

necesse

2016



medihelp

medical scheme

contents

General disclaimers

This brochure is intended for marketing purposes and contains only a summary of Medihelp's benefits. On joining Medihelp, members receive a detailed information and benefit guide. 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.

We encourage you to seek financial advice about your healthcare cover by speaking to your financial adviser.

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why medihelp

The 3 reasons that will determine your choice



1 it's all about you

Everyone is unique, but the need to secure our wellness is something we all share. That is why Medihelp has individualised our approach to fulfilling your healthcare needs

10

flexible benefit options

A product range which differs in price & benefits

Engagement on social and digital channels



Options and value

to suit every stage of your life

Consistent service on online and offline service platforms



A member application with an electronic membership card

Videos

to explain complex processes



A dedicated call centre

A walk-in service offered at our 5 offices



A secured website to change & view your profile & benefits

2

a sound healthcare investment

Medihelp ticks all the boxes of a sound investment



110

years' experience and a solid reputation

One of only two schemes who have managed to up their service while the rest of the industry is on a downward trend – SACS i 2015



A solvency level

that has been consistently above the industry requirement

AA- rating

for our claims-paying ability, awarded by Global Credit Rating

One of the top five largest

open medical schemes in the industry

3

individualised value

We will secure your wellness no matter your income or where you stay



Peace of mind

- Unlimited cover for trauma and emergencies
- No overall annual limit on hospital cover
- A 30 days' post-hospital care benefit to help you recover
- Support and treatment programmes for a selection of specific illnesses



Comprehensive benefits provided in and out of hospital by a national network of private providers

122 network hospitals

1 428 network GPs

Tight budget

Premiums based on your earnings



An income-based option ideal for corporate groups and students

Preventive care



A menu of separate additional preventive care benefits

Health conscious



An individualised, free wellness programme that keeps track of all your health data

Get active



Join Medihelp's cycling/running club and get added discounts and value

Kids are grown up

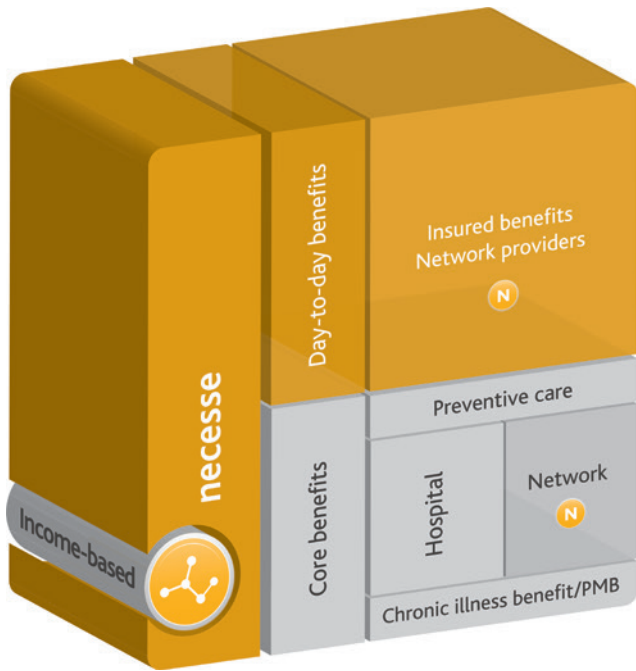


- Child dependant rates apply to children until they are 21 years old
- Full cover for students through a separate income category



Necesse

An income-based network option which provides access to a quality network of providers. It's the ideal option for full-time tertiary students and corporate clients.



Essential cover for chronic illnesses on the Chronic Diseases List and 270 listed prescribed minimum benefits



Comprehensive hospital cover in the Necesse hospital network



Cover for medical emergencies



Cover for specialised radiology



Cover for preventive care health assessment tests



Children pay child dependant rates until they are 21 years old

contributions

The contributions in this table are based on a family's composition. Late-joiner penalties or employer subsidies have not been taken into consideration. Please ask your accredited adviser for a more detailed quotation based on your information.

	Gross monthly income				
	Full-time students R0 – R400	R401 – R5 000	R5 001 – R7 000	R7 001 – R11 000	R11 001 and more
Principal member	R396	R1 266	R1 320	R1 494	R1 740
Dependant	R396	R1 002	R1 056	R1 164	R1 356
Child dependant < 21 years	R396	R540	R594	R654	R750
	R792	R2 268	R2 376	R2 658	R3 096
	R792	R1 806	R1 914	R2 148	R2 490
	R1 188	R2 346	R2 508	R2 802	R3 240
	R1 188	R2 808	R2 970	R3 312	R3 846
	R1 584	R3 348	R3 564	R3 966	R4 596

preventive care*

Our preventive care benefits are designed to enable you to pick up on and prevent potential health problems, keeping you healthy.



