



PROFMED

INTERNATIONAL TRAVEL MEDICAL ASSISTANCE BENEFIT 2026



ACTIVATION IS **NOT REQUIRED** TO ACCESS THE BENEFIT

Profmed has partnered with Europ Assistance as the Designated Service Provider (DSP) to provide emergency medical assistance to members outside the borders of South Africa.

WHY PROFMED?

1. The benefit covers members in South Africa while travelling outside the borders of South Africa.
2. Members who reside in the SADC region do not have access to the emergency evacuation cover to South Africa, however, if they are on an international journey, they do have access to the International travel benefit.

EMBASSY LETTER FOR VISA REQUIREMENTS

If you require an embassy letter, you can request it directly from the Profmed App. The App can be downloaded from your smartphone store.

Alternatively, Client Services can be reached on 0860 679 200 or at internationalinfo@profmed.co.za, Mondays to Fridays between 07:30 and 18:00.

Please request your letter at least 7 days prior to departure.

HOW TO REQUEST AN EXTENDED SUPPLY OF MEDICATION

If you are registered for chronic medication and travelling outside the borders of South Africa, you may apply for extended supply of chronic medication for up to 5 months.

To request your extended supply of medication, complete the "Request for extended supply of chronic medication" form available on the website and return it to chronic@medikredit.co.za.

WHAT ARE THE BENEFIT LIMITS PER OPTION?

BENEFIT		PROPINNACLE	PROSECURE PLUS	PROSECURE	PROACTIVE PLUS	PROSELECT
		PROPINNACLE SAVVY	PROSECURE PLUS SAVVY	PROSECURE SAVVY	PROACTIVE PLUS SAVVY	PROSELECT SAVVY
In- and out-of-hospital emergency medical benefits		R8 million per beneficiary per journey	R5 million per beneficiary per journey		R2.5 million per beneficiary per journey	
Out-of-hospital sub-limit		R10 000 out-of-hospital limit, per beneficiary, per journey R2 000 excess per beneficiary, per journey on out-of-hospital expenses Out-of-hospital benefits only available if the claim relates to day-to-day benefits available on this option. Spectacles or contact lenses limited to R3 300, subject to the R2 000 excess			No benefit for out-of-hospital expenses	

WHAT IS COVERED?

- Claims for emergency medical expenses
- In- and out-of-hospital medical expenses up to the relevant benefit limits, specific to each option, per beneficiary per journey
- Out-of-hospital expenses are subject to an excess of R2 000
- In-hospital medical expenses only up to a maximum of R2.5 million per beneficiary per journey on the ProActive Plus, ProSelect and their Savvy equivalents

- Spectacles and/or contact lenses to a maximum of R3 300, subject to R2 000 excess
- Cover for 150 days from the date of departure
- Beneficiaries of all ages are covered
- Pre-existing medical conditions, related to emergency treatment only
- Benefits that are covered on the benefit option to which the member/beneficiary belongs
- Medical evacuation to the nearest appropriate centre of medical excellence, if necessary
- Repatriation to the nearest appropriate centre of medical excellence in South Africa, if necessary, provided the patient is fit to travel
- If Europ Assistance anticipates that the nature of the treatment you require will exceed the time period for which you are travelling or the 150-day journey limit, whichever is sooner, you will be repatriated to South Africa
- Treatment will be covered in terms of the protocols of Europ Assistance and the Scheme rules

WHAT IS NOT COVERED?

- Out-of-hospital expenses up to R2 000
- Expenses in respect of spectacles and/or contact lenses in excess of R3 300
- Elective or anticipated treatment, and Scheme exclusions
- Treatment that exceeds the relevant benefit limits, specific to each option
- Repatriation of mortal remains
- All out-of-hospital expenses for members on ProActive Plus and ProSelect (and their Savvy equivalents)
- Cover for any period of time that exceeds 150 days from the date of departure
- Members/beneficiaries in a general waiting period will not be entitled to benefits during this period
- Members/beneficiaries in a condition-specific waiting period will not be entitled to any benefits relating to that condition during this period
- Treatment that is not covered on the option to which the member/beneficiary belongs
- Treatment that is obtained contrary to the protocols and advice of Europ Assistance
- Cover is not available if travelling to a region of conflict, war zones, and politically unstable or medical high-risk countries, e.g. epidemics
- Travelling against the medical advice of a medical practitioner or if a terminal prognosis has been given
- Travel and accommodation costs
- Benefits for healthcare services incurred as a result of participation in professional sports, including any injuries sustained during practice or training activities, are not covered

HOW TO AVOID A CO-PAYMENT?

If you want to avoid a co-payment, it is important that you contact Europ Assistance prior to receiving in- or out-of-hospital treatment.

To access treatment while travelling, call +27 11 991 8564. All claims will be assessed in terms of Profmed's and Europ Assistance's protocols and co-payments. Valid claims in- and out-of-hospital, are paid from the relevant benefit limits, specific to each option, per beneficiary per journey.

Europ Assistance negotiates fees with medical service providers and monitors that charges are appropriate and that treatment is medically necessary. If Europ Assistance is not contacted prior to medical treatment being accessed and the treatment is found to be inconsistent with the medical condition or that the cost of the treatment is in excess of what Europ Assistance would have negotiated with service providers, you will be responsible for a minimum co-payment of 20%.

Disclaimer: We reserve the right not to cover treatment for pre-existing conditions.

HOW TO ACCESS MEDICAL TREATMENT?

In all instances, contact Europ Assistance on +27 11 991 8564 prior to receiving treatment. This will ensure you receive appropriate treatment from a suitable provider. Europ Assistance will settle the cost of the treatment directly with the provider if approval has been obtained. In an emergency medical situation where you are unable to contact Europ Assistance upfront, please notify Europ Assistance as soon as possible after the event. Claims will be covered in terms of the protocols of Europ Assistance up to the relevant benefit limits, specific to each option, subject to the Scheme rules.

HOW TO CLAIM?

In order for your claims to be processed, the following documentation must be submitted:

- Copy of identity document of the member and claimant/patient
- Fully completed International Travel Claim form
- Proof of travel, i.e. passport, airline ticket, etc
- Medical report from the attending doctor

Claims must be submitted within four months from the date of treatment. Please note that claims will not be processed should all the required documentation not be submitted.

CLAIMS CAN BE SUBMITTED TO:

Email: internationalclaims@profmed.co.za

Post: PO BOX 1031, Lyttelton, Centurion, 0140

You can also submit your claims via the Profmed App by taking a photograph of the claim, or browsing for the claim saved on your smart device, and submit. Download the International Travel Claim form from www.profmed.co.za.

Alternatively contact us on 0860 679 200 or send an email to internationalinfo@profmed.co.za to request the International Travel Claim form.

CONTACT US

0860 679 200
+27 12 679 4144 (Outside RSA)
info@profmed.co.za
claims@profmed.co.za
www.profmed.co.za

COUNCIL FOR MEDICAL SCHEMES

Postal Address:
Private Bag X34
Hatfield
0028

Telephone: 0861 123 267

Email: complaints@medicalschemes.com
Website: www.medicalschemes.com



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