



Member *guide* 2025

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


MedVital


MedAdd


MedSaver


MedElect


MedElite


MedPrime



Self-service is all the rage

You no longer need to phone or email to get your medical aid admin done, whether during the workday or after hours. Our Member Zone and Medihelp app are available 24/7!. All your information is available online and you can get pre-authorization for hospital stays, other procedures, and medicine with a few clicks.



On the Member Zone, you can:

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

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

Anywhere, anytime access to your medical aid information

If you prefer using an app, download the Medihelp app from the Member Zone for free and have your membership e-card available whenever and wherever you need it. You can download the app on your phone from the Member Zone or from the Apple App Store, Google Play or Huawei AppGallery.



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Your **health partner** through every life stage

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



Healthy choices, healthy rewards

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



Family first

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



A plan for everybody

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



Care journeys

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



Member-owned, member-focused

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

* Families on MedVital, MedAdd, and MedPrime

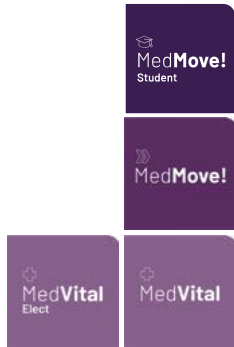


Plan overview

Basic plans

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

Contributions starting at **R750** for students



MedMove! Student: A dream plan for all students

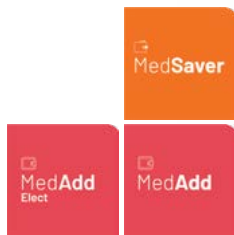
MedMove!: A digital health companion for the tech-savvy generation

MedVital Elect and MedVital: Affordable cover for essential services

Savings plans

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

Contributions starting at **R2 970**



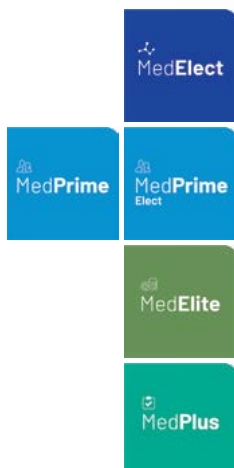
MedSaver: 25% savings account balancing flexibility and peace of mind

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

Comprehensive plans

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

Contributions starting at **R3 126**



MedElect: A full basket of benefits at an affordable price

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

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



Added insured benefits

Care extender benefit

Healthy rewards for proactive care



- **One additional GP consultation:** The first of either a Pap smear, mammogram, prostate test, faecal occult blood test (FOBT) or bone mineral density test activates a **one-off additional GP consultation for the family for the year.**
- **Self-medication dispensed at a network pharmacy:** An additional **R510** will be activated for the family to use for non-prescribed medicine once a combo health screening has been claimed from the added insured benefits.

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

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

Women's health

Healthy women, healthy community



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

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

Enhanced maternity benefits

Delightful journeys



- **Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist** (MedVital Elect, MedAdd Elect, and MedElect - a network referral to the gynaecologist is not needed)
- **Two antenatal and postnatal consultations at a dietitian/lactation specialist/antenatal classes**
- **Two 2D ultrasound scans**
- Nine months' **antenatal iron supplements***
- Nine months' **antenatal folic acid supplements***

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

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

Read more about our Parenting journey on page 10

Child benefits

For your family's peace of mind



- **Child flu vaccination** at network pharmacy clinics
- Babies under two years receive **two additional visits to a GP, paediatrician, or ear, nose, and throat specialist** (MedVital Elect, MedAdd Elect, and MedElect - a network GP referral to these specialists is not needed)
- **Full schedule of standard child immunisations** covered up to seven years at network pharmacy clinics
- **Hearing screening** for newborn babies before discharge from hospital

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

Added insured benefits

Routine screening and immunisation

Protecting your future health today



- A **combo test** (blood glucose, cholesterol, BMI, and blood pressure measurement) or **individual test** (blood glucose/cholesterol)
- **HIV testing, counselling, and support**
- A **tetanus vaccine**
- A **flu vaccination**
- **Two HPV vaccinations** for girls and boys between 10 and 14 years or **three vaccinations** between 15 and 26 years

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

Men's health

Helping men live healthier, longer, and stronger



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

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

Screening and immunisation for over 45s

Vitality in your prime



- Women older than 65 have access to **one bone mineral density test** requested by a medical doctor per two-year cycle (item codes 3604/50120)
- A **Pneumovax vaccine** in a five-year cycle per person older than 55 (if registered for asthma or chronic obstructive pulmonary disease (COPD))
- An **FOBT test** for people between 45 and 75 years (item codes 4351/4352)

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

Supporting wellness

Commitment to care



- **One back and neck treatment** per 12-month cycle as an alternative to surgery at a Documentation Based Care facility for eligible patients. The treatment is a prerequisite for spinal intervention
- **One dietitian consultation** per registered HealthPrint member if a BMI measurement indicates a BMI higher than 30 (item codes 84200–84205)
- **Cancer programme** offered in collaboration with oncologists in the Independent Clinical Oncology Network (Icon)
- **HIV programme** offered in collaboration with LifeSense Disease Management

Please note: Back and neck treatment and dietitian consultations apply to all plans, except MedMove!.

Please note: Certain added insured benefits are unavailable if the patient has registered the condition for prescribed minimum benefits (PMBs) or chronic medicine benefits, as the treatment is no longer considered preventive care. Benefits are paid at 100% of the Medihelp tariff (MT). Doctors' consultations are paid from the available savings account/day-to-day benefits. Pathology preferred providers Ampath, Lancet, and PathCare Vermaak and GP networks for certain network plans may apply.

Your care is our priority

Back and neck treatment programme

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

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

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

Members can request the details of DBC service providers from Medihelp by emailing enquiries@medihelp.co.za.

HIV/Aids programme

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

Medihelp pays 100% of the cost for:

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

Cancer programme

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

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

Cancer cover

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

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

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

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

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

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

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

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

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



Your care is our priority

Post-hospitalisation care initiative

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

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

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

Disease Management programme

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

Palliative care programme

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

Emergencies

What is a medical emergency?

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

Trauma

Members are covered for major trauma that necessitates hospitalisation, such as:

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

Benefits for emergency transport services (all plans)

Netcare 911

Services are subject to pre-authorisation and protocols

In beneficiary's country of residence	All plans
In the RSA, Lesotho, Eswatini, Zimbabwe, Mozambique, Namibia, and Botswana <ul style="list-style-type: none">• Transport by road• Transport by air	100% of the Medihelp tariff (MT) Unlimited
Outside beneficiary's country of residence.*	
<ul style="list-style-type: none">• Transport by road	100% of the MT R2 500 per case
<ul style="list-style-type: none">• Transport by air	100% of the MT R16 900 per case

* Not applicable for MedMove!

What is covered?

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

Note

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

In an emergency

If you need emergency transport, phone:

Netcare 911 | 082 911

The start of your Parenting journey

Free online health and wellness support

We have a few treats for first-time and seasoned parents alike to make your experience informative and enjoyable. Once expectant moms register on the Member Zone, you get access to the [Parent Sense app](#) to help you navigate every step of this adventure. Apart from helpful reminders, moms who register for the journey also enjoy access to the following benefits and gifts:



Maternity

- Ten antenatal and postnatal consultations at a midwife, GP, or gynaecologist*
- Two antenatal and postnatal consultations at a dietician, lactation specialist, or antenatal classes
- Two 2D ultrasound scans
- Nine months' antenatal iron supplements
- Nine months' antenatal folic acid supplements

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

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

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

Childbirth in hospital or home delivery

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

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







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



Parenting journey continued

Congratulations on the latest addition to your family!

You have already registered for the Parenting journey on the Member Zone, and by now you have access to the Parent Sense app where new parents can:

-  Track sleep, feeding, health, and development
-  Find recommendations for daily routines
-  Gain access to expert articles, tips, and tools
-  Get inspiration for daily play activities to boost development
-  Take the guesswork out of nutritionally sound meal plans and recipes
-  Keep a digital health record of weight, vaccinations, and milestones

Enjoying the digital assistant? As a special gift, you'll receive another three months' access to the app to help deal with everyday admin.