Health tests



One test per beneficiary per year requested by a Necesses network general practitioner:

- 1 blood glucose test (pathology: 4057)
- 1 cholesterol test (pathology: 4027)
- 1 pap smear (pathology: 4566)
- 1 mammogram for women > 40 years (radiology imaging: 3605/39175/34100/34101)
- 1 prostate test for men > 40 years (pathology: 4519)
- 1 bone density test for women > 50 years (radiology imaging: 3604/50120)

Immunisation



One immunisation per beneficiary per year requested by a Necesses network GP:

- 1 flu vaccine
- 1 tetanus vaccine

Back treatment programme



One Document-Based Care (DBC) back treatment programme per beneficiary per year at a DBC facility (Subject to protocols and pre-authorisation)

HealthPrint wellness programme



HealthPrint is an online wellness programme that displays the results of your health assessment tests on the site.

You can also:

- View, update and share your health information via the site
- Add your activity tracker and track your performance
- View your benefits used and check what healthcare benefits you have available
- Join the Medihelp MultiSport club for runners and cyclists and qualify for discounts on gear and events, and receive a free Medihelp sports bag
- Join the programme for pregnant women or for moms with young children and access a wealth of relevant health information and added value from selected HealthPrint partners.

Join HealthPrint in three easy steps:

- 1 Visit Medihelp's website
- 2 Click on the HealthPrint button
- 3 Complete your profile

essential cover

We offer 100% cover for 270 conditions and the following 26 chronic diseases treated by designated service providers and networks according to treatment protocols:

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

* Subject to available day-to-day benefits

core benefits

Core benefits include major medical benefits such as hospitalisation, post-hospital care, emergency benefits and home care as an alternative to hospitalisation.

Trauma

Description	Benefit
BENEFITS FOR TRAUMA THAT NECESSITATES HOSPITALISATION IN THE CASE OF: <ul style="list-style-type: none"> • Motor vehicle accidents • Stab wounds • Gunshot wounds • Head trauma • Burns • Near drowning Subject to authorisation, PMB protocols and case management	100% of the cost Unlimited
POST-EXPOSURE PROPHYLAXIS	

Essential cover

Description	Benefit
DIAGNOSIS, TREATMENT AND CARE COSTS OF 270 PMB AND 26 CHRONIC CONDITIONS ON THE CHRONIC DISEASES LIST (CDL) Subject to protocols, pre-authorisation and DSPs	100% of the cost Unlimited
ONCOLOGY* Subject to pre-authorisation, DSP (ICON), protocols and registration on the Medihelp Oncology Management Programme <ul style="list-style-type: none"> • Radiotherapy • Brachytherapy • Chemotherapy and associated adjuvant medicine (medicine subject to the MORP) • Bone marrow/stem cell transplants 	100% of the cost
HIV/AIDS (PMB ONLY) <ul style="list-style-type: none"> • Antiretroviral therapy and treatment by a DSP (OneHealth and Optipharm) 	100% of the cost
RENAL DIALYSIS (PMB ONLY) Subject to pre-authorisation and clinical protocols In and out of hospital <ul style="list-style-type: none"> • Acute dialysis • Chronic/peritoneal dialysis 	100% of the cost
PSYCHIATRIC TREATMENT OF A MENTAL HEALTH CONDITION (PMB ONLY) Subject to pre-authorisation, and services must be rendered in an approved hospital/facility and must be requested by a Necessé network GP or a specialist on referral by a network GP <ul style="list-style-type: none"> • Professional services rendered by a psychiatrist in and out of hospital • General ward accommodation • Medicine supplied during the period of treatment in the facility • Outpatient consultations 	100% of the cost
MAXILLOFACIAL SURGERY DUE TO TRAUMA-RELATED INJURIES (PMB ONLY) Subject to pre-authorisation and clinical protocols	100% of the cost

CDL	– Chronic Diseases List	ICON	– Independent Clinical Oncology Network
DSP	– Designated service provider	MORP	– Medihelp Oncology Reference Price
GP	– General practitioner	PMB	– Prescribed minimum benefits

* See explanation of terms for more information.

Description	Benefit
PROSTHESES (PMB ONLY) Subject to pre-authorisation, clinical and PMB protocols The member is liable for the difference in cost should PMB prostheses not be obtained from the DSP <ul style="list-style-type: none"> Internally implanted prosthesis <ul style="list-style-type: none"> EVARS prosthesis Vascular/cardiac prosthesis Health-essential functional prosthesis <ul style="list-style-type: none"> Intra-ocular lenses Prosthesis with reconstructive or restorative surgery External prostheses (in hospital), including breast prostheses (in and out of hospital) 	100% of the cost
MEDICAL, SURGICAL AND ORTHOPAEDIC APPLIANCES (PMB ONLY) Services in hospital and prescribed by a medical doctor <ul style="list-style-type: none"> CPAP apparatus 	100% of the cost R8 060 per family per year
ORGAN TRANSPLANTS (PMB ONLY) Subject to pre-authorisation and clinical protocols <ul style="list-style-type: none"> Cornea implants (PMB) 	100% of the cost Unlimited
	100% of the cost R7 950 per beneficiary in a 24-month cycle
	100% of the cost R23 350 per case per year

Emergency medical services (EMS)

