medihelp

Member guide 2026

120+ YEARS

Contents

Top 7 reasons to choose Medihelp Medical Aid

1 A plan for every#body

Choose from **11 options** — from vital cover to savings plans and comprehensive cover — designed for every lifestyle, life stage, and budget.

2 Care for every#body

Child rates until age 26, free cover from the third child onwards*, generous maternity benefits, essential vaccinations, and dedicated support for mental health and post-hospital recovery.

* Families on MedVital, MedAdd, and MedPrime

3 Healthy choices, healthy rewards

Activate extra day-to-day cover with our **care extender** benefit — enjoy **R1 000 for self-medication** and a **free GP consultation** when you complete your wellness health assessments.

4 Your medical aid, your way

Self-administered for personal service, with online tools to update preferences anytime and from anywhere, and most enrolments activated within **24 hours.**

5 Extra care, no extra cost

Additional benefits that don't come from your day-to-day cover – like post-hospital recovery support, mental health benefits, and wound care treatment – put value and care back into the members' hands.

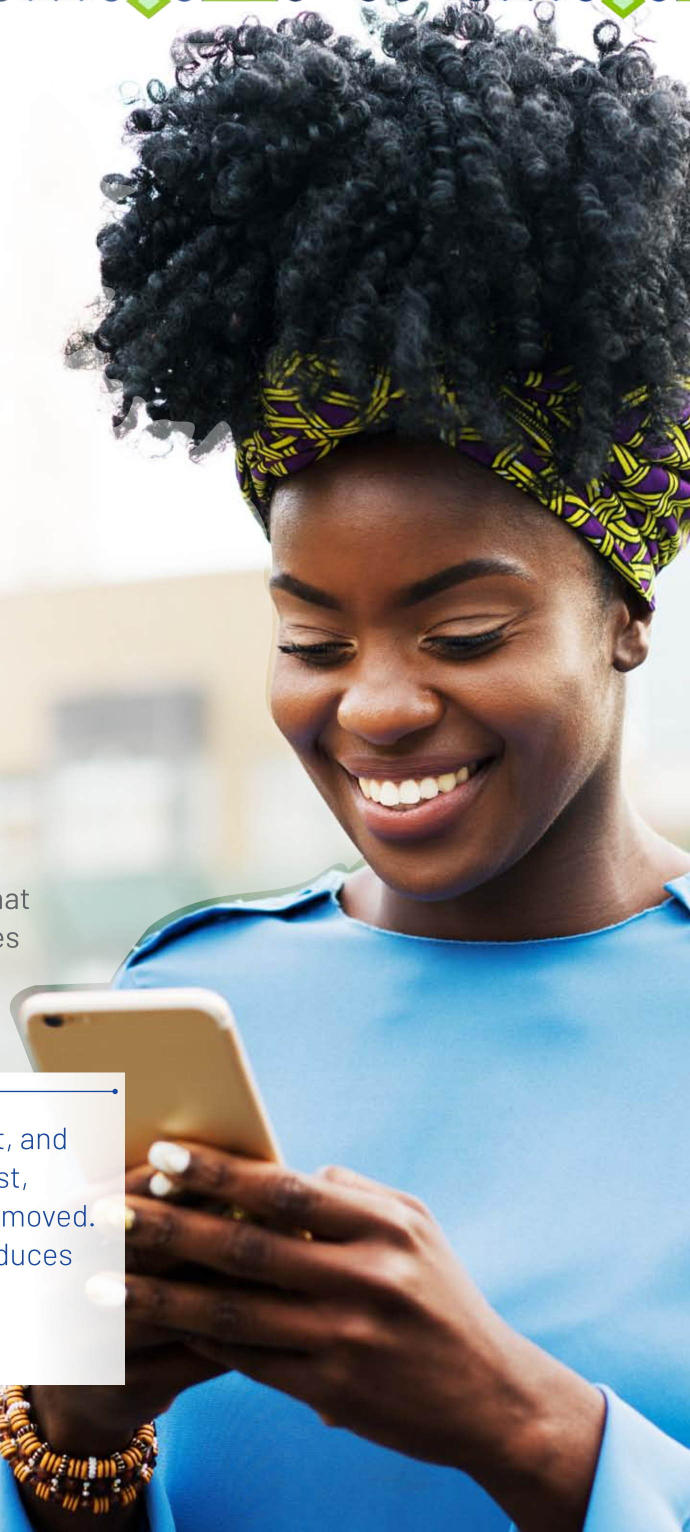
6 Stable, trusted, experienced

With more than a century of healthcare expertise, Medihelp is a financially stable, member-owned medical scheme. Our ability to pay claims is backed by a **Global Credit Ratings of A+.**

7 Making a difference

Employee-driven social initiatives that extend our care into the communities we serve.

GOOD NEWS! Members on MedVital Elect, MedAdd Elect, and MedReach no longer need a GP referral to see a specialist, and the 35% co-payment for not having one has been removed. This change makes getting the care you need easier, reduces administration, and improves your overall experience.



Medihelp Medical Aid - A plan for every#*body*

Affordable contributions for every life stage

- **Students** pay less than **R900** on **MedMove! Student.**
- **First job?** Get quality cover from only **R1 734** on **MedMove!.**
- Choose a **quality network plan** and save up to **25%** on monthly premiums.
- Manage your **savings account** your way, with the flexibility to adjust when you need to.

Comprehensive cover for everyday health needs

- Access **virtual consultations**, **GP visits**, and **prescribed medicine** on all plans.
- Stay healthy with health tests, **immunisations, and screenings** — including an **additional contraceptive benefit.**
- Enjoy **post-hospital care** to support faster recovery.
- Go straight to a specialist **without needing a GP referral** on most plans.

Exceptional protection for essential care

- **Private hospital cover** with **no overall limit.**
- Full cover for **emergency transport** anywhere in South Africa.
- Insured cover for **specialised radiology** in and out of hospital.
- Full cover for **271 Prescribed Minimum Benefit (PMB) conditions** and **26 chronic diseases** (subject to treatment guidelines).

Plan overview

Scan the QR codes
to view our product videos

MedVital

MedVital

MedAdd

MedAdd

MedSaver

MedSaver

MedReach

MedReach

MedPrime

MedPrime

Plan **overview**

Basic plans

MedMove!

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

Contributions starting at

R804
for students

MedMove! Student | MedMove! | MedVital Elect | MedVital

MedMove! Student: Quality, network-based healthcare at a cost that makes sense, so you can focus on your studies with peace of mind

MedMove!: Affordable, flexible cover for young professionals with hospitalisation, emergencies, virtual or in-person GP visits and medicine, all through quality networks

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

Savings plans

MedSaver

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

Contributions starting at

R3 186

MedAdd Elect | MedAdd | MedSaver

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

MedSaver: Hospital cover, a **25% savings** account, and maternity benefits for families, plus extra insured cover when savings run out

Comprehensive plans

MedReach

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

Contributions starting at

R3 360

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

MedPrime Elect | MedPrime | MedElite | MedPlus

Contributions starting at

R4 746

MedPrime Elect and **MedPrime:** 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 adds a 10% savings account, while MedPlus provides the most comprehensive insured benefits

Compare the **benefits per plan**

Core benefits (insured benefits)	MedVital Elect	MedVital	MedAdd Elect	MedAdd	MedSaver	MedReach	MedPrime Elect	MedPrime	MedElite
Emergency transport (ambulance)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospitalisation – no overall annual limit	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospital network applies	✓	–	✓	–	–	✓	✓	–	–
271 PMB and 26 chronic conditions on the Chronic Diseases List (CDL)	✓	✓	✓	✓	✓	✓	✓	✓	✓
• PMB chronic medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prostheses (internally implanted)	✓	✓	✓	✓	✓	PMB	✓	✓	✓
Cancer treatment	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mental health treatment	✓	✓	✓	✓	✓	✓	✓	✓	✓
Specialised radiology (MRI and CT scans) in and out of hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wound care	✓	✓	✓	✓	✓	✓	✓	✓	✓
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 younger than seven 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									
One GP consultation is activated after completing certain health tests	✓	✓	✓	✓	✓	✓	✓	✓	✓
A R1 000 self-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, dietian, 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.)	✓	✓	✓	✓	✓	✓	✓	✓	✓
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

	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
Description	MedVital is an affordable plan that offers cover for minor medical expenses, private hospitalisation, and emergency medical services. Pay less for MedVital Elect, the network alternative of this plan. High-quality networks of GPs, hospitals, and day facilities for certain procedures apply. **MedVital Elect offers cover for minor medical expenses, private hospitalisation, and emergency medical services.** This plans uses high-quality networks of GPs, hospitals, and day facilities for certain procedures.	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 make this a popular choice for young families. Pay less for MedAdd Elect, the network alternative of this plan. High-quality networks of GPs, hospitals, and day procedure facilities for certain procedures apply to the network plan. **MedAdd Elect offers 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.** This plan uses high-quality networks of GPs, hospitals, and day facilities for certain procedures.	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.	Previously MedElect, 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.	MedPrime offers excellent cover for out-of-hospital services through a savings account and insured pooled benefits, as well as separate comprehensive dental and optometry benefits. **MedPrime Elect offers excellent cover for out-of-hospital services through a savings account and insured pooled benefits, as well as separate comprehensive dental and optometry benefits.** This plan uses a high-quality network of private hospitals and day facilities for certain procedures.	This plan offers extensive benefits for private hospitalisation, a savings account, and rich, insured benefits for out-of-hospital medical expenses, including chronic medicine.
Medical savings account	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 272 per main member R6 120 per adult dependant R2 448 per child dependant MedAdd Elect offers a 15% savings account per year, equalling: R5 760 per main member R4 464 per adult dependant R2 016 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 contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year.	MedSaver offers a 25% savings account per year, equalling: R12 744 per main member R10 512 per adult dependant R3 888 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 contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year.	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: R6 984 per main member R5 904 per adult dependant R2 016 per child dependant MedPrime Elect offers a 10% savings account per year, equalling: R5 688 per main member R4 824 per adult dependant R1 656 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 contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year and earn interest.	MedElite offers a 10% savings account per year, equalling: R10 728 per main member R10 008 per adult dependant R2 880 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 contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year and earn interest.

