



# Member *guide* 2025

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

  
MedVital

  
MedAdd

  
MedSaver

  
MedElect

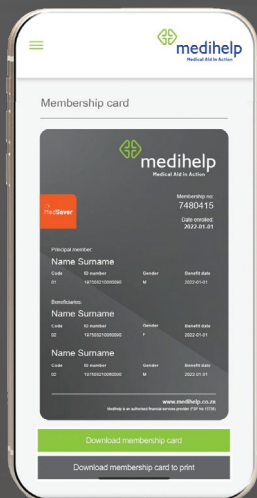
  
MedElite

  
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-authorisation 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-authorisation 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.





# Contents

04	Your health partner through every life stage
05	Plan overview
06	Added insured benefits
08	Your care is our priority
10	The start of your Parenting journey
11	Parenting journey continued
12	Monthly contributions
13	MedVital
15	MedAdd
17	MedSaver
19	MedElect
21	MedPrime
23	MedElite
25	Prescribed minimum benefits
26	Selected hospital and day procedure networks
27	Important note on savings plans
28	Internally implanted prostheses
29	External prostheses and medical appliances
30	Co-payments
32	What's not covered
33	Explanation of terms
35	Contact us



# 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



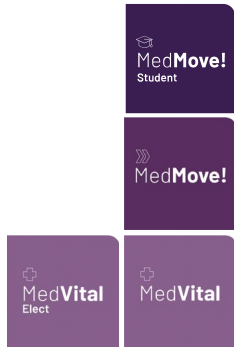


# Plan overview

## 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

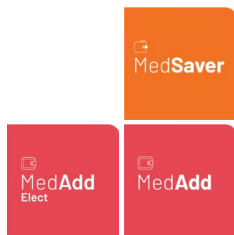
**MedMove!:** A digital health companion for the tech-savvy generation

**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**



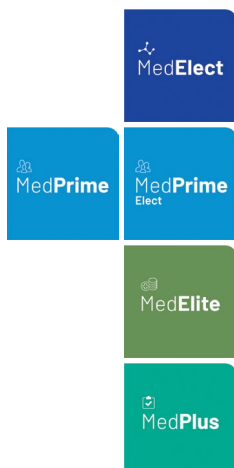
**MedSaver: 25% savings account** balancing flexibility and peace of mind

**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.

## Women's health

Healthy women, healthy community



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

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

## Enhanced maternity benefits

Delightful journeys



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

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

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

## Child benefits

For your family's peace of mind



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

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

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.

Read more about our Parenting journey on page 10



# 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](mailto: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](mailto: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](mailto:oncology@dischem.co.za)

**Medipost:** Tel: 012 404 4430 | [oncology@medipost.co.za](mailto: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"><li>• Transport by road</li><li>• Transport by air</li></ul>	100% of the Medihelp tariff (MT) Unlimited
Outside beneficiary's country of residence.*	
<ul style="list-style-type: none"><li>• Transport by road</li></ul>	100% of the MT R2 500 per case
<ul style="list-style-type: none"><li>• Transport by air</li></ul>	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, inactivated polio vaccine, 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-medication
- Activated after completing certain health screenings/tests

## Core benefits

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

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






Quality network of private hospitals

	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

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

### 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
Trauma that necessitates hospitalisation	Unlimited
Childbirth	<ul style="list-style-type: none"> <li>In hospital - unlimited</li> <li>Home delivery - R16 300 per event</li> </ul>
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"> <li>In country of residence Unlimited (RSA, Lesotho, Eswatini, Mozambique, Zimbabwe, Namibia, and Botswana)</li> <li>Outside country of residence R2 500 for road transport and R16 900 for air transport</li> </ul>
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"> <li>Hospitalisation and professional psychiatric services: R23 900 per beneficiary per year to a maximum of R36 400 per family per year</li> <li>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</li> <li>Medicine: R95 per beneficiary per month, subject to the in-hospital limit</li> </ul>
Health-essential functional prostheses	R28 800 per person <ul style="list-style-type: none"> <li>Intra-ocular lenses - R5 180 per lens, two lenses per person</li> <li>Hip, knee and shoulder replacement - non-PMB cases are limited to replacements caused by an acute injury</li> </ul>
Other prostheses	<ul style="list-style-type: none"> <li>EVARS prosthesis - R43 300 per person</li> <li>Vascular/cardiac prosthesis - R43 300 per person</li> </ul>
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