Description	Benefit
EMERGENCY TRANSPORT SERVICES Provided and pre-authorised by ER24 Transport by road or air within the borders of South Africa Subject to pre-authorisation	100% of the MT
24-HOUR HELPLINE AND TRAUMA COUNSELLING (ER24)	Phone 084 124
EMERGENCY UNITS AND NON-NETWORK CONSULTATIONS <ul style="list-style-type: none"> PMB-related emergencies (see definition in "explanation of terms") 	100% of the MT
<ul style="list-style-type: none"> Outpatient emergency unit services and non-network consultations Medicine and services rendered by a non-network medical doctor 	80% of the MT M= R930 per year M+= R1 870 per year
<ul style="list-style-type: none"> Pathology requested by a medical doctor Pathology codes and DSP (Lancet/PathCare) apply 	100% of the MT
<ul style="list-style-type: none"> Facility fee and radiology 	This benefit is not covered by this option

core benefits

Description	Benefit
HOSPITALISATION IN A NETWORK HOSPITAL Subject to pre-authorisation, case management and clinical protocols <ul style="list-style-type: none"> Intensive care and high-care wards Ward accommodation Theatre fees Ward medicine Consultations, surgery and anaesthesia 	100% of the MT Unlimited
APPLICABLE PRESCRIPTION MEDICINE DISPENSED AND CHARGED BY THE HOSPITAL ON DISCHARGE FROM HOSPITAL (TTO) (Excluding chronic medicine)	100% of the MT R310 per admission
PHYSIOTHERAPY AND OCCUPATIONAL THERAPY In hospital	100% of the MT R8 060 per family per year

CPAP – Continuous positive airway pressure
 TTO – To take out (medicine)
 M – Member

MT – Medihelp tariff paid by Medihelp for benefits that can include a contracted tariff or the single exit price

core benefits

Description	Benefit
STANDARD RADIOLOGY, PATHOLOGY AND MEDICAL TECHNOLOGIST SERVICES In hospital Interventional procedures performed by a radiologist, including material Pathology codes and DSP (Lancet/PathCare) apply	100% of the MT R24 850 per family per year
SPECIALISED RADIOLOGY In and out of hospital Only services requested by a specialist on referral by a network GP and subject to clinical protocols <ul style="list-style-type: none"> • MRI and CT imaging (subject to pre-authorisation) • Angiography 	100% of the MT R13 400 per family per year
OXYGEN In hospital	100% of the MT
CLINICAL TECHNOLOGIST SERVICES In hospital	100% of the MT R18 150 per family per year
DENTAL PROCEDURES UNDER GENERAL ANAESTHESIA In a network hospital and prescribed by a Denis network dentist Subject to pre-authorisation and Denis managed care protocols	100% of the MT Only PMB services and extensive dental treatment for children younger than 5 years – once per lifetime
CONFINEMENT (childbirth) Subject to pre-authorisation and clinical protocols Non-PMB cases <ul style="list-style-type: none"> • Hospitalisation • Midwifery and confinement/delivery • Gynaecologist and anaesthetist services • Post-natal services 	100% of the MT R21 450 per confinement for an elective caesarean section
PMB cases Services rendered by a specialist on the Necessé specialist network, on referral by a network GP <ul style="list-style-type: none"> • Hospitalisation • Midwifery and confinement/delivery • Gynaecologist and anaesthetist services • Post-natal services 	100% of the cost Unlimited
HOME DELIVERY Subject to pre-authorisation and clinical protocols <ul style="list-style-type: none"> • Professional nursing fees • Equipment • Material and medicine 	100% of the MT R10 750 per event
SUB-ACUTE CARE AND PRIVATE NURSING SERVICES AS AN ALTERNATIVE TO HOSPITALISATION Subject to pre-authorisation, and services prescribed by a medical doctor (excluding general day-to-day care)	100% of the MT R18 126 per family per year

CT – Computerised tomography

MRI – Magnetic resonance imaging

MT – Medihelp tariff paid by Medihelp for benefits that can include a contracted tariff or the single exit price