Summary of benefits

	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
Day-to-day benefits	**DAY-TO-DAY BENEFITS** M = R1 575 per year M+ = R3 045 per year GP and specialist visits, physiotherapy, virtual consultations, and medicine	**ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED** M = R2 100 per year M+ = R4 200 per year GP and specialist visits, physiotheraphy, virtual 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 and impaction for approved orthodonic treatment (excluding third molars) Professional fee paid from savings account Other dentistry is covered from the savings account	**ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED** R2 600 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 and impaction for approved orthodonic treatment (excluding third molars) Professional fee paid from savings account Other dentistry is covered from the savings account	**INSURED DAY-TO-DAY BENEFITS** M = R6 700 per year M+1 = R9 950 per year M+2 = R12 100 per year M+3 = R13 300 per year The following benefit amounts apply with the insured day-to-day benefit, subject to the OAL • Radiology, pathology, and medical technology R3 750 per family per year • Specialists R1 575 per family per year • Acute medicine M = R1 575 M+1 = R2 600 M+2+ = R3 150 • Self-medication M = R525 M+ = R2 100 **NETWORK GPs, CLINICAL PSYCHOLOGY SERVICES, and VIRTUAL CARE** Subject to day-to-day benefit and OAL M = R2 400 per year M+1 = R4 450 per year M+2+ = R5 150 per year **OUT-OF-NETWORK GP CONSULTATIONS** Subject to day-to-day benefit and OAL M = R1 470 per year M+ = R2 940 per year **PHYSIOTHERAPY AND OCCUPATIONAL THERAPY** Physiotherapy in hospital Unlimited, subject to clinical guidelines and referral by attending doctor Physiotherapy and occupational therapy in and out of hospital M = R2 600 M+ = R4 095 **OPTOMETRY AND DENTISTRY BENEFITS**	**ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED** **INSURED DAY-TO-DAY BENEFITS** M = R7 550 per year M+ = R13 900 per year • GP and specialist visits and virtual 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	**ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED** **INSURED DAY-TO-DAY BENEFITS** M = R15 200 per year M+1 = R17 700 per year M+2 = R20 200 per year M+3+ = R22 700 per year The following benefit amounts apply within the insured day-to-day benefit • GP and specialist visits and virtual consultations, clinical psychology, physiotherapy, and other medical services M = R3 850 per year M+1 = R5 000 per year M+2 = R6 300 per year M+3+ = R7 550 per year • Acute medicine benefits M = R5 000 per year M+1 = R6 300 per year M+2 = R7 550 per year M+3+ = R8 850 per year • Radiology benefits R3 600 per family per year • Pathology benefits R3 600 per family per year **NON-PMB CHRONIC MEDICINE BENEFITS** M = R5 950 per year M+1 = R8 950 per year M+2 = R11 900 per year M+3+ = R12 800 per year **TWO SEPARATE BENEFITS PROVIDE COMPREHENSIVE OPTOMETRY AND DENTISTRY COVER**
Care extender	Unlock these two additional benefits by undergoing specific health tests: One GP consultation R1 000 for self-medication	Unlock these two additional benefits by undergoing specific health tests: One GP consultation R1 000 for self-medication	Unlock these two additional benefits by undergoing specific health tests: One GP consultation R1 000 for self-medication	Unlock these two additional benefits by undergoing specific health tests: One GP consultation R1 000 for self-medication	Unlock these two additional benefits by undergoing specific health tests: One GP consultation R1 000 for self-medication	Unlock these two additional benefits by undergoing specific health tests: One GP consultation R1 000 for self-medication

Summary of benefits

	MedVital Elect / MedVital	MedAdd Elect / MedAdd	MedSaver	MedReach	MedPrime Elect / MedPrime	MedElite
Added insured benefits	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) MedVital Elect: Tier 1 network hospitals MedVital: Any hospital	HOSPITAL BENEFITS (NO OAL) MedAdd Elect: Tier 2 network hospitals MedAdd: Any hospital	HOSPITAL BENEFITS (NO OAL) Any hospital	HOSPITAL BENEFITS (NO OAL) Tier 2 network hospitals	HOSPITAL BENEFITS (NO OAL) MedPrime Elect: Tier 3 network hospitals MedPrime: Any hospital	HOSPITAL BENEFITS (NO OAL) Any hospital
	Network plans: Day procedure network applies to certain procedures Non-network plans: Day procedure facilities apply 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
	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 100% of the MT R20 000 per family per year Member pays the first R2 600 per examination	**SPECIALISED RADIOLOGY** 100% of the MT R22 000 per family per year Member pays the first R2 100 per examination	**SPECIALISED RADIOLOGY** 100% of the MT R30 000 per family per year Member pays the first R2 000 per examination	**SPECIALISED RADIOLOGY** 100% of the MT R22 000 per family per year Member pays the first R1 900 per examination	**SPECIALISED RADIOLOGY** 100% of the MT R35 000 per family per year Member pays the first R1 900 per examination	**SPECIALISED RADIOLOGY** 100% of the MT R40 000 per family per year Member pays the first R1 500 per examination
	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 Including nurse consultations and material/stock used Unlimited	**WOUND CARE** Including nurse consultations and material/stock used Unlimited	**WOUND CARE** Including nurse consultations and material/stock used Unlimited	**WOUND CARE** Including nurse consultations and material/stock used Unlimited	**WOUND CARE** Including nurse consultations and material/stock used Unlimited	**WOUND CARE** Including nurse consultations and material/stock used 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

Monthly **contributions**

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

Child dependant rates apply until the age of 26 years

	MedVital Elect	MedVital	MedAdd Elect	MedAdd	MedSaver	MedReach	MedPrime Elect	MedPrime	MedElite
Main member	R2 412	R3 096	R3 186 Includes R5 760 savings per year	R4 038 Includes R7 272 savings per year	R4 260 Includes R12 744 savings per year	R3 360	R4 746 Includes R5 688 savings per year	R5 790 Includes R6 984 savings per year	R8 922 Includes R10 728 savings per year
Dependant	R1 752	R2 376	R2 496 Includes R4 464 savings per year	R3 402 Includes R6 120 savings per year	R3 504 Includes R10 512 savings per year	R2 634	R4 002 Includes R4 824 savings per year	R4 896 Includes R5 904 savings per year	R8 352 Includes R10 008 savings per year
Child dependant <26 years	R1 014	R1 062	R1 110 Includes R2 016 savings per year	R1 368 Includes R2 448 savings per year	R1 302 Includes R3 888 savings per year	R1 092	R1 380 Includes R1 656 savings per year	R1 692 Includes R2 016 savings per year	R2 418 Includes R2 880 savings per year
	R4 164	R5 472	R5 682 Includes R10 224 savings per year	R7 440 Includes R13 392 savings per year	R7 764 Includes R23 256 savings per year	R5 994	R8 748 Includes R10 512 savings per year	R10 686 Includes R12 888 savings per year	R17 274 Includes R20 736 savings per year
	R3 426	R4 158	R4 296 Includes R7 776 savings per year	R5 406 Includes R9 720 savings per year	R5 562 Includes R16 632 savings per year	R4 452	R6 126 Includes R7 344 savings per year	R7 482 Includes R9 000 savings per year	R11 340 Includes R13 608 savings per year
	R4 440	R5 220	R5 406 Includes R9 792 savings per year	R6 774 Includes R12 168 savings per year	R6 864 Includes R20 520 savings per year	R5 544	R7 506 Includes R9 000 savings per year	R9 174 Includes R11 016 savings per year	R13 758 Includes R16 488 savings per year
	R5 178	R6 534	R6 792 Includes R12 240 savings per year	R8 808 Includes R15 840 savings per year	R9 066 Includes R27 144 savings per year	R7 086	R10 128 Includes R12 168 savings per year	R12 378 Includes R14 904 savings per year	R19 692 Includes R23 616 savings per year
	R6 192	R7 596	R7 902 Includes R14 256 savings per year	R10 176 Includes R18 288 savings per year	R10 368 Includes R31 032 savings per year	R8 178	R11 508 Includes R13 824 savings per year	R14 070 Includes R16 920 savings per year	R22 110 Includes R26 496 savings per year
	R6 192	R7 596	R7 902 Includes R14 256 savings per year	R10 176 Includes R18 288 savings per year	R12 972 Includes R38 808 savings per year	R10 362	R11 508 Includes R13 824 savings per year	R14 070 Includes R16 920 savings per year	R26 946 Includes R32 256 savings per year

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

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 Elect | MedAdd

15% of your monthly contribution goes into a savings account

MedSaver

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 Elect | MedPrime | MedElite

10% of the contribution goes into a savings account

SavingsBase account and SavingsGrow account

SavingsBase account

- Contains your yearly savings contributions upfront (pro-rated if you join mid-year).
- Claims on the defined list are paid from this account before insured day-to-day benefits apply.
- Benefits such as dentistry and optometry are available from the start, regardless of the balance in your SavingsBase.

SavingsGrow account

- 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.

New! You can now choose what is paid from your savings account at any time during the year on the Member Zone.

MedAdd Elect | MedAdd | 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 you do not indicate your preference, these costs will not be paid from your SavingsNow account until you give us your instruction.

MedPrime Elect | MedPrime | MedElite

SavingsBase and SavingsGrow preferences

By default:

- All eligible **day-to-day out-of-hospital services** on the defined list are paid from your **SavingsBase account.**
- All other day-to-day out-of-hospital services (not on the list) are paid from your **SavingsGrow account.**
- 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 you do not indicate your preference, these costs will not be paid from your SavingsGrow account until you give us your instruction.