**Care extender**  
R510 self-medication  
Activated after completing certain health screenings/tests

## Core benefits



Trauma and emergency medical cover



Quality private hospitalisation

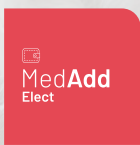


Care for 271 PMB diagnoses and all CDL conditions



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

		<b>MedAdd Elect</b>	<b>MedAdd</b>
Main member		<b>R2 970</b> (R5 328 savings per year)	<b>R3 720</b> (R6 696 savings per year)
Dependant		<b>R2 328</b> (R4 176 savings per year)	<b>R3 138</b> (R5 616 savings per year)
Child dependant <26 years		<b>R1 032</b> (R1 872 savings per year)	<b>R1 260</b> (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
Trauma that necessitates hospitalisation	Unlimited
Childbirth	<ul style="list-style-type: none"> <li>In hospital - unlimited</li> <li>Home delivery - R16 300 per event</li> </ul>
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"> <li>In country of residence</li> <li>Unlimited (RSA, Lesotho, Eswatini, Mozambique, Zimbabwe, Namibia, and Botswana)</li> <li>Outside country of residence</li> <li>R2 500 for road transport and R16 900 for air transport</li> </ul>
Treatment of life-threatening conditions	Unlimited Includes 271 PMB and 26 Chronic Disease List (CDL) conditions
PMB medicine	Unlimited
Cancer treatment	R260 000 per family
Mental health (psychiatric treatment)	<ul style="list-style-type: none"> <li>Hospitalisation and professional psychiatric services: R30 300 per beneficiary per year to a maximum of R41 800 per family per year</li> <li>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</li> <li>Medicine: R95 per beneficiary per month, subject to the in-hospital limit</li> </ul>
Health-essential functional prostheses	R77 400 per person <ul style="list-style-type: none"> <li>Intra-ocular lenses - R5 260 per lens, two lenses per person</li> <li>Hip, knee and shoulder replacement - non-PMB cases are limited to replacements caused by an acute injury</li> </ul>
Other prostheses	<ul style="list-style-type: none"> <li>EVARS prosthesis - R163 300 per person</li> <li>Vascular/cardiac prosthesis - R69 800 per person</li> <li>Prosthesis with reconstructive or restorative surgery - R11 800 per family</li> </ul>
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	<p>15% savings available at the beginning of the year (see monthly contributions)</p> <p>Example of available savings:</p> <p><b>MedAdd:</b> Member = R6 696 per year Member +1 = R12 312 per year Member +2 = R14 616 per year</p> <p><b>MedAdd Elect:</b> Member = R5 328 per year Member +1 = R9 504 per year Member +2 = R11 376 per year</p> <p>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</p>
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"> <li>Conservative dental benefits for children &lt;18 years</li> <li>Removal of impacted teeth in the dentist's chair</li> </ul>
Optometry (PPN network)	Per person per 24-month cycle <ul style="list-style-type: none"> <li>Eye test</li> <li>R315 for a frame/lens enhancements</li> <li>R710 for contact lenses</li> </ul>
<b>Care extender benefit</b>	
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
<b>Added insured benefits</b>	
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"> <li>Oral/injectable/implantable contraceptives - R160 per month, up to R2 200 per year</li> <li>Intra-uterine device - R2 600 every 60 months</li> </ul>
Maternity benefits	<ul style="list-style-type: none"> <li>Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist</li> <li>Two antenatal and postnatal consultations at a dietician/lactation specialist/antenatal classes</li> <li>Two 2D ultrasound scans</li> </ul>
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"> <li>One combo health screening (blood glucose, cholesterol, BMI, and blood pressure measurement)**</li> </ul>
Preventive care benefits	<ul style="list-style-type: none"> <li>A tetanus vaccine</li> <li>A flu vaccine</li> <li>A mammogram* every two years</li> <li>A Pap smear* every three years</li> <li>A prostate test*</li> <li>An FOBT test*</li> <li>A bone mineral density test* every two years</li> <li>Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years</li> </ul>

