MedMove!

MedVital

MedAdd

MedSaver

MedReach

MedPrime

MedElite

MedPlus



medihelp

Corporate guide 2027

120+ YEARS

ICE INDEX CONTACT CENTRE MEDICAL AID SCHEMES Shared CATEGORY WINNER 2024/2025

ORANGE INDEX ASK AFRICA 2023 - 2027



Contents

4 Reasons to choose Medihelp Medical Aid
6 Enhancing value and care in 2027
8 Plan overview
9 Monthly contributions
10 Healthier people. A thriving business.
11 Employer support and engagement
12 The Corporate Zone
13 Member support and engagement
14 The Medihelp app
16 Application process – Corporate groups
18 Enrolling new members
19 Dependants
20 Deregistering a dependant
22 Late-joiner penalties
23 Interchange between plans
24 Membership certificates
25 Tax certificates
26 Managing your employees' care
34 Processes at a glance
35 Payment of contributions
36 Compare the benefits per plan
37 Summary of benefits
40 Medical savings accounts explained
42 Emergencies
44 Prescribed minimum benefits
45 Selected hospital and day procedure networks
47 Core benefits
53 Day-to-day benefits
56 Internally implanted prostheses
57 External prostheses and medical appliances
58 Optometry
59 Dentistry
63 Co-payments
66 What's not covered
68 Explanation of terms
71 Medihelp's Rules
71 Frequently asked questions
73 Contact us



Top 8 reasons to choose Medihelp Medical Aid

More choice, smarter benefits, proactive health support, and trusted protection.
Medihelp helps you get more from your medical aid to live healthier for longer.

1. The luxury of choice: A plan for everybody and every business

From vital plans to savings options to comprehensive cover, 11 plans offer choice for every life stage and budget – and the flexibility to meet the diverse healthcare needs of today's workforce.

- **The proof:** 11 plans | Student cover from R864 a month | Cover for individuals starting their careers from R1 848

2. More value from your medical aid

Smart benefit design and cost-efficient ways to access care help you optimise your healthcare spend and make your available benefits go further.

- **The proof:** Lower-cost virtual and telehealth consultations | Save up to 25% with network plans | Child rates up to age 26 | Only pay for the youngest two children under 18*

  * Families on Med**Vital**/Med**Vital** Elect, Med**Add**/Med**Add** Elect, and Med**Prime**/Med**Prime** Elect

3. More than an app

Manage your medical aid and your health in one digital ecosystem – helping you make informed choices, take charge of your health, and live healthier for longer.

- **The proof:** Medical aid management | Health insights | Wellness tools

4. Healthy choices, healthy rewards

Be proactive. Get rewarded. Go for qualifying health screenings to unlock additional healthcare benefits through the care extender benefit.

- **The proof:** 2 additional GP consultations | R1 050 for self-medication and acute medication



5. The beauty of compassion: Care for everybody

Medihelp's complementary value-added care programmes provide personalised support across different health conditions and stages of care – helping you navigate your healthcare journey and achieve better health outcomes.

The proof: Chronic Care Management Programme | Post-hospitalisation Care Programme | Post-hospital Rehabilitation | Compassionate Care Programme | Targeted care programmes

6. Protection when it matters most

Get financial protection for essential and high-cost healthcare needs through prescribed minimum benefits, chronic disease cover, and private hospital cover.

The proof: 271 PMB conditions | 26 PMB Chronic Disease List conditions* | Private hospital cover with no overall annual limit
* Subject to treatment guidelines

7. Covered in an emergency

When the unexpected happens, you have access to emergency medical transport wherever you are in your country of residence.

The proof: Full cover for emergency transport

8. 120+ years of trust

More than 120 years of healthcare cover expertise, financial stability, and a member-owned model giving you confidence in Medihelp for the long term.

The proof: 120+ years | A+ claims-paying ability rating | Member-owned | Self-administered | Customer experience awards



Enhancing value and care in 2027

At Medihelp, we believe medical aid should evolve with our members' needs. That's why our 2027 enhancements are designed to give members more value, support, and peace of mind as their healthcare needs change: from taking care of their health and growing their families to supporting their mental well-being.

Two ways to unlock more health for the family

With the **care extender benefit***, taking proactive steps towards your health unlocks even more value with **two free GP consultations** and **R1 050** towards **self-medication** and **acute medication** for the whole family.

Complete qualifying health screening tests

Qualifying screening test by any family member
→ **One additional** GP consultation for the family
Second qualifying screening test by any family member
→ **Second additional** GP consultation for the family

Maximum of two additional GP consultations per family per year

- Qualifying tests include: Pap smear, mammogram, prostate test, faecal occult blood test (FOBT), bone mineral density test

Complete a combo health screening

Combo health screening test by any family member
→ **Additional R1 050** for acute or self-medication for the family

Combo health screening includes: blood glucose, cholesterol, BMI, blood pressure

* The care extender benefit is not available on **MedMove!**.

More support for growing families

Having a baby brings exciting new experiences, along with plenty of questions and changes. In 2027, Medihelp is expanding support for members in this important stage of life.

Depending on the member's plan, benefits now include **postnatal consultations with clinical psychologists** in addition to antenatal classes with a private nurse practitioner and consultations with dietitians and lactation specialists.

These consultations are available **in addition to in-hospital** maternity benefits, giving growing families more support throughout their pregnancy and beyond.

Read more about the complete Parenting journey and new maternity benefits on **page 23.**





Putting real support into mental well-being

Mental health is an important part of overall health. That's why Medihelp has a **dedicated out-of-hospital benefit for the treatment of depression**, providing additional support for members who need it.

Support for every stage of life

From family planning and childhood vaccinations to medically necessary care and oral health, Medihelp is enhancing benefits to provide members and their families with more support for different healthcare needs:

- **Family planning:** Benefits for contraceptives and intrauterine devices (IUDs) are now available from age 12 until menopause or age 55, whichever comes first.
- **Child health:** The **meningococcal vaccination** is now included for children aged 2 to 23 months and 13 to 26 years. For MedMove! members, it is available only for those aged 13 to 26 years.
- **Oral health: MedMove!** members older than 12 years now have access to one scale and polish treatment per beneficiary per year.

Enhancements to our complementary value-added care programmes

Medihelp continues to strengthen its complementary care programmes, giving members additional support when their healthcare needs extend beyond what their everyday benefits cover.

Our care programmes include the **Parenting journey, Depression Support Programme, Post-hospitalisation Care Programme, Post-hospital Rehabilitation Care, Cancer Care Programme, HIV/AIDS Programme, Compassionate Care Programme, Back and Neck Treatment Programme, and Chronic Care Management Programme.**

Plan overview

From affordable contributions for every life stage, comprehensive cover for health needs, and exceptional protection for essential care, Medihelp has you covered.

Vital plans

- Cover for **essential medical services**
- **Ideal for students** and **young professionals**

MedMove!

Contributions from **R864** for students

MedMove! Student

MedMove! Student: Affordable network-based cover that gives students access to quality healthcare and peace of mind while they focus on their studies

MedMove!

MedMove!: Affordable, flexible cover ideal for young professionals, with hospital and emergency care, virtual and in-person GP visits, and medicine, all through quality networks

MedVital | MedVital Elect

MedVital and MedVital Elect: An affordable hospital plan that goes further, with added cover for maternity, contraceptives, and minor medical expenses

Comprehensive plans

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

MedReach

Contributions from **R3 612**

MedReach

MedReach is a comprehensive, cost-effective plan designed for individuals, professionals, and businesses, offering network cover and a wide range of benefits for healthier, more productive lives

Savings plans

- **Flexibility** to manage your own healthcare expenses
- Unused **savings carry over** to the next year and **earn interest**
- After depletion of savings, your **additional insured benefits** stretch your cover even further

MedSaver

Contributions from **R4 620**

MedSaver

MedSaver: Hospital cover with a **25% savings account**, maternity benefits, and additional insured cover when savings run out

MedAdd | MedAdd Elect

MedAdd and MedAdd Elect: A **15% savings account** offering young families the flexibility to manage healthcare expenses, with insured cover when savings are used up, plus dental, optometry, and maternity benefits

Comprehensive plans

MedPrime | MedPrime Elect

MedElite | MedPlus

Contributions from **R5 100**

MedPrime and MedPrime Elect: Comprehensive family plans with a **10% savings account**, private hospital cover, and separate dental and optometry benefits, offering value and flexibility with easy online balance tracking

MedElite and MedPlus: All-inclusive plans for families and individuals with extensive healthcare needs, offering top-tier hospital protection and broad day-to-day cover. MedElite includes a **10% savings account**, while MedPlus offers the most comprehensive insured benefits and maternity benefits

Monthly **contributions**

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

Child dependant rates apply until the age of 26 years

	MedMove! Student	MedMove!	MedVital Elect	MedVital	MedAdd Elect	MedAdd	MedSaver	MedReach	MedPrime Elect	MedPrime	MedElite	MedPlus
Main member	R0 - R900 R864	R901 + R1 848	R2 568	R3 300	R3 408 Includes R6 120 savings per year	R4 320 Includes R7 776 savings per year	R4 620 Includes R13 824 savings per year	R3 612	R5 100 Includes R6 120 savings per year	R6 222 Includes R7 488 savings per year	R9 678 Includes R11 592 savings per year	R16 800
Dependant	R864	R1 848	R1 866	R2 532	R2 670 Includes R4 824 savings per year	R3 642 Includes R6 552 savings per year	R3 798 Includes R11 376 savings per year	R2 832	R4 302 Includes R5 184 savings per year	R5 262 Includes R6 336 savings per year	R9 060 Includes R10 872 savings per year	R16 800
Child dependant <26 years	R864	R1 848	R1 080	R1 134	R1 188 Includes R2 160 savings per year	R1 464 Includes R2 664 savings per year	R1 422 Includes R4 248 savings per year	R1 176	R1 482 Includes R1 800 savings per year	R1 818 Includes R2 160 savings per year	R2 622 Includes R3 168 savings per year	R4 194
	R1 728	R3 696	R4 434	R5 832	R6 078 Includes R10 944 savings per year	R7 962 Includes R14 328 savings per year	R8 418 Includes R25 200 savings per year	R6 444	R9 402 Includes R11 304 savings per year	R11 484 Includes R13 824 savings per year	R18 738 Includes R22 464 savings per year	R33 600
	R1 728	R3 696	R3 648	R4 434	R4 596 Includes R8 280 savings per year	R5 784 Includes R10 440 savings per year	R6 042 Includes R18 072 savings per year	R4 788	R6 582 Includes R7 920 savings per year	R8 040 Includes R9 648 savings per year	R12 300 Includes R14 760 savings per year	R20 994
	R2 592	R5 544	R4 728	R5 568	R5 784 Includes R10 440 savings per year	R7 248 Includes R13 104 savings per year	R7 464 Includes R22 320 savings per year	R5 964	R8 064 Includes R9 720 savings per year	R9 858 Includes R11 808 savings per year	R14 922 Includes R17 928 savings per year	R25 188
	R2 592	R5 544	R5 514	R6 966	R7 266 Includes R13 104 savings per year	R9 426 Includes R16 992 savings per year	R9 840 Includes R29 448 savings per year	R7 620	R10 884 Includes R13 104 savings per year	R13 302 Includes R15 984 savings per year	R21 360 Includes R25 632 savings per year	R37 794
	R3 456	R7 392	R6 594	R8 100	R8 454 Includes R15 264 savings per year	R10 890 Includes R19 656 savings per year	R11 262 Includes R33 696 savings per year	R8 796	R12 366 Includes R14 904 savings per year	R15 120 Includes R18 144 savings per year	R23 982 Includes R28 800 savings per year	R41 988
	R5 184	R11 088	R6 594	R8 100	R8 454 Includes R15 264 savings per year	R10 890 Includes R19 656 savings per year	R14 106 Includes R42 192 savings per year	R11 148	R12 366 Includes R14 904 savings per year	R15 120 Includes R18 144 savings per year	R29 226 Includes R35 136 savings per year	R50 376

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 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 are not taken into consideration.

Healthier people. **A thriving business.**

Your employees are at the heart of your business. Their health and well-being influence attendance, productivity, engagement, performance, and ultimately the strength of your organisation. Medihelp combines healthcare cover with preventive care, workplace wellness, personalised support, digital solutions, and hands-on corporate service to help you build a healthier, more resilient workforce.

Healthcare that works for your people, and for the people who look after them

Managing employee healthcare should not create more work for HR, payroll, and finance teams. That's why our corporate offering is built around two equally important goals:

Helping employees access the care and support they need and making medical aid administration simpler for employers.

Personal corporate support

One of Medihelp's greatest strengths is access to real people who understand corporate healthcare administration. Our team of experts, including new business specialists, corporate consultants, and a network of accredited advisers, supports your medical aid administration every step of the way, from onboarding to ongoing service.

Dedicated corporate consultants support you and your workforce throughout the relationship with:

- Product and benefit presentations
- Employer and group account training
- Employee engagement sessions
- Annual product selection roadshows
- Individual member consultations
- Assistance to HR and finance teams
- Membership administration support
- Coordination of workplace wellness initiatives

Support where you need it

HR

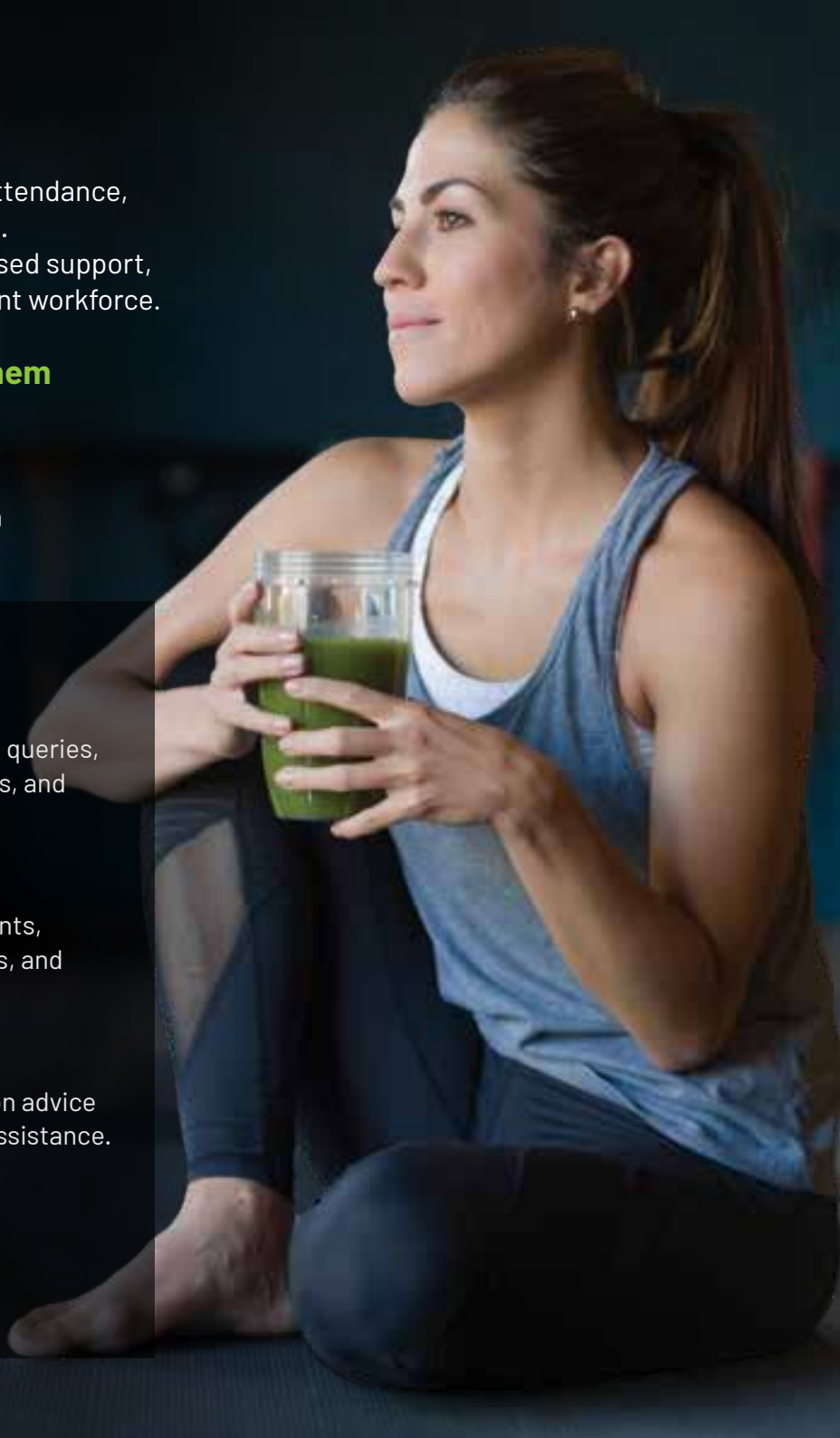
Membership changes, employee queries, onboarding, group health reports, and general group support.

Payroll and finance

Statements, contribution accounts, reconciliations, payment queries, and billing support.

Employees

Benefit education, plan-selection advice and support, and membership assistance.



Employer support and engagement

Dedicated Medihelp experts

Your Medihelp **corporate consultant** will visit your offices regularly or on request.

They specialise in corporate wellness and administration, and can provide valuable support to your human resources team, individual employees, and the appointed adviser/healthcare consultant.

They also give presentations on the following year's products and assist employees with plan choices.

Your human resources and payroll teams have direct access to a dedicated **contribution recoveries consultant** at Medihelp for assistance with:

- Statements, reconciliations, and payment queries. Email: contributions@medihelp.co.za
- Changes to membership details, such as deregistration of dependants and resignations
- Annual plan changes

Email:
membership@medihelp.co.za

Our **New Business team** will:

- Process new applications
- Register dependants
- Assist with and follow up on outstanding and incomplete application forms
- Assist with conditions of membership

Email:
newbusiness@medihelp.co.za
corpapps@medihelp.co.za

Tailor-made resources

Corporate Zone

The Corporate Zone is a secure self-service environment that allows authorised employer representatives to manage important group administration, such as:

- Requesting membership and tax certificates
- Downloading group account reports and statements
- Downloading real-time billing
- Viewing the corporate profile
- Viewing membership information and enrolment conditions
- Viewing contribution accounts and monthly schedules
- Viewing newsletters
- Doing bulk uploads
- Adding dependants

Management report

Each quarter, you will receive a group profile report containing statistics on your workforce's membership, claims, and health profile.

To request a report, email Medihelp's Corporate Membership department, and they will send the report to you or will make an appointment to discuss the report with you.

Email:
corpsupport@medihelp.co.za

Wellness experiences

Medihelp will organise wellness experience days at your offices with a range of health assessments such as cholesterol and blood glucose testing, blood pressure measurements, and HIV testing, counselling, and support.

A key feature is instant facial screenings, which provide a quick and non-invasive way to assess employees' overall health.

You will then receive a consolidated report highlighting the main risk factors identified during the assessments, helping you guide your workforce towards health and wellness.



How to register and log in to the **Corporate Zone**

STEP 01

Click on the link provided in the email.