Please note: If you end your membership before year-end and have used more from your savings facility than you have contributed, you 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:

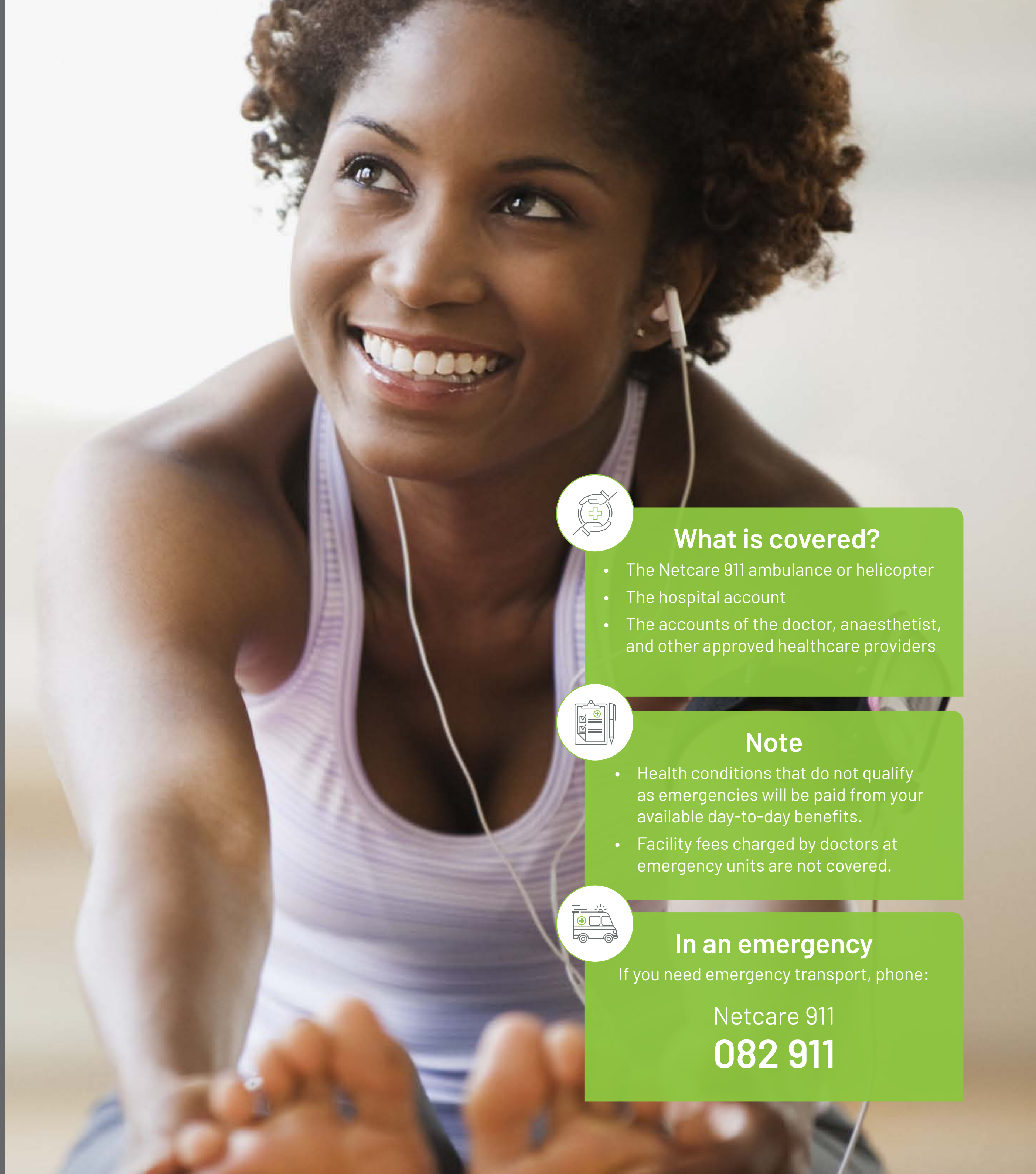
- Motor vehicle accidents
- Stab wounds
- Post-exposure prophylaxis for HIV/Aids
- Burns
- Gunshot wounds
- Head wounds

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	MedMove!
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		
• Transport by road	100% of the MT R2 600 per case	No benefit
• Transport by air	100% of the MT R17 700 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.
- Facility fees charged by doctors at emergency units are not covered.

In an emergency

If you need emergency transport, phone:

Netcare 911

082 911

Prescribed minimum **benefits** (PMBs)

What are PMBs?

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

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) (e.g. emphysema)
9. Coronary artery disease (e.g. angina)
10. Crohn's disease
11. Diabetes insipidus
12. Diabetes mellitus type 1
13. Diabetes mellitus type 2
14. Dysrhythmia
15. Epilepsy
16. Glaucoma
17. Haemophilia A and B
18. Hyperlipidaemia (high cholesterol)
19. Hypertension (high blood pressure)
20. Hypothyroidism
21. Multiple sclerosis (MS)
22. Parkinson's disease
23. Rheumatoid arthritis
24. Schizophrenia
25. Systemic lupus erythematosus (SLE)
26. Ulcerative colitis

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

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 Diagnostic 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 treatment must match the benefits in the DTP for that condition
3. Members must use Medihelp's designated service providers (DSPs) to receive full cover

PMB medicine

Authorised PMB chronic medicine must be ordered from Medipost and collected at a designated point to avoid a penalty co-payment.

Email your prescription with your membership and cell number to mrx@medipost.co.za.

New for 2026: Medipost can now deliver your PMB chronic medicine straight to your home or your workplace.

General practitioners and specialist referrals

From 2026, members on MedVital Elect, MedAdd Elect, and MedReach no longer need a GP referral to see a specialist and the 35% penalty co-payment has been removed.

A 35% penalty co-payment will now apply to all non-network GP consultations on the network options (MedPrime Elect, MedAdd Elect, MedVital Elect).

Hospitals

Use network hospitals for PMB services.

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.

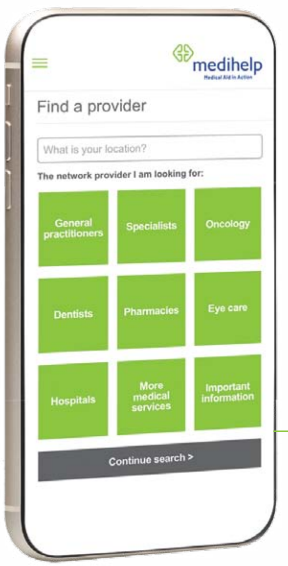
Network plans: A tiered hospital network for affordability

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

Network plans: Day procedure networks

Certain day procedures on MedVital Elect, MedAdd Elect, MedReach, and MedPrime Elect 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. Please remember that members of the non-network plans must get these procedures done in a day procedure facility, but do not have to use network facilities.

Pre-authorisation of hospital/day procedure admissions

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

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

	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
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
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 **POST-EXPOSURE PROPHYLAXIS (for HIV/Aids)**	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
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
Outside beneficiary's country of residence Transport by road	100% of the MT R2 600 per case	100% of the MT R2 600 per case	100% of the MT R2 600 per case	100% of the MT R2 600 per case	100% of the MT R2 600 per case	100% of the MT R2 600 per case
Transport by air	100% of the MT R17 700 per case	100% of the MT R17 700 per case	100% of the MT R17 700 per case	100% of the MT R17 700 per case	100% of the MT R17 700 per case	100% of the MT R17 700 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	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
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 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
• **Day procedures** Subject to pre-authorisation, clinical protocols, and services rendered in a day procedure facility Ophthalmological, dental, endoscopic, and ear, nose, and throat procedures, removal of skin lesions, and circumcisions	100% of the MT Procedure-specific co-payments may also apply Network plans: A 35% co-payment applies to procedures performed outside the day procedure network Non-network plans: A 35% co-payment applies to procedures not performed in a day procedure 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 R440 per admission	100% of the MT R440 per admission	100% of the MT R440 per admission	100% of the MT R440 per admission	100% of the MT R570 per admission	100% of the MT R630 per admission
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	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	100% of the MT R17 100 per event 20% co-payment per event if not pre-authorised	100% of the MT R17 100 per event 20% co-payment per event if not pre-authorised	100% of the MT R17 100 per event 20% co-payment per event if not pre-authorised	100% of the MT R17 100 per event 35% co-payment per event if not pre-authorised	100% of the MT R17 100 per event 20% co-payment per event if not pre-authorised	100% of the MT R17 100 per event 20% co-payment per event if not pre-authorised