### 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.



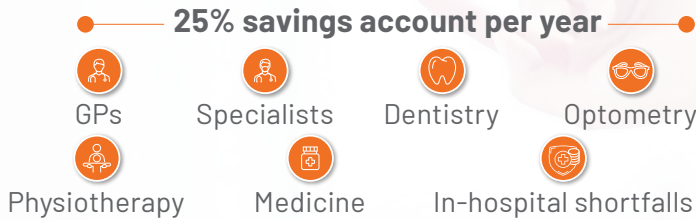
# Comprehensive savings plan

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

## Core benefits

In-hospital treatment and life-essential services (insured benefits)	
Hospitalisation	<ul style="list-style-type: none"> <li>No overall annual limit</li> <li>Any private hospital, and day procedure facilities apply for certain day procedures</li> </ul>
Trauma that necessitates hospitalisation	Unlimited
Childbirth	<ul style="list-style-type: none"> <li>In hospital – unlimited</li> <li>Home delivery – R16 300 per event</li> </ul>
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"> <li>In country of residence Unlimited (RSA, Lesotho, Eswatini, Mozambique, Zimbabwe, Namibia, and Botswana)</li> <li>Outside country of residence R2 500 for road transport and R16 900 for air transport</li> </ul>
Treatment of life-threatening conditions	Unlimited Includes 271 PMB and 26 Chronic Disease List (CDL) conditions
PMB medicine	Unlimited
Cancer treatment	R275 000 per family
Mental health (psychiatric treatment)	<ul style="list-style-type: none"> <li>Hospitalisation and professional psychiatric services: R30 300 per beneficiary per year to a maximum of R41 800 per family per year</li> <li>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</li> <li>Medicine: R120 per beneficiary per month, subject to the in-hospital limit</li> </ul>
Health-essential functional prostheses	<p>R77 400 per person</p> <ul style="list-style-type: none"> <li>Intra-ocular lenses – R5 340 per lens, two lenses per person</li> <li>Hip, knee, and shoulder replacement – non-PMB cases are limited to replacements caused by an acute injury</li> </ul>
Other prostheses	<ul style="list-style-type: none"> <li>EVARS prosthesis – R163 300 per person</li> <li>Vascular/cardiac prosthesis – R69 800 per person</li> <li>Prosthesis with reconstructive or restorative surgery – R11 800 per family</li> </ul>
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.

**086 0100 678** [www.medihelp.co.za](http://www.medihelp.co.za)

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





# 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**  
Medical Aid in Action

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

## Monthly contributions

Main member		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 • Eye test • R625 for a frame/lens enhancements • R825 for contact lenses
<b>Care extender benefit</b>	
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"> <li>Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist</li> <li>Two antenatal and postnatal consultations at a dietician/lactation specialist/antenatal classes</li> <li>Two 2D ultrasound scans</li> </ul>
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"> <li>One combo health screening (blood glucose, cholesterol, BMI, and blood pressure measurement)**</li> </ul>
Preventive care benefits	<ul style="list-style-type: none"> <li>A tetanus vaccine</li> <li>A flu vaccine</li> <li>A mammogram* every two years</li> <li>A Pap smear* every three years</li> <li>A prostate test*</li> <li>An FOBT test*</li> <li>A bone mineral density test* every two years</li> <li>Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years</li> </ul>
Contraceptives	<ul style="list-style-type: none"> <li>Oral/injectable/implantable contraceptives - R150 per month, up to R2 100 per year</li> <li>Intra-uterine device - R2 400 every 60 months</li> </ul>
Supporting wellness	<ul style="list-style-type: none"> <li>Back treatment at a Documentation Based Care facility (a prerequisite for spinal column surgery)</li> <li>One dietician consultation if BMI is &gt;30</li> </ul>

## 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
Trauma that necessitates hospitalisation	Unlimited
Childbirth	<ul style="list-style-type: none"> <li>In hospital - unlimited</li> <li>Home delivery - R16 300 per event</li> </ul>
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"> <li>In country of residence Unlimited (RSA, Lesotho, Eswatini, Mozambique, Zimbabwe, Namibia, and Botswana)</li> <li>Outside country of residence R2 500 for road transport and R16 900 for air transport per case</li> </ul>
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"> <li>Hospitalisation and professional psychiatric services: R24 000 per beneficiary per year to a maximum of R36 400 per family per year</li> <li>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</li> <li>Medicine: R95 per beneficiary per month, subject to the in-hospital limit</li> </ul>
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	<b>R4 344</b> (R5 184 savings per year)	<b>R5 304</b> (R6 336 savings per year)
Dependant	<b>R3 666</b> (R4 392 savings per year)	<b>R4 482</b> (R5 400 savings per year)
Child dependant <26 years	<b>R1 266</b> (R1 512 savings per year)	<b>R1 548</b> (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