STEP 02

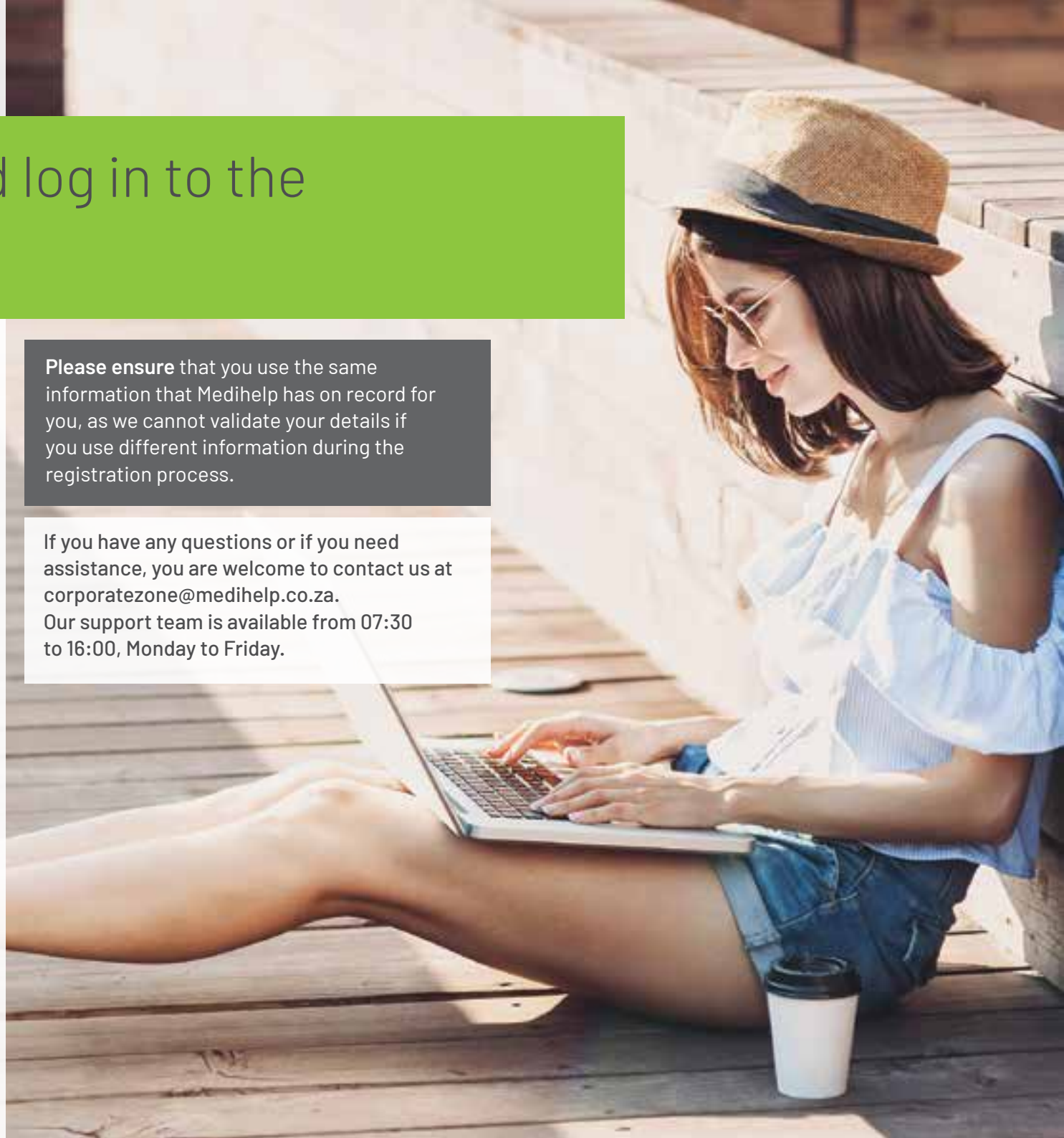
Enter your group's details and your personal and contact details as provided in the email. Please keep the web page open until you have completed the registration process.

STEP 03

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

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

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



Member support and engagement

Medihelp Client Care centre

We employ dedicated call centre consultants to answer calls and supporting staff to handle written enquiries.

Members can contact us here:
Tel: 086 0100 678
enquiries@medihelp.co.za
medihelp.co.za

SMS and WhatsApp

We use SMS and WhatsApp communication (with links to documents, websites, or videos where applicable) as a fast and effective way to keep members updated and remind them of important events.

Videos

Short videos explaining product details or processes are an easy-to-understand means of conveying important information to members.

Social media platforms

Members can find us on Facebook (Medihelp Medical Aid), LinkedIn, X, Instagram, and TikTok.

Thrive! e-newsletter

Our quarterly member newsletter, Thrive!, is packed with useful health and lifestyle information and the latest Medihelp news. Members also receive helpful tips to help manage their medical aid with ease and make the most of their benefits.

Integrated care and support programmes

Medihelp offers health support programmes to our members through the:

- Back and Neck Treatment Programme
- Cancer Care Programme
- HIV/AIDS Programme
- Post-hospitalisation Care Programme
- Chronic Care Management Programme
- Parenting journey
- Depression Support Programme
- Compassionate Care Programme

Putting members **in control**

The Medihelp Member Zone puts everything you need at your fingertips – anytime, anywhere. Log in and take charge of your medical aid with easy digital tools.

How to get started

1. Go to www.medihelp.co.za and click Log in
2. Or scan this QR code
3. **Register** for the **Member Zone,** our real-time member enquiry and information centre. You will need your **membership number.**



All you need to register is your membership number

What members can do online:

- Book an appointment with a GP, dentist, or pharmacy clinic
- Update banking details instantly
- Get your tax certificate
- Download your membership certificate or e-card
- Submit and track claims, and view your statements
- Request hospital or treatment pre-authorisations
- Track your medical savings
- View your available benefits
- Apply for more than a 30-day supply of pre-authorised chronic PMB medicine when travelling abroad
- Register for and manage your health care programmes
- Get access to **Fitt**, your digital health and wellness companion

The new **Medihelp app**

The new Medihelp app brings **Medihelp and Fitt together in one integrated experience,** giving members an easier way to manage their medical scheme benefits while also engaging with their health and well-being.

The app supports Medihelp's shift from reactive healthcare to proactive engagement and preventive health, giving members more opportunities to engage with their health beyond the moments when they need healthcare.



One app. More value.

Members have convenient access to the medical scheme functionalities they need, including:

- Their digital membership card
- Viewing and submitting claims
- Viewing their benefits, balances, and savings preferences
- Finding network providers and booking healthcare appointments



The app also brings Fitt wellness features into the same experience, giving members more reasons to engage with their health every day. Members can:

- Connect wearable devices and track their activity
- Participate in challenges and earn points and rewards
- Access nutrition and mental wellness support
- Use facial scanning for health insights

The new **Medihelp app**

From managing healthcare to health

The app creates regular opportunities for members to become more aware of their health, make healthier choices, and take preventive action. Through wellness activities, challenges, points and rewards, members are encouraged to engage with their health more consistently.

1 Know more

Greater awareness of your health



2 Do more

Healthy choices and preventive action



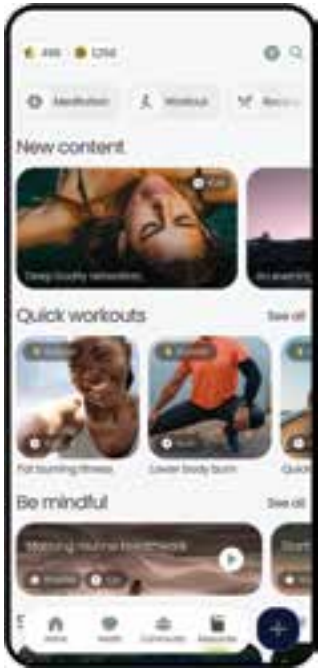
3 Earn more

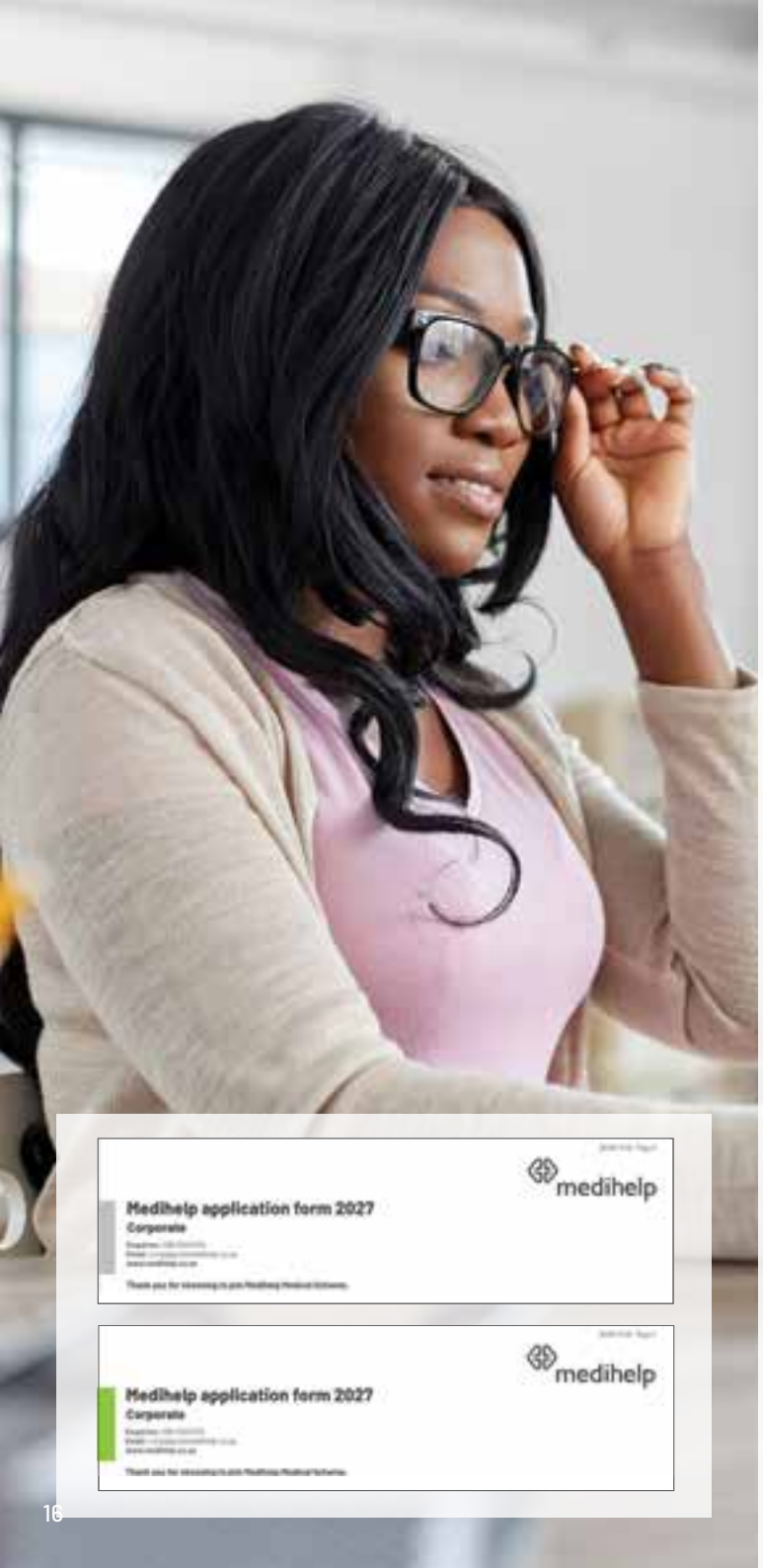
Challenges, points, and rewards



4 Live healthier

Stronger, more engaged members





Application process – Corporate groups

A dedicated Medihelp team will guide you through the application and onboarding process.

STEP 01

Meet with your Medihelp consultant and adviser

Arrange a presentation to introduce Medihelp and our offering to your group.

STEP 02

Provide your group information

Use the quote calculator to provide the required applicant information and calculate contributions. Send the completed quotation request to your business development consultant or **brokers@medihelp.co.za.**

STEP 03

Receive your group quotation

Our Distribution Channel team will prepare a group quotation, including any applicable underwriting conditions. Your business development consultant will keep you and your adviser updated throughout the process.

STEP 04

Review and accept the quotation

Discuss the quotation and underwriting conditions with your consultant and adviser. You can accept the terms or request changes where necessary.

STEP 05

Submit the applications

Once the quotation is accepted:

- Each employee completes an individual application form.
- The employer completes the **Registration of an employer group** form, either online or by downloading it from the Corporate Zone. The form also confirms the applicable payment terms.
- **The employer submits the applications in bulk via the Corporate Zone**, or the adviser submits them via the **Adviser Zone.**

Your business development consultant, or corporate consultant and our New Business team will support you through enrolment and onboarding.

Corporate groups' application forms

Medihelp offers two application forms for corporate group employees, depending on whether underwriting applies:

Green bar: A full application form, including a medical questionnaire, for groups where underwriting applies.

Grey bar: A shortened application form without a medical questionnaire, for groups where underwriting does not apply.

Your business development consultant, or corporate consultant will keep you and your adviser updated throughout the process.

Onboarding that keeps people moving

Medihelp is embracing the power of technology to personalise our engagement and empower our members to welcome their healthcare and well-being journey with open arms.

Employers can submit employee applications through the Corporate Zone and track their progress. Where no underwriting is required, membership can be activated quickly. After activation, the employer and employee will receive confirmation and information about:

- Membership activation
- Date of enrolment
- Selected plan
- Benefits
- Digital membership card
- Member information
- Registration on Medihelp's digital platforms

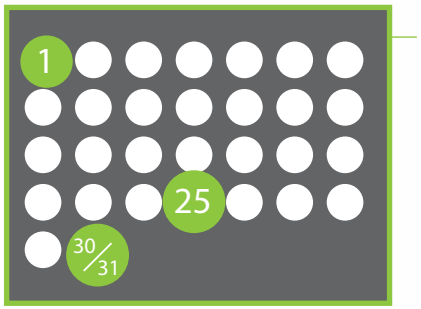
Our member enrolment specialists assist with incomplete applications, dependant registrations, and conditions of membership where required.

Why onboarding matters

A smooth healthcare onboarding experience helps new employees feel supported from the beginning of their relationship with your organisation.



Enrolling **new members**



Date of new enrolments

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

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

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

Seamless enrolment for new members

You can enrol any employee as a Medihelp member by following these easy steps:

STEP 01

Complete and submit an online application form

Apply online at **www.medihelp.co.za** or via the Corporate Zone.

STEP 02

Medihelp receives the application

If no underwriting applies
Medihelp activates the membership immediately.

If underwriting applies
Medihelp provides a quote, indicating waiting periods and/or a late-joiner penalty, and the monthly contribution.

STEP 03

Finalisation of online application

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

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



Dependants

Members may register their adult and child dependants on their Medihelp membership **after approval from their employer's Human Resources department.**

Dependants who may be registered

If any of the following persons are dependent on the main member for family care and support, they may register them as their dependants:

Adult dependants	Child dependants
• Partner/spouse **Member's own:** • Father • Mother • Sister • Brother	• Own children of the main member/spouse or partner • Stepchildren of the main member/spouse or partner – to register a stepchild, the stepparent must be married to the child's birth mother/father • Newborns • Children adopted by the main member • Children placed in foster care/temporary safe care of the main member up to the age of 26 (proof is required) • Children born in terms of a surrogate motherhood agreement with the main member/spouse or partner

How to register a new-born baby

Newborns	Register within 90 days from date of birth
• Own children • Grandchildren	• Follow step 1 mentioned below on the Member Zone for a quick and easy online registration • If the newborn's ID number is not available with registration, the member must update the ID number on the Member Zone within 45 days from the date of birth
In case of: • Surrogacy • Foster care/ adoption/ temporary safe care	• If your company policy allows registration of dependants in these cases, you can follow the same registration process on the Corporate Zone.

More about grandchildren

- Registration of grandchildren as dependants is subject to the employer's protocols/terms of employment
- Grandchildren of the spouse or partner may not be registered as dependants of the main member
- Grandchildren can only be registered as dependants from their date of birth if one of their parents is a registered dependant of the main member
- If not, grandchildren will only be registered from the first day following the month in which the application was finalised

How to register a dependant

STEP 01 **Quick and easy online registration**
Members can log in to the Member Zone and select the **Dependant(s)** plan from the **Membership** menu

STEP 02 Submit the form and attach the supporting documents online on the **Corporate Zone**

Important notes regarding supporting documentation:

The member does not need to provide a copy of the dependant's ID, but should ensure that the ID number on the form is correct and complete.

Who will need to register as main members and not as dependants?

- Godchildren
- In-laws
- Stepparents
- Stepbrothers and stepsisters
- Step-grandchildren
- Cousins
- Grandchildren of the partner
- Grandparents
- Nieces and nephews
- Divorced dependants must apply for a change in membership

Deregistering a dependant

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

STEP 01

Request deregistration

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

STEP 02

Receive membership certificate

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

STEP 03

Update membership card

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

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

In the **event of death**

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

Main member

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

Dependant/Child dependant

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

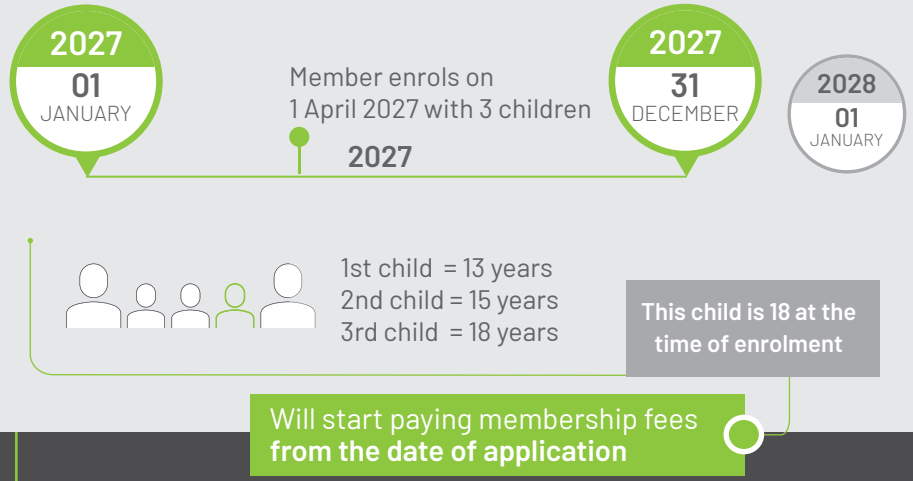
Child dependants' contributions

Children are eligible for child rates up to the age of 26. However, proof of financial dependency may be required at any time.

	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
When children turn 26 • The member starts paying adult dependant contributions from the month in which they turn 26	✓	✓	✓	✓	✓	✓	✓	✓
MedVital, MedAdd, MedPrime		✓	✓			✓		

Pay only for own two youngest natural children under 18 years.
If the third child turns 18 during the course of a year, the contributions will only increase from January of the following year

New member (scenario 1)



Will start paying membership fees **from the date of application**

New member (scenario 2)



Will only start paying membership fees **from 1 January 2028**

Existing members

- Existing members pay child dependant rates for children younger than 26 years and pay for only the youngest two children under 18 on **MedVital, MedAdd,** and **MedPrime.**
- Child dependant rates will apply from the beginning of the year following the year in which they turn 18, until they are 26 years old.

Late-joiner penalties (LJP)

A late-joiner penalty may be added to a member's contribution if they join a medical scheme after age 35 and have had a break in cover. The size of the penalty depends on how many years they were without cover, and once applied, it is added to the contribution every month for as long as they belong to a scheme.

An LJP can be automatically calculated on the Corporate Zone and Adviser Zone when a quote is generated.

Recalculating a late-joiner penalty

While application is still pending

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

Once membership is already active

Upon receipt of acceptable proof of membership, a recalculation will be done by the Member Maintenance department. Should the LJP be amended, the new penalty will be applied from the beginning of the following month.

LJP intervals and penalty percentages

1 – 4 years	5 – 14 years	15 – 24 years	25 years +
5%	25%	50%	75%

of the contribution of the main member and dependant (excluding savings contribution)

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

Step 1

Formula

A = B minus (35 + C) where:

A = number of years for determining the penalty band

B = age of the late joiner at time of application

C = number of years of creditable coverage which can be demonstrated

Step 2

Calculation

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

Step 3

LJP

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

Please note

- If an LJP is imposed, it applies to the full contribution of the late joiner only. In other words, only the contribution in respect of the person on whom the LJP is imposed, is surcharged and not the contribution of the entire family.
- The LJP does not apply to the personal medical savings account contribution, only to the insured portion.
- If a late joiner previously belonged to a medical scheme in South Africa, they must submit acceptable proof of membership (a membership certificate) of the medical scheme concerned.
- Proof of previous membership of a medical scheme provided in a sworn affidavit is acceptable if reasonable, but unsuccessful efforts have been made to get the certificates of membership. The beneficiary must declare the reasonable efforts that were made, names of the relevant medical schemes, and the membership periods.
- If a person was subject to an LJP at another medical scheme and then becomes a beneficiary of Medihelp, such LJP can be continued by Medihelp. The previous LJP percentage can be re-imposed.
- The LJP that applies to pensioners is not subsidised by the Government Pensions Administration Agency (GPAA), but the LJP that applies to PERSAL members is subsidised. If a member is enrolled at Medihelp as part of an employer group, it's important to confirm with the employer whether or not they will contribute towards/subsidise the LJP.