Babies and toddlers

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



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



Standard child immunisation for children up to seven years



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

Standard child immunisation – vaccination schedule

At birth	6 weeks	10 weeks	14 weeks	6 months	9 months	12 months	18 months	6 years
BCG vaccine for TB Oral polio vaccine	Oral polio vaccine Rotavirus vaccine Pneumococcal conjugated vaccine Diphtheria, tetanus, acellular pertussis, and haemophilus influenzae type B and hepatitis B vaccine combined (1st)	Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine, and haemophilus influenzae type B and hepatitis B vaccine combined (2nd)	Rotavirus vaccine Pneumococcal conjugated vaccine Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine, and haemophilus influenzae type B and hepatitis B vaccine combined (3rd)	Measles vaccine (1st)	Pneumococcal conjugated vaccine and chickenpox vaccine	Measles vaccine (2nd)	Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine, and haemophilus influenzae type B and hepatitis B vaccine combined (4th)	Tetanus and diphtheria vaccine

* MedVital Elect, MedAdd Elect, and MedElect members don't have to get a network GP referral to the paediatrician or ear, nose, and throat specialists to qualify for added insured benefits. Consultations are paid at the Medihelp tariff.

Monthly contributions



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

Child dependant rates apply
until the age of 26 years

	MedVital Elect	MedVital	MedAdd Elect	MedAdd	MedSaver	MedElect	MedPrime Elect	MedPrime	MedElite
Main member	R2 244	R2 880	R2 970 Includes R5 328 savings per year	R3 720 Includes R6 696 savings per year	R3 900 Includes R11 664 savings per year	R3 126	R4 344 Includes R5 184 savings per year	R5 304 Includes R6 336 savings per year	R8 172 Includes R9 792 savings per year
Dependant	R1 632	R2 214	R2 328 Includes R4 176 savings per year	R3 138 Includes R5 616 savings per year	R3 204 Includes R9 576 savings per year	R2 448	R3 666 Includes R4 392 savings per year	R4 482 Includes R5 400 savings per year	R7 650 Includes R9 216 savings per year
Child dependant <26 years	R942	R990	R1 032 Includes R1 872 savings per year	R1 260 Includes R2 304 savings per year	R1 200 Includes R3 600 savings per year	R1 014	R1 266 Includes R1 512 savings per year	R1 548 Includes R1 872 savings per year	R2 214 Includes R2 664 savings per year
	R3 876	R5 094	R5 298 Includes R9 504 savings per year	R6 858 Includes R12 312 savings per year	R7 104 Includes R21 240 savings per year	R5 574	R8 010 Includes R9 576 savings per year	R9 786 Includes R11 736 savings per year	R15 822 Includes R19 008 savings per year
	R3 186	R3 870	R4 002 Includes R7 200 savings per year	R4 980 Includes R9 000 savings per year	R5 100 Includes R15 264 savings per year	R4 140	R5 610 Includes R6 696 savings per year	R6 852 Includes R8 208 savings per year	R10 386 Includes R12 456 savings per year
	R4 128	R4 860	R5 034 Includes R9 072 savings per year	R6 240 Includes R11 304 savings per year	R6 300 Includes R18 864 savings per year	R5 154	R6 876 Includes R8 208 savings per year	R8 400 Includes R10 080 savings per year	R12 600 Includes R15 120 savings per year
	R4 818	R6 084	R6 330 Includes R11 376 savings per year	R8 118 Includes R14 616 savings per year	R8 304 Includes R24 840 savings per year	R6 588	R9 276 Includes R11 088 savings per year	R11 334 Includes R13 608 savings per year	R18 036 Includes R21 672 savings per year
	R5 760	R7 074	R7 362 Includes R13 248 savings per year	R9 378 Includes R16 920 savings per year	R9 504 Includes R28 440 savings per year	R7 602	R10 542 Includes R12 600 savings per year	R12 882 Includes R15 480 savings per year	R20 250 Includes R24 336 savings per year
	R5 760	R7 074	R7 362 Includes R13 248 savings per year	R9 378 Includes R16 920 savings per year	R11 904 Includes R35 640 savings per year	R9 630	R10 542 Includes R12 600 savings per year	R12 882 Includes R15 480 savings per year	R24 678 Includes R29 664 savings per year

Important: On plans with savings accounts, a credit facility equalling the monthly contribution to the personal medical savings account multiplied by 12 months will be available at the beginning of each financial year. If you join after January, the savings amount and benefits will be calculated based on the remaining months in the year. Savings not used are transferred to the next year. Please note that late-joiner penalties were not taken into consideration.

Affordable *medical cover*

MedVital



From **R2 244**
per month

Day-to-day benefits

● R1 500 per year | ● R2 900 per year ●

- Specialists
- GPs
- Physiotherapy
- Medicine

Post-hospital care

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

Added insured benefits

- Contraceptives** R2 100/R2 350
- 10 maternity consultations
- 2 GP/specialist visits for children under 2 years
- Preventive care** Health tests and screenings
- Care extender**
 - 1 GP visit
 - R510 self-medicationActivated after completing certain health screenings/tests

Core benefits

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

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






Quality network of private hospitals

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

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

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

Monthly contributions

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

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

Day-to-day benefits

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

Added insured benefits

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

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

Important

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

Core benefits

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

Ideal cover for *young families*



From **R2 970**
per month

Day-to-day benefits

15%
savings
account

Insured dentistry
< 18 years



Insured eye care
cover



Insured benefits

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



Added insured benefits



Contraceptives
R2 200/R2 600



10 maternity consultations



2 GP/specialist visits for children under 2 years



Preventive care
Health tests and screenings



1 GP visit



R510 self-medication

Activated after completing certain health screenings/tests



Core benefits



Trauma and emergency medical cover



Quality private hospitalisation



Care for 271 PMB diagnoses and all CDL conditions



Specialised radiology in and out of hospital

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



Quality network of private hospitals

		MedAdd Elect	MedAdd
Main member		R2 970 (R5 328 savings per year)	R3 720 (R6 696 savings per year)
Dependant		R2 328 (R4 176 savings per year)	R3 138 (R5 616 savings per year)
Child dependant <26 years		R1 032 (R1 872 savings per year)	R1 260 (R2 304 savings per year)

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



medihelp
Medical Aid in Action

Monthly contributions

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

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

Core benefits

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

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

Day-to-day benefits

Savings account	15% savings available at the beginning of the year (see monthly contributions) Example of available savings: MedAdd: Member = R6 696 per year Member +1 = R12 312 per year Member +2 = R14 616 per year MedAdd Elect: Member = R5 328 per year Member +1 = R9 504 per year Member +2 = R11 376 per year Unused savings are carried over to the next year and accumulate interest. Once you've depleted your savings, insured day-to-day benefits become available
GP and specialist visits, virtual consultations, physiotherapy, acute medicine, self-medication, visits to emergency units, standard radiology, pathology, and medical technologist services	Paid from savings first Member = R2 000 per year Family = R4 000 per year MedAdd Elect: GP network and specialist referrals by a network GP apply
Radiography	R1 300 per family
Dentistry (DRC network)	<ul style="list-style-type: none"> Conservative dental benefits for children <18 years Removal of impacted teeth in the dentist's chair
Optometry (PPN network)	Per person per 24-month cycle <ul style="list-style-type: none"> Eye test R315 for a frame/lens enhancements R710 for contact lenses

Care extender benefit

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

Added insured benefits

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

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

Important

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

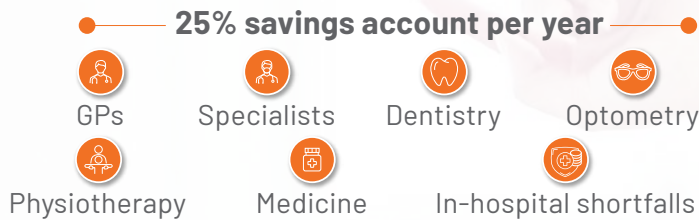
Comprehensive savings plan

MedSaver

From **R3 900**
per month



Day-to-day benefits



Once savings account is depleted:

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

Added insured benefits



Core benefits



MedSaver's 25% savings account gives you the freedom to manage your medical expenses according to your needs. We've got your back with ample preventive care benefits.