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

		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><b>MedPrime Elect:</b> Member = R5 184 per year Member +1 = R9 576 per year Member +2 = R11 088 per year</p> <p><b>MedPrime:</b> 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)	Available after depletion of savings account Member = R7 200 Family = R13 300
Optometry (PPN network)	Per person per 24-month cycle <ul style="list-style-type: none"> <li>Eye test</li> <li>R910 for a frame/lens enhancements</li> <li>R1 310 for contact lenses</li> </ul>
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"> <li>Artificial eyes – R5 700</li> <li>Speech and hearing aids – R5 700</li> <li>Wheelchairs – R5 700</li> <li>Artificial limbs – R5 700</li> </ul> <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
<b>Care extender benefit</b>	
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"> <li>Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist</li> <li>Two antenatal and postnatal consultations at a dietician/lactation specialist/antenatal classes</li> <li>Two 2D ultrasound scans</li> <li>Nine months' antenatal iron supplements</li> <li>Nine months' antenatal folic acid supplements</li> </ul>
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"> <li>A tetanus vaccine</li> <li>A flu vaccine</li> <li>A mammogram* every two years</li> <li>A Pap smear* every three years</li> <li>A prostate test*</li> <li>An FOBT test*</li> <li>A bone mineral density test* every two years</li> <li>Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years</li> </ul>
Contraceptives	<ul style="list-style-type: none"> <li>Oral/injectable/implantable contraceptives – R180 per month, up to R2 350 per year</li> <li>Intra-uterine device – R2 700 every 60 months</li> </ul>

## Core benefits

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

Hospitalisation	No overall annual limit MedPrime: Any private hospital, and day procedure facilities apply for certain day procedures MedPrime Elect: Network hospitals, and network day procedure facilities apply for certain day procedures
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"> <li>In hospital – unlimited</li> <li>Home delivery – R16 300 per event</li> </ul>
Specialised radiology	R25 500 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"> <li>In country of residence Unlimited (RSA, Lesotho, Eswatini, Mozambique, Zimbabwe, Namibia, and Botswana)</li> <li>Outside country of residence R2 500 for road transport and R16 900 for air transport</li> </ul>
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"> <li>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</li> <li>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</li> <li>Medicine: R120 per beneficiary per month, subject to the in-hospital limit</li> </ul>
Health-essential functional prostheses	R77 400 per person <ul style="list-style-type: none"> <li>Intra-ocular lenses – R5 420 per lens, two lenses per person</li> <li>Hip, knee, and shoulder replacements – non-PMB cases are limited to replacements caused by an acute injury</li> </ul>
Other prostheses	<ul style="list-style-type: none"> <li>EVARS prosthesis – R163 300 per person</li> <li>Vascular/cardiac prosthesis – R69 800 per person</li> <li>Prosthesis with reconstructive or restorative surgery and external breast prostheses – R11 800 per family</li> <li>Implantable hearing devices (including device and components) – R300 900 per person <ul style="list-style-type: none"> <li>Out-of-hospital benefit: R140 000 sub-limit per beneficiary per 5-year period for replacement of the sound processor</li> </ul> </li> </ul>
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



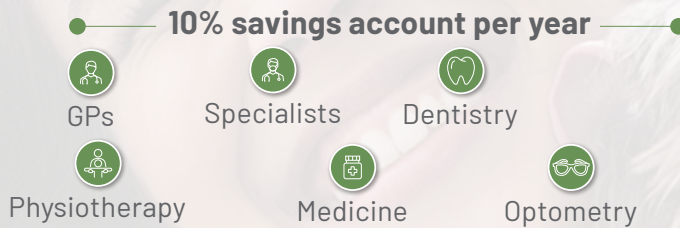
# All-inclusive family cover

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

	MedElite
Main member 	<b>R8 172</b> (R9 792 savings per year)
Dependant 	<b>R7 650</b> (R9 216 savings per year)
Child dependant <26 years 	<b>R2 214</b> (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 15738). This is a summary of benefits. In the event of a dispute, the registered Rules of Medihelp will apply, subject to approval by the Council for Medical Schemes.