Interchange between plans

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



Interchange form on the **Member Zone**

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

Termination of membership

Resignations must be done at least one calendar month in advance. Medihelp must receive the termination of membership form at least one month prior to the resignation date in which we receive the termination instruction,which must be prior to the termination date. It is the member's responsibility to inform Medihelp of their resignation/termination/retirement. Please note the following:

Employer

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

Employee

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

Claims

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

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

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

Termination due to contribution debt

Medihelp may terminate the membership of a member whose contributions are in arrears. We will use the last date on which the member paid a full month's contribution to determine the termination date, and will pay claims accordingly. Please refer to **page 35** for more information.

Membership **certificates**

Medihelp may ask for the medical scheme history of applicants and their dependants to determine waiting periods. If this information is incomplete or inaccurate, a membership certificate will be required.

Why a membership certificate is needed

We use membership certificates to determine the correct enrolment category in these cases:

- The application shows overlapping membership dates at different medical schemes
- To calculate accurate late-joiner penalties

Requirements for membership certificates

- Certificates must not be older than two months

If a membership certificate is NOT available

An affidavit may be accepted, but only if:

- The registered scheme listed on the application form (not the employer's details) no longer exists
- The affidavit specifies:
  - The registered medical scheme's name
  - Date joined and date ended (month and year)
  - Who (member and dependants) belonged to the scheme

How to obtain a Medihelp membership certificate

- Members: download from **Member Zone**
- Advisers: download from **Adviser Zone**
- Corporate clients: download from **Corporate Zone**

How to obtain a Declaration of previous medical schemes form for the affidavit

- Download from the **Adviser Zone** or **Corporate Zone**
- Request from your business development consultant (BDC), or corporate consultant



Tax certificates

Employees' tax certificates are available on these platforms:

On the **Member Zone.** | On the **Corporate Zone.**

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

Engagement

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

Personal engagement

Personal visits

A dedicated corporate consultant supports you with your Medihelp business.

Annual product presentations

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

mNews newsletters

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

Social media platforms

Follow us on these platforms:

@medihelpsa

@medihelpsa

Medihelp Medical Scheme

@medihelpsa

Medihelp

@medihelp.medical.aid



Annual general meeting (AGM)

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

Managing your **employees' care**

Back and Neck Treatment Programme

Medihelp's back and neck treatment programme, provided countrywide by Documentation Based Care (DBC), forms part of the pathway to spinal care. DBC is an internationally recognised leader in rehabilitation for musculoskeletal conditions.

Members are first required to undergo an evaluation at a DBC clinic. This assessment will determine whether the member is eligible for the DBC's non-surgical rehabilitation programme. The programme aims to improve the general flexibility of the spinal column, strengthen targeted back muscles to relieve pain, help patients regain normal back and neck function, and potentially avoid surgery. Medihelp will consider funding the necessary spinal surgery or procedure if a member is not eligible for the rehabilitation programme.

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

Scan the QR code to find a DBC treatment centre near you.

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 from Dis-Chem and Medipost

Read more about this programme: LifeSense



Managing your **employees' care**

Post-hospitalisation Care Programme

Medihelp's Post-hospitalisation Care Programme provides proactive support to members after they leave hospital, helping them navigate their recovery and identify potential complications early.

A dedicated Medihelp care coordinator reaches out to members to check on their recovery and provide personalised support with medication adherence, rehabilitation and pain management. Members are notified of these calls via SMS and WhatsApp, helping us connect with more members when they need support most. If a care coordinator identifies a worrying symptom or potential complication that requires medical attention, a doctor's consultation can be approved and paid from the member's core benefits, with normal Scheme rules applying, including the applicable DSP and Medihelp tariff.

The programme works alongside the relevant post-hospital rehabilitation services, which include physiotherapy, speech therapy, and occupational therapy, where these benefits are available to the member.

Chronic Care Management Programme

Living with a chronic condition can feel overwhelming. The chronic care management programme provides members with cover for treatment, practical support, and guidance to help them manage their condition and stay on track with their care. The programme supports members living with diabetes, hypertension, hyperlipidaemia (high cholesterol), and heart disease. Care coordinators provide personalised support with medication adherence, healthy eating, stress management, and healthier living, while helping members navigate their treatment journey and remember important appointments.

Members also have access to a basket of care, which provides benefits for consultations, treatment, pathology, and other relevant tests. Where a member requires more than the generic basket of care, authorisation can be personalised according to their treatment needs. Eligible members are invited to participate in the programme, which is fully integrated with the Member Zone for ease of use.

Compassionate Care Programme

Our Compassionate 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 through a structured network of palliative care doctors, supported by registered nurses and care coordinators, to deliver personalised, holistic care that meets the physical, emotional, and social needs of those they serve. Qualifying medication is provided to help manage pain and uncomfortable symptoms.

Unlike traditional hospice care, which typically focuses on the end of life, our palliative care can take place at any stage of 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 hospice, we aim to provide the highest standard of care and offer much-needed support to families.

Our care coordinators and care coaches help members and their families navigate the difficult and trying times of dealing with serious illness, providing guidance, reassurance, and peace of mind. The programme also aims to reduce end-of-life hospitalisation through appropriate palliative care and symptom management.

Depression Support Programme

Medihelp's Depression Support Programme assists members diagnosed with depression to manage their condition and access appropriate support out of hospital.

Eligible members receive a monthly benefit amount for medication and an additional annual benefit for out-of-hospital consultations with psychiatrists, clinical psychologists, social workers, occupational therapists, psychiatric nurses, and registered counsellors.

The programme supports members through a range of healthcare professionals, promoting ongoing care and a holistic approach to managing depression.

Cancer Care Programme

Medihelp members have access to comprehensive cancer benefits through our designated service providers (DSPs).

When a member is diagnosed with cancer, the first step is to email the clinical information and treatment plan to oncology@medihelp.co.za to register on the Medihelp Cancer Care Programme and get treatment authorisation.

The member will receive a schedule containing all the necessary information, including:

- The **treatment plan** available on their Medihelp plan, based on ICON (Independent Clinical Oncology Network) treatment protocols
- The **DSP specialists and DSP pharmacies** they can use

Cancer cover

Benefits for cancer treatment are now structured into three treatment tiers that are linked to specific plans:

- Tier-based limits apply, depending on the member's plan.
- When the annual limit for cancer treatment is reached and the member is on an approved treatment plan within the relevant treatment tier, Medihelp will continue to fund the treatment, with a 20% co-payment on non-PMB treatment and services.
- Services that accumulate against the annual cancer treatment limit are: chemotherapy, radiation therapy, cancer treatment basket items (including pathology and radiology), and PET scans.
- The medical expenses incurred during an approved hospital admission for cancer therapy, such as surgery, will be funded from core benefits and do not add up to the cancer benefit treatment limit. Implantable cancer treatments such as brachytherapy will add up to the cancer benefit limit.

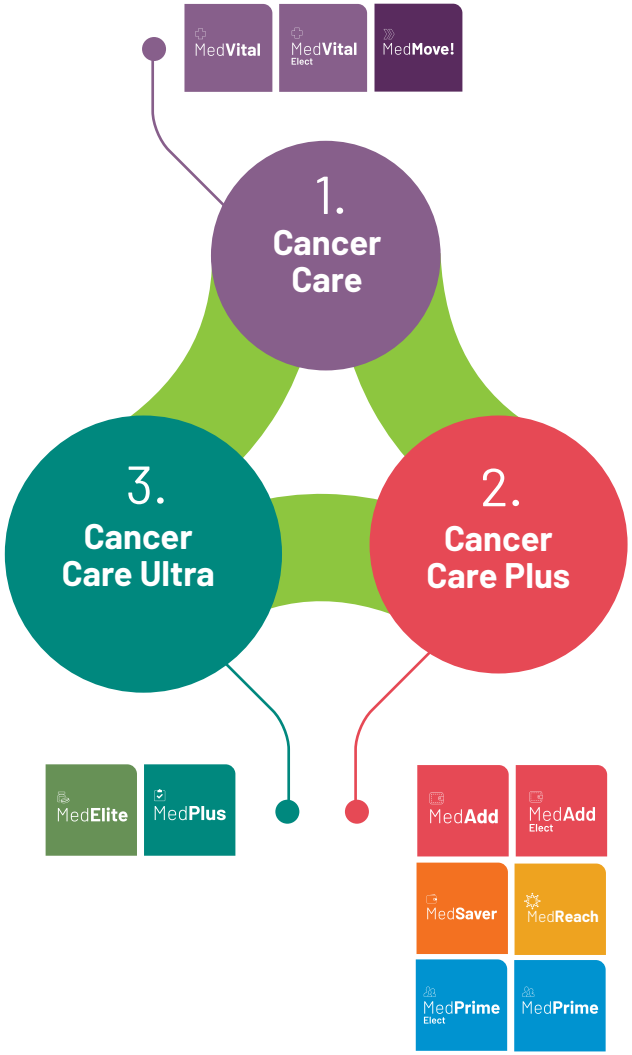
Stem cell transplants

Bone marrow (stem cell) transplant costs do not count towards the annual cancer limit. When approved, Medihelp covers these transplants at the agreed rate for the relevant treatment tier, provided the member follows clinical protocols. Cover is subject to PMB regulations and authorised benefits.

Compassionate Care Programme

Members with advanced cancers have access to comprehensive palliative care through Medihelp's Compassionate Care Programme, offered in partnership with the PALPRAC network of palliative care providers. Read more on **page 27**.

ICON (Independent Clinical Oncology Network) is a provider-driven oncology manager care organisation that represents a significant number of the private practicing oncologists in South Africa. The published treatment protocols are evidence-based and cost-effective to ensure access to the right treatment at the right time.





Cancer Care Programme

Cancer cover

Even though some cancers may be PMB conditions, not all treatments for those cancers qualify as PMB level of care. When cancer treatment is defined as PMB treatment or PMB level of care, Medihelp funds 100% of all related in-hospital and out-of-hospital services (including consultations, pathology, and radiology) subject to PMB legislation, the Rules of Medihelp, tariffs, and clinical protocols.

Non-PMB cancer treatment

When cancer treatment is not classified as PMB level of care, Medihelp funds services such as hospital care, consultations, pathology, and radiology up to 100% of Scheme tariffs, subject to the annual cancer benefit limit on the member's plan. Once this limit is reached, and if the member is on an approved treatment plan in the relevant treatment tier, Medihelp will continue to fund up to 80% of non-PMB treatment costs.

Exceptional medicine list for MedPlus

MedPlus members can access a list of exceptional (specialised) medicines for certain cancers. Access is subject to specific clinical entry criteria and treatment protocols. When approved, Medihelp funds up to 75% of the Scheme tariff for these medicines from the start of treatment. Claims are limited to R262 500 per family per year, which counts towards the annual cancer limit. Once the sublimit is reached, additional funding from the cancer limit may be approved following a clinical review. Medihelp will continue to pay up to 75% of treatment costs, subject to protocols and the overall cancer limit.

Avoiding co-payments

- Ensure that the specialists' treatment plans align with the Independent Clinical Oncology Network (ICON) or the Oncology Healthcare Management Company (OHMC) protocols for the member's specific Medihelp plan.
- Choose a cancer specialist in the ICON network, or one with a payment arrangement with Medihelp.
- Use medicine listed at the Medihelp Oncology Reference Price (MORP).
- MedMove!, MedVital Elect, MedAdd Elect, MedReach, and MedPrime Elect members must get their cancer medicine from one of our DSP networks:
    - **Dis-Chem Oncology:** 010 003 8948
      oncology@dischem.co.za
    - **Medipost:** 012 404 4430
      oncology@medipost.co.za
      WhatsApp: 012 426 4655

The start of your **Parenting journey**

Having a baby marks the start of an exciting new chapter, but it also brings plenty of questions. What benefits do I have? What do I need to register for? What happens after my baby is born? When are vaccinations due?

Medihelp's Parenting journey brings together **maternity benefits, practical support, helpful reminders, and Parent Sense** to help members navigate pregnancy, birth, and the early toddler years.

New for 2027

Depending on the member's plan, benefits now include **postnatal consultations with clinical psychologists**, in addition to antenatal classes with a private nurse practitioner and consultations with dietitians and lactation specialists.



Maternity

Maternity benefits are structured into treatment tiers, linked to specific plans:

New: MedMove!

- Two antenatal and/or postnatal consultations:
  - With a midwife/GP/gynaecologist

MedVital MedVital Elect

- Eight antenatal and/or postnatal consultations with a midwife/GP/gynaecologist
- Antenatal and/or postnatal consultation:
  - One antenatal class with a private nurse practitioner or postnatal consultation with a clinical psychologist
- One newborn hearing screening (up to 8 weeks) now available both in and out of hospital (item codes 83003 and 821010)
- Two 2D ultrasound scans

MedReach MedSaver MedAdd MedAdd Elect

- Ten antenatal and postnatal consultations with a midwife/GP/gynaecologist
- Antenatal and/or postnatal consultations:
  - One with a dietitian or clinical psychologist (antenatal or postnatal)
  - One with a private nurse specialising in lactation (antenatal or postnatal)
  - One antenatal class with a private nurse practitioner
- Nine months' antenatal iron (single ingredient) and folic acid (single ingredient) supplements (benefit limits apply per plan)
- One newborn hearing screening (up to 8 weeks) now available both in and out of hospital (item codes 83003 and 821010)
- Two 2D ultrasound scans

MedPrime MedPrime Elect MedElite MedPlus

- Ten antenatal and postnatal consultations with a midwife/GP/gynaecologist
- Antenatal and/or postnatal consultations:
  - One consultation with a dietitian, and one consultation with a clinical psychologist
  - One with a lactation specialist (antenatal or postnatal)
  - One antenatal class with a private nurse practitioner
- Nine months' antenatal iron (single ingredient) and folic acid (single ingredient) supplements (benefit limits apply per plan)
- One newborn hearing screening (up to 8 weeks) now available both in and out of hospital (item codes 83003 and 821010)
- Two 2D ultrasound scans

Childbirth in hospital or at home

MedVital **MedVital Elect**
MedAdd **MedAdd Elect** **MedSaver** **MedReach**
MedPrime **MedPrime Elect** **MedElite** **MedPlus**

- No overall annual limit
- Benefits paid at 100% of the Medihelp tariff
- Subject to hospital pre-authorisation, protocols, and case management
- Caesarean sections and neonatal admissions are covered
- A separate, specified benefit limit for home delivery
- Fixed benefit amount for prescription TTO (to-take-out) medicine (limited to 7 days)

MedMove!

- No overall annual limit
- Natural birth paid at 100% of the Medihelp tariff
- Subject to hospital pre-authorisation, protocols, and case management
- Elective caesarean sections and home delivery are not covered on this plan
- Fixed benefit amount for prescription TTO (to-take-out) medicine (limited to 7 days)
- A separate, specified benefit limit for neonatal admissions

For peace of mind, members registered for the Parenting journey will receive reminders of key steps, including:

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

A little extra welcome for new arrivals
Moms will receive a baby bag filled with amazing goodies at 30 weeks of pregnancy.

Your first steps during pregnancy

Knowing what Medihelp offers is the first step. The next step is understanding what to do and when to do it.

Step 1: **Register for the Parenting journey**	**Step 2:** **Activate your Parent Sense access**
Once membership is active, the member can register for the Parenting journey on the Member Zone. **How to register** 1. Sign in to the Member Zone 2. Look for the Parenting journey banner 3. Click Join now 4. Complete the registration and health questions 5. Provide the required consent The registration questions help establish where the member is in her pregnancy. Questions may include whether this is her first, second, or third pregnancy, whether she is expecting more than one baby, whether she has had a previous miscarriage, and whether this is a potentially high-risk pregnancy.	**Registering for Medihelp's Parenting journey and registering for Parent Sense are two separate steps.** Once the member has completed her Parenting journey registration and given consent, the relevant information is securely shared with Parent Sense. Note: Members should allow 24 hours after registration for confirmation from Parent Sense. **The process:** **Medihelp Parenting journey** → Complete registration and consent → Information is shared with Parent Sense → Receive Parent Sense communication within 24 hours → Download the Parent Sense app from the Google Play Store or Apple App Store → Register on the Parent Sense app → Start the Parent Sense journey

Did you know? A member **does not** need to register for the Parenting journey for her applicable maternity benefits to be available. The Parenting journey provides additional support, information, reminders, and tools to help members through pregnancy, birth, and the toddler and preschool years.

Parent Sense just makes sense

Once registered, Parent Sense becomes a practical resource that members can use throughout their parenting journey.

Parents can:

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

Parent Sense can continue to support parents through the early years with information and guidance on topics like:
Sleep • Feeding • Weaning • Routines • Development • Tantrums • Starting school

Babies and toddlers

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

Two consultations with a paediatrician/ GP/ear, nose, and throat specialist for babies under 2 years

Standard child immunisation for children up to 7 years*

* Not available on **MedMove!**

Plans with savings accounts
Additional day-to-day benefits per family for GP consultations, specialist visits, and medicine once savings have been depleted

Meet aiah – your parenting AI companion

Members using Parent Sense also have access to aiah, an AI-powered parenting companion designed to help answer everyday parenting questions.

- Safe and secure
- Specialist-informed, with input from paediatric experts, nurses, therapists, and lactation consultants
- Available whenever members need it

Aiah is another way Parent Sense helps take some of the guesswork out of parenting, alongside its articles, tips, tools, trackers, routines, recipes, and digital health record.

The toddler journey

Medihelp's Parenting journey also extends to members with toddlers aged 0 to 5 years, whether they are currently pregnant or not. Through Parent Sense, the toddler journey provides practical, age-appropriate support for the everyday challenges and milestones of raising a young child.

Standard child immunisation – vaccination schedule

At birth	6 weeks	10 weeks	14 weeks	6 months	9 months	12 - 15 months	18 months	6 years
BCG vaccine for TB Oral polio vaccine Neonatal hepatitis B vaccine	Oral polio vaccine Rotavirus vaccine (1st) Pneumococcal conjugated vaccine (1st) 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 (2nd) Pneumococcal conjugated vaccine (2nd) Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine, and haemophilus influenzae type B and hepatitis B vaccine combined (3rd)	Measles and rubella combined vaccine (1st)	Pneumococcal conjugated vaccine (3rd) Chickenpox vaccine	Measles and rubella combined vaccine (2nd)	Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine, and haemophilus influenzae type B and hepatitis B vaccine combined (4th)	Tetanus and reduced strength diphtheria vaccine

Your Parenting journey, with you every step of the way



Pregnancy journey
Comprehensive GP and gynaecologist visits

Parent Sense
Access to content, weekly mailers, webinars, and useful tools

After baby is born
Continued access to Parent Sense and the aiah app. Ask any pregnancy or baby-related questions

At 30 weeks
A beautiful Medihelp-branded multipurpose baby bag

Essential screenings
Hearing screening in hospital

Vaccination schedule
Age-appropriate vaccinations to help protect your baby

Paediatric care
Visits to paediatricians to monitor growth, development, and well-being

Pregnancy
9 months of care, guidance and support

Birth
Support in hospital when it matters most

Beyond birth
Continued support as you and your baby grow together

GP and gynae visits | Parent Sense content | Weekly mailers | Webinars | aiah App – ask anything | Multipurpose baby bag | Hearing screening | Vaccination schedule | Paediatric visits



Processes at a glance

Medical aid administration inevitably includes processes and documentation. Medihelp ensures our processes are simple and efficient, saving you time and effort.