Savings account:

At the beginning of the year, the entire year's contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year.

Main member



MedSaver

R3 900
(R11 664 savings per year)

Dependant



R3 204
(R9 576 savings per year)

Child dependant <26 years






R1 200
(R3 600 savings per year)

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



medihelp
Medical Aid in Action

Monthly contributions

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

Children pay child dependant rates until they turn 26

Day-to-day benefits

Savings account	<p>25% savings available at the beginning of the year (see monthly contributions)</p> <p>Example of available savings: Member = R11 664 per year Member +1 = R21 240 per year Member +2 = R24 840 per year</p> <p>Unused savings are carried over to the next year and accumulate interest. Once your savings are depleted, insured day-to-day benefits become available</p>
Medical and supplementary healthcare practitioner services out of hospital	R2 500 per family, after savings are depleted (GP consultations, specialist visits, and over-the-counter medicine.)
Radiography	R1 300 per family
Dentistry (DRC network)	Removal of impacted teeth in the dentist's chair
Care extender benefit	
One additional GP consultation	Activates for the family once we've paid the first claim for a specified health test* from your added insured benefits
R510 for self-medication dispensed at a network pharmacy	Activates for the family once we've paid the first claim for a combo health screening** from your added insured benefits

Added insured benefits

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

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

Core benefits

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

Important

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



Affordable network cover for families



From **R3 126**
per month

Day-to-day benefits

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

- R6 400
- R9 500
- R11 600
- R12 700



Dental check-ups

Optometry check-ups

Physio- and occupational therapy

- R2 500
- R3 900

Added insured benefits



Contraceptives
R2 100/R2 400



10 maternity consultations



2 GP/specialist visits for children under 2 years



Preventive care
Health tests and screenings



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

Core benefits



Trauma and emergency medical cover



Network of quality private hospitals



Care for 271 PMB diagnoses and all CDL conditions



Specialised radiology in and out of hospital

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

National networks of quality, private hospitals, and GPs



MedElect

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




You pay child dependant rates for children until they turn 26

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



medihelp
Medical Aid in Action

Monthly contributions

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

Children pay child dependant rates until they turn 26

Day-to-day benefits

Overall day-to-day limit Sub-limits apply	Day-to-day benefit Member = R6 400 Member + 1 = R9 500 Member + 2 = R11 600 Member + 3 = R12 700
Self-medication (non-prescribed medicine)	Subject to overall day-to-day limit Member = R500 Family = R2 000
Acute medication	Subject to overall day-to-day limit Member = R1 500 Member + 1 = R2 500 Member + 2 = R3 000
Network GP consultations and clinical psychology	Subject to overall day-to-day limit Member = R2 200 Member + 1 = R4 050 Member + 2 = R4 750
Non-network GP consultations	Subject to overall day-to-day limit Member = R1 350 Family = R2 700
Medical specialists	Subject to overall day-to-day limit R1 500 per family per year
Pathology, medical technology, and standard radiology out of hospital	Subject to overall day-to-day limit R3 600 per family
Medical appliances	R1 150 per family
Physiotherapy and occupational therapy (in and out of hospital)	Member = R2 500 Family = R3 900
Radiography	R1 300 per family
Dentistry (DRC network)	Routine check-ups, fillings, X-rays, oral hygiene, and removal of impacted wisdom teeth
Optometry (PPN network)	Per person per 24-month cycle <ul style="list-style-type: none"> Eye test R625 for a frame/lens enhancements R825 for contact lenses
Care extender benefit	
One additional GP consultation	Activates for the family once we've paid the first claim for a specified health test* from your added insured benefits
R510 for self-medication dispensed at a network pharmacy	Activates for the family once we've paid the first claim for a combo health screening** from your added insured benefits

Important

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

Added insured benefits

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

Maternity benefits	<ul style="list-style-type: none"> Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist Two antenatal and postnatal consultations at a dietician/lactation specialist/antenatal classes Two 2D ultrasound scans
Babies <2 years	Two consultations at a paediatrician/GP/ear, nose, and throat specialist
Child immunisation	Standard immunisation up to seven years
Health screenings	<ul style="list-style-type: none"> One combo health screening (blood glucose, cholesterol, BMI, and blood pressure measurement)**
Preventive care benefits	<ul style="list-style-type: none"> A tetanus vaccine A flu vaccine A mammogram* every two years A Pap smear* every three years A prostate test* An FOBT test* A bone mineral density test* every two years Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years
Contraceptives	<ul style="list-style-type: none"> Oral/injectable/implantable contraceptives - R150 per month, up to R2 100 per year Intra-uterine device - R2 400 every 60 months
Supporting wellness	<ul style="list-style-type: none"> Back treatment at a Documentation Based Care facility (a prerequisite for spinal column surgery) One dietician consultation if BMI is >30

Core benefits

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

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

The ultimate cover for families

MedPrime



From **R4 344**
per month

Day-to-day benefits

10%
savings
account

Comprehensive insured dentistry cover



Comprehensive insured optometry cover



Insured pooled benefits for daily medical expenses after depletion of savings
 R7 200
 + R13 300

Added insured benefits



Contraceptives
R2 350/R2 700



10 maternity consultations



2 GP/specialist visits for children under 2 years



Preventive care
Health tests and screenings



Care extender
1 GP visit



R510 self-medication

Activated after completing certain health screenings/tests

Core benefits



Trauma and emergency medical cover



Quality private hospitalisation



Care for 271 PMB diagnoses and all CDL conditions



Specialised radiology in and out of hospital

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



Quality network of private hospitals

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

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



medihelp
Medical Aid in Action

Monthly contributions

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

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

Day-to-day benefits

Savings account	<p>10% savings available at the beginning of the year (see monthly contributions)</p> <p>Example of savings:</p> <p>MedPrime Elect: Member = R5 184 per year Member +1 = R9 576 per year Member +2 = R11 088 per year</p> <p>MedPrime: Member = R6 336 per year Member +1 = R11 736 per year Member +2 = R13 608 per year</p> <p>Unused savings are carried over to the next year and accumulate interest. Once your savings are depleted, insured day-to-day benefits become available.</p>
GPs and specialists, clinical psychology, physiotherapy, supplementary health services, acute medicine, non-PMB chronic medicine, standard radiology, and pathology (Ampath, Lancet, and PathCare Vermaak)	<p>Available after depletion of savings account</p> <p>Member = R7 200 Family = R13 300</p>
Optometry (PPN network)	<p>Per person per 24-month cycle</p> <ul style="list-style-type: none"> Eye test R910 for a frame/lens enhancements R1 310 for contact lenses
Conservative dentistry (DRC network)	Routine check-ups, fillings, X-rays, and oral hygiene
Specialised dentistry (DRC network)	Crowns, bridges, and orthodontic treatment
External prostheses and medical appliances	<p>Per family per three-year cycle</p> <ul style="list-style-type: none"> Artificial eyes – R5 700 Speech and hearing aids – R5 700 Wheelchairs – R5 700 Artificial limbs – R5 700 <p>CPAP apparatus – R11 900 per person per two-year cycle</p> <p>Medical appliances and hyperbaric oxygen treatment – R1 600 per family</p>
Radiography	R1 300 per family
Care extender benefit	
One additional GP consultation	Activates for the family once we've paid the first claim for a specified health test* from your added insured benefits
R510 for self-medication dispensed at a network pharmacy	Activates for the family once we've paid the first claim for a combo health screening** from your added insured benefits