PMB – Prescribed minimum benefits

day-to-day benefits

Description	Benefit
GP SERVICES WITHIN THE NECESSE NETWORK <ul style="list-style-type: none"> • Consultations • Medical and surgical services as well as anaesthesia • Material and discretionary medicine used during services 	100% of the MT 9 consultations per beneficiary per year
PREGNANCY <ul style="list-style-type: none"> • Pre- and post-natal care provided by a Necessé network GP 	
<ul style="list-style-type: none"> • Midwife services provided by a registered nursing practitioner for pre- and post-natal care, subject to pre-authorisation 	100% of the MT Unlimited
<ul style="list-style-type: none"> • Gynaecologist services Subject to referral by a Necessé network GP and pre-authorisation 	100% of the MT 2 consultations per beneficiary in addition to the specialist care benefit
<ul style="list-style-type: none"> • Sonars (2D) 	100% of the MT Two 2D sonars per beneficiary per year
SPECIALIST CARE Subject to referral by a Necessé network GP and pre-authorisation, which includes one follow-up consultation: <ul style="list-style-type: none"> • Specialist consultations • Surgical and non-surgical procedures • Diagnostic endoscopic procedures performed in the specialist's rooms • Standard pathology (at Lancet/PathCare) requested by a specialist • Interventional procedures performed by radiologists • Acute medicine administered and dispensed by a specialist • Acute medicine prescribed by a specialist and obtained from a network pharmacy 	100% of the MT M = R2 650 per year M+ = R3 710 per year
<ul style="list-style-type: none"> • Authorised PMB chronic medicine prescribed by a specialist on referral by a Necessé network GP – subject to pre-authorisation and obtained from a network pharmacy 	100% according to the Necessé PMB formulary
MEDICINE <ul style="list-style-type: none"> • Acute medicine <ul style="list-style-type: none"> • Dispensed by a dispensing Necessé network GP (included in the consultation fee) • Formulary medicine obtained from a network pharmacy and prescribed by a Necessé network GP or Denis network dentist 	100% of the MT
<ul style="list-style-type: none"> • Over-the-counter (OTC) medicine obtained from a network pharmacy 	100% of the MMAP R90 per event R250 per beneficiary per year
<ul style="list-style-type: none"> • Authorised PMB chronic medicine obtained from a network pharmacy Subject to pre-authorisation, protocols and formulary 	100% of the MHRP according to the Necessé PMB chronic medicine formulary Unlimited
PHYSIOTHERAPY AND OCCUPATIONAL THERAPY Out of hospital Must be requested by a Necessé network GP	100% of the MT M = R1 700 per year M+ = R2 650 per year
OXYGEN Out of hospital Prescribed by a Necessé GP or specialist on referral and subject to pre-authorisation and clinical protocols	100% of the MT
STANDARD RADIOLOGY (X-RAYS) Subject to Scheme-approved codes and referred by a Necessé network GP <ul style="list-style-type: none"> • Black and white X-rays and soft-tissue ultrasound scans only as per the Scheme's clinical protocols 	100% of the MT

MMAP – Maximum Medical Aid Price

MHRP – Medihelp Reference Price

OTC – Over the counter

M – Member

GP – General practitioner

day-to-day benefits

Description	Benefit
PATHOLOGY Subject to a list of pathology codes and tests only, done by Lancet/PathCare on request of a Necessé network GP	100% of the MT
OPTOMETRY Benefits are subject to pre-authorisation by PPN <ul style="list-style-type: none"> • Optometric examinations 1 composite consultation, including refraction test, tonometry and visual field test 	100% of the MT 1 composite examination per beneficiary per 24-month cycle
<ul style="list-style-type: none"> • Spectacles or contact lenses Benefits are limited to either spectacles or contact lenses: <ul style="list-style-type: none"> • Spectacles <ul style="list-style-type: none"> • Frames and/or lens enhancements • Lenses (one pair of standard clear Aquity lenses) 	R200 per beneficiary per 24-month cycle
<ul style="list-style-type: none"> • Contact lenses 	Single vision or bifocal or multifocal (paid at the cost of bifocal lenses) lenses per beneficiary per 24-month cycle
<ul style="list-style-type: none"> • Contact lenses 	R395 per beneficiary per 24-month cycle
DENTAL SERVICES Subject to Denis managed care protocols and services rendered by a Denis network dentist Conservative services <ul style="list-style-type: none"> • Routine check-ups 	100% of the MT 1 per beneficiary per year
<ul style="list-style-type: none"> • Fillings (X-rays and treatment plans may be requested for multiple fillings) 	100% of the MT 4 fillings per beneficiary, 1 filling per tooth in 365 days Amalgam fillings (item codes 8341/8342/8343/8344) and resin restorations in anterior teeth (item codes 8351/8352/8353/8354)
<ul style="list-style-type: none"> • Oral hygiene Only children younger than 16 years <ul style="list-style-type: none"> • 1 fluoride treatment per beneficiary per year for children from 5 - 16 years • Fissure sealants 	100% of the MT 1 polish (item code 8155) or 1 scale and polish (item code 8159) treatment per year
<ul style="list-style-type: none"> • Tooth extractions 	100% of the MT
<ul style="list-style-type: none"> • Root canal treatment in the dentist's chair 	100% of the MT 2 teeth per beneficiary per year
<ul style="list-style-type: none"> • Plastic dentures, including associated laboratory costs 	80% of the MT 1 set of plastic dentures (upper and lower jaw) per family (21 years and older) in a 2-year period
<ul style="list-style-type: none"> • Laughing gas (in the dentist's chair) 	100% of the MT
<ul style="list-style-type: none"> • Dental procedures under conscious sedation in the dentist's chair (sedation cost), subject to pre-authorisation 	100% of the MT Extensive dental treatment only
<ul style="list-style-type: none"> • X-rays <ul style="list-style-type: none"> • Intra-oral 	100% of the MT 4 per beneficiary per year
<ul style="list-style-type: none"> • X-rays <ul style="list-style-type: none"> • Extra-oral 	100% of the MT 1 per beneficiary in a 3-year period
<ul style="list-style-type: none"> • Medicine Only formulary medicine obtained from a network pharmacy and prescribed by a Denis network dentist 	100% of the MMAP according to the acute medicine/dental formularies

MMAP – Maximum Medical Aid Price

MT – Medihelp tariff paid by Medihelp for benefits that can include a contracted tariff or the single exit price

PPN – Preferred Provider Negotiators



Visiting the Necesses network service providers, following the correct pre-authorisation process, and using the Necesses formularies are just some of the ways in which you can manage or reduce out-of-pocket medical expenses.