Contributions processes

Group contribution account

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

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

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



Payment of contributions

Requirements

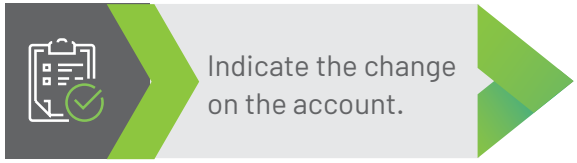
- Contributions are due on the **first workday of every month.**
- If a contribution is short-paid or a debit order is rejected, Medihelp will notify the **employer and member in writing.**
- Outstanding amounts must be paid by the specified deadline to avoid **benefit suspension.**
- If payment is not received within **30 days of suspension,** membership will be terminated.
- Always use your **deposit identifier** as the payment reference. You can find it on the **Corporate Zone.**

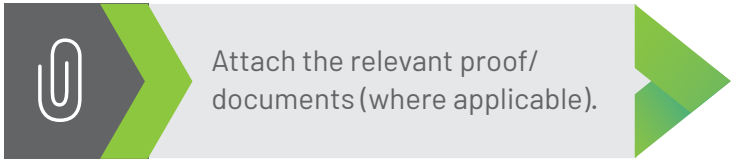
Get your deposit identifier code

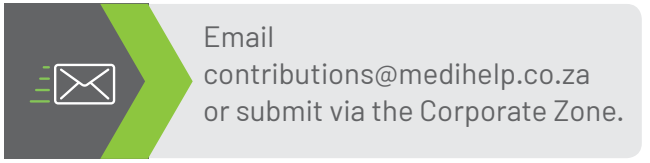
- Visit the **Corporate Zone** and look for the code (payment reference number) on the home page in the Employer information block.
- Contact your dedicated corporate **contribution administration officer** for assistance.

Changes to the contribution account

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







Contributions in arrears

Medihelp must receive employee contributions by the **first workday of each month.** If payment is late or a member's contribution account has a debit balance, Medihelp's registered Rules require us to follow a recovery process.

If contributions are outstanding:

- We'll notify you in writing.
- For POPIA compliance, affected members' details will not be sent by email. Access the report on **Corporate Zone > Contributions > Contributions in arrears.**
- The recovery process continues until the account has a **zero or credit balance,** a **repayment arrangement** is made, or the member **voluntarily terminates membership.**

Pay outstanding amounts as soon as possible to avoid benefit suspension or membership termination.

Banking details
Bank: Absa
Account: 610000088
Branch code: 632005
Reference: Your deposit identifier

Payments from other banks may take up to three workdays to reflect. Consider using instant payment when payment is urgent or benefits need to be reinstated quickly.

Already paid after the statement date?

Your payment won't appear on that statement, but your contribution account on the Corporate Zone is **updated in real time**. If you've paid the outstanding amount in full, you can disregard the arrears shown on the earlier statement.

Compare the **benefits per plan**

Core benefits (insured benefits)	MedMove!	MedVital Elect	MedVital	MedAdd Elect	MedAdd	MedSaver	MedReach	MedPrime Elect	MedPrime	MedElite	MedPlus
Emergency transport (ambulance)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospitalisation – no overall annual limit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospital network applies	✓	✓	–	✓	–	–	✓	✓	–	–	–
271 PMB and 26 PMB Chronic Diseases List (CDL) conditions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• PMB chronic medicine (subject to pre-authorisation)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prostheses (internally implanted)	PMB	✓	✓	✓	✓	✓	PMB	✓	✓	✓	✓
Cancer treatment	PMB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mental health treatment	PMB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Specialised radiology (MRI and CT scans) in and out of hospital	In hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wound care	PMB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Day-to-day benefits (separate insured benefit, pooled benefit or savings account) GPs, specialists, and virtual consultations via nurses at network pharmacies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Physiotherapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Acute medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Non-PMB chronic medicine	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard radiology	✓	–	–	✓	✓	✓	✓	✓	✓	✓	✓
Pathology	✓	–	–	✓	✓	✓	✓	✓	✓	✓	✓
Conservative dentistry	✓	–	–	✓	✓	✓	✓	✓	✓	✓	✓
Specialised dentistry	–	–	–	✓	✓	✓	–	✓	✓	✓	✓
• Removal of impacted teeth (third molars)	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Extensive treatment for children under 7 years (in hospital)	–	–	–	✓	✓	✓	✓	✓	✓	✓	✓
Optometry	✓	–	–	✓	✓	✓	✓	✓	✓	✓	✓
Clinical psychology in and out of hospital	–	–	–	✓	✓	✓	✓	✓	✓	✓	✓
Psychiatric nursing in and out of hospital	–	–	–	✓	✓	✓	–	✓	✓	✓	✓
Post-hospital care up to 30 days after discharge (speech, occupational, and physiotherapy)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Care extender benefit											
Up to two GP consultations can be activated after completing certain health tests	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A R1 050 self-medication/acute medication benefit is activated after completing a preventive combo screening	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Added insured benefits (benefits offered in addition to day-to-day benefits)											
Maternity (antenatal, postnatal, dietitian, and lactation specialist consultations)	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Babies <2 – first two consultations (at a paediatrician/GP/ear, nose, and throat specialist)	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Child immunisation	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wellness benefits (health tests)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Preventive care (flu vaccination, Pap smear, mammogram, etc.)	Flu vaccination and Pap smear	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Contraceptives	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Please note: Limits, co-payments, formularies, lists of codes, and DSPs may apply to certain benefits.
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 brochure is subject to approval by the Council for Medical Schemes. The content of this brochure may change from time to time. Please refer to Medihelp's website for an updated brochure or consult Medihelp's Rules for the latest information.

Summary of benefits

	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
Description	MedMove! is your go-to plan when you take your first steps on your career path, by providing cover for health essentials such as private hospitalisation and emergency medical services through quality networks. You also have access to virtual and in-person doctors' consultations and medicine, as well as a selection of other medical services you may need. This plan also has a special rate for students. Day procedure network for all day procedures apply.	MedVital and MedVital Elect are affordable plans that offer cover for minor medical expenses, private hospitalisation, and emergency medical services. Pay less for MedVital Elect, the network alternative of this plan that uses high-quality networks of GPs and hospitals. Day procedure network for certain procedures apply to both MedVital and MedVital Elect.	MedAdd and MedAdd Elect offer the flexibility of a 15% savings account, extra insured cover once savings are depleted, cover for dental and eye care, as well as pregnancy benefits and a Parenting journey, making these popular choices for young families. Pay less for MedAdd Elect, the network alternative of this plan that uses high-quality networks of GPs and hospitals. Day procedure network for certain procedures apply to both MedAdd and MedAdd Elect.	MedSaver provides for private hospitalisation at any hospital, while the savings account covers medical expenses incurred out of hospital. Once savings are depleted, extra out-of-hospital cover is unlocked. Day procedure network for certain procedures apply.	MedReach is a smart, comprehensive plan designed for professionals who value efficiency, achievement, and quality care. The plan offers network cover with a full basket of benefits, making this the ideal plan for employers. Day procedure network for certain procedures apply.	MedPrime and MedPrime Elect offer excellent cover for out-of-hospital services through a savings account and insured pooled benefits, as well as separate comprehensive dental and optometry benefits. Pay less for MedPrime Elect, the network alternative of this plan that uses high-quality networks of GPs and hospitals. Day procedure network for certain procedures apply to both MedPrime and MedPrime Elect.	This plan offers extensive benefits for private hospitalisation, a savings account, and rich, insured benefits for out-of-hospital medical expenses, including chronic medicine. Day procedure network for certain procedures apply.	Medihelp's top plan offers the most extensive cover for medical emergencies, private hospitalisation, and preventive care, as well as substantial provision for acute and chronic medicine, radiology, pathology, and other day-to-day medical expenses. Day procedure network for certain procedures apply.
Medical savings account	This product does not include a medical savings account. Cover is provided through insured benefits.	This product does not include a medical savings account. Cover is provided through insured benefits.	MedAdd offers a 15% savings account per year, equalling: R7 776 per main member R6 552 per adult dependant R2 664 per child dependant MedAdd Elect offers a 15% savings account per year, equalling: R6 120 per main member R4 824 per adult dependant R2 160 per child dependant Savings funds are used to cover daily medical expenses such as GP and specialist visits, medicine, dentistry, and physiotherapy, as well as shortfalls on hospital expenses. At the beginning of the year, the entire year's savings are available for use in the form of a credit facility. Unused funds are carried over to the next year and earn interest.	MedSaver offers a 25% savings account per year, equalling: R13 824 per main member R11 376 per adult dependant R4 248 per child dependant These funds are used to cover all daily medical expenses such as GP and specialist visits, dentistry, optometry, physiotherapy, and medicine, as well as shortfalls on hospital expenses. At the beginning of the year, the entire year's savings are available for use in the form of a credit facility. Unused funds are carried over to the next year.	This product does not include a medical savings account. Cover is provided through insured benefits accessed via a quality network of healthcare providers.	MedPrime offers a 10% savings account per year, equalling: R7 488 per main member R6 336 per adult dependant R2 160 per child dependant MedPrime Elect offers a 10% savings account per year, equalling: R6 120 per main member R5 184 per adult dependant R1 800 per child dependant These funds are used to cover daily medical expenses such as GP and specialist visits, medicine, and physiotherapy. At the beginning of the year, the entire year's savings are available for use in the form of a credit facility. Unused funds are carried over to the next year.	MedElite offers a 10% savings account per year, equalling: R11 592 per main member R10 872 per adult dependant R3 168 per child dependant These funds are used to cover all daily medical expenses such as GP and specialist visits, medicine, and physiotherapy. At the beginning of the year, the entire year's savings are available for use in the form of a credit facility. Unused funds are carried over to the next year.	This plan does not include a medical savings account. Cover is provided through insured benefits.

Summary of benefits

Day-to-day benefits

MedMove!

NETWORK GPs AND VIRTUAL CARE BENEFITS
Unlimited (get authorisation after sixth visit, protocols apply)
Member pays the first R140

SPECIALIST CONSULTATIONS AND VISITS
R1 100 per family per year

OUT-OF-NETWORK GP/SPECIALIST CONSULTATIONS/ EMERGENCY UNITS
R1 100 per family per year

RADIOLOGY, PATHOLOGY, MEDICAL TECHNOLOGISTS, ACUTE MEDICINE
(Network pharmacies)
R1 850 per family per year

SELF-MEDICATION
R120 per event and
R570 per family per year

PHYSIOTHERAPY
Two visits per family per year
Member pays the first R140

OPTOMETRY
One examination per beneficiary
Member pays the first R140

DENTAL SERVICES - DRC
One routine check-up per beneficiary per year
Member pays the first R140
Scale and polish treatment:
One treatment per beneficiary per year for beneficiaries older than 12 yrs

MedVital

DAY-TO-DAY BENEFITS
M = R1 650 per year
M+ = R3 200 per year
GP and specialist visits, physiotherapy, virtual consultations, telehealth consultations, and medicine

MedAdd

ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED
M = R2 200 per year
M+ = R4 400 per year
GP and specialist visits, physiotherapy, virtual consultations, telehealth consultations, medicine radiology, and pathology

ADDITIONAL INSURED OPTOMETRY BENEFITS
Spectacles or contact lenses

INSURED DENTISTRY BENEFITS
Conservative dentistry for children <18 years
Frenectomy (removal of oral tissue bands):
- In-hospital benefit for children younger than seven years
- Sedation for children younger than 12 years

Hospital and anaesthetic for tooth exposure (excluding third molars) and impaction for approved orthodonic treatment
Professional fee paid from savings account

Other dentistry is covered from the savings account

MedSaver

ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED
R2 730 per family for GP consultations, specialist visits, self-medication, and acute medicine

INSURED DENTISTRY BENEFITS
Frenectomy (removal of oral tissue bands):
- In-hospital benefit for children younger than seven years
- Sedation for children younger than 12 years

Hospital and anaesthetic for tooth exposure (excluding third molars) and impaction for approved orthodontic treatment
Professional fee paid from savings account

Other dentistry is covered from the savings account

MedReach

INSURED DAY-TO-DAY BENEFITS
M = R7 000 per year
M+1 = R10 400 per year
M+2 = R12 700 per year
M+3 = R13 900 per year
The following benefit amounts apply to the insured day-to-day benefit, subject to the OAL
- Radiology, pathology, and medical technology R3 900 per family per year
- Specialists R2 550 per family per year
- Acute medicine
  M = R1 650
  M+1 = R2 730
  M+2+ = R3 300
- Self-medication
  M = R550
  M+ = R2 200

NETWORK GPs, CLINICAL PSYCHOLOGY SERVICES, VIRTUAL CONSULTATIONS, AND TELEHEALTH CONSULTATIONS
Subject to day-to-day benefit and OAL
M = R2 500 per year
M+1 = R4 650 per year
M+2+ = R5 400 per year

OUT-OF-NETWORK GP CONSULTATIONS
Subject to day-to-day benefit and OAL
M = R1 550 per year
M+ = R3 090 per year

PHYSIOTHERAPY AND OCCUPATIONAL THERAPY
Physiotherapy in hospital
Unlimited, subject to clinical guidelines and referral by attending doctor
Physiotherapy out of hospital and occupational therapy in and out of hospital
M = R2 730
M+ = R4 300

OPTOMETRY AND DENTISTRY BENEFITS

MedPrime

ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED

INSURED DAY-TO-DAY BENEFITS
M = R7 900 per year
M+ = R14 500 per year
- GP and specialist visits and virtual and telehealth consultations
- Clinical psychology and physiotherapy
- Other medical services
- Medicine
- Standard radiology and pathology

INSURED OPTOMETRY BENEFITS
Separate comprehensive benefits

INSURED DENTISTRY BENEFITS
Separate comprehensive benefits

MedElite

ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED

INSURED DAY-TO-DAY BENEFITS
M = R15 900 per year
M+1 = R18 500 per year
M+2 = R21 200 per year
M+3+ = R23 800 per year

The following benefit amounts apply within the insured day-to-day benefit
- GP and specialist visits, virtual consultations, and telehealth consultations, clinical psychology, physiotherapy, and other medical services
  M = R4 000 per year
  M+1 = R5 250 per year
  M+2 = R6 600 per year
  M+3+ = R7 900 per year
- Acute medicine benefits
  M = R5 250 per year
  M+1 = R6 600 per year
  M+2 = R7 900 per year
  M+3+ = R9 250 per year
- Radiology benefits
  R3 750 per family per year
- Pathology benefits
  R3 750 per family per year

NON-PMB CHRONIC MEDICINE BENEFITS
M = R6 200 per year
M+1 = R9 350 per year
M+2 = R12 400 per year
M+3+ = R13 400 per year

TWO SEPARATE BENEFITS PROVIDE COMPREHENSIVE OPTOMETRY AND DENTISTRY COVER

MedPlus

INSURED DAY-TO-DAY BENEFITS
R4 900 per beneficiary, pooled per family per year
- GPs and specialists
- Clinical psychology and physiotherapy
- Other medical services

NON-PMB CHRONIC MEDICINE BENEFITS
R25 400 per beneficiary per year

ACUTE MEDICINE
R9 000 per beneficiary, pooled per family per year

STANDARD RADIOLOGY
Unlimited

PATHOLOGY
Unlimited

INSURED DENTISTRY BENEFITS
Conservative and specialised

INSURED OPTOMETRY BENEFITS
Spectacles/contact lenses

Care extender

MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
Not applicable to this plan	Unlock these two additional benefits by undergoing specific health tests: • Two GP consultations • R1 050 for self-medication/ acute medicine	Unlock these two additional benefits by undergoing specific health tests: • Two GP consultations • R1 050 for self-medication/ acute medicine	Unlock these two additional benefits by undergoing specific health tests: • Two GP consultations • R1 050 for self-medication/ acute medicine	Unlock these two additional benefits by undergoing specific health tests: • Two GP consultations • R1 050 for self-medication/ acute medicine	Unlock these two additional benefits by undergoing specific health tests: • Two GP consultations • R1 050 for self-medication/ acute medicine	Unlock these two additional benefits by undergoing specific health tests: • Two GP consultations • R1 050 for self-medication/ acute medicine	Unlock these two additional benefits by undergoing specific health tests: • Two GP consultations • R1 050 for self-medication/ acute medicine

Summary of benefits

	MedMove!	MedVital Elect	MedVital	MedAdd Elect	MedAdd	MedSaver	MedReach	MedPrime Elect	MedPrime	MedElite	MedPlus
Added insured benefits	• Pap smear • Mammograms • Contraceptives • Screenings • Flu vaccination	• Maternity and baby benefits • Women's and men's health tests • Contraceptives • Screenings and immunisations		• Maternity and baby benefits • Women's and men's health tests • Contraceptives • Screenings and immunisations		• Maternity and baby benefits • Women's and men's health tests • Contraceptives • Screenings and immunisations	• Maternity and baby benefits • Women's and men's health tests • Contraceptives • Screenings and immunisations	• Maternity and baby benefits • Women's and men's • health tests • Contraceptives • Screenings and immunisations		• Maternity and baby benefits • Women's and men's health tests • Contraceptives • Screenings and immunisations	• Maternity and baby benefits • Women's and men's health tests • Contraceptives • Screenings and immunisations
Core benefits	**HOSPITAL BENEFITS (NO OAL)**	**HOSPITAL BENEFITS (NO OAL)**		**HOSPITAL BENEFITS (NO OAL)**		**HOSPITAL BENEFITS (NO OAL)**	**HOSPITAL BENEFITS (NO OAL)**	**HOSPITAL BENEFITS (NO OAL)**		**HOSPITAL BENEFITS (NO OAL)**	**HOSPITAL BENEFITS (NO OAL)**
	Tier 1 network hospitals	Tier 1 network hospitals	Any hospital	Tier 2 network hospitals	Any hospital	Any hospital	Tier 2 network hospitals	Tier 3 network hospitals	Any hospital	Any hospital	Any hospital
	Day procedure network applies to certain procedures										
	CHRONIC ILLNESS/PMB Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	**CHRONIC ILLNESS/PMB** Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply		**CHRONIC ILLNESS/PMB** Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply		**CHRONIC ILLNESS/PMB** Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	**CHRONIC ILLNESS/PMB** Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	**CHRONIC ILLNESS/PMB** Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply		**CHRONIC ILLNESS/PMB** Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	**CHRONIC ILLNESS/PMB** Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply
	POST-HOSPITAL CARE Up to 30 days after discharge	**POST-HOSPITAL CARE** Up to 30 days after discharge		**POST-HOSPITAL CARE** Up to 30 days after discharge		**POST-HOSPITAL CARE** Up to 30 days after discharge	**POST-HOSPITAL CARE** Up to 30 days after discharge	**POST-HOSPITAL CARE** Up to 30 days after discharge		**POST-HOSPITAL CARE** Up to 30 days after discharge	**POST-HOSPITAL CARE** Up to 30 days after discharge
	SPECIALISED RADIOLOGY In hospital 100% of the MT R14 280 per family per year Member pays the first R2 950 per examination	**SPECIALISED RADIOLOGY** 100% of the MT R21 000 per family per year Member pays the first R2 730 per examination		**SPECIALISED RADIOLOGY** 100% of the MT R23 100 per family per year Member pays the first R2 200 per examination		**SPECIALISED RADIOLOGY** 100% of the MT R31 500 per family per year Member pays the first R2 100 per examination	**SPECIALISED RADIOLOGY** 100% of the MT R23 100 per family per year Member pays the first R2 000 per examination	**SPECIALISED RADIOLOGY** 100% of the MT R36 700 per family per year Member pays the first R2 000 per examination		**SPECIALISED RADIOLOGY** 100% of the MT R43 000 per family per year Member pays the first R1 550 per examination	**SPECIALISED RADIOLOGY** 100% of the MT Unlimited In and out of hospital MRI and CT imaging PET imaging - R30 200 per case
	TRAUMA-RELATED BENEFITS Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV	**TRAUMA-RELATED BENEFITS** Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV		**TRAUMA-RELATED BENEFITS** Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV		**TRAUMA-RELATED BENEFITS** Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV	**TRAUMA-RELATED BENEFITS** Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV	**TRAUMA-RELATED BENEFITS** Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV		**TRAUMA-RELATED BENEFITS** Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV	**TRAUMA-RELATED BENEFITS** Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV
	WOUND CARE This plan does not cover this service	**WOUND CARE** Including nurse consultations and material/ stock used as an alternative to hospitalisation Unlimited		**WOUND CARE** Including nurse consultations and material/ stock used as an alternative to hospitalisation Unlimited		**WOUND CARE** Including nurse consultations and material/ stock used as an alternative to hospitalisation Unlimited	**WOUND CARE** Including nurse consultations and material/ stock used as an alternative to hospitalisation Unlimited	**WOUND CARE** Including nurse consultations and material/stock used as an alternative to hospitalisation Unlimited		**WOUND CARE** Including nurse consultations and material/ stock used as an alternative to hospitalisation Unlimited	**WOUND CARE** Including nurse consultations and material/ stock used as an alternative to hospitalisation Unlimited
EMS	**ROAD AND AIR TRANSPORT** Netcare 911 Unlimited within RSA	**ROAD AND AIR TRANSPORT** Netcare 911 Unlimited within RSA		**ROAD AND AIR TRANSPORT** Netcare 911 Unlimited within RSA		**ROAD AND AIR TRANSPORT** Netcare 911 Unlimited within RSA	**ROAD AND AIR TRANSPORT** Netcare 911 Unlimited within RSA	**ROAD AND AIR TRANSPORT** Netcare 911 Unlimited within RSA		**ROAD AND AIR TRANSPORT** Netcare 911 Unlimited within RSA	**ROAD AND AIR TRANSPORT** Netcare 911 Unlimited within RSA

Savings accounts

How savings accounts are compiled

On plans with a savings account, you get a convenient credit facility from day one. You can use the whole year's savings upfront, and any unused funds can be carried over to the following year, and carried-over funds earn interest.