Important

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

Added insured benefits

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

Maternity benefits	<ul style="list-style-type: none"> Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist Two antenatal and postnatal consultations at a dietician/lactation specialist/antenatal classes Two 2D ultrasound scans Nine months' antenatal iron supplements Nine months' antenatal folic acid supplements
Babies <2 years	Two consultations at a paediatrician/GP/ear, nose, and throat specialist
Child immunisation	Standard immunisation up to seven years
Health screening tests	One combo health screening (blood glucose, cholesterol, BMI, and blood pressure measurement)**
Preventive care benefits	<ul style="list-style-type: none"> A tetanus vaccine A flu vaccine A mammogram* every two years A Pap smear* every three years A prostate test* An FOBT test* A bone mineral density test* every two years Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years
Contraceptives	<ul style="list-style-type: none"> Oral/injectable/implantable contraceptives – R180 per month, up to R2 350 per year Intra-uterine device – R2 700 every 60 months

Core benefits

In-hospital treatment and life-essential services (insured benefits)	
Hospitalisation	<p>No overall annual limit</p> <p>MedPrime: Any private hospital, and day procedure facilities apply for certain day procedures</p> <p>MedPrime Elect: Network hospitals, and network day procedure facilities apply for certain day procedures</p>
Hospital medicine on discharge: Applicable medicine dispensed and charged by the hospital on discharge from the hospital (to take out or TTO), excluding PMB/ chronic medicine	R540 per admission
Refractive surgery (professional fee included)	R14 300 per family (beneficiaries 18 to 50 years)
Trauma that necessitates hospitalisation	Unlimited
Childbirth	<ul style="list-style-type: none"> In hospital – unlimited Home delivery – R16 300 per event
Specialised radiology	R25 000 per family (co-payments apply)
Post-hospital care for speech therapy, occupational therapy, and physiotherapy	R2 300 per member and R3 300 per family, including discharge from a day procedure facility or hospital
Emergency transport (Netcare 911)	<ul style="list-style-type: none"> In country of residence: Unlimited (RSA, Lesotho, Eswatini, Mozambique, Zimbabwe, Namibia, and Botswana) Outside country of residence: R2 500 for road transport and R16 900 for air transport
Treatment of life-threatening conditions	Unlimited Includes 271 PMB and 26 Chronic Diseases List (CDL) conditions
PMB medicine	Unlimited MedPrime Elect: Formulary and DSP apply
Cancer treatment	R320 000 per family
Mental health (psychiatric treatment)	<ul style="list-style-type: none"> Hospitalisation and professional psychiatric services: R36 400 per beneficiary per year to a maximum of R49 100 per family per year, including one educational psychologist consultation per beneficiary per year to diagnose autism Treatment of depression out of hospital, subject to registration on the Mental Health programme: R4 000 per beneficiary per year, subject to the in-hospital limit, for services rendered by psychiatrists, psychologists, social workers, occupational therapists, and psychiatric nurses Medicine: R120 per beneficiary per month, subject to the in-hospital limit
Health-essential functional prostheses	<p>R77 400 per person</p> <ul style="list-style-type: none"> Intra-ocular lenses – R5 420 per lens, two lenses per person Hip, knee, and shoulder replacements – non-PMB cases are limited to replacements caused by an acute injury
Other prostheses	<ul style="list-style-type: none"> EVARS prosthesis – R163 300 per person Vascular/cardiac prosthesis – R69 800 per person Prosthesis with reconstructive or restorative surgery and external breast prostheses – R11 800 per family Implantable hearing devices (including device and components) – R300 900 per person <ul style="list-style-type: none"> Out-of-hospital benefit: R140 000 sub-limit per beneficiary per 5-year period for replacement of the sound processor
Organ transplants	PMB – unlimited Cornea implants – R35 900 per implant
Palliative care	R28 800 per family
Wound care	R5 800 per family per year, including nurse consultations and material/stock used
Other core benefits	Including renal dialysis, prostatectomy, oxygen, hospice, subacute care, and private nursing services as an alternative to hospitalisation

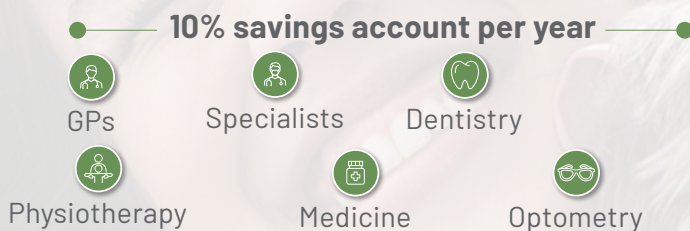
All-inclusive family cover

MedElite



From **R8 172**
per month

Day-to-day benefits



Insured benefits

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

Added insured benefits



Core benefits



MedElite

Quality private hospitalisation

Main member



MedElite
R8 172

(R9 792 savings per year)

Dependant



R7 650

(R9 216 savings per year)

Child dependant <26 years



R2 214

(R2 664 savings per year)

Pay child dependant rates until your children turn 26



medihelp
Medical Aid in Action

Medihelp is an authorised financial services provider (FSP No 16738). This is a summary of benefits. In the event of a dispute, the registered Rules of Medihelp will apply, subject to approval by the Council for Medical Schemes.

Maandelikse ledegeld

Hooflid		R8 172 (R816 spaarbydrae ingesluit per maand en R9 792 per jaar)
Afhanklike		R7 650 (R768 spaarbydrae ingesluit per maand en R9 216 per jaar)
Kinderafhanklike <26 jaar		R2 214 (R222 spaarbydrae ingesluit per maand en R2 664 per jaar)

Kinders betaal ledegeld vir kinderafhanklikes tot hulle 26 is

Dag-tot-dag-voordele

Spaarrekening	<p>10%-spaarrekening beskikbaar aan die begin van die jaar (sien maandelikse ledegeld):</p> <p>Voorbeeld van beskikbare spaargeld:</p> <p>Lid = R9 792 per jaar Lid + 1 = R19 008 per jaar Lid + 2 = R21 672 per jaar</p> <p>Ongebruikte spaargeld word na die volgende jaar oorgedra en akkumuleer rente. Sodra jou spaargeld opgebruik is, word versekerde dag-tot-dag-voordele beskikbaar gestel</p>
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Versekerde dag-tot-dag-voordele (beskikbaar nadat die spaarrekening opgebruik is)

Oorhoofse jaarlikse dag-tot-dag-voordeel	<p>Lid = R14 500 Lid + 1 = R16 900 Lid + 2 = R19 300 Lid + 3+ = R21 700</p>
Besoeke aan algemene praktisyne en spesialiste, virtuele konsultasies, fisioterapie, kliniese sielkunde, psigiatriese verpleging en aanvullende gesondheidsdienste	<p>Lid = R3 700 Lid + 1 = R4 800 Lid + 2 = R6 000 Lid + 3+ = R7 200</p> <p>Onderhewig aan jaarlikse dag-tot-dag-voordeel</p>
Medisyne	
Akute medisyne	<p>Lid = R4 800 Lid + 1 = R6 000 Lid + 2 = R7 200 Lid + 3+ = R8 450</p> <p>Onderhewig aan jaarlikse dag-tot-dag-voordeel</p>
Nie-VMV-chroniese medisyne	<p>Lid = R5 700 Lid + 1 = R8 550 Lid + 2 = R11 400 Lid + 3+ = R12 200</p>