Pre-authorisation, formularies and referrals are important

100% of the Medihelp tariff will apply if the following services or procedures are pre-authorised and/or patients are referred by a Necesses network general practitioner, protocols are followed and DSPs are used:

Pre-authorisation

- All planned hospital admissions in a Necesses network hospital (protocols and case management apply)
- Oxygen for out-of-hospital use (protocols and case management apply)
- Extensive dental treatment under general anaesthesia for children younger than 5 years – once per lifetime (Denis managed care protocols and PMB apply)
- Dental procedures under conscious sedation in the dentist's chair (extensive dental treatment only)
- Midwife services, pre-and post-natal care
- Referrals to gynaecologists by a Necesses network GP
- Specialist care, subject to referral by a Necesses network GP
- Oncology at ICON (PMB)
- PMB chronic medicine

Should these services not be pre-authorised or the correct procedures not be followed, an 80% benefit will apply or you may be responsible for the account.

Emergency services

Emergency transport services (ER24) by road and air in the RSA must be pre-authorised to qualify for the applicable benefit. If not pre-authorised, a 50% benefit will apply, except in the case of emergency medical conditions.

Formularies (acute, dental and PMB medicine)

100% of the MT will apply when using the Necesses formularies. If you deviate from the Necesses formularies, you will be responsible for the payment.

Pathology and radiology lists

100% of the MT according to scheme-approved list of codes, as well as DSP (Lancet/PathCare) in the case of pathology. If you receive services not included on the lists or do not use Lancet or PathCare, you will be responsible for payment.

Referrals

100% of the MT will apply if you are referred to a specialist by your Necesses network GP. If you refer yourself an 80% benefit will apply.

Use of network providers

100% of the MT will apply when using the network providers. Should you choose not to use a network provider,

- A 65% benefit will be applicable for non-network hospital visits, and
- You will be liable for payment of other providers' services.



Necesse private hospital network

You have access to 122 private hospitals and day clinics countrywide. Before you select the Necesse option, please ensure that there is a network hospital near you that will provide in your specific healthcare needs.

Specialist services

Certain specialists only admit patients to the hospital where they have their consultation rooms, so you'll have to make sure that the specialists you need are at these network hospitals. A specialist network for PMB services also applies for the Necesse option, so ensure that you use their services to prevent deductibles.



Our website lists all the network hospitals and specialists. Visit www.medihelp.co.za.



Dial *120*6364# on your cell phone, or download our **Medihelp member app**, which is available on these devices:



iOS

Android

Windows

Limpopo

City/town	Name	Practice No
Bela Bela	St Vincent's Hospital	5706548
Lephalale	Marapong Private Hospital	5708125
Makhado	Zoutpansberg Private Hospital	253871
Polokwane	Mediclinic Limpopo Hospital	5808189
Polokwane	Mediclinic Limpopo Day Clinic	0603120
Thabazimbi	Mediclinic Thabazimbi	5709202
Tzaneen	Mediclinic Tzaneen	132454

Free State

City/town	Name	Practice No
Bethlehem	Mediclinic Hoogland	5808707
Bloemfontein	Mediclinic Bloemfontein	5808154
Kroonstad	Koinonia Theatre (Dr LJ van Wyk) (dental procedures only)	7600658
Kroonstad	Kroon Hospital	5808383
Welkom	Mediclinic Welkom	5808758

KwaZulu-Natal

City/town	Name	Practice No
Amanzimtoti	Kingsway Hospital	5808200
Ballito	Alberlito Hospital	250562
Durban	Chatsmed Garden Hospital	5808219
Durban	Bluff Medical & Dental Centre	7700687
Durban	St Augustine's Hospital	5802563
Durban	Pinetown Medicross Theatre	7700954
Durban	Parklands Hospital	5802466
Empangeni	Empangeni Garden Clinic	5708494
Howick	Mediclinic Howick	122092
Kokstad	Kokstad Private Hospital	174602
Margate	Margate Private Hospital	5808529
Newcastle	Mediclinic Newcastle	5808871
Nongoma	Nongoma Private Hospital	147362
Pietermaritzburg	Mediclinic Pietermaritzburg	5808073
Pinetown	Malvern Medical & Dental Centre	7700695
Pongola	Pongola Hospital	5707803
Port Shepstone	Hibiscus Hospital	5808901
Richards Bay	The Bay Hospital	5808472
Shelly Beach	Shelly Beach Day Clinic	380059
Tongaat	Victoria Hospital	5708567
Umhlanga	Umhlanga Hospital	5808936