Core benefits

Description	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
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 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
• Cornea implants	100% of the MT R37 600 per implant per year	100% of the MT R37 600 per implant per year	100% of the MT R37 600 per implant per year	100% of the MT R37 600 per implant per year	100% of the MT R37 600 per implant per year	100% of the MT R37 600 per implant per year
STANDARD RADIOLOGY, PATHOLOGY (PPs* 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
RADIOGRAPHY (radiographers' consultation fees)** Subject to clinical protocols and on request of a medical doctor	100% of the MT R1 365 per family per year	100% of the MT R1 365 per family per year	100% of the MT R1 365 per family per year	100% of the MT R1 365 per family per year	100% of the MT R1 365 per family per year	100% of the MT R1 365 per family per year
SPECIALISED RADIOLOGY In and out of hospital Subject to pre-authorisation, clinical protocols, and on request of a specialist MedVital Elect, MedAdd Elect, and MedReach - prescribed by a specialist • MRI and CT imaging (subject to pre-authorisation)	100% of the MT R20 000 per family per year Member pays the first R2 600 per examination in and out of hospital	100% of the MT R22 000 per family per year Member pays the first R2 100 per examination in and out of hospital	100% of the MT R30 000 per family per year Member pays the first R2 000 per examination in and out of hospital	100% of the MT R22 000 per family per year Member pays the first R1 900 per examination in and out of hospital	100% of the MT R35 000 per family per year Member pays the first R1 900 per examination in and out of hospital	100% of the MT R40 000 per family per year Member pays the first R1 500 per examination in and out of hospital
• PET imaging (non-PMB and subject to pre-authorisation)	These plans do not cover this service					
CLINICAL TECHNOLOGIST SERVICES In hospital – services must be prescribed by a medical doctor/dentist	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: 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	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
POST-HOSPITAL CARE* 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 415 per year M+ = R3 465 per year Including after a procedure in a day procedure facility	100% of the MT M = R2 415 per year M+ = R3 465 per year Including after a procedure in a day procedure facility	100% of the MT M = R2 415 per year M+ = R3 465 per year Including after a procedure in a day procedure facility	100% of the MT M = R2 415 per year M+ = R3 465 per year Including after a procedure in a day procedure facility	100% of the MT M = R2 415 per year M+ = R3 465 per year Including after a procedure in a day procedure facility	100% of the MT M = R2 415 per year M+ = R3 465 per year Including after a procedure in a day procedure 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 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 • Dietician services, biokenitics, 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 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
• Physiotherapy and occupational therapy (must be pre-authorised and requested by the attending medical doctor)				Physiotherapy 100% of MT in-hospital: Unlimited Occupational therapy: M = R2 600 M+1 = R4 095 (in and out of hospital)		
OXYGEN ** In and out of hospital	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 R8 240 per procedure	100% of the MT Member pays the first R7 520 per procedure	100% of the MT Member pays the first R7 520 per procedure	100% of the MT Member pays the first R8 240 per procedure	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	100% of the MT Hospitalisation: R145 900 per beneficiary	100% of the MT Hospitalisation: R145 900 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	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
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	100% of the MT R75 800 per beneficiary	100% of the MT R113 700 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 MT Subject to the limit below	100% of the MT Subject to the limit below	100% of the MT Subject to the limit below	100% of the MT Subject to the limit below	100% of the MT Subject to the limit below	100% of the MT Subject to the limit below
• **Hospitalisation and professional psychiatric services:**	R25 000 per beneficiary per year to a maximum of R38 200 per family per year	R31 800 per beneficiary per year to a maximum of R43 800 per family per year	R31 800 per beneficiary per year to a maximum of R43 800 per family per year	R25 200 per beneficiary per year to a maximum of R38 200 per family per year	R38 200 per beneficiary per year to a maximum of R51 500 per family per year	R46 400 per beneficiary per year to a maximum of R64 300 per family per year
• **Treatment of depression out of hospital, subject to registration on the Mental Health programme:** Subject to the in-hospital limit, for services rendered by psychiatrists, psychologists, social workers, occupational therapists, and psychiatric nurses	R3 150 per beneficiary per year	R3 150 per beneficiary per year	R4 200 per beneficiary per year	R3 150 per beneficiary per year	R4 200 per beneficiary per year	R5 250 per beneficiary per year
• **Medicine:** Subject to the annual mental health limit	R100 per beneficiary per month, subject to the in-hospital limit	R100 per beneficiary per month, subject to the in-hospital limit	R130 per beneficiary per month, subject to the in-hospital limit	R100 per beneficiary per month, subject to the in-hospital limit	R130 per beneficiary per month, subject to the in-hospital limit	R145 per beneficiary per month, subject to the in-hospital limit
• **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 no pre-authorised	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
• **Subacute care facilities** Subject to pre-authorisation, programmes, and protocols Services rendered in an approved facility prescribed by a medical doctor - 20% co-payment per admission if not pre-authorised	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT R29 200 per family per year	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 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	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
• **Palliative care** Subject to pre-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 R25 000 per family per year 20% co-payment if not pre-authorised	100% of the MT R27 700 per family per year 20% co-payment if not pre-authorised	100% of the MT R27 700 per family per year 20% co-payment if not pre-authorised	100% of the MT R22 700 per family per year 20% co-payment if not pre-authorised	100% of the MT R30 200 per family per year 20% co-payment if not pre-authorised	100% of the MT R32 800 per family per year 20% co-payment if not pre-authorised
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 Programme protocols, a designated service provider (DSP), and the MORP apply - 20% co-payment if not pre-authorised	Subject to Cancer Care tier and clinical protocols After limit depletion, 20% co-payment applies to non-PMB treatment 100% of the MT R262 500 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 R273 000 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 R288 700 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 R273 000 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 R336 000 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 R504 000 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
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 000 per family per year for beneficiaries 18-50 years	100% of the MT Hospitalisation and professional fee: R25 000 per family per year for beneficiaries 18-50 years
WOUND CARE Including nurse consultations and material/stock used	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

Core benefits

Description	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
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 DSP • EVARS prosthesis	100% of the MT R45 400 per beneficiary per year	100% of the MT R171 400 per beneficiary per year	100% of the MT R171 400 per beneficiary per year	100% of the cost PMB only	100% of the MT R171 400 per beneficiary per year	100% of the MT R171 400 per beneficiary per year
• Vascular/cardiac prosthesis	R45 400 per beneficiary per year	R73 200 per beneficiary per year	R73 200 per beneficiary per year		R73 200 per beneficiary per year	R73 200 per beneficiary per year
• Health-essential functional prosthesis	R30 200 per beneficiary per year	R81 200 per beneficiary per year	R81 200 per beneficiary per year		R81 200 per beneficiary per year	R81 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	**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	Sublimit subject to health-essential functional prosthesis benefit Two lenses per beneficiary per year			100% of the cost PMB only	Sublimit subject to health-essential functional prosthesis benefit Two lenses per beneficiary per year	
	R5 400	R5 500	R5 600		R5 650	R5 750
• Prosthesis with reconstructive or restorative surgery (in and out of hospital)	100% of the cost PMB only	R12 300 per family per year	R12 300 per family per year		R12 300 per family per year	R12 300 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 (including devices and components) In hospital	These plans do not cover this service				R315 900 per beneficiary per year	R341 300 per beneficiary per year
• Replacement of the sound processor Out of hospital	These plans do not cover this service				Sub-limit of R147 000 per beneficiary per 5-year period	Sub-limit of R168 000 per beneficiary per 5-year period

* **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 R25 700 benefit applies to hip, knee, and shoulder replacements for the hospital account and prosthesis components (combined), per admission. Call our client care centre on 086 0100 678 to get the contact number of the nearest ICPS provider.

Day-to-day benefits explained

Day-to-day benefits provide cover for services such as doctors' visits, dental and eye care, medicine, X-rays, blood tests, and other out-of-hospital medical expenses. These services must be rendered by registered healthcare professionals. Medihelp has negotiated special tariffs for certain medical services with a network of professionals or has appointed designated service providers from whom members must get treatment. Cover for day-to-day medical expenses is provided at 100% of the Medihelp tariff (MT).

How day-to-day benefits are structured for

Medihelp plans with savings accounts			MedSaver, MedPrime, MedAdd, MedElite		
1 Savings funds are used first. At the beginning of a year a credit facility equalling the full year's contributions is available	2 Insured benefits are activated once savings are depleted	Unused savings are carried over to the next year	1 Services such as dentistry and optometry are paid from available insured benefits and not from the savings account first	1 Added insured benefits are available for specific preventive care, contraceptives, and maternity and baby consultations	2 Having certain health tests or screenings done will unlock benefits for an additional GP consultation and a R1 000 self-medication benefit for the family
The savings levels differ per plan	Insured benefits differ per plan	Applicable to all savings plans	Applicable to MedAdd, MedPrime, and MedElite	Applicable to all plans	Applicable to all plans

Day-to-day benefits and networks

MedVital Elect | MedAdd Elect | MedPrime Elect

A GP network is available

A 35% penalty co-payment will apply on all non-network GP consultations for members on these plans

MedMove!

MedMove! members must use a GP in the network to qualify for benefits, and specialist referrals must come from a network GP

Medihelp preferred pharmacy network

Visit a network pharmacy and pay less

Network specialists

Use our network specialists to reduce out-of-pocket expenses

Virtual care is available on all plans

Preferred providers applies for all pathology tests

Use the Provider search function at medihelp.co.za or use the Medihelp app to locate network providers

Using network providers is compulsory

MedMove! and MedReach offer insured day-to-day benefits through network providers

MedReach MedMove!

MedReach has a benefit amount available for out-of-network visits

Day-to-day benefits

<table>
<tr><th>Description
ANNUAL DAY-TO-DAY BENEFITS</th><th>MedVital</th><th>MedAdd</th><th>MedSaver</th><th>MedReach</th><th>MedPrime</th><th>MedElite</th></tr>
<tr><td></td><td>Day-to-day benefit
100% of the MT
M = R1 575
per year
M+ = R3 045
per year</td><td>15% savings account
Day-to-day benefit
100% of the MT
M = R2 100 per year
M+ = R4 200 per year
Activated after depletion of savings</td><td>25% savings account
Day-to-day benefit
100% of the MT
R2 600 per family
per year
Activated after
depletion of savings</td><td>Day-to-day benefit
100% of the MT
M = R6 700 per year
M+1 = R9 950 per year
M+2 = R12 100 per year
M+3+ = R13 300 per year</td><td>10% savings account
Day-to-day benefit
100% of the MT
M = R7 550 per year
M+ = R13 900 per year
Activated after depletion of savings</td><td>10% savings account
Day-to-day benefit
100% of the MT
M = R15 200 per year
M+1 = R17 700 per year
M+2 = R20 200 per year
M+3+ = R22 700 per year
Activated after
depletion of savings</td></tr>
<tr><td>GP VISITS, TELEMEDICINE AND VIRTUAL CONSULTATIONS, NURSE VISITS AT NETWORK PHARMACIES, PRIMARY CARE DRUG THERAPISTS, AND EMERGENCY UNITS
Consultations and follow-up consultations
MedMove!, MedVital Elect, MedAdd Elect, MedReach, and MedPrime Elect:
GP network applies - 35% penalty co-payment on all non-network GP consultations</td><td rowspan="3">Subject to day-to-day benefit</td><td rowspan="3">Paid from
15% savings first and after depletion of savings from the day-to-day benefit</td><td rowspan="2">Paid from
25% savings first and after depletion of savings from the day-to-day benefit</td><td>100% of the MT
M = R2 400 per year
M+1 = R4 450 per year
M+2+= R5 150 per year
Subject to overall annual limit, shared with benefit for clinical psychology
Out-of-network GP consultations
80% of the MT
M = R1 470 per year
M+ = R2 940 per year
Subject to overall annual limit</td><td rowspan="4">Paid from 10% savings first and after depletion of savings from the day-to-day benefit</td><td rowspan="4">Paid from 10% savings first and after depletion of savings:
100% of the MT
M = R3 850 per year
M+1 = R5 000 per year
M+2 = R6 300 per year
M+3+ = R7 550 per year
Subject to day-to-day insured benefit, shared with benefit for psychiatric nursing and other medical services</td></tr>
<tr><td>SPECIALISTS
Consultations and follow-up consultations</td><td>R1 575 per familyper year
Subject to insured day-to-day benefit</td></tr>
<tr><td>PHYSIOTHERAPY
Out of hospital
Treatment and material</td><td rowspan="2">100% of the MT
Savings account</td><td>100% of the MT
In hospital : Unlimited subject to clinical guidelines and referral by attending medical doctor
Out of hospital: M = R 2 600
M+ = R4 095
Shared benefit with occupational therapy</td></tr>
<tr><td>CLINICAL PSYCHOLOGY
In and out of hospital</td><td>This plan does not cover these services</td><td>100% of the MT
Savings account</td><td>Subject to insured day-to-day benefit,
shared with benefit for GP visits</td></tr>
</table>