Ander dag-tot-dag-voordele

Uitwendige prostese en mediese toestelle	<p>Per persoon per driejaarsiklus</p> <ul style="list-style-type: none"> Kunsoë – R9 750 Spraak- en gehoorstoel – R9 750 Rolstoel – R7 750 Kunsledemate – R7 750
	<p>CPAP-apparate – R11 900 per persoon per tweejaarsiklus</p> <p>Mediese toestelle en hiperbariese suurstofbehandeling – R1 800 per persoon</p>
Oogkunde (PPN-netwerk)	<p>Per persoon per 24-maandesiklus</p> <ul style="list-style-type: none"> Oogtoets R1 135 vir 'n raam/lensverbeterings R1 835 vir kontaklense
Konserwatiewe tandheelkunde (DRC-netwerk)	Roetine-ondersoek, stoppels, X-strale en mondigiëne
Gespesialiseerde tandheelkunde (DRC-netwerk)	Krone, brugwerk en ortodontiese behandeling
Standaardradiologie	R3 450 per gesin Onderhewig aan jaarlikse dag-tot-dag-voordeel nadat spaarrekening uitgeput is
Patologie (Ampath, Lancet en PathCare Vermaak)	R3 450 per gesin Onderhewig aan jaarlikse dag-tot-dag-voordeel nadat spaarrekening uitgeput is

Uitgebreide sorg

Een bykomende konsultasie by 'n algemene praktisyne	Word geaktiveer vir die gesin sodra die eerste eis vir 'n spesifieke gesondheidstoets* uit jou bykomende versekerde voordele betaal word
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Bykomende versekerde voordele

Hierdie voordele word bykomend tot jou versekerde dag-tot-dag-voordele gebied en word geaktiveer sodra jy op die Member Zone registreer vir HealthPrint. MediHelp se gratis welstandsprogram vir lede. Die uitslae van jou gesondheidstoetse by Dis-Chem of Clicks sal outomaties op jou gesondheidsrekord op HealthPrint bygewerk word.

Swangerskapvoordele	<ul style="list-style-type: none"> Tien voorgeboorte- en nageboortekonsultasies by 'n vroedvrou/algemene praktisyne/ginekoloog Twee voorgeboorte- en nageboortekonsultasies by 'n dieetkundige/laktasiespesialis/voorgeboorteklasse Twee 2D-ultraklankskanderings Voorgeboorte-ysteraanvullings vir nege maande Voorgeboorte-folienaanvullings vir nege maande
Babas <2 jaar	Twee konsultasies by 'n pediater/algemene praktisyne/oor-neus-en-keelspesialis
Immunisering vir kinders	Standaardimmunisering tot sewe jaar
Gesondheidstoetse	<ul style="list-style-type: none"> Een kombinasietoets (bloedglukose, cholesterol, LMI en bloeddrukmeting)**
Voordele vir voorkomende sorg	<ul style="list-style-type: none"> 'n Tetanusinenting 'n Griepinenting 'n Mammogram* elke twee jaar 'n Papsmeer* elke drie jaar 'n Prostaatstoets* 'n Fekale okkulte bloedtoets (FOBT)* 'n Beenmineraaldigtheidstoets* elke twee jaar Twee MPV-inentings vir meisies en seuns tussen 10-14 jaar of drie tussen 15-26 jaar
Voorbehoedmiddels	<ul style="list-style-type: none"> Oraal/inspuitbaar/inplanteerbaar – R180 per maand, tot R2 400 per jaar Intra-uteriene apparaat – R2 800 elke 60 maande

Kernvoordele

Hospitaalbehandeling en lewensnoodsaaklike dienste (versekerde voordele)

Hospitalisasie	Geen oorhoofse jaarlikse limiet nie Enige privaat hospitaal, en dagprosedurefasiliteite geld vir sekere dagprosedures
Hospitaalmedisyne by ontslag: Toepaslike medisyne wat deur die hospitaal gerecepteer word by ontslag uit die hospitaal (TTO-medisyne), uitgesluit VMV-chroniese medisyne	R600 per opname
Refraktiewe chirurgie	R23 900 per gesin (bevoordeeldes 18 tot 50 jaar) Limiet sluit professionele fooi in
Trauma wat hospitalisasie vereis	Onbeperk
Geboorte	<ul style="list-style-type: none"> In die hospitaal – onbeperk Tuisgeboorte – R16 300 per geval
Gespesialiseerde radiologie	Angiografie, MRB en RT-skandering – R30 000 per gesin per jaar
Posthospitaalsorg vir spraakterapie, arbeidsterapie en fisioterapie	R2 300 per lid en R3 300 per gesin, ontslag uit 'n dagsorgfasiliteit ingesluit
Noodvervoer (Netcare 911)	<ul style="list-style-type: none"> In die land waar jy woon Onbeperk (RSA, Lesotho, Eswatini, Mosambiek, Zimbabwe, Namibië en Botswana) Buite die land waar jy woon R2 500 vir padvervoer en R16 900 vir lugvervoer
Behandeling vir lewensbedreigende toestande	Onbeperk Sluit 271 VMV-toestande en 26 CDL-toestande in
VMV-medisyne	Onbeperk
Kankerbehandeling	R480 000 per gesin
Geestesgesondheid (sielkundige behandeling)	<ul style="list-style-type: none"> Hospitalisasie en professionele psigiatriese dienste: R44 200 per bevoordeelde tot 'n maksimum van R61 300 per gesin per jaar, ingesluit een konsultasie by 'n opvoedkundige sielkundige per bevoordeelde per jaar vir die diagnose van outisme Depressiebehandeling buite die hospitaal, onderhewig aan registrasie op die Geestesgesondheidsprogram: R5 000 per bevoordeelde per jaar, onderhewig aan die in-hospitaallimiet, vir dienste gelewer deur psigiaters, sielkundiges, maatskaplike werkers, arbeidsterapeute en psigiatriese susters Medisyne: R135 per bevoordeelde per maand, onderhewig aan die in-hospitaallimiet
Funksionele gesondheidsnoodsaaklike prostese	<p>R77 400 per persoon</p> <ul style="list-style-type: none"> Intra-okulêre lense – R5 520 per lense, twee lense per persoon Heup-, knie- en skouervervanging – nie-VMV-gevalle is beperk tot vervanging wat weens 'n akute besering nodig is Heup-, knie- en skouervervanging weens slytasie – 'n voordeel van R24 500 geld vir die hospitaalrekening en prostesekomponent (gekombineer) per opname. Heup- en knieervangings is onderhewig aan die aangewese diensverskaffer indien die pasiënt kwalifiseer volgens kliniese kriteria
Ander prostese	<ul style="list-style-type: none"> EVARS-prostese – R163 300 per persoon Vaskulêre/kardiale prostese – R69 800 per persoon Prostese met rekonstruktiewe of restourerende chirurgie en uitwendige borsprostese – R11 800 per gesin Inplanteerbare gehoorstoel (toestel en komponente ingesluit) – R325 100 per persoon Voordeel buite die hospitaal: R160 000 sublimiet per bevoordeelde per 5-jaartydperk vir die vervanging van die klankprosesseerder
Orgaanoorplanting	VMV – onbeperk Kornea-inplanting – R35 900 per inplanting
Palliatiewe sorg	R31 300 per gesin
Wond sorg	R10 700 per gesin per jaar, insluitend die suster se konsultasies en materiaal/voorraad gebruik
Ander kernvoordele	Sluit in nierdialise, prostatektomie, suurstof, hospies, subakute sorg en privaat verpleging as alternatief vir hospitalisasie

Belangrik
Hierdie is slegs 'n opsomming van die beskikbare voordele en bybetalings kan op sekere voordele van toepassing wees. Raadpleeg asseblief die geregistreerde Reëls van MediHelp en die Ledegids vir meer besonderhede. In die geval van 'n dispuut sal die Reëls van MediHelp geld (onderhewig aan goedkeuring deur die Raad vir Mediese Skemas). Sekere bykomende versekerde voordele is nie beskikbaar indien die pasiënt die toestand vir VMV of voordele vir chroniese medisyne geregistreer het nie, aangesien die behandeling dan nie meer as voorkomende sorg beskou word nie.



Prescribed minimum benefits (PMBs)

What are PMBs?