## Monthly contributions

**Main member** R8 172 (R816 savings contribution included per month and R9 792 per year)

**Dependant** R7 650 (R768 savings contribution included per month and R9 216 per year)

**Child dependant <26 years** R2 214 (R222 savings contribution included per month and R2 664 per year)

Children pay child dependant rates until they turn 26

## Day-to-day benefits

Savings account	<p>10% savings available at the beginning of the year (see monthly contributions):</p> <p>Example of available savings:</p> <p>Member = R9 792 per year Member +1 = R19 008 per year Member +2 = R21 672 per year</p> <p>Unused savings are carried over to the next year and accumulate interest. Once your savings are depleted, insured day-to-day benefits become available.</p>
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### Insured day-to-day benefits (available after depletion of your savings)

Overall annual day-to-day benefit	<p>Member = R14 500 Member +1 = R16 900 Member +2 = R19 300 Member +3+ = R21 700</p>
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GP and specialist visits, virtual consultations, physiotherapy, clinical psychology, psychiatric nursing, and supplementary health services	<p>Member = R3 700 Member +1 = R4 800 Member +2 = R6 000 Member +3+ = R7 200 Subject to annual day-to-day benefit</p>
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### Medicine

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

External prostheses and medical appliances	<p>Per person per three-year cycle</p> <ul style="list-style-type: none"> <li>Artificial eyes – R9 750</li> <li>Speech and hearing aids – R9 750</li> <li>Wheelchairs – R7 750</li> <li>Artificial limbs – R7 750</li> </ul>
	<p>CPAP apparatus – R11 900 per person per two-year cycle</p> <p>Medical appliances and hyperbaric oxygen treatment – R1 800 per person</p>

Optometry (PPN network)	<p>Per person per 24-month cycle</p> <ul style="list-style-type: none"> <li>Eye test</li> <li>R1 135 for a frame/lens enhancements</li> <li>R1 835 for contact lenses</li> </ul>
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Conservative dentistry (DRC network)	Routine check-ups, fillings, X-rays, and oral hygiene
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Specialised dentistry (DRC network)	Crowns, bridges, and orthodontic treatment
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Standard radiology	R3 450 per family Subject to annual day-to-day benefit
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Pathology (Ampath, Lancet, and PathCare Vermaak)	R3 450 per family Subject to annual day-to-day benefit
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### 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
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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
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### 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"> <li>Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist</li> <li>Two antenatal and postnatal consultations at a dietician/lactation specialist/antenatal classes</li> <li>Two 2D ultrasound scans</li> <li>Nine months' antenatal iron supplements</li> <li>Nine months' antenatal folic acid supplements</li> </ul>
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"> <li>One combo health screening (blood glucose, cholesterol, BMI, and blood pressure measurement)**</li> </ul>
Preventive care benefits	<ul style="list-style-type: none"> <li>A tetanus vaccine</li> <li>A flu vaccine</li> <li>A mammogram* every two years</li> <li>A Pap smear* every three years</li> <li>A prostate test*</li> <li>An FOBT test*</li> <li>A bone mineral density test* every two years</li> <li>Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years</li> </ul>
Contraceptives	<ul style="list-style-type: none"> <li>Oral/injectable/implantable contraceptives – R180 per month, up to R2 400 per year</li> <li>Intra-uterine device – R2 800 every 60 months</li> </ul>
Supporting wellness	<ul style="list-style-type: none"> <li>Back treatment at a Documentation Based Care facility (a prerequisite for spinal column surgery)</li> <li>One dietician consultation if BMI is &gt;30</li> </ul>

## Core benefits

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

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



# 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.



## 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-authorisation 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

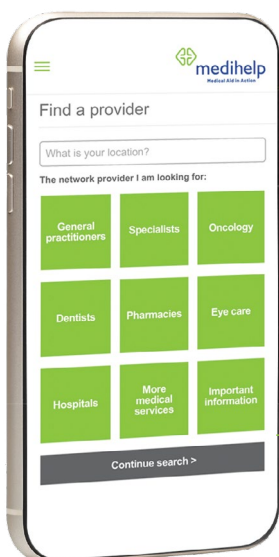
Tel: 087 943 9618

Email: [auth@dentalrisk.com](mailto:auth@dentalrisk.com)