Day-to-day benefits

<table>
<tr><th>Description</th><th>MedVital</th><th>MedAdd</th><th>MedSaver</th><th>MedReach</th><th>MedPrime</th><th>MedElite</th></tr>
<tr><td>PSYCHIATRIC NURSING
In and out of hospital</td><td>This plan does not cover this service</td><td>100% of the MT Savings account</td><td>100% of the MT Savings account</td><td>This plan does not cover this service</td><td rowspan="2">Paid from
10% savings
first and after
depletion of
savings from the day-to-day benefit</td><td rowspan="2">Paid from 10% savings first and after depletion of savings:
100% of the MT
M = R3 850 per year
M+1 = R5 000 per year
M+2 = R6 300 per year
M+3+ = R7 550 per year
Subject to insured day-to-day benefit, shared with benefit for GPs, specialists, physiotherapy, and clinical psychology</td></tr>
<tr><td>OTHER MEDCIAL SERVICES
Occupational and speech therapy, dietician services, audiometry, podiatry, massage, orthoptic, chiropractic, homeopathic, herbal, and naturopathic, osteopathic, and biokinetic services</td><td>This plan does not cover these services</td><td>100% of the MT Savings account</td><td>100% of the MT Savings account</td><td>This plan does not cover these services
Occupational therapy shared with benefit for physiotherapy</td></tr>
<tr><td>PMB CHRONIC MEDICINE
Subject to pre-authorisation, and registration on Medihelp's PMB chronic medicine management programme
Network plans: Formulary and use of DSP (Medipost) may apply</td><td>100% of the MHRP
Unlimited MedVital Elect
Medicine formulary and DSP apply
60% co-payment for not using the DSP/ medicine formulary</td><td>100% of the MHRP
Unlimited MedAdd Elect
Medicine formulary and DSP apply
60% co-payment for not using the DSP/medicine formulary</td><td>100% of the MHRP
Unlimited</td><td>100% of the MHRP
Unlimited
30% co-payment for not using a network pharmacy or dispensing network GP</td><td>100% of the MHRP
Unlimited MedPrime Elect
Medicine formulary and DSP apply
60% co-payment for not using the DSP/medicine formulary</td><td>100% of the MHRP
Unlimited</td></tr>
<tr><td>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</td><td rowspan="2">Subject to insured day-to-day benefit</td><td rowspan="2">Paid from
15% savings first and after depletion of savings from the day-to-day benefit</td><td rowspan="2">Paid from
25% savings
first and after
depletion of
savings from
the day-to-day benefit</td><td rowspan="2">100% of the MT
M = R1 575
M+1 = R2 600
M+2 + = R3 150
Subject to overall insured day-to-day benefit

Must be obtained from a network pharmacy or dispensing network GP</td><td rowspan="2">Paid from 10% savings first and after depletion of savings from the day-to-day benefit</td><td>100% of the MMAP
M = R5 950 per year
M+1 = R8 950 per year
M+2 = R11 900 per year
M+3+ = R12 800 per year
Subject to pre-authorisation, and registration on Medihelp's chronic medicine management programme</td></tr>
<tr><td>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!)</td><td>Paid from 10% savings first and after depletion of savings:
100% of the MMAP
M = R5 000 per year
M+1 = R6 300 per year
M+2 = R7 550 per year
M+3+ = R8 850 per year
Subject to insured day-to-day benefits
Shared with benefit for self-medication</td></tr>
</table>

Day-to-day benefits

Description	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
SELF-MEDICATION / OVER-THE-COUNTER MEDICINE (OTC)	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	R525 per beneficiary and R2 100 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 000 per year M+1 = R6 300 per year M+2 = R7 550 per year M+3+ = R8 850 per year Subject to insured day-to-day benefits Shared with benefit from acute medicine
CARE EXTENDER • One additional GP consultation	One additional GP consultation is activated for the family per year once a beneficiary claims for a Pap smear, mammogram, prostate test, faecal occult blood test (FOBT) or bone mineral density test					
• R1 000 for self-medication dispensed at a network pharmacy	Self-medication – an additional R1 000 will be activated for the family to use for non-prescribed medicine once a beneficiary claims for the combo health screening					
OXYGEN Out of hospital Subject to pre-authorisation, clinical protocols, and services prescribed by a medical doctor	100% of the MT Unlimited 20% co-payment if not pre-authorised			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	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 750 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 600 per family per year Subject to insured day-to-day benefit
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 600 per family per year (subject to insured day-to-day benefit)

Added insured benefits

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

	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
Care extender benefit • One additional GP consultation – the first of either a Pap smear, mammogram, prostate test, faecal occult blood test (FOBT) or bone mineral density test activates a one-off GP consultation for the family for the year. • Self-medication dispensed at a network pharmacy – an additional R1 000 will be activated for the family to use for non-prescribed medicine once a combo health screening has been claimed from the added insured benefits.	✓	✓	✓	✓	✓	✓
Women's health						
A mammogram requested by a medical doctor per two-year cycle (women 40-75 years and item codes 3605/39175/34100/34101)	✓	✓	✓	✓	✓	✓
A Pap smear requested by a qualifying healthcare professional per three-year cycle (women 21-65 years and item codes 4566/4559)	✓	✓	✓	✓	✓	✓
Contraceptives • Oral/injectable/implantable contraceptives (women up to 50 years)	✓ R160 per month up to R2 205 per year	✓ R170 per month up to R2 310 per year	✓ R170 per month up to R2 310 per year	✓ R160 per month up to R2 205 per year	✓ R190 per month up to R2 470 per year	✓ R190 per month up to R2 520 per year
• Intra-uterine device (women up to 50 years)	✓ R2 450	✓ R2 730	✓ R2 730	✓ R2 500	✓ R2 835	✓ R2 940
A flu vaccination at network pharmacy clinics	✓	✓	✓	✓	✓	✓
Enhanced maternity benefits **Registration on Medihelp's Parenting journey activates these additional benefits per family per year**						
Antenatal and postnatal consultations at a midwife/GP/gynaecologist (a network referral to the gynaecologist is not needed)	Eight consultations	Ten consultations	Ten consultations	Ten consultations	Ten consultations	Ten consultations
Antenatal and postnatal consultations at a dietitian/lactation specialist/antenatal classes	One	Two	Two	Two	Two	Two
Two 2D ultrasound scans	✓	✓	✓	✓	✓	✓
Nine months' antenatal iron supplements	-	✓	✓	✓	✓	✓
Nine months' antenatal folic acid supplements	-	✓	✓	✓	✓	✓
Hearing screening for newborns up to eight weeks	✓	✓	✓	✓	✓	✓
Child benefits						
Child flu vaccination at network pharmacy clinics	✓	✓	✓	✓	✓	✓
Babies under two years receive two additional visits to a GP, paediatrician or ear, nose, and throat specialist (MedVital Elect, MedAdd Elect, and MedReach - a network GP referral to these specialists is not needed)	✓	✓	✓	✓	✓	✓
Full schedule of standard child immunisations covered up to seven years at network pharmacy clinics	✓	✓	✓	✓	✓	✓

Added insured benefits

	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
Routine screening and immunisation Available at network pharmacy clinics per person: A combo test (blood glucose, cholesterol, BMI, and blood pressure measurement)/ individual test (blood glucose/cholesterol)	✓	✓	✓	✓	✓	✓
HIV testing, counselling, and support	✓	✓	✓	✓	✓	✓
A tetanus vaccine	✓	✓	✓	✓	✓	✓
A flu vaccination	✓	✓	✓	✓	✓	✓
Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years	✓	✓	✓	✓	✓	✓
Men's health A prostate test (PSA level) requested by a qualifying healthcare professional (men between 40-75 years and item code 4519)	✓	✓	✓	✓	✓	✓
A flu vaccination at network pharmacy clinics	✓	✓	✓	✓	✓	✓
Screening and immunisation for over 45s Women >65 years have access to one bone mineral density test requested by a medical doctor per two-year cycle (item codes 3604/50120)	✓	✓	✓	✓	✓	✓
A Pneumovax vaccine in a five-year cycle per person older than 55 years (if registered for asthma or COPD)	✓	✓	✓	✓	✓	✓
An FOBT test for people between 45-75 years (item codes 4351/4352)	✓	✓	✓	✓	✓	✓
Supporting wellness **One back treatment** per 12-month cycle as an alternative to surgery at a Documentation Based Care facility for eligible patients and the treatment is a prerequisite for spinal intervention	✓	✓	✓	✓	✓	✓
One dietitian consultation if a BMI measurement indicates a BMI higher than 30 (item codes 84200-84205)	✓	✓	✓	✓	✓	✓
Cancer Programme Offered in collaboration with oncologists in the Independent Clinical Oncology Network (ICON)	Tier 1 Cancer Care ✓	Tier 2 Cancer Care Plus ✓	Tier 2 Cancer Care Plus ✓	Tier 2 Cancer Care Plus ✓	Tier 2 Cancer Care Plus ✓	Tier 3 Cancer Care Ultra ✓
HIV Programme Offered in collaboration with LifeSense Disease Management	✓	✓	✓	✓	✓	✓

Please note that benefits are paid at 100% of the MT. Doctors' consultations are paid from the available savings account/day-to-day benefits. Pathology preferred providers Ampath, Lancet, and PathCare Vermaak and GP networks for certain network plans may apply.

Your care **is our priority**

Back and neck treatment programme

Medihelp's back and neck treatment programme, provided 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 at Dis-Chem and Medipost

Read more about this programme: LifeSense

Your care is our priority

Post-hospitalisation Care Programme

Supporting your clients' recovery, every step of the way.