PMBs are benefits that medical aids are legally required to provide for a list of specific medical conditions, regardless of the plan on which a member is enrolled, to ensure that they receive appropriate care aimed at safeguarding their health. Medical aids use treatment guidelines, networks or selected providers, as well as pre-authorization when granting cover for PMB treatments, in accordance with the Medical Schemes Act 131 of 1998. The PMB conditions include emergencies, 271 diagnoses, and the 26 chronic conditions on the Chronic Disease List (CDL).

Accessing PMBs

STEP
01

Apply for PMB authorisation on the Member Zone

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

STEP
02

Study your authorisation schedule

Once a PMB condition has been authorised, members will receive a list of all the medical services that have been pre-approved for the condition

The Chronic Disease List (CDL) conditions are:

1. Addison's disease
2. Asthma
3. Bipolar disorder
4. Bronchiectasis
5. Cardiac failure
6. Cardiomyopathy
7. Chronic renal disease (renal failure)
8. Chronic obstructive pulmonary disease (COPD) (e.g. emphysema)
9. Coronary artery disease (e.g. angina)
10. Crohn's disease
11. Diabetes insipidus
12. Diabetes mellitus type 1
13. Diabetes mellitus type 2
14. Dysrhythmia
15. Epilepsy
16. Glaucoma
17. Haemophilia A and B
18. Hyperlipidaemia (high cholesterol)
19. Hypertension (high blood pressure)
20. Hypothyroidism
21. Multiple sclerosis (MS)
22. Parkinson's disease
23. Rheumatoid arthritis
24. Schizophrenia
25. Systemic lupus erythematosus (SLE)
26. Ulcerative colitis

What will be covered?

- Consultations
 - Treatment
 - Medicine
 - Hospitalisation
- These services are covered at the negotiated tariffs if authorised and if Medihelp's treatment guidelines, protocols, formularies, networks, and designated service providers (DSPs) are followed. If not, the member will incur costs.

Network plans



PMB medicine

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



Hospitals

Use network hospitals for PMB services



Specialists

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



Selected hospital and day procedure networks

To make sure members have access to quality care, Medihelp has negotiated tariffs with selected private hospitals and day procedure facilities. These facilities and the network specialists who operate here have been matched with the cities and towns in South Africa where our members reside.

Network plans: Hospital networks

Members of plans with "Elect" in the name and MedMove! members are required to get care at a hospital in the quality national network to avoid co-payments.

Network plans: Day procedure networks

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

MedAdd Elect **MedVital Elect** **MedPrime Elect**

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

MedElect

The cover that this plan offers is structured around networks, including a vast network of quality hospitals and day procedure facilities.

Find a network hospital/ day procedure facility

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

Hospital medicine on discharge

Applicable medicine dispensed and charged by the hospital on discharge from the hospital (to take out or TTO), excluding PMB/chronic medicine. Benefits per plan are as follows:

- MedPlus - R720 per admission
- MedElite - R600 per admission
- MedPrime & MedPrime Elect - R540 per admission
- MedAdd & MedAdd Elect - R420 per admission
- MedVital & MedVital Elect - R420 per admission
- MedElect - R420 per admission
- MedSaver - R420 per admission
- MedMove! - R390 per admission



Specialist care

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

Pre-authorization of hospital/ day procedure admissions



Planned admissions

Pre-authorise hospital/day procedure admissions well in advance



Emergency admissions

Get authorisation on the first workday following the emergency admission



Dental procedure admissions

Contact Dental Risk Company (DRC) to authorise admissions

Tel: 087 943 9618

Email: auth@dentalrisk.com

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

Where can members authorise admissions?

- Member Zone or the Medihelp app
- Email: hospitalauth@medihelp.co.za

Information needed for pre-authorization

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

Important note on savings plans

When you enrol on a new plan or change to a plan with a savings account, you can decide if you want to use your available savings for all eligible expenses or only for specific items. You can choose one of the following options once a year:

Option 1

1

(“Yes” option)

Pay all qualifying day-to-day and hospital-related medical expenses from your savings account.



Choose this option **if you do not have gap cover** and want **all eligible expenses** to be paid from your savings automatically.

You won't have to pay from your own pocket or request reimbursement from your savings.

Option 2

2

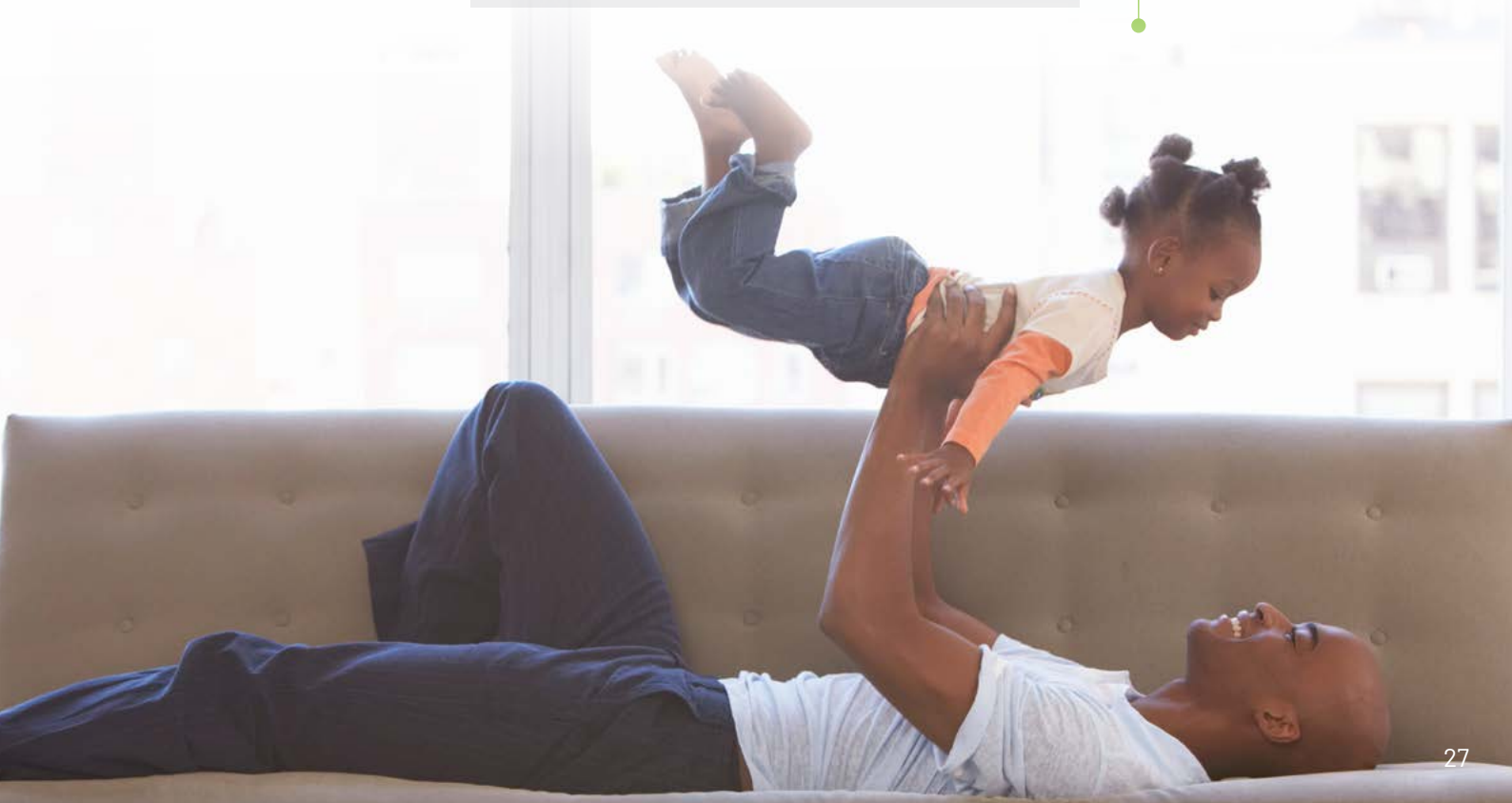
(“No” option)

Pay only selected qualifying day-to-day medical expenses from your savings account (excluding certain in-hospital expenses such as co-payments).