Pre-authorisation 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](mailto:hospitalauth@medihelp.co.za)



## Find a network hospital/day procedure facility

- Visit the Medihelp website or Member Zone at [www.medihelp.co.za](http://www.medihelp.co.za)
- Use your Medihelp app

## Information needed for pre-authorisation

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



# 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 account 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
<b>EVARS PROSTHESIS</b>						
	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	
<b>VASCULAR/CARDIAC PROSTHESIS</b>						
	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	
<b>HEALTH-ESSENTIAL FUNCTIONAL PROSTHESIS</b>						
	R28 800 per beneficiary per year	R77 400 per beneficiary per year			R77 400 per beneficiary per year	
<b>Hip, knee, and shoulder replacements (non-PMB)</b> In case of acute injury where replacement is the only clinically appropriate treatment modality	<b>Hospitalisation:</b> 100% of the MT  <b>Prosthesis:</b> Health-essential functional prosthesis benefits apply			100% of the cost PMB only	<b>Hospitalisation:</b> 100% of the MT  <b>Prosthesis:</b> Health-essential functional prosthesis benefits apply	
In case of wear and tear	These plans do not cover this service					Subject to DSP (ICPS)*
<b>Intra-ocular lenses</b>	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
<b>IMPLANTABLE HEARING DEVICES (INCLUDING DEVICES AND COMPONENTS)</b>						
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
<b>Artificial eyes</b>					100% of the MT R5 700 per family per three-year cycle	100% of the MT R9 750 per beneficiary per three-year cycle
<b>Speech and hearing aids</b>				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
<b>Artificial limbs</b>	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
<b>Wheelchairs</b>				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
<b>Medical appliances</b>						
<b>Hyperbaric oxygen treatment</b> Prescribed by a medical doctor						
• In hospital	PMB only	100% of the MT R880 per family per year	100% of the MT R880 per family per year	PMB only		
• Out of hospital					100% of the MT R1 600 per family per year	100% of the MT R1 800 per beneficiary per year
<b>Glucometers (per five-year cycle)</b>	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		
<b>Insulin pumps (per five-year cycle and subject to protocols)</b>				These plans do not cover this service		
<b>Stoma components Incontinence products supplies</b>	100% of the MT Unlimited					
<b>Wigs (for alopecia totalis or cancer patients)</b>	This plan does not cover these services			This plan does not cover these services	These plans do not cover this service	
<b>CPAP apparatus</b> 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
<b>SPINAL INTERVENTIONS</b> 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
<b>ENDOSCOPIC PROCEDURES</b> Subject to protocols and pre-authorisation <ul style="list-style-type: none"> <li>Network plans: Day procedure network applies</li> <li>Non-network plans: Day procedure facilities apply</li> </ul>						
	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
<b>DENTAL PROCEDURES UNDER GENERAL ANAESTHESIA</b> 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		R4 100 per admission		R4 100 per admission	
	Dentist's services for member's account		R4 100 per admission		Dentist's services paid from savings account	
			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	
<b>SPECIALISED RADIOLOGY</b> 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"> <li>MRI and CT imaging</li> </ul>						
	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
<b>In hospital</b>	R2 500 per examination	R2 000 per examination	R2 000 per examination	R1 900 per examination	R1 700 per examination	R1 500 per examination
<b>Out of hospital</b>	R2 300 per examination	R1 800 per examination	R1 800 per examination	R1 300 per examination	R1 200 per examination	R1 000 per examination
<b>PROSTATE PROCEDURES (CONVENTIONAL OR LAPAROSCOPIC)</b> 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
<b>HYSTERECTOMY AND ENDOMETRIAL ABLATION</b> 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
<b>OPHTHALMOLOGICAL, DENTAL, EAR, NOSE, AND THROAT AND ENDOSCOPIC PROCEDURES, REMOVAL OF SKIN LESIONS, CIRCUMCISIONS, AND PROCEDURES AS AUTHORISED</b> 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					
<b>MEDICINE ON PRESCRIPTION/SELF-MEDICATION</b>						
	80% benefit applies to original medicine if no generic equivalent is available 70% benefit applies to original medicine if a generic equivalent is available					
<b>SERVICES NOT RENDERED BY NETWORK PROVIDERS</b> 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		
<b>SERVICES OBTAINED WITHOUT PRE-AUTHORISATION</b>						
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-authorised in the Medihelp day procedure network to prevent the 35% co-payment. Non-network plans must make use of any day procedure facilities to avoid a 35% co-payment on the mentioned procedures. Medihelp encourages members to use the day procedure network for all pre-authorised procedures. Certain day procedures, e.g. scopes, require the member to make an upfront payment, which differs per plan. All day procedures must be pre-authorised to prevent a 20% co-payment.