MedAdd | MedAdd Elect | MedSaver

15% of your monthly contribution goes into a savings account

25% of your monthly contribution goes into a savings account

SavingsNow account

Qualifying claims are first paid from SavingsNow. Once used up, insured day-to-day benefits apply.

Most claims are paid from SavingsNow.

Once it is depleted, limits apply per beneficiary and family for GP and specialist visits, as well as acute and over-the-counter medicine.

MedPrime | MedPrime Elect | MedElite

10% of your contribution goes into a savings account

SavingsBase account and SavingsGrow account

- Contains your yearly savings contributions upfront (prorated if you join mid-year).
- Claims on the defined list are paid from this account before insured day-to-day benefits apply.

- Contains unused funds from previous years, carried over as a lump sum on 1 January.
- These funds are used once day-to-day benefits are depleted.
- You can choose whether certain in-hospital shortfalls and specialised radiology co-payments are paid from this account.

On the Member Zone, **members can choose what is paid from their savings account** at any time during the year.

MedAdd | MedAdd Elect | MedSaver

SavingsNow preferences

By default:

- All eligible **day-to-day out-of-hospital medical services** are paid from SavingsNow.
- Specialised radiology is not included in this automatic payment.

Your choice:

- Pay **in-hospital specialised radiology** co-payments and shortfalls from SavingsNow.
- Pay **out-of-hospital specialised radiology co-payments** and shortfalls from SavingsNow.
- Pay **all other in-hospital co-payments and shortfalls** (excluding specialised radiology) from SavingsNow.

If preferences are not indicated, these costs will not be paid from the SavingsNow account until we receive the member's instruction.

MedPrime | MedPrime Elect | MedElite

SavingsBase and SavingsGrow preferences

By default:

- All eligible **day-to-day out-of-hospital services** on the defined list are paid from SavingsBase.
- All other day-to-day out-of-hospital services (not on the list) are paid from **SavingsGrow**.
- Specialised radiology is not included in these automatic payments.

Your choice:

- Pay **in-hospital specialised radiology** co-payments and shortfalls from SavingsGrow.
- Pay **out-of-hospital specialised radiology** co-payments and shortfalls from SavingsGrow.
- Pay **all other in-hospital co-payments and shortfalls** (excluding specialised radiology) from SavingsGrow.

If preferences are not indicated, these costs will not be paid from the SavingsGrow account until we receive the member's instruction.

Please note: If membership is terminated before year-end and more has been used from the savings facility than has been contributed, the member will need to repay the difference to Medihelp.

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 • Transport by road • Transport by air	100% of the Medihelp tariff (MT) Unlimited	
Outside beneficiary's country of residence	**All plans (excluding MedMove!)**	**MedMove!**
• Transport by road	100% of the MT R2 730 per case	No benefit
• Transport by air	100% of the MT R18 500 per case	



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.

In an emergency

If you need emergency transport, phone:

Netcare 911

082 911

New: Emergency Room benefit for **beneficiaries under 19**

From 2027, a new standalone emergency room (ER) benefit is available to beneficiaries under 19 on all Medihelp plans, except Med**Move!**.* How much of the ER visit is covered depends on the triage level assigned by the emergency unit.

* Med**Move**! already includes an ER benefit that covers a facility fee. The new under-19 benefit described above does not apply to Med**Move**!.

Triage level	Urgency	ER consultation	ER facility fee
Level 1 – Red	Immediate/life-threatening	Covered	Usually not applicable if admitted
Level 2 – Orange	Very urgent	Covered	Covered
Level 3 – Yellow	Urgent	Covered	Covered
Level 4 – Green	Less urgent/non-urgent	Not covered from this benefit	Not covered from this benefit

For a Level 4 case, the consultation may instead be paid from the member's available savings account or consultation benefit, depending on the plan. These are cases that could ordinarily have been treated at a GP practice.

This benefit applies only at hospital-based emergency rooms and qualifying 24-hour practices flagged as such on the Medihelp provider list. It does not apply at ordinary after-hours GP practices.

Use Medihelp's designated ER provider to avoid admission co-payments.



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 members plan, 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-authorisation when granting cover for PMB treatments, in accordance with the Medical Schemes Act 131 of 1998. The PMB conditions include emergencies, 271 PMB conditions and 26 PMB Chronic Diseases List (CDL) conditions.

Accessing PMBs

STEP 01

Apply for PMB authorisation

Diagnosis, treatment, and care for PMB conditions that form part of Medihelp's guidelines and protocols will be considered when you apply for pre-authorisation

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 Diseases 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) (eg, emphysema)
9. Coronary artery disease (eg, 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

Not all treatments for PMB conditions are automatically covered.

Each of the 271 PMB conditions is linked to a diagnosis and treatment pair (DTP) that specifies the standard treatments, procedures, investigations, and consultations that Medihelp covers as part of PMB level of care.
These defined benefits are based on evidence-based clinical protocols, medicine lists (formularies), and treatment guidelines.

To qualify for PMB cover:

1. The condition must be on the PMB list
2. The condition must meet the entry criteria as per the PMB treatment guidelines
3. Members must use Medihelp's designated service providers (DSPs), and doctors should prescribe medicines included on the applicable formulary, to receive full cover

Selected hospital and day procedure networks

At Medihelp, we are dedicated to providing quality healthcare access that combines convenience, affordability, and expertise for our members. We have carefully selected a network of acute hospitals and day procedure facilities, ensuring members receive the best care when and where they need it. Our network is built on strategic partnerships with leading hospitals and specialists across all provinces. Facilities are matched to where our members live, so care is accessible and affordable.

Network plans: A tiered hospital network for affordability

To help keep contributions affordable, Medihelp uses a tiered hospital network structure:

Tier 1 – MedMove! and MedVital Elect
Tier 2 – MedAdd Elect and MedReach
Tier 3 – MedPrime Elect

Members on these network plans must use hospitals in their designated tier to avoid co-payments of up to 35% of the hospital account.

Tip: Network options may not be suitable for members who need frequent hospital or chronic care requiring wider provider choice.

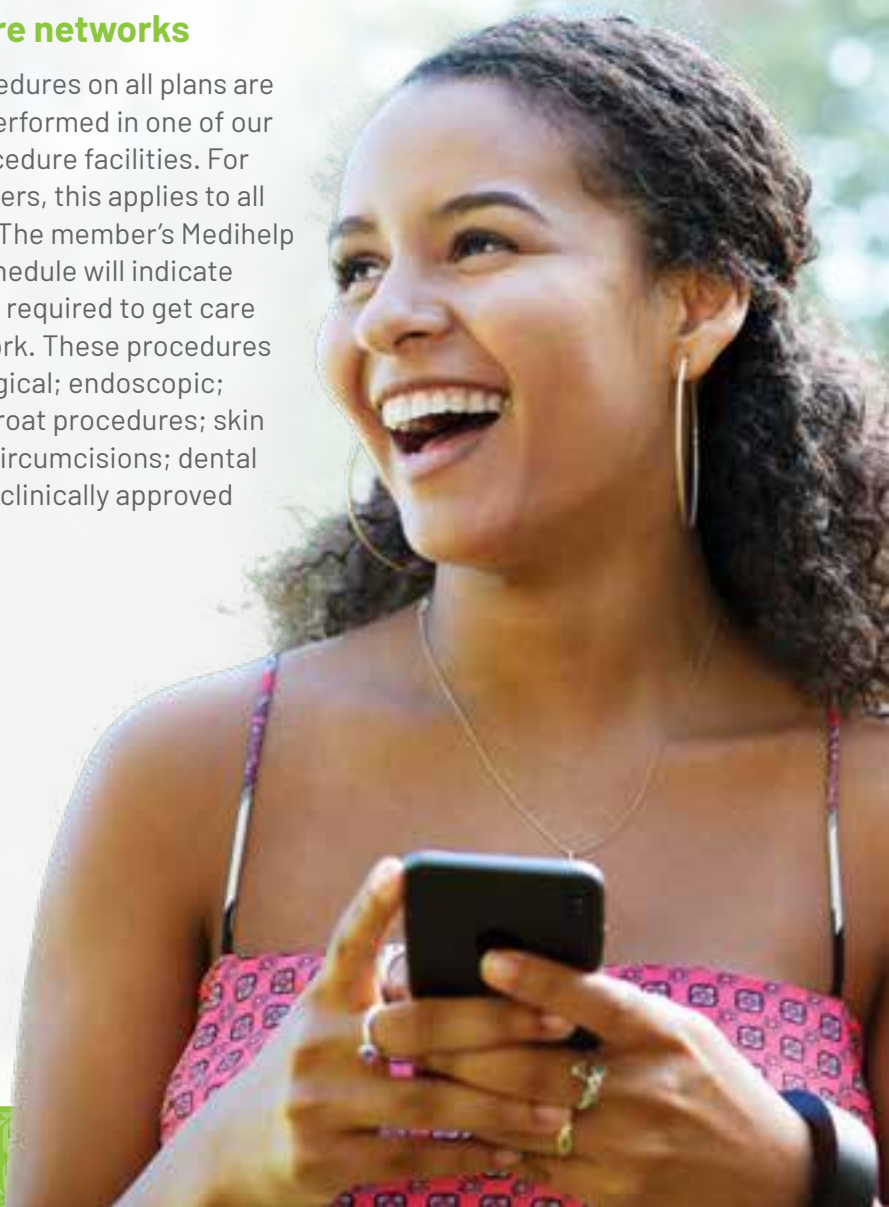


A network hospital/day procedure facility is easy to find

- Visit the **Medihelp website** or **Member Zone**
- Use your **Medihelp app**

Day procedure networks

Certain day procedures on all plans are only covered if performed in one of our network day procedure facilities. For MedMove! members, this applies to all day procedures. 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 clinically approved day procedures.



Selected hospital and day procedure networks

Pre-authorisation of hospital/day procedure admissions

Planned admissions
Pre-authorise hospital/day procedure admissions well in advance co-payments.

Emergency admissions
Authorise on the first workday following the emergency admission

Dental procedure admissions
Contact Dental Risk Company (DRC) to authorise admissions
Tel: 087 943 9618
Email: auth@dentalrisk.com

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

Specialist care

Because specialists are linked to hospitals, members should confirm that their treating doctor works at a network hospital for their plan.

Where can members authorise admissions?

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

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



Benefit comparison

A detailed comparison of the benefits provided by each benefit plan is provided below.

Core benefits

	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
CHRONIC ILLNESS and PMBs Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL Protocols, pre-authorisation, DSPs, and specialist network apply	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited
TRAUMA BENEFITS Subject to authorisation, PMB protocols, and case management Benefits for major trauma that necessitates hospitalisation such as: Motor vehicle accidents, stab wounds, gunshot wounds, head wounds and burns	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited
POST-EXPOSURE PROPHYLAXIS (for HIV/Aids)								
EMERGENCY TRANSPORT SERVICES Netcare 911 Subject to pre-authorisation and protocols - 50% co-payment if not pre-authorised **In beneficiary's country of residence** In the RSA, Lesotho, Eswatini, Zimbabwe, Mozambique, Namibia, and Botswana • Transport by road • Transport by air	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
Outside beneficiary's country of residence • Transport by road	This plan does not cover these services	100% of the MT R2 730 per case	100% of the MT R2 730 per case	100% of the MT R2 730 per case	100% of the MT R2 730 per case	100% of the MT R2 730 per case	100% of the MT R2 730 per case	100% of the MT R2 730 per case
• Transport by air		100% of the MT R18 500 per case	100% of the MT R18 500 per case	100% of the MT R18 500 per case	100% of the MT R18 500 per case	100% of the MT R18 500 per case	100% of the MT R18 500 per case	100% of the MT R18 500 per case

* Contracted tariffs may apply. Cover is limited to the standard treatments and services defined in the Diagnostic Treatment Pairs (DTPs) for each condition, based on clinical protocols and formularies. Members must use Medihelp's DSPs for full cover (unless no DSP applies to their option).

Core benefits

Description	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
HOSPITALISATION **(state and private hospitals and day procedure facilities)** Subject to pre-authorisation, protocols, and case management • Intensive and high-care wards • Ward accommodation • Theatre fees • Treatment and ward medicine • Consultations, surgery, and anaesthesia – 20% co-payment per admission if not pre-authorised	100% of the MT Unlimited Member pays the first R1 900 per admission for all non-PMB admissions Hospital network	100% of the MT Unlimited Any hospital **MedVital Elect** Hospital network	100% of the MT Unlimited Any hospital **MedAdd Elect** Hospital network	100% of the MT Unlimited Any hospital	100% of the MT Unlimited **Hospital network**	100% of the MT Unlimited Any hospital **MedPrime Elect** Hospital network	100% of the MT Unlimited Any hospital	100% of the MT Unlimited Any hospital
• **Day procedures** Subject to pre-authorisation, clinical protocols, and services rendered in a day procedure network facility • Ophthalmological, dental, endoscopic, and ear, nose, and throat procedures, removal of skin lesions, and circumcisions	All day procedures and procedures as pre-authorised must be done in the day procedure network to avoid a co-payment of R13 520 Procedure-specific co-payments may also apply to certain procedures	100% of the MT Procedure-specific co-payments may also apply A 35% co-payment applies to procedures performed outside the day procedure network facility						
• **Hospital medicine on discharge** Applicable prescription medicine dispensed and **charged by the hospital** on discharge from the hospital (TTO) (excluding PMB/chronic medicine)	100% of the MT R430 per admission (limited to 7 days)	100% of the MT R460 per admission (limited to 7 days)	100% of the MT R460 per admission (limited to 7 days)	100% of the MT R460 per admission (limited to 7 days)	100% of the MT R460 per admission (limited to 7 days)	100% of the MT R600 per admission (limited to 7 days)	100% of the MT R660 per admission (limited to 7 days)	100% of the MT R790 per admission (limited to 7 days)
CHILDBIRTH In hospital subject to pre-authorisation, protocols, and case management – 20% co-payment per admission if not pre-authorised – 35% co-payment for voluntary admission to a non-network hospital (for network plans only)	100% of the MT Unlimited **Non-PMB** No benefits for elective caesareans	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
HOME DELIVERY Subject to pre-authorisation • Professional nursing fees • Equipment • Material and medicine	This plan does not cover these services	100% of the MT R17 900 per event 20% co-payment per event if not pre-authorised	100% of the MT R17 900 per event 20% co-payment per event if not pre-authorised	100% of the MT R17 900 per event 20% co-payment per event if not pre-authorised	100% of the MT R17 900 per event 35% co-payment per event if not pre-authorised	100% of the MT R17 900 per event 20% co-payment per event if not pre-authorised	100% of the MT R17 900 per event 20% co-payment per event if not pre-authorised	100% of the MT R17 900 per event 20% co-payment per event if not pre-authorised

Core benefits

Description	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
NEONATAL ADMISSIONS Subject to pre-authorisation, protocols, and case management - 20% co-payment per admission if not pre-authorised - 35% co-payment for voluntary admission to a non-network hospital (for network plans only)	100% of the MT Hospitalisation: R58 985 per family per year	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
ORGAN TRANSPLANTS (PMB only) Subject to pre-authorisation and clinical protocols	100% of the cost	100% of the cost	100% of the cost	100% of the cost	100% of the cost	100% of the cost	100% of the cost	100% of the cost
• Cornea implants	PMB only Use DSP to avoid 30% co-payment	100% of the MT R39 400 per implant per year	100% of the MT R39 400 per implant per year	100% of the MT R39 400 per implant per year	100% of the MT R39 400 per implant per year	100% of the MT R39 400 per implant per year	100% of the MT R39 400 per implant per year	100% of the MT R39 400 per implant per year
STANDARD RADIOLOGY, PATHOLOGY (PPPs* apply), and MEDICAL TECHNOLOGIST SERVICES In hospital – subject to clinical protocols	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
RADIOGRAPHY (radiographers' consultation fees)** Subject to clinical protocols and on request of a medical doctor	100% of the MT R1 350 per family per year (in hospital only)	100% of the MT R1 440 per family per year (in hospital only)	100% of the MT R1 440 per family per year	100% of the MT R1 440 per family per year	100% of the MT R1 440 per family per year	100% of the MT R1 440 per family per year	100% of the MT R1 440 per family per year	100% of the MT R1 440 per family per year
SPECIALISED RADIOLOGY In and out of hospital Subject to pre-authorisation, clinical protocols, and on request of a specialist • MRI and CT imaging (subject to pre-authorisation)	100% of the MT **In hospital** R14 280 per family per year Co-payment: R2 950 per examination **Out of hospital** PMB only	100% of the MT R21 000 per family per year Member pays the first R2 730 per examination in and out of hospital	100% of the MT R23 100 per family per year Member pays the first R2 200 per examination in and out of hospital	100% of the MT R31 500 per family per year Member pays the first R2 100 per examination in and out of hospital	100% of the MT R23 100 per family per year Member pays the first R2 000 per examination in and out of hospital	100% of the MT R36 700 per family per year Member pays the first R2 000 per examination in and out of hospital	100% of the MT R42 000 per family per year Member pays the first R1 550 per examination in and out of hospital	100% of the MT Unlimited
• PET imaging (non-PMB and subject to pre-authorisation)	These plans do not cover this service							100% of the MT R30 200 per scan
CLINICAL TECHNOLOGIST SERVICES In hospital – services must be prescribed by a medical doctor/dentist	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited

* Pathology preferred providers PPPs: Ampath, Lancet, and PathCare Vermaak (if you use another provider, you will have to pay the cost difference).
** Radiography differs from radiology and qualifies for a separate service fee benefit (for example, for a radiographer who takes scans).