Choose this option **if you have gap cover** and would like to **control which expenses are paid from your savings account**, especially for in-hospital services.

If you decide not to claim from your gap cover and prefer to have an expense funded from your savings account, you can submit a claim to Medihelp and request that it be paid from your savings.



Internally implanted prostheses

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

The member is liable for the difference in cost if PMBspinal, hip, knee, and cardiac prostheses are not obtained from the DSP.

	Basic plans		Savings plans		Comprehensive plans	
	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
EVARS PROSTHESIS						
	100% of the MT R43 300 per beneficiary per year	100% of the MT R163 300 per beneficiary per year		100% of the cost PMB only	100% of the MT R163 300 per beneficiary per year	
VASCULAR/CARDIAC PROSTHESIS						
	100% of the MT R43 300 per beneficiary per year	R69 800 per beneficiary per year		100% of the cost PMB only	R69 800 per beneficiary per year	
HEALTH-ESSENTIAL FUNCTIONAL PROSTHESIS						
	R28 800 per beneficiary per year	R77 400 per beneficiary per year			R77 400 per beneficiary per year	
Hip, knee, and shoulder replacements (non-PMB) In case of acute injury where replacement is the only clinically appropriate treatment modality	Hospitalisation: 100% of the MT Prosthesis: Health-essential functional prosthesis benefits apply			100% of the cost PMB only	Hospitalisation: 100% of the MT Prosthesis: Health-essential functional prosthesis benefits apply	
In case of wear and tear	These plans do not cover this service					Subject to DSP (ICPS)*
Intra-ocular lenses	Sublimit subject to health-essential functional prosthesis benefit			100% of the cost PMB only	Sublimit subject to health-essential functional prosthesis benefit	
	Two lenses per beneficiary per year, R5 180 per lens	Two lenses per beneficiary per year, R5 260 per lens	Two lenses per beneficiary per year, R5 340 per lens		Two lenses per beneficiary per year, R5 420 per lens	Two lenses per beneficiary per year, R5 520 per lens
IMPLANTABLE HEARING DEVICES (INCLUDING DEVICES AND COMPONENTS)						
In hospital	These plans do not cover this service				R300 900 per beneficiary per year for implant components	R325 100 per beneficiary per year for implant components
Out of hospital	These plans do not cover this service				R140 000 per beneficiary every five years for sound processor replacement	R160 000 per beneficiary every five years for sound processor replacement

* **MedElite:** Cover only if patients qualify in terms of Improved Clinical Pathway Services' (ICPS) clinical criteria and protocols (only hip and knee replacements). If not, a R24 500 benefit applies to hip, knee, and shoulder replacements for the hospital account and prosthesis components (combined), per admission. Call our Client Care centre on 086 0100 678 to get the contact number of the nearest ICPS provider.

External prostheses and medical appliances

In and out of hospital

	Basic plans			Savings plans		Comprehensive plans	
	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	
Artificial eyes					100% of the MT R5 700 per family per three-year cycle	100% of the MT R9 750 per beneficiary per three-year cycle	
Speech and hearing aids				This plan does not cover these services	100% of the MT R5 700 per family per three-year cycle	100% of the MT R9 750 per beneficiary per three-year cycle	
Artificial limbs	This plan does not cover these services	100% of the MT Savings account			100% of the MT R5 700 per family per three-year cycle	100% of the MT R7 750 per beneficiary per three-year cycle	
Wheelchairs				100% of the MT R1 150 per year per family Shared with benefit for gluco-meters	100% of the MT R5 700 per family per three-year cycle	100% of the MT R7 750 per beneficiary per three-year cycle	
Medical appliances							
Hyperbaric oxygen treatment Prescribed by a medical doctor	PMB only	100% of the MT R880 per family per year	100% of the MT R880 per family per year	PMB only	100% of the MT R1 600 per family per year	100% of the MT R1 800 per beneficiary per year	
• In hospital							
• Out of hospital							
Glucometers (per five-year cycle)	This plan does not cover these services	100% of the MT Savings account	100% of the MT Savings account	R1 150 per family per year Shared with benefit for medical appliances and wheel-chairs			
Insulin pumps (per five-year cycle and subject to protocols)				These plans do not cover this service			
Stoma components Incontinence products supplies	100% of the MT Unlimited						
Wigs (for alopecia totalis or cancer patients)	This plan does not cover these services	100% of the MT Savings account		This plan does not cover these services	These plans do not cover this service		
CPAP apparatus Prescribed by a medical doctor per two-year cycle	This plan does not cover these services	100% of the MT Savings account		This plan does not cover these services	100% of the MT R11 900 per beneficiary per two-year cycle		

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

Co-payments

Please note that this is only a summary of co-payments applicable to each plan. For a full list of co-payments and exclusions per plan please refer to the Rules of Medihelp. Visiting network service providers, making use of DSPs, and following the correct pre-authorisation process are just some of the ways in which members can manage or reduce out-of-pocket medical expenses.

Description	Basic plans	Savings plans		Comprehensive plans		
	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
SPINAL INTERVENTIONS Subject to protocols, pre-authorisation, and a non-surgical back treatment at a DBC facility as a prerequisite.						
	R18 300 per admission	R13 300 per admission		R18 000 per admission	R11 500 per admission	R10 000 per admission
ENDOSCOPIC PROCEDURES Subject to protocols and pre-authorisation <ul style="list-style-type: none"> Network plans: Day procedure network applies Non-network plans: Day procedure facilities apply 						
	R5 100 per admission All scopes* except arthroscopy, neuroendoscopy, and thoracoscopy, which have a R7 550 co-payment per admission	R5 000 per admission All scopes*		R5 300 per admission All scopes*	R4 100 per admission Only gastroscopy, colonoscopy, arthroscopy, and sigmoidoscopy	R2 650 per admission Only gastroscopy, colonoscopy, arthroscopy, and sigmoidoscopy
DENTAL PROCEDURES UNDER GENERAL ANAESTHESIA In hospital/day procedure facilities - network plans must make use of a day procedure network Subject to pre-authorisation and DSPs managed care protocols						
Removal of impacted teeth (third molars) (item codes 8941, 8943, 8945)	R4 100 per admission Dentist's services for member's account	R4 100 per admission Dentist's services paid from savings account	R4 100 per admission Dentist's services paid from savings account	R4 100 per admission Dentist's services paid from savings account	R2 260 per admission	R1 850 per admission
Extensive treatment for children younger than seven years - once per 365-day period (Subject to clinical assessment/motivation)	This plan does not cover these services		No co-payment Paid from savings account			R1 120 per admission
SPECIALISED RADIOLOGY In and out of hospital Subject to pre-authorisation, clinical protocols, and services must be requested by a specialist <ul style="list-style-type: none"> MRI and CT imaging 						
	R15 000 per family per year	R18 000 per family per year	R20 000 per family per year	R22 000 per family per year	R25 000 per family per year	R30 000 per family per year
In hospital	R2 500 per examination	R2 000 per examination	R2 000 per examination	R1 900 per examination	R1 700 per examination	R1 500 per examination
Out of hospital	R2 300 per examination	R1 800 per examination	R1 800 per examination	R1 300 per examination	R1 200 per examination	R1 000 per examination
PROSTATE PROCEDURES (CONVENTIONAL OR LAPAROSCOPIC) Subject to protocols and pre-authorisation						
	R8 000 per admission	R7 300 per admission	R7 300 per admission	R8 000 per admission	No co-payment	No co-payment
HYSTERECTOMY AND ENDOMETRIAL ABLATION Subject to protocols and pre-authorisation						
	R8 000 per admission	R7 300 per admission	R7 300 per admission	R8 000 per admission	No co-payment	No co-payment