Mpumalanga

City/town	Name	Practice No
Barberton	Mediclinic Barberton	5709148
eMalahleni	eMalahleni Private Hospital	413615
eMalahleni	eMalahleni Day Hospital	7700520
Ermelo	Mediclinic Ermelo	5808863
Kriel	Kriel Clinic Trust	7700229
Middelburg	Middelburg Private Hospital	5808243
Nelspruit	Mediclinic Nelspruit	5808340
Secunda	Mediclinic Secunda	540110
Trichardt	Mediclinic Highveld	5807956

North West

City/town	Name	Practice No
Brits	Mediclinic Brits	5808723
Klerksdorp	Wilmed Park Private Hospital	5808812
Klerksdorp	Sunningdale Hospital	5706696
Marikana	Andrew Saffy Memorial Hospital	78468
Potchefstroom	Mediclinic Potchefstroom	5808057
Rustenburg	Peglerae Hospital	5808359
Rustenburg	Ferncrest Hospital	5808391
Vryburg	Vryburg Private Hospital	5808553

Gauteng

City/town	Name	Practice No
Alberton	Clinton Clinic	5708877
Alberton	Union Hospital	5804981
Benoni	Lakeview Hospital (dental procedures only)	5709121
Benoni	Linmed Hospital	5808588
Boksburg	Boksburg Medical & Dental Centre (dental procedures only)	7700741
Boksburg	Sunward Park Hospital	5808227
Bronkhorstspuit	Bronkhorstspuit Hospital	5808561
Heidelberg	Suikerbosrand Clinic (maternity & neonatal only)	5808987
Johannesburg	Garden City Clinic (maternity & neonatal only)	5805988
Johannesburg	Mediclinic Morningside	5807824
Johannesburg	Mediclinic Sandton	5805139
Johannesburg	Mulbarton Hospital	5808278
Johannesburg	Parklane Clinic (maternity & neonatal only)	5803004
Johannesburg	Rand Clinic	5804620
Johannesburg	Wits University Donald Gordon Medical Centre	5806682
Kempton Park	Birchmed Surgical Centre (dental procedures only)	7700504
Krugersdorp	Krugersdorp Private Hospital	5808111
Krugersdorp	Protea Clinic	7700369
Krugersdorp	Pine Haven Hospital	-
Midrand	Netcare Waterfall City Hospital	426024
Midstream	Mediclinic Midstream	0579068
Pretoria	Akasia Hospital	5808618
Pretoria	Bougainville Private Hospital	5808952
Pretoria	Little Company of Mary (oncology only)	5804043
Pretoria	Mediclinic Gynaecological Hospital	5703638
Pretoria	Mediclinic Heart Hospital	5808634
Pretoria	Mediclinic Kloof	120928
Pretoria	Mediclinic Legae	5808499
Pretoria	Mediclinic Medforum	5807867
Pretoria	Mediclinic Muelmed	5808065
Pretoria	Montana Private Hospital	5809002
Pretoria	Medkin Clinic (dental procedures only)	7700121
Pretoria	Pretoria North Day Clinic (dental procedures only)	7700156
Soweto/Lenasia	Lenmed Clinic	5808324
Soweto/Lenasia	Lenmed Daxina Private Hospital	490296
Springs	East Rand N17 Private Hospital	5809029
Vanderbijlpark	Mediclinic Emfuleni	5808375
Vanderbijlpark	PJ Schutte Theatre Unit (dental procedures only)	7600534
Vereeniging	Mediclinic Vereeniging	5808081

Northern Cape

City/town	Name	Practice No
Kathu	Mediclinic Kathu	5706009
Kimberley	Mediclinic Kimberley	5808049
Upington	Mediclinic Upington	5808804

Western Cape

City/town	Name	Practice No
Atlantis	Wesfleur Private Clinic	7700814
Cape Town	Mediclinic Cape Gate	366714
Cape Town	Mediclinic Cape Town	5808995
Cape Town	Mediclinic Constantiaberg	5807999
Cape Town	Mediclinic Durbanville	5808766
Cape Town	Mediclinic Louis Leipoldt	5806860
Cape Town	Mediclinic Milnerton	5808669
Cape Town	Mediclinic Panorama	5807913
Cape Town	Gatesville Medical Centre	5808103
Ceres	Ceres Private Hospital	5709032
George	Mediclinic Geneva	5709059
George	Mediclinic George	5807905
Hermanus	Mediclinic Hermanus	5709091
Knysna	Knysna Private Hospital	5808960
Mossel Bay	Bayview Hospital	5808790
Oudtshoorn	Mediclinic Klein Karoo	5808928
Paarl	Mediclinic Paarl	5808251
Plettenberg Bay	Mediclinic Plettenberg Bay	283207
Somerset West	Mediclinic Vergelegen	5808030
Stellenbosch	Mediclinic Stellenbosch	5808405
Strand	Mediclinic Strand	5709075
Vredenburg	West Coast Private Hospital	5808979
Worcester	Mediclinic Worcester	5808006