Core benefits

Description	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
POST-HOSPITAL REHABILITATION* Professional services relating to a Medihelp authorised private hospital admission - required for up to 30 days after discharge • Speech therapy, occupational therapy, and physiotherapy	100% of the MT M = R2 540 per year M+ = R3 640 per year Including after a procedure in a day procedure network facility	100% of the MT M = R2 540 per year M+ = R3 640 per year Including after a procedure in a day procedure network facility	100% of the MT M = R2 540 per year M+ = R3 640 per year Including after a procedure in a day procedure network facility	100% of the MT M = R2 540 per year M+ = R3 640 per year Including after a procedure in a day procedure network facility	100% of the MT M = R2 540 per year M+ = R3 640 per year Including after a procedure in a day procedure network facility	100% of the MT M = R2 540 per year M+ = R3 640 per year Including after a procedure in a day procedure network facility	100% of the MT M = R2 540 per year M+ = R3 640 per year Including after a procedure in a day procedure network facility	100% of the MT M = R2 540 per year M+ = R3 640 per year Including after a procedure in a day procedure network facility
RENAL DIALYSIS In and out of hospital • Acute dialysis • Chronic/peritoneal dialysis (subject to pre-authorisation, clinical protocols, preferred provider rates, and a 20% co-payment per admission if not pre-authorised) • 30% co-payment if not obtained from a designated service provider	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
OTHER MEDICAL SERVICES In hospital, and protocols may apply • Dietitian services, biokinetics, audiometry, and orthoptic services (must be pre-authorised and requested by the attending medical doctor) • Podiatry, speech therapy, massage, chiropractic services, homeopathic services, herbal and naturopathic services, and osteopathic services	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
• Physiotherapy and occupational therapy (must be pre-authorised and requested by the attending medical doctor)					Physiotherapy 100% of the MT in-hospital: Unlimited Occupational therapy: M = R2 730 M+ = R4 300 (in and out of hospital)			
OXYGEN** In and out of hospital	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
PROSTATECTOMY Subject to pre-authorisation • Conventional or laparoscopic procedure	100% of the MT Member pays the first R12 660 per procedure	100% of the MT Member pays the first R8 650 per procedure	100% of the MT Member pays the first R7 900 per procedure	100% of the MT Member pays the first R7 900 per procedure	100% of the MT Member pays the first R8 650 per procedure	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
• Robotic-assisted laparoscopic procedure	This plan does not cover this service	This plan does not cover this service	This plan does not cover this service	This plan does not cover this service	This plan does not cover this service	100% of the MT Hospitalisation: R153 100 per beneficiary	100% of the MT Hospitalisation: R153 100 per beneficiary	100% of the MT Hospitalisation: R153 100 per beneficiary

* Prescribed medicine and medical appliances are paid from available savings account funds/day-to-day benefits.

** Benefits for oxygen out of hospital are subject to pre-authorisation, clinical protocols, and a prescription by a medical doctor.

Core benefits

Description	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
NEUROSTIMULATORS Subject to pre-authorisation and clinical protocols • Device and components	No benefits PMB only	No benefits PMB only	No benefits PMB only	No benefits PMB only	No benefits PMB only	100% of the MT R79 500 per beneficiary	100% of the MT R119 300 per beneficiary	100% of the MT R159 300 per beneficiary
PSYCHIATRIC TREATMENT OF A MENTAL HEALTH CONDITION Subject to pre-authorisation, protocols, and services rendered in an approved or network hospital/facility and prescribed by a medical doctor - 20% co-payment per admission if not pre-authorised • Professional services rendered in and out of hospital by a psychiatrist • General ward accommodation • Medicine supplied during the period of the treatment in the institution • Outpatient consultations	100% of the cost PMB only	100% of the MT R26 200 per beneficiary per year to a maximum of R40 100 per family per year	100% of the MT R33 300 per beneficiary per year to a maximum of R45 900 per family per year	100% of the MT R33 300 per beneficiary per year to a maximum of R45 900 per family per year	100% of the MT R26 400 per beneficiary per year to a maximum of R40 100 per family per year	100% of the MT R40 100 per beneficiary per year to a maximum of R54 000 per family per year	100% of the MT R48 700 per beneficiary per year to a maximum of R67 500 per family per year	100% of the MT R59 300 per beneficiary per year to a maximum of R80 700 per family per year
• **Treatment of depression out of hospital, subject to registration on the Depression Support Programme:** For services rendered by psychiatrists, clinical psychologists, social workers, occupational therapists, psychiatric nurses, and registered counsellors	R2000 per beneficiary per year	R3 500 per beneficiary per year	R3 500 per beneficiary per year	R3 750 per beneficiary per year	R4 000 per beneficiary per year	R4 500 per beneficiary per year	R5 500 per beneficiary per year	R6 500 per beneficiary per year
• **Medicine**	R110 per beneficiary per month	R130 per beneficiary per month	R130 per beneficiary per month	R130 per beneficiary per month	R130 per beneficiary per month	R150 per beneficiary per month	R170 per beneficiary per month	R200 per beneficiary per month
• **Treatment of autism by an educational psychologist**	These plans do not cover this service					One consultation per beneficiary per year, subject to the in-hospital benefit		
SERVICES AS AN ALTERNATIVE TO HOSPITALISATION • **Hospice services** Subject to pre-authorisation, programmes, and protocols Services rendered in an approved facility and prescribed by a medical doctor - 20% co-payment per admission if not pre-authorised	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
• **Subacute care facilities** Subject to pre-authorisation, programmes, and protocols Services rendered in an approved facility and prescribed by a medical doctor - 20% co-payment per admission if not pre-authorised	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT R30 600 per family per year	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
• **Private nursing** Subject to pre-authorisation, programmes, and protocols General day-to-day care is excluded from benefits - 20% co-payment per case if not pre-authorised, except for MedReach where a 35% co-payment per case will apply if not pre-authorised	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited		100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited

Core benefits

Description	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
• **Palliative care** Subject to authorisation, clinical protocols, services prescribed by a medical doctor, a treatment plan, programmes, protocols, and formularies Requires authorisation (even retrospectively) to qualify for benefits	100% of the MT R22 800 per family per year	100% of the MT R26 200 per family per year	100% of the MT R29 000 per family per year	100% of the MT R29 000 per family per year	100% of the MT R23 800 per family per year	100% of the MT R31 700 per family per year	100% of the MT R34 400 per family per year	100% of the MT R37 100 per family per year
CANCER PMB and non-PMB cases All services relating to treatment and care In and out of hospital Subject to pre-authorisation and registration on the Medihelp Cancer Care Programme protocols, a designated service provider (DSP), and the MORP apply	Subject to Cancer Care tier and clinical protocols 100% of the cost PMB only Deviation from protocols may result in a co-payment 30% co-payment if treatment is received outside the network	Subject to Cancer Care tier and clinical protocols After limit depletion, 20% co-payment applies to non-PMB treatment 100% of the MT R275 600 per family per year Deviation from protocols may result in a co-payment	Subject to Cancer Care tier and clinical protocols After limit depletion, 20% co-payment applies to non-PMB treatment 100% of the MT R286 600 per family per year Deviation from protocols may result in a co-payment	Subject to Cancer Care tier and clinical protocols After limit depletion, 20% co-payment applies to non-PMB treatment 100% of the MT R303 100 per family per year Deviation from protocols may result in a co-payment	Subject to Cancer Care tier and clinical protocols After limit depletion, 20% co-payment applies to non-PMB treatment 100% of the MT R286 600 per family per year Deviation from protocols may result in a co-payment	Subject to Cancer Care tier and clinical protocols After limit depletion, 20% co-payment applies to non-PMB treatment 100% of the MT R352 800 per family per year Deviation from protocols may result in a co-payment	Subject to Cancer Care tier and clinical protocols After limit depletion, 20% co-payment applies to non-PMB treatment 100% of the MT R529 200 per family per year Deviation from protocols may result in a co-payment	Subject to Cancer Care tier and clinical protocols After limit depletion, 20% co-payment applies to non-PMB treatment 100% of the MT R716 600 per family per year Deviation from protocols may result in a co-payment
Co-payment for voluntary use of non-network services	30% co-payment						10% co-payment	No co-payment
REFRACTIVE SURGERY Subject to pre-authorisation and clinical protocols - 20% co-payment per admission if not pre-authorised - 35% co-payment for voluntary admission to a non-network hospital/day procedure facility (for network plans only)	These plans do not cover this service					100% of the MT Hospitalisation and professional fee: R15 700 per family per year for beneficiaries 18-50 years	100% of the MT Hospitalisation and professional fee: R26 200 per family per year for beneficiaries 18-50 years	100% of the MT Unlimited
WOUND CARE* Including nurse consultations and material/ stock used as an alternative to hospitalisation	This plan does not cover this service	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

* Subject to pre-authorisation and clinical protocols
20% co-payment if not pre-authorised (35% co-payment if not pre-authorised on MedReach)

Day-to-day benefits

Description	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
ANNUAL DAY-TO-DAY BENEFITS	Not applicable	Day-to-day benefit 100% of the MT M = R1 650 per year M+ = R3 200 per year	15% savings account Day-to-day benefit 100% of the MT M = R2 200 per year M+ = R4 400 per year Activated after depletion of savings	25% savings account Day-to-day benefit 100% of the MT R2 730 per family per year Activated after depletion of savings	Day-to-day benefit 100% of the MT M = R7 000 per year M+1 = R10 400 per year M+2 = R12 700 per year M+3+ = R13 900 per year	10% savings account Day-to-day benefit 100% of the MT M = R7 900 per year M+ = R14 500 per year Activated after depletion of savings	10% savings account Day-to-day benefit 100% of the MT M = R15 900 per year M+1 = R18 500 per year M+2 = R21 200 per year M+3+ = R23 800 per year Activated after depletion of savings	Not applicable
Emergency benefit	Emergency and casualty benefit R1 100 per family per year	Emergency room benefit for beneficiaries under 19, subject to the use of Medihelp's designated ER providers and the triage level assigned by the emergency unit.						
GP visits, follow-up consultations, (incl. visits to emergency units and primary care drug therapists (PCDT), virtual care GP consultations, telehealth consultations (via Medihelp's designated telehealth service provider), and nurse consultations (incl. nurse-led GP consultations) **MedMove!, MedVital Elect, MedAdd Elect, MedReach, and MedPrime Elect:** GP network applies - 35% penalty co-payment on all non-network GP consultations	**Network virtual GP consultations** during nurse visits at network pharmacies Unlimited **Network GP visits and telehealth consultations** 6 visits per family per year (Pre-authorisation required from 7th visit) 11th visit onwards - PMB only **R140 co-payment** per consultation, excluding telehealth	Subject to day-to-day benefit	Paid from 15% savings first and after depletion of savings from the day-to-day benefit	Paid from 25% savings first and after depletion of savings from the day-to-day benefit	100% of the MT M = R2 500 per year M+1 = R4 650 per year M+2+= R5 400 per year Subject to overall annual limit, shared with benefit for clinical psychology Out-of-network GP consultations 80% of the MT M = R1 550 per year M+ = R3 090 per year Subject to overall annual limit	Paid from 10% savings first and after depletion of savings from the day-to-day benefit	Paid from 10% savings first and after depletion of savings: 100% of the MT M = R4 000 per year M+1 = R5 250 per year M+2 = R6 600 per year M+3+ = R7 900 per year Subject to day-to-day insured benefit, shared with benefit for psychiatric nursing and other medical services	100% of the MT R4 900 per beneficiary, pooled per family per year Shared with benefit for psychiatric nursing and other medical services
SPECIALISTS Consultations and follow-up consultations	R1 100 per family per year at network specialists only. GP visits and specialist referrals must be via a network GP				R2 550 per family per year Subject to insured day-to-day benefit			
PHYSIOTHERAPY Out of hospital Treatment and material	Two consultations per family per year Member pays the first R140 per visit			100% of the MT Savings account	100% of the MT M = R 2 730 M+ = R4 300 Shared benefit with occupational therapy			
CLINICAL PSYCHOLOGY In and out of hospital	This plan does not cover these services	This plan does not cover these services	100% of the MT Savings account		Subject to insured day-to-day benefit, shared with benefit for GP visits			

Day-to-day benefits

Description	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
PSYCHIATRIC NURSING In and out of hospital	This plan does not cover this service	This plan does not cover this service	100% of the MT Savings account	100% of the MT Savings account	This plan does not cover this service	Paid from 10% savings first and after depletion of savings from the day-to-day benefit	Paid from 10% savings first and after depletion of savings: 100% of the MT M = R4 000 per year M+1 = R5 250 per year M+2 = R6 600 per year M+3+ = R7 900 per year Subject to insured day-to-day benefit, shared with benefit for GPs, specialists, physiotherapy, and clinical psychology	100% of the MT R4 900 per beneficiary, pooled per family per year Shared with benefit for GPs, specialists, physiotherapy, and clinical psychology
OTHER MEDICAL SERVICES Occupational and speech therapy, dietitian services, audiometry, podiatry, massage, and orthoptic, chiropractic, homeopathic, herbal, naturopathic, osteopathic, and biokinetic services	This plan does not cover these services	This plan does not cover these services	100% of the MT Savings account	100% of the MT Savings account	100% of the MT M = R 2 730 M+ = R4 300 This plan only covers occupational therapy in and out of hospital, shared with benefit for physiotherapy out of hospital			
PMB CHRONIC MEDICINE Subject to pre-authorisation, entry criteria, and Medihelp protocols and funding guidelines **Network plans:** Formulary and use of DSP (Medipost) may apply	100% of the MHRP Unlimited **MedMove!** Medicine formulary and DSP apply 60% co-payment for not using the formulary 30% co-payment for not using DSP	100% of the MHRP Unlimited **MedVital Elect** Medicine formulary and DSP apply 60% co-payment for not using the DSP/ medicine formulary	100% of the MHRP Unlimited **MedAdd Elect** Medicine formulary and DSP apply 60% co-payment for not using the DSP/ medicine formulary	100% of the MHRP Unlimited	100% of the MHRP Unlimited 30% co-payment for not using a network pharmacy or dispensing network GP	100% of the MHRP Unlimited **MedPrime Elect** Medicine formulary and DSP apply 60% co-payment for not using the DSP/medicine formulary	100% of the MHRP Unlimited	100% of the MHRP Unlimited
NON-PMB CHRONIC MEDICINE • Generic medicine – 100% of the MMAP • Original medicine when no generic equivalent is available – 80% of the MT • Original medicine used voluntarily when a generic equivalent is available – 70% of the MMAP	This plan does not cover this service	Subject to insured day-to-day benefit	Paid from 15% savings first and after depletion of savings from the day-to-day benefit	Paid from 25% savings first and after depletion of savings from the day-to-day benefit	100% of the MT M = R1 650 M+1 = R2 730 M+2 + = R3 300 Subject to overall insured day-to-day benefit Must be obtained from a network pharmacy or dispensing network GP	Paid from 10% savings first, and after depletion of savings, from the day-to-day benefit	100% of the MMAP M = R6 200 per year M+1 = R9 350 per year M+2 = R12 400 per year M+3+ = R13 400 per year Subject to pre-authorisation, entry criteria, and Medihelp's protocols and funding guidelines	100% of the MMAP R25 400 per beneficiary per year Subject to pre-authorisation, entry criteria, and Medihelp's protocols and funding guidelines
ACUTE MEDICINE Including medicine dispensed at an emergency unit and immunisations • Generic medicine - 100% of the MMAP • Original medicine when no generic equivalent - 80% of the MT • Original medicine used voluntarily when a generic equivalent is available - 70% of the MMAP • Homeopathic, naturopathic, and osteopathic medicine - paid first from savings then 25% of the available day-to-day/acute medicine benefit (no benefits for MedReach and MedMove!)	80% of the MT R1 850 per family per year Shared with benefit for pathology, medical technologist services, and radiology Must be obtained from a network pharmacy or dispensing network GP						Paid from 10% savings first and after depletion of savings: 100% of the MMAP M = R5 250 per year M+1 = R6 600 per year M+2 = R7 900 per year M+3+ = R9 250 per year Subject to insured day-to-day benefits Shared with benefit for self-medication	100% of the MMAP R9 000 per beneficiary, pooled per family per year Shared with benefit for self-medication

Day-to-day benefits

Description	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
SELF-MEDICATION/OVER-THE-COUNTER MEDICINE (OTC)	R120 per event R570 per family per year	Subject to insured day-to-day benefit	Paid from 15% savings first and after depletion of savings, from the day-to-day benefit	100% of the MT Savings account	R550 per beneficiary and R2 200 per family per year Subject to insured day-to-day benefit and use of network pharmacies	Paid from 10% savings first and after depletion of savings, from the day-to-day benefit	Paid from 10% savings first and after depletion of savings: 100% of the MMAP M = R5 250 per year M+1 = R6 600 per year M+2 = R7 900 per year M+3+ = R9 250 per year Subject to insured day-to-day benefits Shared with benefit from acute medicine	100% of the MMAP R9 000 per beneficiary, pooled per family per year Shared with benefit for acute medicine
CARE EXTENDER • Two additional GP consultations • R1 050 for acute/self-medication dispensed at a network pharmacy	Not applicable	The first qualifying screening test completed by any beneficiary in the family activates one additional GP consultation for the family. A second qualifying screening test activates another additional GP consultation, for a maximum of two consultations per family per year An additional R1 050 will be activated for the family once the biometrics and the first claim is received, processed, and paid for a combo health screening						
OXYGEN Out of hospital Subject to pre-authorisation, clinical protocols, and services prescribed by a medical doctor	100% of the cost PMB only 20% co-payment if not pre-authorised	100% of the MT Unlimited 20% co-payment if not pre-authorised			100% of the MT Unlimited 35% co-payment if not pre-authorised	100% of the MT Unlimited 20% co-payment if not pre-authorised		
PATHOLOGY and MEDICAL TECHNOLOGIST SERVICES Out of hospital Subject to clinical protocols and requested by a medical doctor Pathology preferred providers: Ampath, Lancet, and PathCare Vermaak	100% of the MT R1 850 per family per year Shared with benefit for acute medicine	This plan does not cover these services	Paid from 15% savings first and after depletion of savings from day-to-day benefit	100% of the MT Savings account	R3 900 per family per year Subject to insured day-to-day benefit	Paid from 10% savings first and after depletion of savings, from the day-to-day benefit	Paid from 10% savings first and after depletion of savings: 100% of the MT R3 750 per family per year Subject to insured day-to-day benefit	100% of the MT Unlimited
STANDARD RADIOLOGY Out of hospital Subject to clinical protocols and requested by a medical doctor (if requested by a chiropractor, black-and-white X-rays only)				100% of the MT Savings account			Paid from 10% savings first and after depletion of savings: 100% of the MT R3 750 per family per year (subject to insured day-to-day benefit)	100% of the MT Unlimited

Internally implanted prostheses

All hospital admissions and prostheses are subject to pre-authorisation, protocols, and case management
- 20% co-payment per admission if not pre-authorised
- 35% co-payment for voluntary admission to a non-network hospital (for network plans only)
- The member is liable for the difference in cost if PMB spinal, hip, knee, and cardiac prostheses are not obtained from the designated service provider (DSP)

	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
• **EVARS PROSTHESIS**								
	100% of the cost PMB only	100% of the MT R47 600 per beneficiary per year	100% of the MT R179 900 per beneficiary per year		100% of the cost PMB only	100% of the MT R179 900 per beneficiary per year		
• **VASCULAR/CARDIAC PROSTHESIS**								
	100% of the cost PMB only	100% of the MT R47 600 per beneficiary per year	R76 800 per beneficiary per year		100% of the cost PMB only	R76 800 per beneficiary per year		
• **HEALTH-ESSENTIAL FUNCTIONAL PROSTHESIS**								
		R31 700 per beneficiary per year	R85 200 per beneficiary per year			R85 200 per beneficiary per year		
Hip, knee, and shoulder replacements (non-PMB) In case of acute injury where replacement is the only clinically appropriate treatment modality	100% of the cost PMB only	**Hospitalisation:** 100% of the MT **Prosthesis:** Health-essential functional prosthesis benefits apply			100% of the cost PMB only	**Hospitalisation:** 100% of the MT **Prosthesis:** Health-essential functional prosthesis benefits apply		**Hospitalisation:** 100% of the MT **Prosthesis:** Health-essential functional prosthesis benefits apply
In case of wear and tear	These plans do not cover this service						Subject to DSP (ICPS)*	
Intra-ocular lenses	100% of the cost PMB only	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 650 per lens	Two lenses per beneficiary per year R5 750 per lens	Two lenses per beneficiary per year R5 850 per lens		Two lenses per beneficiary per year R5 900 per lens	Two lenses per beneficiary per year R6 040 per lens	Two lenses per beneficiary per year R6 150 per lens
Prosthesis with reconstructive or restorative surgery	100% of the cost PMB only	100% of the cost PMB only	R12 900 per family per year	R12 900 per family per year	100% of the cost PMB only	R12 900 per family per year	R12 900 per family per year	R12 900 per family per year
• External breast prostheses (in and out of hospital)	These plans do not cover this service		Savings account	Savings account				
Implantable hearing devices In hospital	These plans do not cover this service					R331 600 per beneficiary per year for implant components	R358 300 per beneficiary per year for implant components	R370 600 per beneficiary per year for implant components
Out of hospital	These plans do not cover this service					R154 300 per beneficiary every five years for sound processor replacement	R176 400 per beneficiary every five years for sound processor replacement	R198 400 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 R26 900 benefit applies to hip, knee, and shoulder replacements for the hospital account and prostheses 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

	Vital plans		Savings plans		Comprehensive plans			
	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
IN AND OUT OF HOSPITAL								
Artificial eyes	This plan does not cover these services	This plan does not cover these services	100% of the MT Savings account		This plan does not cover these services	100% of the MT R6 200 per family per three-year cycle	100% of the MT R10 700 per beneficiary per three-year cycle	100% of the MT R21 700 per beneficiary per three-year cycle
Speech and hearing aids						100% of the MT R6 200 per family per three-year cycle	100% of the MT R10 700 per beneficiary per three-year cycle	100% of the MT R21 700 per beneficiary per three-year cycle
Artificial limbs						100% of the MT R6 200 per family per three-year cycle	100% of the MT R8 500 per beneficiary per three-year cycle	100% of the MT R11 700 per beneficiary per three-year cycle
Wheelchairs					100% of the MT R1 250 per family per year Shared with benefit for gluco-meters	100% of the MT R6 200 per family per three-year cycle	100% of the MT R8 550 per beneficiary per three-year cycle	100% of the MT R11 700 per beneficiary per three-year cycle
Medical appliances	PMB only					100% of the MT R1 750 per family per year	100% of the MT R1 950 per beneficiary per year	100% of the MT R2 500 per beneficiary per year
Hyperbaric oxygen treatment Prescribed by a medical doctor • In hospital		PMB only	100% of the MT R960 per family per year	100% of the MT R960 per family per year	PMB only			
• Out of hospital								
Glucometers (per five-year cycle)		This plan does not cover these services	100% of the MT Savings account	100% of the MT Savings account	100% of the MT R1 250 per family per year Shared with benefit for medical appliances and wheelchairs			
Insulin pumps (per five-year cycle and subject to protocols)					These plans do not cover this service			
Stoma components Incontinence products supplies					100% of the MT Unlimited			
Wigs (for alopecia totalis or cancer patients)	This plan does not cover this service	This plan does not cover these services	100% of the MT Savings account		This plan does not cover these services	These plans do not cover this service		100% of the MT R2 520 per beneficiary per three-year cycle
CPAP apparatus Prescribed by a medical doctor per two-year cycle	PMB only					100% of the MT R13 120 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.

