastic dentures 	100% of the MT 1 set (upper and lower jaw) per beneficiary in a 4-year period
X-rays <ul style="list-style-type: none"> Intra-oral X-rays Extra-oral X-rays 	100% of the MT 100% of the MT 1 per beneficiary in a 3-year period
Specialised dental services Subject to pre-authorisation and Denis managed care protocols	
<ul style="list-style-type: none"> Partial metal frame dentures 	100% of the MT 2 partial frames (upper and lower jaw) per beneficiary in a 5-year period
<ul style="list-style-type: none"> Maxillofacial surgery and oral pathology <ul style="list-style-type: none"> Surgery in the dentist's chair <p>Benefits for temporomandibular joint (TMJ) therapy are limited to non-surgical interventions/treatment</p>	100% of the MT
<ul style="list-style-type: none"> Crowns and bridges Subject to pre-authorisation 	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"> Implants Subject to pre-authorisation 	100% of the MT 2 implants per beneficiary in a 5-year period R2 150 for implant components per implant 20% co-payment if not pre-authorised

Denis – Dental Information Systems

MT – Medihelp tariff (see definition on page 15)

Day-to-day benefits

Description	Benefit
<ul style="list-style-type: none"> Orthodontic treatment Subject to pre-authorisation and orthodontic needs analysis (Only one beneficiary per family may begin orthodontic treatment per calendar year) 	100% of the MT R12 800 per beneficiary from 9 - 18 years per lifetime Payment only from the date of authorisation
<ul style="list-style-type: none"> Periodontal treatment Subject to registration on the Perio Programme Conservative non-surgical therapy only 	100% of the MT 20% co-payment if not pre-authorised
PATHOLOGY AND MEDICAL TECHNOLOGIST SERVICES Out of hospital Subject to clinical protocols and requested by a medical doctor	100% of the MT Unlimited
STANDARD RADIOLOGY 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
EXTERNAL PROSTHESES, MEDICAL, SURGICAL AND ORTHOPAEDIC APPLIANCES Services in and out of hospital	
<ul style="list-style-type: none"> Artificial eyes, speech and hearing aids 	100% of the MT R11 300 per beneficiary per 3-year period
<ul style="list-style-type: none"> Artificial limbs and wheelchairs 	100% of the MT R6 200 per beneficiary per 3-year period
<ul style="list-style-type: none"> Insulin pumps (per 5-year cycle) Glucometers (per 5-year cycle) Medical appliances Incontinence products/supplies Hyperbaric oxygen treatment 	100% of the MT R1 590 per beneficiary per year

Description	Benefit
<ul style="list-style-type: none"> Stoma components, urine bags and urinary catheters 	100% of the MT Unlimited
<ul style="list-style-type: none"> Wigs Subject to pre-authorisation and protocols (for alopecia totalis or cancer patients) 	100% of the MT R1 600 per beneficiary per 3-year period
<ul style="list-style-type: none"> CPAP apparatus Prescribed by a medical doctor and subject to pre-authorisation and protocols 	100% of the MT R7 950 per beneficiary per 24-month cycle
OXYGEN 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 15)

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.

supporting information

Monthly contributions

Medihelp Plus 	
 Principal member	R6 252
 Dependant	R6 252
 Child dependant <26 years	R1 560

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 a PMB.
- 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.
- Treatment of wilfully self-inflicted injuries, unless it is a prescribed minimum benefit.
- Services which are claimable from the Compensation Commissioner, an employer or any other party, subject to the stipulations of rule 15.4.
- 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.
- Treatment of occupational diseases.

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 self-inflicted injury, unless it is a prescribed minimum benefit;
 - 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.
- Laparoscopic appendectomy.

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.

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.
- Full mouth Occlusal 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 related 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.
- Intramuscular and subcutaneous injections.
- Procedures that are defined as unusual circumstances and unlisted procedures.
- Appointments not kept.
- Treatment plan completed (code 8120).
- Electrognathographic recordings, pantographic recordings and other such electronic analyses.
- Caries susceptibility and microbiological tests.
- Pulp tests.
- Cost of mineral trioxide.
- Enamel micro-abratement.

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, transdermal and oral contraceptives.

Co-payments are the difference between the cover provided by Medihelp and the cost/tariff charged for the medical service, and are payable directly to the service provider. 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. Where possible, kindly apply for pre-authorisation at least three workdays before your admission. 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").

Medihelp Preferred Pharmacy Network refers to pharmacies offering Medihelp the most cost-effective professional fee structure for prescribed medicine. While standard co-payments on medicine still apply as set out in the rules of the benefit options, members who make use of network pharmacies will not have to pay any excess amounts in respect of higher professional fees charged by pharmacies to dispense medicine items.

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

Optipharm is the preferred provider for the rendering of HIV/Aids-related services and post-exposure prophylaxis in the case of sexual assault or accidental exposure to HIV.

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 (eg. dentistry), or from the date of enrolment as beneficiary.

Pre-authorisation 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-authorisation, protocols, and the utilisation of designated service providers, where applicable, e.g. ICON for cancer treatment. Benefits for PMB services are first funded from the related day-to-day benefits.

Private nursing is a service rendered to patients at their home as an alternative to hospitalisation. Benefits for private nursing are subject to pre-authorisation 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.

Trauma care includes benefits for trauma treatment in the case of motor vehicle accidents, as well as stab and gunshot wounds that necessitate hospitalisation. It also includes post-exposure prophylaxis in the case of sexual trauma, as well as benefits for head trauma, burns and near drowning.

Unlimited means that no overall annual limit (benefit amount) or period (e.g. in a 24-month cycle) 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.

contact us

Medihelp

Medihelp Customer Care Centre

Tel: 086 0100 678

Fax: 012 336 9540

www.medihelp.co.za

membership@medihelp.co.za (membership enquiries)

claims@medihelp.co.za (submission of claims)

enquiries@medihelp.co.za (general enquiries)

Hospital admissions

(All hospital admissions must be pre-authorised)

Tel: 086 0200 678

Fax: 012 336 9535

hospitalauth@medihelp.co.za

Prescribed minimum benefits (PMB)

Tel: 086 0100 678

Fax: 086 0064 762

pmb@medihelp.co.za

PMB chronic 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

Chronic renal dialysis & oxygen administered at home

Tel: 086 0100 678

Fax: 012 336 9540

enquiries@medihelp.co.za

Private nursing, hospice and sub-acute care facilities

Tel: 086 0100 678

Fax: 012 336 9523

hmanagement@medihelp.co.za

Oncology

Tel: 086 0100 678

Fax: 086 0064 762

oncology@medihelp.co.za

MRI and CT scans, prostheses and PMB services (during hospitalisation)

Tel: 086 0100 678

Fax: 012 336 9540

enquiries@medihelp.co.za

Medihelp fraudline

Tel: 012 334 2428

Fax: 012 336 9538

fraud@medihelp.co.za

Partners

ER 24

Tel: 084 124

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)

Tel: 086 014 3258

Emergencies: 071 786 4520

Fax: 086 644 4945

medihelp@onehealth.co.za

PPN (optometry)

Tel: 086 0103 529 or 086 1101 477

www.ppn.co.za

Council for Medical Schemes

Tel: 086 1123 267

complaints@medicalschemes.com

www.medicalschemes.com



086 0100 678
www.medihelp.co.za

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