**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](http://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](http://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](http://www.medihelp.co.za)  
Individuals: [newbusiness@medihelp.co.za](mailto:newbusiness@medihelp.co.za)  
Corporate groups: [corpapps@medihelp.co.za](mailto:corpapps@medihelp.co.za)

### Membership enquiries

[membership@medihelp.co.za](mailto:membership@medihelp.co.za)

### Subscriptions enquiries

[subscriptions@medihelp.co.za](mailto:subscriptions@medihelp.co.za)

### E-services

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

### Submission of claims

[claims@medihelp.co.za](mailto: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](mailto:hospitalauth@medihelp.co.za)

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

Tel: 086 0100 678  
[hmanagement@medihelp.co.za](mailto:hmanagement@medihelp.co.za)

### Oxygen administered at home

Tel: 086 0100 678  
[preauth@medihelp.co.za](mailto:preauth@medihelp.co.za)

### Chronic renal dialysis

Tel: 086 0100 678  
[preauth@medihelp.co.za](mailto:preauth@medihelp.co.za)

### Prescribed minimum benefits (PMB)

Tel: 086 0100 678  
[preauth@medihelp.co.za](mailto:preauth@medihelp.co.za)

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

Tel: 086 0100 678  
[medicineapp@medihelp.co.za](mailto:medicineapp@medihelp.co.za)

### Ordering of PMB chronic medicine

(MedVital Elect, MedAdd Elect, and MedPrime Elect)

### Medipost

Order medicine: [mrx@medipost.co.za](mailto:mrx@medipost.co.za) | Fax: 086 659 4054  
Phone: 012 426 4000  
[customercare@medipost.co.za](mailto:customercare@medipost.co.za)  
Proof of payment: [pay@medipost.co.za](mailto: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](mailto: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](mailto:oncology@dischem.co.za)  
or

#### Medipost

Tel: 012 404 4430  
[oncology@medipost.co.za](mailto:oncology@medipost.co.za)  
Whatsapp: 012 426 4655

### Medihelp fraudline

Tel: 012 334 2428  
[fraud@medihelp.co.za](mailto:fraud@medihelp.co.za)

## Partners

### Netcare 911 (emergency medical transport)

Emergencies: 082 911  
Account enquiries: 0860 638 2273  
[customer.service@netcare.co.za](mailto:customer.service@netcare.co.za)  
Netcare app

### DRC (dental services)

Tel: 087 943 9618  
[medihelp@dentalrisk.com](mailto:medihelp@dentalrisk.com)  
[claims@dentalrisk.com](mailto:claims@dentalrisk.com)  
[auth@dentalrisk.com](mailto:auth@dentalrisk.com)  
[www.dentalrisk.com](http://www.dentalrisk.com)

### PPN (optometry)

Tel: 041 065 0650 | 086 1103 529 | 086 1101 477  
[info@ppn.co.za](mailto:info@ppn.co.za)  
[www.ppn.co.za](http://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](mailto:enquiry@lifesense.co.za)  
Scripts and pathology: [results@lifesense.co.za](mailto:results@lifesense.co.za)  
[www.lifesensedm.co.za](http://www.lifesensedm.co.za)

### Medicine

#### Dis-Chem Direct

Tel: 010 589 2788  
[direct.medihelp@dischem.co.za](mailto:direct.medihelp@dischem.co.za)

or

#### Medipost

Tel: 012 426 4000  
[life@medipost.co.za](mailto:life@medipost.co.za)  
Whatsapp: 012 426 4655

### Council for Medical Schemes

Tel: 086 1123 267  
[complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za)  
[www.medicalschemes.co.za](http://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.





# Medical Aid *in Action*

**086 0100 678**

[www.medihelp.co.za](http://www.medihelp.co.za)



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



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Medical Aid in Action