Eastern Cape

City/town	Name	Practice No
East London	Life Beacon Bay Hospital	357669
Grahamstown	Settlers Hospital	348090
Humansdorp	Isivivana Private Hospital (maternity & neonatal only)	168386
Port Alfred	Port Alfred Hospital	328871
Port Elizabeth	Greenacres Hospital	5807875
Port Elizabeth	Medical Forum Theatre	7700873
Queenstown	Life Queenstown Private Hospital	5709156
Uitenhage	Cuyler Clinic	5808642

Medihelp may change the information contained in this document from time to time and will publish any changes on our website at www.medihelp.co.za.

our healthcare partners

Essential information about our healthcare partners

We partner with preferred providers and networks to give you access to affordable, quality care.



Dental Information Systems (Denis)

Dental Information Systems (Denis) is South Africa's leading dental benefit management company. Necessa members must obtain services in the Denis network. In certain cases (particularly for specialised dentistry), benefits are subject to prior approval by Denis. Benefits are managed by Denis and granted in accordance with Denis protocols.



Medihelp Preferred Pharmacy Network

Medihelp's Preferred Pharmacy Network consists of more than 1 700 pharmacies who offer Medihelp members the most cost-effective professional fee structure for prescribed medicine. This means that members who visit network pharmacies will not have to pay any excess amounts for higher professional fees which non-network pharmacies charge to dispense medicine items.



OneHealth and Optipharm

OneHealth and Optipharm are Medihelp's partners in offering HIV/Aids-related services, as well as post-exposure prophylaxis in the case of sexual assault or accidental exposure to HIV.



PPN

The Preferred Provider Negotiators (PPN) provide Medihelp's optical benefits in partnership with more than 2 000 optometrists across South Africa. Medihelp members may visit any optometrist and benefits are paid according to PPN tariffs.



Specialist network

A specialist network effectively manages any specialist care that you may require, especially for PMB services, while reducing your out-of-pocket expenses. A specific specialist network also ensures streamlined care between the specialist and the network hospital. Find a Necessa network specialist by visiting www.medihelp.co.za.



ER 24

ER24 is our partner in providing emergency medical services, including emergency medical transport, emergency assistance and trauma counselling.



ICON

ICON is the Independent Clinical Oncology Network to which more than 80% of the country's oncologists belong. They provide the highest quality cancer care through a countrywide footprint of high-tech chemotherapy and radiotherapy facilities. ICON is Medihelp's designated service provider for oncology treatment.



DBC

Medihelp's back treatment programme is offered in co-operation with Document-Based Care (DBC). Each programme is developed by a multidisciplinary medical team according to the individual's clinical profile.

explanation of terms

Chronic medicine is medicine used for the long-term treatment (three months or longer) of a chronic condition, and which meets the following requirements –

- It must be used to prevent and treat a serious medical condition;
- It must be used for an uninterrupted period of three months or longer;
- It must be used to sustain life, to delay the progress of a disease, and to repair natural physiology;
- It must be registered in South Africa for the treatment of the medical condition for which it is prescribed; and
- It must be the accepted treatment according to local and international treatment protocols and algorithms.

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

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 services.

Deductibles 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. Members must make payments 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% or where the cost exceeds the limit available for the service; and
- When the member chooses not to obtain services from a designated service provider (e.g. the ICON network in the case of oncology) or when a pre-determined deductible is applicable to a specific benefit.

An **emergency medical condition** means any sudden and unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide such treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy. An emergency medical condition must be certified as such by a medical practitioner. Emergencies qualify for PMB and must therefore also be registered for PMB (see also "PMB").

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

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, standard radiology and pathology, physiotherapy and other supplementary services rendered during hospitalisation. Hospital benefits are subject to pre-authorisation and an 80% benefit will be applicable to the hospital account if the admission is not pre-authorised. Emergency admissions must be registered on the first workday following the admission (see also "emergency medical condition").

The **Maximum Medical Aid Price (MMAP)** 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.

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

Medihelp tariff refers to the tariff paid by Medihelp for different medical services, and can include for example 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 benefit options offer benefits to members in collaboration with a medical provider network. Members must make use of the network to qualify for benefits and prevent deductibles. Visit www.medihelp.co.za to see which providers form part of the Necesses network.

Oncology: 96% of all oncology cases qualify for prescribed minimum benefits (PMB), which Medihelp will cover at 100% of the cost in terms of the Act, provided that oncology is rendered by oncologists within the Independent Clinical Oncology Network (ICON) according to their protocols. Oncology outside ICON or that deviates from the protocols is subject to deductibles. Should oncology not qualify for PMB, members will be allowed to upgrade to the Medihelp Plus benefit option (conditions apply).