Optometry

Medihelp makes use of Opticlear, an optical management company, to manage the optical benefits. Members may utilise optometry services and material, like spectacles, from any Opticlear network provider at a discounted tariff. The Opticlear network incorporates 97% of all optometry providers in South Africa. Benefits are paid according to Opticlear tariffs.

Contact information
Tel: 087 359 1525
www.opticlear.co.za | medihelp@optics.co.za

Description	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
	Subject to Opticlear protocols and pre-authorisation - 100% of the MT							
OPTOMETRY • Eye examination at an Opticlear network optometrist One comprehensive examination including visual, binocular stability, and pathology evaluation (including tonometry where appropriate), and diagnosis	One comprehensive examination per beneficiary per 24-month cycle. Member pays the first R140	This plan does not cover these services	One comprehensive examination per beneficiary per 24-month cycle	Savings account	One comprehensive examination per beneficiary per 24-month cycle	One comprehensive examination per beneficiary per 24-month cycle	One comprehensive examination per beneficiary per 24-month cycle	One comprehensive examination per beneficiary per 24-month cycle
• Eye examination at a non-network optometrist	This plan does not cover these services		R440 per beneficiary per 24-month cycle		R440 per beneficiary per 24-month cycle	R440 per beneficiary per 24-month cycle	R440 per beneficiary per 24-month cycle	R440 per beneficiary per 24-month cycle
• Spectacles or contact lense • Spectacles • One frame (at an Opticlear network optometrist)			R350 per beneficiary per 24-month cycle		R690 per beneficiary per 24-month cycle	R1 000 per beneficiary per 24-month cycle	R1 250 per beneficiary per 24-month cycle	R1 250 per beneficiary per 24-month cycle
• One frame (at a non-network optometrist)			R260 per beneficiary per 24-month cycle		R510 per beneficiary per 24-month cycle	R750 per beneficiary per 24-month cycle	R930 per beneficiary per 24-month cycle	R930 per beneficiary per 24-month cycle
• Lenses at an Opticlear network optometrist One pair of standard clear lenses			Single vision or bifocal lenses (multifocal lenses paid up to the tariff of bifocal lenses) per beneficiary per 24-month cycle		Single vision or bifocal lenses (multifocal lenses paid up to the tariff of bifocal lenses) per beneficiary per 24-month cycle	Single vision or bifocal lenses (multifocal lenses paid up to the tariff of bifocal lenses) per beneficiary per 24-month cycle	Single vision, bifocal, or mulifocal lenses per beneficiary per 24-month cycle R890 for multifocal lenses per beneficiary per 24-month cycle	Single vision, bifocal, or mulifocal lenses per beneficiary per 24-month cycle R890 for multifocal lenses per beneficiary per 24-month cycle
• Lenses at a non-network optometrist One pair of standard clear lenses			R240 for single vision lenses R500 for multi-focal/bifocal lenses per beneficiary per 24-month cycle		R240 for single vision lenses R500 for multi-focal/bifocal lenses per beneficiary per 24-month cycle	R240 for single vision lenses R500 for multi-focal/bifocal lenses per beneficiary per 24-month cycle	R240 for single vision lenses R500 for bifocal lenses R890 for multi-focal lenses per beneficiary per 24-month cycle	R240 for single vision lenses R500 for bifocal lenses R890 for multi-focal lenses per beneficiary per 24-month cycle
• Contact lenses (benefits at a network and non-network optometrist)			R780 per beneficiary per 24-month cycle		R910 per beneficiary per 24-month cycle	R1 400 per beneficiary per 24-month cycle	R2 000 per beneficiary per 24-month cycle	R2 000 per beneficiary per 24-month cycle

Dentistry

Specialised dentistry or dental services	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
	Subject to DRC protocols and pre-authorisation – 100% of the MT*							
Partial metal frame dentures	This plan does not cover this service	This plan does not cover this service	Savings account Two partial frames (upper and lower jaw) per beneficiary in a five-year period		This plan does not cover this service	One partial frame (upper or lower jaw) per beneficiary in a five-year period	Two partial frames (upper and lower jaw) per beneficiary in a five-year period	Two partial frames (upper and lower jaw) per beneficiary in a five-year period
Maxillofacial surgery and oral pathology: Surgery in the dentist's chair Benefits for temporomandibular joint (TMJ) therapy are limited to non-surgical interventions/treatments	PMB only	PMB only			PMB only	Unlimited	Unlimited	Unlimited
Crowns and bridges Subject to pre-authorisation	This plan does not cover these services	This plan does not cover these services	Savings account	Savings account	This plan does not cover these services	One crown per family per year, once per tooth in a five-year period	Two crowns per family per year, once per tooth in a five-year period	Three crowns per family per year, once per tooth in a five-year period
Implants Subject to pre-authorisation						This plan does not cover this service	This plan does not cover this service	Two implants per beneficiary in a five-year period R3 400 for implant components per implant
Orthodontic treatment (only one beneficiary <18 years per family may begin orthodontic treatment per calendar year and payment is only made from the date of authorisation until the patient turns 18) Subject to pre-authorisation and orthodontic needs analysis						R12 300 per beneficiary per lifetime	R16 000 per beneficiary per lifetime	R20 000 per beneficiary per lifetime
Periodontal treatment (conservative non-surgical therapy only) Subject to pre-authorisation and a treatment plan						Unlimited	Unlimited	Unlimited

* Medihelp tariff paid by Medihelp for dental treatment, which can include a contracted tariff or the Medihelp Dental Tariff. A period is calculated from the date of service.

Dentistry

	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
Conservative dental services*	**Subject to DRC protocols – 100% of the MT****							
• Routine check-ups	One per beneficiary per year Member pays the first R140	This plan does not cover these services	Beneficiaries <18 years: One in six months from date of service Beneficiaries >18 years: Savings account	Savings account One in six months from date of service	One in 365 days per beneficiary from date of service	One in six months from date of service		
• Oral hygiene • Scale and polish treatments for beneficiaries >12 years	One in 365 days from date of service >12 years - item code 8159		Beneficiaries <18 years: One in six months from date of service Beneficiaries >18 years: Savings account	Savings account One in six months from the date of service	One in 365 days from date of service (<12 years - item code 8155 and >12 years - item code 8159)	One in six months from date of service		
• Fluoride treatment for children >5 and <13 years	This plan does not cover these services		Beneficiaries >5 and <13 years: One in 6 months from date of service Beneficiaries >18 years: Savings account	Savings account One in six months from the date of service	One in 365 days from date of service			
• Fissure sealants for children >5 and <16 years only (permanent teeth)			Savings account First and second permanent molars once per tooth	Savings account First and second permanent molars once per tooth	First and second permanent molars once per tooth	First and second permanent molars once per tooth	First and second permanent molars once per tooth	First and second permanent molars once per tooth
• Fillings (treatment plans and X-rays may be requested for multiple fillings)***			Beneficiaries <18 years: One filling per tooth in 12 months from date of service Beneficiaries >18 years: Savings account	Savings account One filling per tooth in 12 months from date of service	Four fillings per beneficiary, one filling per tooth in 12 months from date of service for resin restorations in anterior and posterior teeth	One filling per tooth in 12 months from date of service	One filling per tooth in 12 months from date of service	One filling per tooth in 12 months from date of service
Tooth extractions in the dentist's chair***			Beneficiaries <18 years: Unlimited Surgical extractions (savings account) Beneficiaries >18 years: Savings account	Savings account	Unlimited	Unlimited	Unlimited	Unlimited
Root canal treatment in the dentist's chair (only on permanent teeth)*					Two per beneficiary per year			
Laughing gas (in the dentist's chair)			Savings account		Unlimited			

* Benefits for the retreatment of a tooth are subject to managed care protocols. Specific item codes and pre-authorisation apply to certain dental services.
** Medihelp tariff paid by Medihelp for dental treatment, which can include a contracted tariff or the Medihelp Dental Tariff.
*** Pre-authorisation is required for more than 4 fillings per year, 2 fillings on front teeth per visit, and 4 extractions per visit.

Dentistry

	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
Conservative dental services*	**Subject to DRC protocols – 100% of the MT****							
Dental procedures under conscious **sedation** in the dentist's chair (sedation cost) Subject to pre-authorisation and managed care protocols	This plan does not cover these services	Removal of impacted teeth only (third molars – dentist's account only for item codes 8941/8943/8945)	Removal of impacted teeth only (third molars-dentist's account only for item codes 8941/8943/8945) Frenectomy (removal of oral tissue band) for children younger than 12 years		Removal of impacted teeth only (third molars) Extensive dental treatment for children younger than 12 years	Removal of impacted teeth only (third molars) Extensive dental treatment including frenectomy (removal of oral tissue band) for children younger than 12 years		
Dental procedures performed under general anaesthesia in day procedure network facility (hospital and anaesthesia account) Day procedure network applies Pre-authorisation and protocols apply	This plan does not cover these services	R4 440 co-payment per admission			R2 450 co-payment per admission	R2 010 co-payment per admission	R1 200 co-payment per admission	100% of the MT
• Removal of impacted teeth (third molars) (item codes 8941, 8943, 8945)		100% of the MT			100% of the MT	100% of the MT	100% of the MT	100% of the MT
• Extensive dental treatment for children younger than seven years - once per beneficiary per 365-day period		This plan does not cover these services	100% of the MT***	Savings account	100% of the MT	100% of the MT	100% of the MT	100% of the MT
• Frenectomy (removal of oral tissue band) for children younger than seven years			100% of the MT***	100% of the MT***	This plan does not cover these services	100% of the MT	100% of the MT	100% of the MT
• Tooth exposure (excl. third molars) and impaction for approved orthodontic treatment (only for beneficiaries <18 years)			100% of the MT***	100% of the MT***	This plan does not cover these services	100% of the MT	100% of the MT	100% of the MT
• Treatment for special need patients			100% of the MT	Savings account	100% of the MT	100% of the MT	100% of the MT	100% of the MT

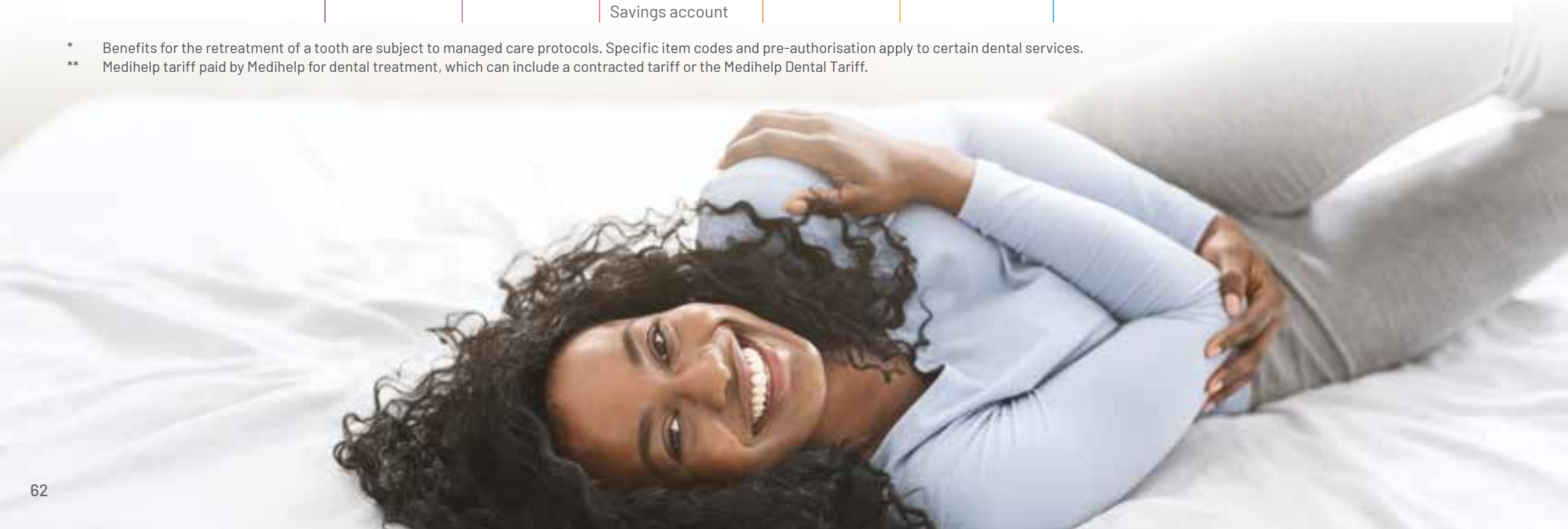
* Benefits for the retreatment of a tooth are subject to managed care protocols. Specific item codes and pre-authorisation apply to certain dental services.
** Medihelp tariff paid by Medihelp for dental treatment, which can include a contracted tariff or the Medihelp Dental Tariff.
*** Professional fees (dentist account) are paid from your savings account.

Dentistry

Conservative dental services*	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
	Subject to DRC protocols – 100% of the MT**							
Plastic dentures	This plan does not cover these services	This plan does not cover these services	Savings account One set per beneficiary in a four-year period		This plan does not cover this service	One set per beneficiary in a four-year period	One set per beneficiary in a four-year period	One set per beneficiary in a four-year period
X-rays • Intra-oral X-rays Pre-authorisation for more than six per year	Four per beneficiary at the routine check-up		100% of the MT Beneficiaries <18 years: Unlimited Beneficiaries >18 years: Savings account	Savings account	Four per beneficiary per year	Unlimited	Unlimited	Unlimited
• Extra-oral X-rays	This plan does not cover these services		100% of the MT Beneficiaries <18 years: One per beneficiary in a three-year period Beneficiaries >18 years: Savings account	Savings account One per beneficiary in a three-year period	One per beneficiary in a three-year period	One per beneficiary in a three-year period		

* Benefits for the retreatment of a tooth are subject to managed care protocols. Specific item codes and pre-authorisation apply to certain dental services.

** Medihelp tariff paid by Medihelp for dental treatment, which can include a contracted tariff or the Medihelp Dental Tariff.



Co-payments

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	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
SPINAL INTERVENTION Subject to protocols, pre-authorisation, and a non-surgical back treatment at a DBC clinic as a prerequisite	This plan does not cover this service	R19 700 per admission	R14 300 per admission		R19 470 per admission	R12 440 per admission	R10 800 per admission
ENDOSCOPIC PROCEDURES Subject to protocols and pre-authorisation • Day procedure network applies	R8 400 per admission All scopes* except for colonoscopy, gastroscopy/ esophago- gastroduo-denoscopy, sigmoidoscopy, proctoscopy, and removal of polyps to be done in the doctor's rooms	R5 520 per admission All scopes* except arthroscopy (all except shoulder) which has a R8 170 co-payment	R5 410 per admission All scopes*		R5 700 per admission All scopes*	R4 440 per admission Only gastroscopy, colonoscopy, arthroscopy, and sigmoidoscopy	R2 850 per admission Only gastroscopy, colonoscopy, arthroscopy, and sigmoidoscopy
SPECIALISED RADIOLOGY In and out of hospital Subject to pre-authorisation, clinical protocols, and services must be requested by a specialist • MRI and CT imaging	In hospital R14 280 per family per year Co-payment: R2 950 per examination Out of hospital PMB only	R21 000 per family per year R2 730 per examination in and out of hospital	R23 100 per family per year R2 200 per examination in and out of hospital	R31 500 per family per year R2 100 per examination in and out of hospital	R23 100 per family per year R2 000 per examination in and out of hospital MRI and CT imaging	R36 700 per family per year R2 000 per examination in and out of hospital	R42 000 per family per year R1 550 per examination in and out of hospital
PROSTATECTOMY (CONVENTIONAL OR LAPAROSCOPIC) Subject to protocols and pre-authorisation	R12 660 per admission	R8 650 per admission**	R7 900 per admission	R7 900 per admission	R8 650 per admission	No co-payment	No co-payment
HYSTERECTOMY and ENDOMETRIAL ABLATION Subject to protocols and pre-authorisation	R12 660 per admission	R8 650 per admission	R7 900 per admission	R7 900 per admission	R8 650 per admission	No co-payment	No co-payment
FACET JOINT INJECTIONS, NASAL AND SINUS SURGERY, UMBILICAL HERNIA REPAIR, VARICOSE VEIN SURGERY Subject to protocols and pre-authorisation	PMB only	R2 100 per admission Facet joint injections and varicose vein surgery - subject to PMB	No co-payment		R3 900 per admission	No co-payment	
INCISIONAL AND HAITUS HERNIA REPAIR Subject to protocols and pre-authorisation					No co-payment		
Eyelid procedures	Not covered	No co-payment on non-cosmetic procedures (subject to pre-authorisation)***	No co-payment				
Carpal tunnel procedures	Not covered	R3 650 per admission	No co-payment				
Shoulder procedures	R12 600 per admission	R10 500 per admission	No co-payment				
Conjunctiva procedure	No co-payment	No co-payment	No co-payment				
ALL NON-PMB HOSPITAL ADMISSIONS	R1 900 per admission	No co-payment	No co-payment				
Circumcision approved in facility	R2 250 per admission	R2 000 per admission	R1 750 per admission	R1 500 per admission	R1 250 per admission	R1 000 per admission	No co-payment