Medihelp's post-hospitalisation care initiative supports members for up to 30 days after release from hospital, offering follow-up consultations and related services to help them recover confidently and avoid the stress of readmission.

Recognising the challenges and uncertainties that come with recuperation, Medihelp assigns a dedicated care coordinator after members undergo certain procedures. The care coordinators provide personalised follow-ups, help members activate benefits, and guide recovery. They address concerns, give advice when needed, and ensure care follows proven clinical protocols.

This proactive support has already shown powerful results with fewer **30-day readmissions and shorter hospital stays** for those who are readmitted, making recovery smoother and less stressful.

Disease Management Programme

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

Compassionate Care Programme

Our palliative care programme, in partnership with the Association of Palliative Care Practitioners of South Africa (PALPRAC), offers comfort and support to members and families facing serious illness. This compassionate service is provided by a multidisciplinary team of doctors, nurses, and social workers, all trained to deliver personalised, holistic care that meets the physical, emotional, and social needs of those they serve.

Unlike traditional hospice care, which typically focuses on the end of life, 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.

Cancer 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 oncology@medihelp.co.za to register on the Medihelp Cancer Programme and get treatment authorisation.

They 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) and OHMC (Oncology Haematology Management Consortium) treatment protocols
- The **DSP specialists and DSP pharmacies** they can use

Cancer cover

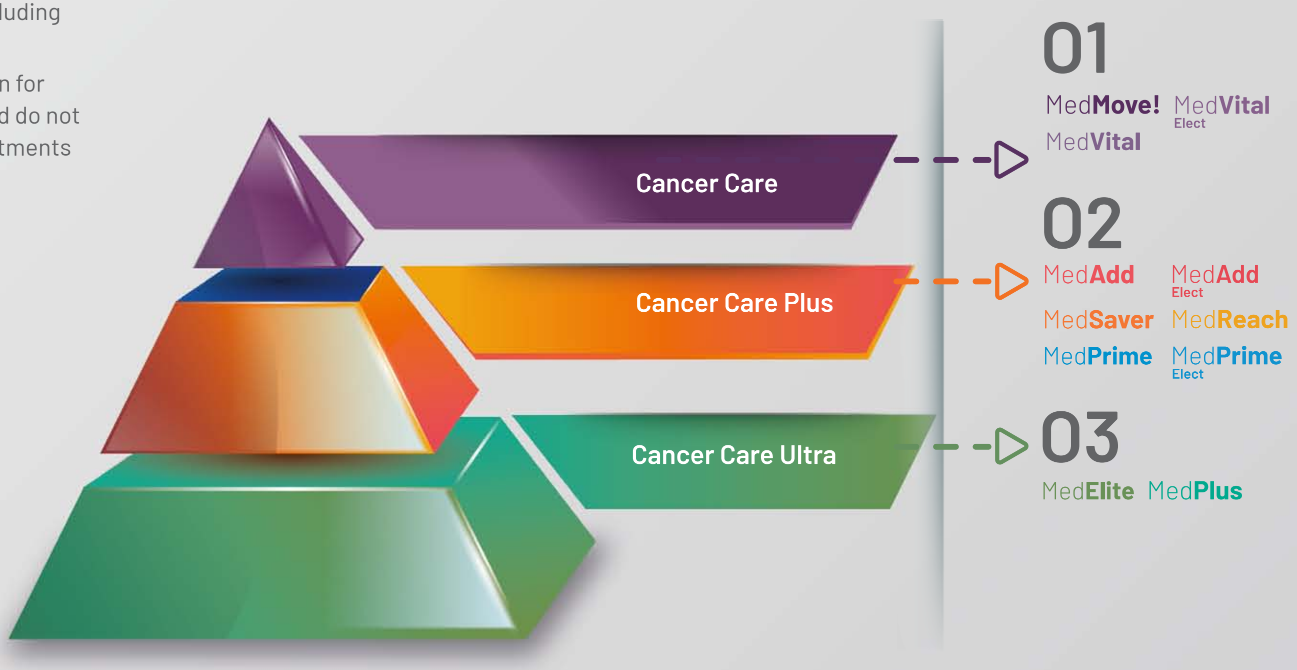
Benefits for cancer treatment are now structured into three treatment tiers, that are linked to specific benefit option plans.

- **Tier-based limits** apply, depending on your 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.

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.

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 39.**

Cancer Programme

PMB cancer treatment

Even though some cancers may be PMB conditions, not all treatments for those cancers qualify as PMB. 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, Scheme rules, tariffs, and clinical protocols.

Non-PMB cancer treatment

When cancer treatment is not classified as PMB, 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

From 2026, 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 R250 000 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 continues to pay up to 75% of treatment costs, subject to protocols and the overall cancer limit.

Avoiding co-payments

How members can avoid unnecessary co-payments:

- Ensure that the specialists' treatment plans align with the ICON or OHMC protocols for the member's specific Medihelp benefit 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 need to get their cancer medicine from one of our DSP networks:
  - o Dis-Chem Oncology: 010 003 8948 | oncology@dischem.co.za
  - o Medipost: 012 404 4430 | oncology@medipost.co.za | WhatsApp: 012 426 4655

The start of your **Parenting journey**

Free online health and wellness support

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

Maternity

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

MedVital and MedVital Elect

- Eight antenatal and postnatal midwife/GP/gynaecologist consultations
- One antenatal and postnatal consultations at a dietitian, lactation specialist, or antenatal classes
- Two 2D ultrasound scans

MedAdd - MedAdd Elect - MedSaver - MedReach
MedPrime - MedPrime Elect - MedElite - MedPlus

- Ten antenatal and postnatal midwife/GP/gynaecologist consultations
- Two antenatal and postnatal consultations at a dietitian, lactation specialist, or antenatal classes
- Nine months' antenatal iron and folic acid supplements (benefit limits apply per plan)
- Two 2D ultrasound scans

New for 2026 (all plans above): Newborn hearing screening (up to 8 weeks) extended to both in- and out-of-hospital settings, so your little one gets the best start in life.

Childbirth in hospital or home delivery

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

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

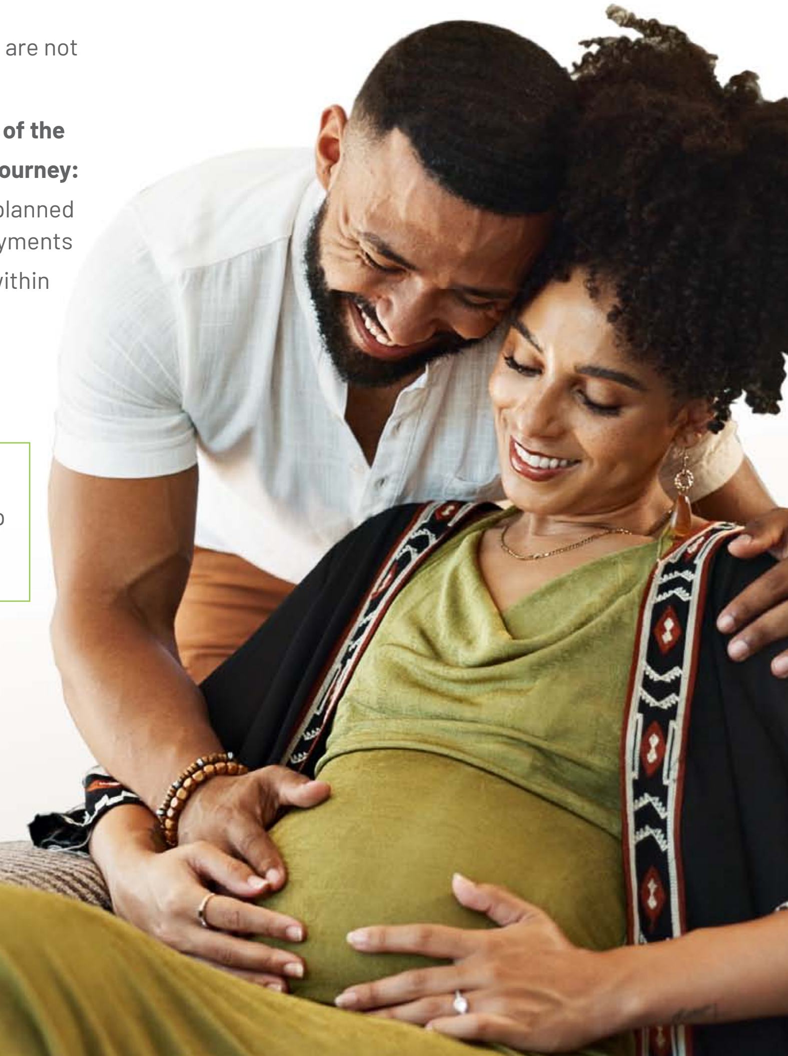
For your peace of mind, we'll send you reminders of the following if you are registered for our Parenting journey:

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

A gift for you

Once you are registered for the Parenting journey we'll send you a special gift to help celebrate the start of this new adventure.

parent sense™



Parenting journey continued

Congratulations on the latest addition to your family!