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

Prescribed minimum benefits (PMB) are paid for 26 chronic conditions on the CDL and 270 diagnoses with their treatments as published in the Regulations of the Medical Schemes Act, 1998 (Act No 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. PMB are subject to pre-authorization, protocols, and the utilisation of designated service providers, where applicable, e.g. the ICON network for cancer treatment. Benefits for PMB services are first funded from the related day-to-day benefits.

Protocols are clinical guidelines compiled by experts in the field of a specific medical condition for the treatment of that condition based on best practice principles.

summary of exclusions

A complete list of all services excluded from benefits is available in Medihelp's Rules. The following are examples of what we consider to be excluded from benefits:

- Services which are not mentioned in the Rules as well as services which in the opinion of the Board of Trustees, are not aimed at the generally accepted medical treatment of an actual or a suspected medical condition or handicap, which is harmful or threatening to necessary bodily functions (the process of ageing is not considered to be a suspected medical condition or handicap).
- Travelling and accommodation/lodging costs, including meals as well as administration costs of a beneficiary and/or service provider.
- Operations, treatments and procedures – of own choice; for cosmetic purposes; and for the treatment of obesity, with the exception of the treatment of obesity which is motivated by a medical specialist as life-threatening and approved beforehand by Medihelp.
- Treatment of wilfully self-inflicted injuries, unless it is a prescribed minimum benefit.
- Services which are claimable from the Compensation Commissioner, an employer or any other party, subject to the stipulations of rule 15.4.
- Costs exceeding the Medihelp tariff for a service or the maximum benefit to which a member is entitled, subject to PMB.
- Appointments not kept.
- The treatment of infertility, other than that stipulated in the Regulations to the Medical Schemes Act, 1998.
- Treatment of alcoholism and drug abuse as well as services rendered by institutions which are registered in terms of the Prevention of and Treatment for Substance Abuse Act, 2008 (Act No 70 of 2008) or other institutions whose services are of a similar nature, other than stipulated in the Regulations to the Medical Schemes Act, 1998.
- The cost of transport with an ambulance/emergency vehicle from a hospital/other institution to a residence.
- Emergency room facility fees.
- Laparoscopic appendectomy.

Please also refer to Medihelp's Rules for the medical conditions, procedures and services, appliances, medicines, consumables and other products that are excluded from benefits.

contact us

Medihelp

Medihelp call centre

Tel: 086 0100 678
Fax: 012 336 9540
www.medihelp.co.za

Application forms (new business)

newbusiness@medihelp.co.za

Membership enquiries

membership@medihelp.co.za

E-services

Access the member site via www.medihelp.co.za
Download the member app in iStore/Playstore

Submission of claims

claims@medihelp.co.za

Hospital admissions

(All hospital admissions must be pre-authorized)

Electronic pre-authorisations:
www.medihelp.co.za (member site)
Tel: 086 0200 678
Fax: 012 336 9535
hospitalauth@medihelp.co.za

Chronic and PMB medicine and more than 30 days' medicine supply

Tel: 086 0100 678
Fax: 012 334 2466 (chronic and PMB medicine)
Fax: 012 334 2425 (more than 30 days' supply)
medicineapp@medihelp.co.za

Prescribed minimum benefits (PMB)

Tel: 086 0100 678
Fax: 086 0064 762
pmb@medihelp.co.za

MRI and CT scans

Tel: 086 0200 678

Oncology

Tel: 086 0100 678
Fax: 086 0064 762
oncology@medihelp.co.za

Private nursing, hospice and sub-acute care facilities

Tel: 086 0100 678
Fax: 012 336 9523
hmanagement@medihelp.co.za

Chronic renal dialysis & oxygen administered at home

Tel: 086 0100 678
Fax: 012 336 9540
preauth@medihelp.co.za

Medihelp Customer Care Centre

Tel: 086 0100 678
Fax: 012 336 9540
enquiries@medihelp.co.za

Medihelp fraudline

Tel: 012 334 2428
Fax: 012 336 9538
fraud@medihelp.co.za

Regional offices

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0007

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Bloemfontein
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66 Ring Road
Greenacres
Port Elizabeth
6057

Cape Town

Office Block 4
De Tijger Office Park
Cnr Hannes Louw & McIntyre Road
Parow
7500

Durban

Groundfloor Unit 1
Sasfin House
7 The Boulevard Street
Westway Office Park
Westville
Durban

Partners

ER 24

Tel: 084 124

Denis (dentistry services)

Tel: 086 0104 941
Fax: 086 6770 336
medihelpenq@denis.co.za
www.denis.co.za

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

Tel: 086 014 3258
Emergencies: 071 786 4520
Fax: 086 644 4945
medihelp@onehealth.co.za

PPN (Optometry)

Tel: 086 0103 529 or 086 1101 477
www.ppn.co.za

Council for Medical Schemes

Tel: 086 1123 267
complaints@medicalschemes.com
www.medicalschemes.com



086 0100 678
www.medihelp.co.za

Medihelp is an authorised financial services provider (FSP No 15738)
Administered by Strata Healthcare Management (Pty) Ltd. (Reg No 2003/008154/07) (FSP No 45722)



medihelp
medical scheme