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

** Including all other prostate procedures.

*** All other qualifying procedures (subject to pre-authorisation): R5 150 co-payment per admission.

Co-payments

Description	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
DENTAL PROCEDURES PERFORMED UNDER GENERAL ANAESTHESIA IN DAY PROCEDURE FACILITIES (hospital and anaesthesia account) Day procedure network apply Pre-authorisation and protocols apply	This plan does not cover these services	R4 440 co-payment per admission	R4 440 co-payment per admission	R4 440 co-payment per admission	R2 450 co-payment per admission	R2 010 co-payment per admission	R1 200 co-payment per admission
Removal of impacted teeth (third molars) (item codes 8941, 8943, 8945)							
Extensive dental treatment for children younger than 7 years - once per beneficiary per 365-day period		This plan does not cover these services			This plan does not cover these services		
Frenectomy (removal of oral tissue band) for children younger than 7 years							
Tooth exposure (excl. third molars) and impaction for approved orthodontic treatment (only for beneficiaries <18 years)							



Co-payments

Description	MedMove!	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite	MedPlus
OPHTHALMOLOGICAL, DENTAL, EAR, NOSE, AND THROAT, AND ENDOSCOPIC PROCEDURES, REMOVAL OF SKIN LESIONS, CIRCUMCISIONS AND PROCEDURES AS PRE-AUTHORISED Voluntarily obtained outside the day procedure network	Member pays the first R13 520 per admission for all day procedures and procedures as pre-authorised if voluntarily obtained outside the day procedure network	A 35% co-payment if services are obtained outside the day procedure network						
MEDICINE ON PRESCRIPTION/ SELF-MEDICATION /OVER-THE-COUNTER MEDICINE (OTC)	80% benefit applies to original medicine if no generic equivalent is available 70% benefit applies to original medicine if a generic equivalent is available							
SERVICES NOT RENDERED BY NETWORK PROVIDERS (Applicable to network plans) Voluntary admissions to non-network hospitals (excluding procedures that must be performed in the day procedure network)	35% penalty co-payment			Not applicable	35% penalty co-payment	35% penalty co-payment	Not applicable	
PMB chronic medicine obtained outside the formulary and/or not from the DSP	60% co-payment for non formulary 30% co-payment for non DSP on the benefit amount applies	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		
Out-of-network GP and non-DSP consultations	Out-of-network benefit applies** 35% co-payment on the benefit amount applies	35% penalty co-payment on the consultation amount applies for MedVital Elect and MedAdd Elect		Not applicable	Out-of-network benefit applies* 35% co-payment on the benefit amount applies	35% penalty co-payment on the consultation amount applies for MedPrime Elect		
Renal dialysis voluntarily obtained from non-DSP	30% co-payment for not using the DSP							
LATE PRE-AUTHORISATION FOR SERVICES Pre-authorisation is compulsory to qualify for applicable benefits Penalty co-payments will apply for late pre-authorisation All planned hospital admissions	20% co-payment on the benefit amount applies	20% co-payment			20% co-payment	20% co-payment		
Specialised dental services	No benefits							
Dental procedures under conscious sedation (sedation cost) in the dentist's chair	No benefits				35% co-payment			
Oxygen for out-of-hospital use	20% co-payment on the benefit amount applies							

* MedReach: Outpatient emergency unit services, medicine, and services rendered by a non-network GP are paid at 80% of the MT, up to R1 550 for a member and R3 090 for a family per year.

** MedMove!: Out-of-network GP consultations - R1 100 per 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 and other obesity-related procedures (eg, gastroplasty and lipectomy)*
- Cochlear implants and related procedures, services, and devices***
- Cosmetic and reconstructive surgery and treatment
- Cryopreservation
- Diagnostic polysomnograms****
- 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 (eg, physiotherapists and dietitians) 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*
- New technology and/or high-cost 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 **MedReach** members

Additional plan-specific exclusions

MedReach

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 MedVital Elect

Services and procedures

- Dental procedures under general anaesthesia – this includes extensive dental treatment for children younger than seven years and treatment rendered to people with special needs
- Excision of superficial skin lesions in hospital. This exclusion does not apply to excision procedures for lipomas, cysts, and tumours that require deeper surgical intervention
- Facet joint injection
- Hyperbaric oxygen treatment
- Minor joint arthroplasty
- Nail disorders and cauterisation of warts
- 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

What's not **covered**

Med**Move!**

Services and procedures

- Biopsies (including fine needle aspirations)
- Elective caesarean sections and related maternity services, tests, and procedures
- Endoscopic procedures not performed in the doctor's rooms (eg, gastroscopy, colonoscopy, laparoscopy, cystoscopy and endoscopic, ear, nose, and throat procedures and examinations)
- Excision of superficial skin lesions in hospital exclusion does not apply to excision procedures for lipomas, cysts, and tumours that require deeper surgical intervention
- Genetic and metabolic testing, including cryopreservation
- Hyperbaric oxygen treatment
- Injection of diagnostic, therapeutic, and anaesthetic agents into nerves and the intrathecal space
- Orthopaedic and spinal procedures
- Minor joint arthroplasty
- Nail disorders and cauterisation of warts
- Services rendered outside the borders of the Republic of South Africa
- 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
- Surgery for oesophageal reflux, nasal and sinus surgery and procedures, umbilical, incisional, and hiatus hernia repair
- Varicose vein-related intervention
- Dental services, except for benefits listed on **page 60**

Medicines, consumables, and other products

- Complementary and alternative medicines, including homeopathic and herbal medicines
- Medicines used for the treatment of non-PMB chronic conditions

Scan the QR code to read more about exclusions

This is a summary of the list of exclusions. In the event of a dispute, the registered Rules of Medihelp will apply (subject to approval by the Council for Medical Schemes).

Med**Move!** Student | Med**Move!** | Med**Vital** | Med**Add** | Med**Saver** | Med**Reach** | Med**Prime** | Med**Elite** | Med**Plus**



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
PMB – Prescribed minimum benefits

Added insured benefits are benefits provided on top of your day-to-day cover. These include preventive health screenings, immunisations, and pregnancy and baby benefits.

The Back and Neck Treatment Programme is a non-surgical programme for back and neck pain, run by DBC (Documentation Based Care). Treatment is tailored to each patient's diagnosis. Patients must be assessed before joining and must complete the programme before spinal surgery will be approved. This programme is not available to **MedMove!** members.

Cancer benefits: Most cancer cases qualify as prescribed minimum benefits (PMBs), which Medihelp covers in full according to prescribed treatment guidelines. Non-PMB cancer is covered up to set amounts per plan, but only when treated by oncologists within the Icon network. All cancer treatment is assessed individually against Icon's protocols. Treatment outside Icon, or that does not follow Icon's protocols, will result in co-payments.

Care extender benefit is an incentive benefit you unlock by completing certain health screenings.

CDL (Chronic Disease List) is a list of 26 chronic conditions that must be covered under prescribed minimum benefits (PMBs) in terms of the Medical Schemes Act.

Contraceptives refer to injectable, implantable, intra-uterine, and oral contraceptives.

Co-payments are the portion of a medical bill you pay yourself, directly to the service provider. Co-payments apply when:

- Your doctor or provider charges more than Medihelp's tariff
- Your benefit covers less than 100% of the cost (for example, for original acute medicine), or the cost exceeds your benefit limit
- You use a provider outside the designated network (for example, a non-Icon oncologist for cancer treatment)
- A co-payment is specified for a particular procedure or benefit in the Scheme Rules

Core benefits cover essential healthcare, such as hospitalisation. These are generally insured benefits and are included on all plans, though some may have co-payments, treatment guidelines, network restrictions, or limits.

Cost (PMB) For PMB services, 'cost' means Medihelp pays the full amount, provided the service qualifies as a PMB, is registered with Medihelp, and is delivered by a designated service provider (DSP) following PMB treatment guidelines.

CPAP is a device that delivers continuous positive airway pressure to help with breathing.

A benefit cycle refers to the period a benefit covers, starting from the date you first use it. Each new cycle begins after the previous one ends, regardless of any break in membership, plan changes, or re-registration.

Explanation of **terms**

Day procedure network means the Medihelp network of facilities where patients have procedures that do not require an overnight stay. MedMove! members must use this network for all day procedures or pay a 35% co-payment. All members are encouraged to use the network. All day procedures must be pre-authorised – failing to do so results in a 20% co-payment. Certain procedures, such as scopes, require an upfront payment that varies by plan.

Day-to-day benefits cover general, everyday medical expenses. Depending on your plan, these may be funded through a savings account, insured cover, or a combination of both.

DSP (designated service provider) is a provider that Medihelp has contracted or appointed to deliver specific 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 (endovascular aortic replacement surgery) refers to a surgical procedure covered subject to specific clinical criteria being met.

Formulary means a list of preferred medicines – selected for safety, effectiveness, and cost – used to treat specific conditions. The formulary applies to **MedMove!, MedVital Elect, MedAdd Elect,** and **MedPrime Elect** plans.

Hospital benefits refer to benefits for services during a hospital stay, including ward accommodation, ward medicine, radiology, pathology, and in-hospital consultations. All planned admissions must be pre-authorised – failing to do so results in a 20% co-payment. Emergency admissions must be registered on the first workday after admission. Certain procedures performed in hospital, such as scopes and specialised radiology, require an upfront payment that varies by plan. Members on network plans who choose a non-network hospital must pay a 35% co-payment on the hospital account.

MHRP (Medihelp Reference Price) - The price Medihelp uses for pre-authorised PMB medicine, based on the most cost-effective evidence-based treatment. The MHRP varies by plan and may change as new generics enter the market. Check the latest prices on medihelp.co.za. Using medicine on the MHRP where possible will help you avoid or reduce co-payments.

MMAP (Maximum Medical Aid Price) - The reference price Medihelp uses to calculate benefits for acute and chronic medicine. It is based on the average price of all available generic equivalents for a patented medicine.

MT (Medihelp tariff) - The rate Medihelp pays for medical services. This includes contracted rates with hospital groups, the Medihelp Dental Tariff, and the single exit price for acute medicine. Tariffs are set out in the Rules of Medihelp.

Explanation of **terms**

Network plans are plans where benefits are linked to a specific network of providers. Members on these plans must use network providers to qualify for full benefits and avoid co-payments. Use the provider search function on medihelp.co.za to find network providers for your plan.

Period refers to the specific timeframe that applies to a particular benefit – for example, the benefit year for dentistry – or the date you joined as a beneficiary.

PMBs (prescribed minimum benefits) - A set of benefits that all medical schemes must provide by law. PMBs cover 26 chronic conditions on the CDL, 271 diagnoses with their associated treatments, and emergency medical conditions. Medihelp must cover these in full, with no benefit limits. PMBs are subject to pre-authorisation, treatment protocols, and, where required, the use of designated service providers. PMB benefits are funded first from the relevant day-to-day benefits.

Primary care drug therapist is a pharmacist qualified to diagnose certain primary health conditions and prescribe medication for contraception and conditions such as diarrhoea, acne, insect and spider bites, and ear infections, among others.

Protocol means a set of clinical guidelines that sets out the best sequence of tests and treatments for a specific condition. This includes clinical practice guidelines, standard treatment guidelines, disease management guidelines, treatment algorithms, clinical pathways, and formularies.

Savings account is an account held by Medihelp as part of the Scheme's funds (available on plans that include a savings account). It is used to pay qualifying medical expenses. Unused funds carry over from year to year. A credit facility equal to the remaining months' savings contributions for the year is available upfront and unused funds carry over to the next year.

Self-medication is over-the-counter medicine that does not require a prescription. Claims for self-medication must include valid NAPPI codes to be processed.

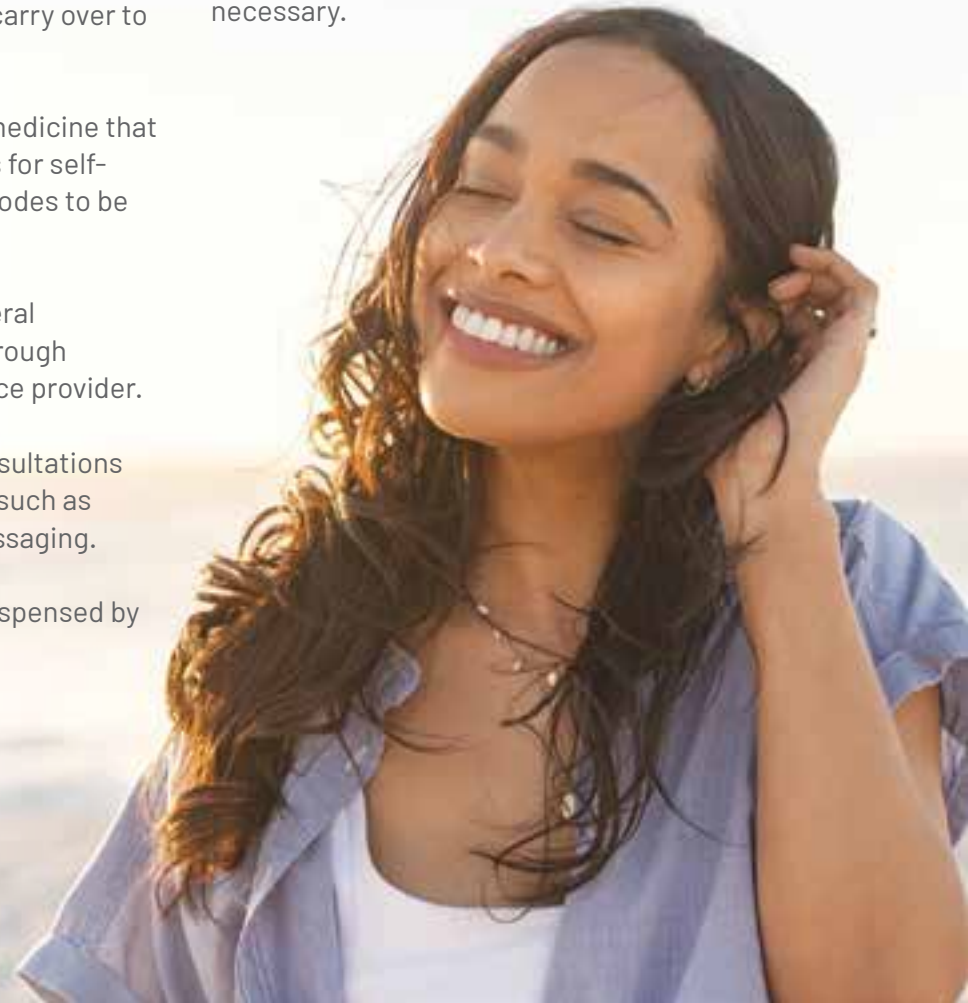
Telehealth consultations refer to general practitioner consultations provided through Medihelp's designated telehealth service provider.

Telemedicine refers to healthcare consultations conducted remotely using technology such as computers, phones, video calls, or messaging.

TTO (to take out) refers to medicine dispensed by the hospital when you are discharged.
A per-admission limit applies.

Vascular/cardiac prostheses are devices used to replace or support damaged blood vessels or heart structures. These include artificial heart valves, vascular grafts, and implantable cardiac devices.

Virtual consultations refers to consultations at Clicks, Dis-Chem, or other participating pharmacies, where registered nurses – supported by a network of accredited GPs – can diagnose conditions, prescribe medicine, and issue referrals where necessary.



Medihelp's **Rules**

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

Frequently asked **questions**

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

Members of MedMove!, MedVital Elect, MedAdd Elect, MedElect, and MedPrime Elect must use Medihelp's quality hospital and day procedure networks as well as our GP network (MedPrime Elect now also has the 35% co-payment for non-network GP visits) to avoid co-payments. All members must also use a network provider for cancer and HIV treatment. On Medihelp's website under the provider search function, members can easily find a network provider and view the list of network facilities that apply to each of these plans.

Why does Medihelp assign a group number?

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

How can I access monthly statements from Medihelp?

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

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





Frequently asked **questions** (continued)

Does Medihelp inform employees about changes to their membership?

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

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

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

What are Medihelp's banking details?

Medihelp Medical Scheme
Bank: ABSA
Branch: Arcadia
Account type: Cheque
Account number: 61 00 000 88

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

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

When members register dependants, when will their contributions increase?

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

Does Medihelp require proof of studies for dependent children?

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

Contact us

Medihelp Head Office

Postal address
PO Box 26004, Arcadia, 0007

Street address
189 Clark Street, Brooklyn, Pretoria, 0181

Visit us
Mondays to Fridays: 07:30 to 15:30

Client care

General enquiries 086 0100 678

International
Tel: +27 12 336 9000

Phone our Client Care centre
Mondays to Thursdays: 07:00 to 17:00
Fridays: 08:00 to 16:00

Visit the Member Zone to log in and follow up on enquiries

Claims

You can submit and follow up on all your claims on the Member Zone

Membership and contributions enquiries

Client Care centre
Tel: 086 0100 678
Member Zone

Report fraud

Fraudline
Tel: 012 334 2428
bedrog@medihelp.co.za

Media enquiries
marketing@medihelp.co.za

Advisers

Tel: 012 336 9099 | 012 336 9199
Adviser Zone

Healthcare professionals network

Enquiries relating to network registration/ deregistration

GP network – gpnetwork@medihelp.co.za
Pharmacy network – pharmacy@medihelp.co.za
Specialist network – specialist@medihelp.co.za

Authorisations

Member Zone

You can submit and view authorisations on the Member Zone under Pre-auths and networks
medicineapp@medihelp.co.za

Hospital authorisation
Member Zone hospitalauth@medihelp.co.za

Authorisation for MRI and CT imaging
Healthcare Professionals Zone (ask your radiologist to request approval online)

Authorisation for private nursing, hospice, and sub-acute care facilities
hmanagement@medihelp.co.za

Chronic renal dialysis and oxygen administered at home
preauth@medihelp.co.za

Cancer Care Programme

Applications for cancer treatment
Tel: 086 0100 678
oncology@medihelp.co.za

Cancer medicine
MedMove!, MedVital Elect, MedAdd Elect, MedReach and MedPrime Elect:

Dis-Chem Oncology oncology@dischem.co.za

Medipost oncology@medipost.co.za

All other Medihelp plans: Any pharmacy

Prescribed Minimum Benefits (PMB)

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

PMB chronic medicine and more than 30 days' medicine supply
Tel: 086 0100 678
medicineapp@medihelp.co.za
or submit an enquiry on the Member Zone

Ordering of PMB chronic medicine
MedVital Elect, MedAdd Elect, MedPrime Elect, and MedMove!:

Medipost

Order medicine:mrx@medipost.co.za
Fax: 086 659 4054
Tel: 012 426 4000
customercare@medipost.co.za
Proof of payment: pay@medipost.co.za
Fax: 086 682 2821

Members can submit a medicine delivery request on the Member Zone

Partners

Medical emergencies
Netcare 911 (emergency medical transport)
Tel: 082 911
Account enquiries: Tel: 0860 638 2273
customerservice@netcare.co.za
Download the Netcare app from your app store

Dental procedures Dental Risk Company (DRC)
Tel: 087 943 9618
Fax: 086 687 1285
auth@dentalrisk.com
claims@dentalrisk.com
medihelp@dentalrisk.com
www.dentalrisk.com

Optical services

Opticlear
Tel: 087 359 1525
medihelp@optics.co.za

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

LifeSense
General enquiries
Tel: 0860 50 60 80
SMS: 31271 for call-back
Fax: 0860 80 49 60
Enquiries – enquiry@lifesensedm.com
Scripts and pathology – results@lifesensedm.com
www.lifesensedm.co.za

Medicine

Dis-Chem Direct
Tel: 010 589 2788
direct.medihelp@dischem.co.za

Medipost
Tel: 012 426 4000
Fax: 086 688 9867
life@medipost.co.za
Members can submit a medicine delivery request on the Member Zone

Council for Medical Schemes

The Council for Medical Schemes handles all disputes between medical schemes and their members that cannot be resolved between themselves.

Tel: 086 1123 267
Fax: 086 673 2466
complaints@medicalschemes.co.za
www.medicalschemes.com

General disclaimer
The information in this guide is 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 the Corporate Zone for an updated guide or consult Medihelp's Rules for the latest information.

Notes

Notes



medihelp.co.za





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