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

- 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

Babies and toddlers

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

- Two consultations at a paediatrician/GP/ear, nose, and throat specialist* for babies under two years
- Standard child immunisation for children up to seven years
- **MedSaver**
  Additional benefit of R2 600 per family for GP consultations, specialist visits, and medicine once savings have been depleted

Standard child immunisation – vaccination schedule

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

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)

	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
EVARS PROSTHESIS						
	100% of the MT R45 400 per beneficiary per year	100% of the MT R171 400 per beneficiary per year		100% of the cost PMB only	100% of the MT R171 400 per beneficiary per year	
VASCULAR/CARDIAC PROSTHESIS						
	100% of the MT R45 400 per beneficiary per year	R73 200 per beneficiary per year		100% of the cost PMB only	R73 200 per beneficiary per year	
HEALTH-ESSENTIAL FUNCTIONAL PROSTHESIS						
	R30 200 per beneficiary per year	R81 200 per beneficiary per year		100% of the cost PMB only	R81 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	**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	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 400 per lens	Two lenses per beneficiary per year, R5 500 per lens	Two lenses per beneficiary per year, R5 600 per lens		Two lenses per beneficiary per year, R5 650 per lens	Two lenses per beneficiary per year, R5 750 per lens
PROSTHESIS WITH RECONSTRUCTIVE OR RESTORATIVE SURGERY (IN AND OUT OF HOSPITAL)	This plan does not cover this service	R12 300 per family per year		100% of the cost PMB only	R12 300 per family per year	
IMPLANTABLE HEARING DEVICES (INCLUDING DEVICES AND COMPONENTS)						
In hospital	These plans do not cover this service				R315 900 per beneficiary per year for implant components	R341 300 per beneficiary per year for implant components
Out of hospital	These plans do not cover this service				R147 000 per beneficiary every five years for sound processor replacement	R168 000 per beneficiary every five years for sound processor replacement

- **MedElite:** Cover only if patients qualify in terms of Improved Clinical Pathway Services' (ICPS) clinical criteria and protocols (only hip and knee replacements). If not, a R25 700 benefit applies to hip, knee, and shoulder replacements for the hospital account and prosthesis components (combined), per admission. Call our Client Care centre on 086 0100 678 to get the contact number of the nearest ICPS provider.

External prostheses and medical appliances

<table>
<tr><th></th><th>MedVital</th><th>MedAdd</th><th>MedSaver</th><th>MedReach</th><th>MedPrime</th><th>MedElite</th></tr>
<tr><td>IN AND OUT OF HOSPITAL
Artificial eyes</td><td rowspan="5">This plan does not cover these services</td><td colspan="2" rowspan="5">100% of the MT
Savings account</td><td rowspan="3">This plan does not cover these services</td><td>100% of the MT
R5 950 per family per three-year cycle</td><td>100% of the MT
R10 200 per beneficiary per three-year cycle</td></tr>
<tr><td>Speech and hearing aids</td><td>100% of the MT
R5 950 per family per three-year cycle</td><td>100% of the MT
R10 200 per beneficiary per three-year cycle</td></tr>
<tr><td>Artificial limbs</td><td>100% of the MT
R5 950 per family per three-year cycle</td><td>100% of the MT
R8 100 per beneficiary per three-year cycle</td></tr>
<tr><td>Wheelchairs</td><td rowspan="2">100% of the MT
R1 200 per family per year
Shared with benefit for gluco-meters</td><td>100% of the MT
R5 950 per family per three-year cycle</td><td>100% of the MT
R8 140 per beneficiary per three-year cycle</td></tr>
<tr><td>Medical appliances</td><td rowspan="4">100% of the MT
R1 680 per family per year</td><td rowspan="5">100% of the MT
R1 890 per beneficiary per year</td></tr>
<tr><td>Hyperbaric oxygen treatment
Prescribed by a medical doctor
• In hospital</td><td rowspan="2">PMB only</td><td rowspan="2">100% of the MT
R920 per family per year</td><td>100% of the MT
R920 per family per year</td><td rowspan="2">PMB only</td></tr>
<tr><td>• Out of hospital</td><td rowspan="3">100% of the MT
Savings account</td></tr>
<tr><td>Glucometers (per five-year cycle)</td><td rowspan="2">This plan does not cover these services</td><td rowspan="2">100% of the MT
Savings account</td><td>100% of the MT
R1 200 per family per year
Shared with benefit for medical appliances and wheelchairs</td></tr>
<tr><td>Insulin pumps (per five-year cycle and subject to protocols)</td><td colspan="2">These plans do not cover this service</td></tr>
<tr><td>Stoma components
Incontinence products
supplies</td><td colspan="6">100% of the MT
Unlimited</td></tr>
<tr><td>Wigs (for alopecia totalis or cancer patients)</td><td rowspan="2">This plan does not cover these services</td><td colspan="2" rowspan="2">100% of the MT
Savings account</td><td rowspan="2">This plan does not cover these services</td><td colspan="2">These plans do not cover this service</td></tr>
<tr><td>CPAP apparatus
Prescribed by a medical doctor per two-year cycle</td><td colspan="2">100% of the MT
R12 495 per beneficiary per two-year cycle</td></tr>
</table>

- 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	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
	Subject to Opticlear protocols and pre-authorisation - 100% of the MT					
OPTOMETRY						
• Eye examination at an Opticlear network optometrist One composite consultation, including refraction test, tonometry, and visual field test	This plan does not cover these services	One composite examination per beneficiary per 24-month cycle	Savings account	One composite examination per beneficiary per 24-month cycle	One composite examination per beneficiary per 24-month cycle	One composite examination per beneficiary per 24-month cycle
• Eye examination at a non-network optometrist		R420 per beneficiary per 24-month cycle		R420 per beneficiary per 24-month cycle	R420 per beneficiary per 24-month cycle	R420 per beneficiary per 24-month cycle
• Spectacles or contact lenses • Spectacles • Frames and/or lens enhancements (at an Opticlear network optometrist)		R330 per beneficiary per 24-month cycle		R655 per beneficiary per 24-month cycle	R955 per beneficiary per 24-month cycle	R1 190 per beneficiary per 24-month cycle
• Frames and/or lens enhancements (at a non-network optometrist)		R245 per beneficiary per 24-month cycle		R490 per beneficiary per 24-month cycle	R715 per beneficiary per 24-month cycle	R890 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 at the cost of bifocal lenses) per beneficiary per 24-month cycle		Single vision or bifocal lenses (multifocal lenses paid at the cost of bifocal lenses) per beneficiary per 24-month cycle	Single vision or bifocal lenses (multi-focal lenses paid at the cost of bifocal lenses) per beneficiary per 24-month cycle	Single vision or bifocal per beneficiary per 24-month cycle R850 for multi-focal lenses per beneficiary per 24-month cycle
• Lenses at a non-network optometrist One pair of standard clear lenses		R225 for single vision lenses R480 for multi-focal/bifocal lenses per beneficiary per 24-month cycle		R225 for single vision lenses R480 for multi-focal/bifocal lenses per beneficiary per 24-month cycle	R225 for single vision lenses R480 for multi- focal/bifocal lenses per beneficiary per 24-month cycle	R225 for single vision lenses R480 for bifocal lenses R850 for multi-focal lenses per beneficiary per 24-month cycle
• Contact lenses (benefits at a network and non network optometrist)		R745 per beneficiary per 24-month cycle		R865 per beneficiary per 24-month cycle	R1 375 per beneficiary per 24-month cycle	R1 925 per beneficiary per 24-month cycle

Dentistry

<table>
<tr><th></th><th>MedVital</th><th>MedAdd</th><th>MedSaver</th><th>MedReach</th><th>MedPrime</th><th>MedElite</th></tr>
<tr><td>Specialised dentistry or dental services</td><td colspan="6">Subject to DRC protocols and pre-authorisation – 100% of the MT*</td></tr>
<tr><td>Partial metal frame dentures</td><td>This plan does not cover this service</td><td colspan="2">Savings account
Two partial frames (upper and lower jaw) per beneficiary in a five-year period</td><td>This plan does not cover this service</td><td>One partial frame (upper or lower jaw) per beneficiary in a five-year period</td><td>Two partial frames (upper and lower jaw) per beneficiary in a five-year period</td></tr>
<tr><td>Maxillofacial surgery and oral pathology:
Surgery in the dentist's chair
Benefits for temporomandibular joint (TMJ) therapy are limited to non-surgical interventions/ treatments)</td><td>PMB only</td><td rowspan="5">Savings account</td><td rowspan="5">Savings account</td><td>PMB only</td><td>Unlimited</td><td>Unlimited</td></tr>
<tr><td>Crowns and bridges
Subject to pre-authorisation</td><td rowspan="4">This plan does not cover these services</td><td rowspan="4">This plan does not cover these services</td><td>One crown per family per year, once per tooth in a five-year period</td><td>Two crowns per family per year, once per tooth in a five-year period</td></tr>
<tr><td>Implants
Subject to pre-authorisation</td><td>This plan does not cover this service</td><td>This plan does not cover this service</td></tr>
<tr><td>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</td><td>R11 715 per beneficiary per lifetime</td><td>R15 325 per beneficiary per lifetime</td></tr>
<tr><td>Periodontal treatment (conservative non-surgical therapy only)
Subject to pre-authorisation and a treatment plan</td><td>Unlimited</td><td>Unlimited</td></tr>
</table>

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

Dentistry

	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
Conservative dental services*	**Subject to DRC protocols – 100% of the MT****					
• Routine check-ups	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		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		Beneficiaries >5 and <13 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		
• 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
• 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
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
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, that 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

	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
Dental procedures under conscious **sedation** in the dentist's chair (sedation cost) Subject to pre-authorisation and managed care protocols	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)	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 facility (hospital and anaesthesia account) - network plans must make use of a day procedure network Pre-authorisation and protocols apply	R4 225 co-payment per admission			R2 330 co-payment per admission	R1 910 co-payment per admission	R1 155 co-payment per admission
• Removal of imacted teeth (third molars) (item codes 8941, 8943, 8945)	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
• 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
• Tooth exposure and impaction for approved orthodontic treatment (excl. third molars)		100% of the MT***	100% of the MT***	This plan does not cover these services	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

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

Dentistry

	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
Plastic dentures	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
X-rays • Intra-oral X-rays Pre-authorisation for more than six per year		100% of the MT Beneficiaries <18 years: Unlimited Beneficiaries >18 years: Savings account	Savings account	Four per beneficiary per year	Unlimited	Unlimited
• Extra-oral X-rays		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	

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	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.	R18 850 per admission	R13 700 per admission		R18 540 per admission	R11 845 per admission	R10 300 per admission
ENDOSCOPIC PROCEDURES Subject to protocols and pre-authorisation • Network plans: Day procedure network applies • Non-network plans: Day procedure facilities apply	R5 225 per admission All scopes* except arthroscopy (all except shoulder) that has a R7 780 co-payment	R5 150 per admission All scopes*		R5 460 per admission All scopes*	R4 225 per admission Only gastroscopy, colonoscopy, arthroscopy, and sigmoidoscopy	R2 730 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	R20 000 per family per year R2 600 per examination in and out of hospital	R22 000 per family per year R2 100 per examination in and out of hospital	R30 000 per family per year R2 000 per examination in and out of hospital	R22 000 per family per year R1 900 per examination in and out of hospital MRI and CT imaging	R35 000 per family per year R1 900 per examination in and out of hospital	R40 000 per family per year R1 500 per examination in and out of hospital
PROSTATECTOMY (CONVENTIONAL OR LAPAROSCOPIC) Subject to protocols, and pre-authorisation	R8 240 per admission**	R7 520 per admission	R7 520 per admission	R8 240 per admission	No co-payment	No co-payment
HYSTERECTOMY and ENDOMETRIAL ABLATION Subject to protocols, and pre-authorisation	R8 240 per admission	R7 520 per admission	R7 520 per admission	R8 240 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	R2 000 per admission Facet joint injections and varicose vein surgery - subject to PMB	No co-payment		R3 710 per admission	No co-payment	
INCISIONAL AND HAITUS HERNIA REPAIR Subject to protocols, and pre-authorisation				No co-payment		
Eyelid procedures	No co-payment on non cosmetic procedures (subject to pre-authorisation)***	No co-payment				
Carpal tunnel procedures	R3 500 per admission					
Shoulder procedures	R10 000 per admission					
Conjunctiva procedure	No co-payment					
ALL NON-PMB HOSPITAL ADMISSIONS	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): R4 945 co-payment per admission.