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

Co-payments

	Basic plans	Savings plans	Comprehensive plans			
Description	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
OPHTHALMOLOGICAL, DENTAL, EAR, NOSE, AND THROAT AND ENDOSCOPIC PROCEDURES, REMOVAL OF SKIN LESIONS, CIRCUMCISIONS, AND PROCEDURES AS AUTHORISED Voluntarily obtained outside the day procedure network						
	Network plans: A 35% co-payment if services are obtained outside the day procedure network Non-network plans: A 35% co-payment if services are not obtained in a day procedure facility					
MEDICINE ON PRESCRIPTION/SELF-MEDICATION						
	80% benefit applies to original medicine if no generic equivalent is available 70% benefit applies to original medicine if a generic equivalent is available					
SERVICES NOT RENDERED BY NETWORK PROVIDERS Applicable to network plans						
Voluntary admissions to non-network hospitals (excluding procedures that must be performed in the day procedure network)	35% co-payment	Not applicable	35% co-payment	35% co-payment		
PMB chronic medicine obtained outside the formulary and/or not from the DSP	60% co-payment on the benefit amount applies	Not applicable	30% co-payment for not using the DSP	60% co-payment on the benefit amount applies		Not applicable
Out-of-network GP consultations and no network GP referral to a specialist	35% co-payment on the benefit amount applies	Not applicable	Out-of-network benefit applies* 35% co-payment on the benefit amount applies and in case of no network GP referral for specialist visits, physiotherapy, and occupational therapy	Not applicable		
SERVICES OBTAINED WITHOUT PRE-AUTHORISATION						
All planned hospital admissions			20% co-payment			
Specialised dental services						
Dental procedures under conscious sedation (sedation cost) in the dentist's chair	20% co-payment		35% co-payment		20% co-payment	
Oxygen for out-of-hospital use						
Emergency transport services	50% co-payment – get pre-authorisation by phoning 082 911					

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

What's not covered

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

Services and procedures

- Alcohol, drug, and substance abuse treatment (non-PMB obtained from a non-designated service provider)
- Ambulance or emergency vehicle transport not related to a hospital admission
- Appointments for medical services not kept
- Bariatric surgery*
- Cochlear implants and related procedures, services, and devices***
- Cosmetic and reconstructive surgery and treatment
- Cryopreservation
- Diagnostic polysomnograms****
- Emergency room facility fees
- Gender affirmation care
- Healthcare services rendered in hospital that should be done out of hospital or for which admission to hospital is not necessary
- Other medical services in hospital (e.g. physiotherapists and dieticians) without a referral from the attending doctor
- Large joint replacements and surgery**
- Physiotherapy services for the removal of wisdom teeth
- Refractive surgery***
- Rhizotomy***
- Travelling and accommodation costs, including meals

Medicines, consumables, and other products

- All specialised medicines (including biological and/or biosimilar medicines) and other medicine items specified on the Medihelp medicine exclusion list*
- High-technology treatment modalities, surgical devices, and medicines that are experimental and investigational*

Appliances

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

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

* Not applicable for MedPlus members

** Not applicable for MedPlus and MedElite members

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

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

Additional product-specific exclusions

MedElect

Services and procedures

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

Medicines, consumables and other products

- Complementary and alternative medicines, including homeopathic and herbal medicines

MedVital Elect

Services and procedures

- Dental procedures under general anaesthesia – this includes extensive dental treatment for children younger than 7 years and treatment rendered to people with special needs
- Excision procedures (e.g. lipomas, cysts and benign tumours and lesions)
- Facet joint injection
- Hyperbaric oxygen treatment
- Minor joint arthroplasty
- Nail disorders and cauterisation of warts
- Nasal and sinus surgery and procedures, umbilical, incisional and hiatus hernia repair
- Speech and hearing aids (including repairs and related services), artificial eyes, artificial limbs, prostheses required after reconstructive surgery, and external breast prostheses and associated services
- Varicose vein-related intervention

Explanation of terms

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

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

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

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

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

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

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

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

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

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

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

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

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

Day procedure network means the Medihelp network of facilities where patients undergo day procedures that do not require them to stay overnight. Members of MedMove! must have all day procedures in the Medihelp day procedure network to prevent a 35% co-payment. Members of the network plans must get ophthalmological, ear, nose, and throat, dental and endoscopic procedures, removal of skin lesions, circumcisions, and procedures as pre-authorized in the Medihelp day procedure network to prevent the 35% co-payment. Non-network plans must make use of any day procedure facilities to avoid a 35% co-payment on the mentioned procedures. Medihelp encourages members to use the day procedure network for all pre-authorized procedures. Certain day procedures, e.g. scopes, require the member to make an upfront payment, which differs per plan. All day procedures must be pre-authorized to prevent a 20% co-payment.

Day-to-day benefits cover general medical expenses through a savings account, insured cover, or a combination of both.

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

An **emergency medical condition** refers to the sudden and unexpected onset of a health issue that necessitates immediate medical or surgical treatment. Without such treatment, there could be serious impairment to bodily functions, significant dysfunction of an organ or body part, or the person's life could be in serious jeopardy. This condition must be certified as an emergency by a medical practitioner. Emergencies qualify for PMB and must be registered accordingly (see also "PMB").

Examples of emergencies include:

- Motor vehicle accidents
- Severe allergic reactions
- Sports injuries
- Heart attacks
- Dental injuries resulting from a direct blow to the face or mouth
- Strokes
- Severe burns
- Playground accidents
- Poisoning
- Loss of consciousness

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

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

Explanation of terms

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Contact us

Medihelp

Medihelp Client Care centre

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

Application forms (new business)

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

Membership enquiries

membership@medihelp.co.za

Subscriptions enquiries

subscriptions@medihelp.co.za

E-services

Access the secured website for members (Member Zone) via www.medihelp.co.za
Download the member app from Apple App Store/Google Play/Huawei AppGallery

Submission of claims

claims@medihelp.co.za
Member app

Hospital admissions

(all hospital admissions must be pre-authorized)
Member Zone
Member app
Tel: 086 0200 678
hospitalauth@medihelp.co.za

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

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

Oxygen administered at home

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

Chronic renal dialysis

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

Prescribed minimum benefits (PMB)

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

PMB chronic medicine and more than 30 days' medicine supply

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

Ordering of PMB chronic medicine

(MedVital Elect, MedAdd Elect, and MedPrime Elect)

Medipost

Order medicine: mrx@medipost.co.za | Fax: 086 659 4054
Phone: 012 426 4000
customercare@medipost.co.za
Proof of payment: pay@medipost.co.za

MRI and CT imaging

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

Cancer

Disease management programme

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

Cancer medicine (MedVital Elect, MedAdd Elect, MedElect, and MedPrime Elect plans only)

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

Medipost

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

Medihelp fraudline

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

Partners

Netcare 911 (emergency medical transport)

Emergencies: 082 911
Account enquiries: 0860 638 2273
customer.service@netcare.co.za
Netcare app

DRC (dental services)

Tel: 087 943 9618
medihelp@dentalrisk.com
claims@dentalrisk.com
auth@dentalrisk.com
www.dentalrisk.com

PPN (optometry)

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

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

Disease management programme

LifeSense

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

Medicine

Dis-Chem Direct

Tel: 010 589 2788
direct.medihelp@dischem.co.za

or

Medipost

Tel: 012 426 4000
life@medipost.co.za
Whatsapp: 012 426 4655

Council for Medical Schemes

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

General disclaimer

This brochure is intended for marketing purposes and contains only a summary of Medihelp's benefits. In case of a dispute, the registered Rules of Medihelp apply, which are available on request. The information in this guide is subject to approval by the Council for Medical Schemes. The content of this guide may change from time to time. Please refer to Medihelp's website for an updated guide or consult Medihelp's Rules for the latest information. We encourage you to seek financial advice about your healthcare cover by speaking to your financial adviser.



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086 0100 678

www.medihelp.co.za



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



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