Co-payments

<table>
<tr><th></th><th>MedVital</th><th>MedAdd</th><th>MedSaver</th><th>MedReach</th><th>MedPrime</th><th>MedElite</th></tr>
<tr><td>DENTAL PROCEDURES PERFORMED UNDER GENERAL ANAESTHESIA IN DAY PROCEDURE FACILITIES (hospital and anaesthesia account) – network plans must make use of a day procedure network

Pre-authorisation and protocols apply</td><td>R4 225 co-payment per admission</td><td rowspan="5">R4 225 co-payment per admission</td><td rowspan="5">R4 225 co-payment per admission</td><td rowspan="2">R2 330 co-payment per admission</td><td rowspan="5">R1 910 co-payment per admission</td><td rowspan="5">R1 155 co-payment per admission</td></tr>
<tr><td>Removal of impacted teeth (third molars) (item codes 8941, 8943, 8945)</td><td rowspan="4">This plan does not cover these services</td></tr>
<tr><td>Extensive dental treatment for children younger than 7 years - once per beneficiary per 365-day period</td><td rowspan="3">This plan does not cover these services</td></tr>
<tr><td>Frenectomy (removal of oral tissue band) for children younger than 7 years</td></tr>
<tr><td>Tooth exposure and impaction for approved orthodontic treatment (excl. third molars</td></tr>
</table>

Co-payments

<table>
<tr><th>Description</th><th>MedVital</th><th>MedAdd</th><th>MedSaver</th><th>MedReach</th><th>MedPrime</th><th>MedElite</th></tr>
<tr><td>OPHTHALMOLOGICAL, DENTAL, EAR, NOSE, AND THROAT, AND ENDOSCOPIC PROCEDURES, REMOVAL OF SKIN LESIONS, CIRCUMCISIONS AND PROCEDURES AS AUTHORISED
Voluntarily obtained outside the day procedure network</td><td colspan="6">Network plans: A 35% co-payment if services are obtained outside the day procedure network
Non-network plans: A 35% co-payment if services are not obtained in a day procedure facility</td></tr>
<tr><td>MEDICINE ON PRESCRIPTION/ SELF-MEDICATION /OVER-THE-COUNTER MEDICINE (OTC)</td><td colspan="6">80% benefit applies to original medicine if no generic equivalent is available
70% benefit applies to original medicine if a generic equivalent is available</td></tr>
<tr><td>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)</td><td colspan="2">35% penalty co-payment</td><td>Not applicable</td><td>35% penalty co-payment</td><td>35% penalty co-payment</td><td rowspan="3">Not applicable</td></tr>
<tr><td>PMB chronic medicine obtained outside the formulary and/or not from the DSP</td><td colspan="2">60% co-payment on the benefit amount applies</td><td>Not applicable</td><td>30% co-payment for not using the DSP</td><td>60% co-payment on the benefit amount applies</td></tr>
<tr><td>Out-of-network GP and non-DSP consultations</td><td colspan="2">35% penalty co-payment on the benefit amount applies for MedVital Elect and MedAdd Elect</td><td>Not applicable</td><td>Out-of-network benefit applies**
35% co-payment on the benefit amount applies</td><td>35% penalty co-payment on the benefit amount applies for MedPrime Elect</td></tr>
<tr><td>Renal dialysis voluntarily obtained from non-DSP</td><td colspan="6">30% co-payment for not using the DSP</td></tr>
<tr><td>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</td><td colspan="3" rowspan="4">20% co-payment</td><td rowspan="2">20% co-payment</td><td colspan="2" rowspan="4">20% co-payment</td></tr>
<tr><td>Specialised dental services</td></tr>
<tr><td>Dental procedures under conscious sedation (sedation cost) in the dentist's chair</td><td rowspan="2">35% co-payment</td></tr>
<tr><td>Oxygen for out-of-hospital use</td></tr>
<tr><td>Emergency transport services</td><td colspan="6">50% co-payment if not pre-authorised</td></tr>
</table>

* MedReach: Outpatient emergency unit services, medicine, and services rendered by a non-network GP are paid at 80% of the MT, up to R1 470 for a member and R2 940 for a family per yeard.

** MedMove!: Out-of-network GP consultations R1 050 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****
- Emergency room facility fees (except MedMove!)
- Gender affirmation care
- Healthcare services rendered in hospital that should be done out of hospital or for which admission to hospital is not necessary
- Other medical services in hospital (e.g. physiotherapists and dieticians) without a referral from the attending doctor
- Large joint replacements and surgery**
- Physiotherapy services for the removal of wisdom teeth
- Refractive surgery***
- Rhizotomy***
- Travelling and accommodation costs, including meals

Medicines, consumables, and other products

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

Appliances

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

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

* Not applicable for MedPlus members

** Not applicable for MedPlus and MedElite members

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

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

Additional product-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**

Additional product-specific exclusions

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 (e.g. gastroscopy, colonoscopy, laparoscopy, cystoscopy and endoscopic, ear, nose and throat procedures, and examinations)
- 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
- 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 one routine check-up

Medicines, consumables, and other products

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

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).

Scan the QR codes
to read more about exclusions

MedMove!

MedVital

MedAdd

MedSaver

MedReach

MedPrime

MedElite

MedPlus

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

The **back treatment programme** is provided by Documenation Based Care (DBC), a global leader in funcational rehabilitation treatment protocols and equipment for musculoskeletal conditions. This programme offers a non-surgical, interdisciplinary approach to managing back and neck pain, with treatment tailored to each patient's needs and clinical diagnosis. Patients are assessed to determine eligibility, and completion of the progrmme is prerequisite for spinal column surgery. **MedMove!** beneficiaries do not qualify for the DBC programme.

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

The **care extender benefit** is an incentive benefit activated for making use of certain health screenings.

CDL – Chronic Disease List is a list of chronic diseases that should be covered in terms of prescribed minimum benefits.

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

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

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

Core benefits cover essential services such as hospitilisation and are usually included as insured benefits. Some benefits may have co-payments, treatment guidelines, network restrictions or limits.

Cost refers to PMB services that Medihelp pays in full, if the services qualify as PMB, are registered with Medihelp, and are provided by DSPs according to PMB treatment rules.

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

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

Day procedure network means the Medihelp network of facilities where patients undergo day procedures that do not require them to stay overnight. Members of MedMove! must have all day procedures in the Medihelp day procedure network to prevent a 35% co-payment.

Medihelp encourages members to use the day procedure network for all pre-authorised procedures. Certain day procedures, e.g. scopes, require the member to make an upfront payment, which differs per plan. All day procedures must be pre-authorised to prevent a 20% co-payment.

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

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

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

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

EVARS means endovascular aortic replacement surgery and is subject to clinical criteria met.

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

Explanation of terms

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

MHRP – The **Medihelp Reference Price** is applicable to all pre-authorised PMB medicine. The price is determined according to the most cost-effective treatment based on evidence-based principles. The MHRP will differ for the different plans and is subject to change (e.g. when new generic equivalents are introduced to the market). Please visit Medihelp's website at medihelp.co.za (the Member Zone for members) for the latest MHRP. Members are advised to consult their doctor when using PMB medicine to make sure they use medicine on the MHRP where possible and so prevent or reduce co-payments.

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

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

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

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

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

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

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

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

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

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

TTO – To take out refers to medicine dispensed and charged by the hospital at discharge, and is subject to a limit per admission.

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

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

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

Thrive! monthly e-newsletter

Our monthly 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.

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.

Integrated care and support programmes

Medihelp offers health support programmes to our members through the:

- Back and Neck Treatment Programme
- Cancer Programme
- HIV/Aids Programme
- Post-hospitalisation Care Programme
- Disease Management Programme
- Parenting journey
- Mental Health Programme
- Compassionate Care Programme

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, and Instagram.

Members doing it for **themselves**

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.

All you need to register is your membership number

What you 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
- Inform us when you travel abroad
- Register for and manage your health programmes

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
[https://toolbox.medihelp co.za/login]
to log and follow up on enquiries

Claims

You can submit and follow up on all your claims on the Member Zone
[https://toolbox.medihelp.co.za/login]

Membership and contributions enquiries

Client Care centre
Tel: 086 0100 678
Member Zone
[https://toolbox.medihelp.co.za/login]

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
[https://brokers.medihelp.co.za/login]

Health 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
[https://toolbox.medihelp.co.za/login]
under Pre-auths and networks
medicineapp@medihelp.co.za

Hospital authorisation
Member Zone
[https://toolbox.medihelp.co.za/login]
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
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:
[https://toolbox.medihelp.co.za/login]
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
[https://toolbox.medihelp.co.za/login]

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@opticsco.z

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 [https://toolbox.medihelp.co.za/login]

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.com
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 Adviser Zone for an updated guide or consult Medihelp's Rules for the latest information.

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