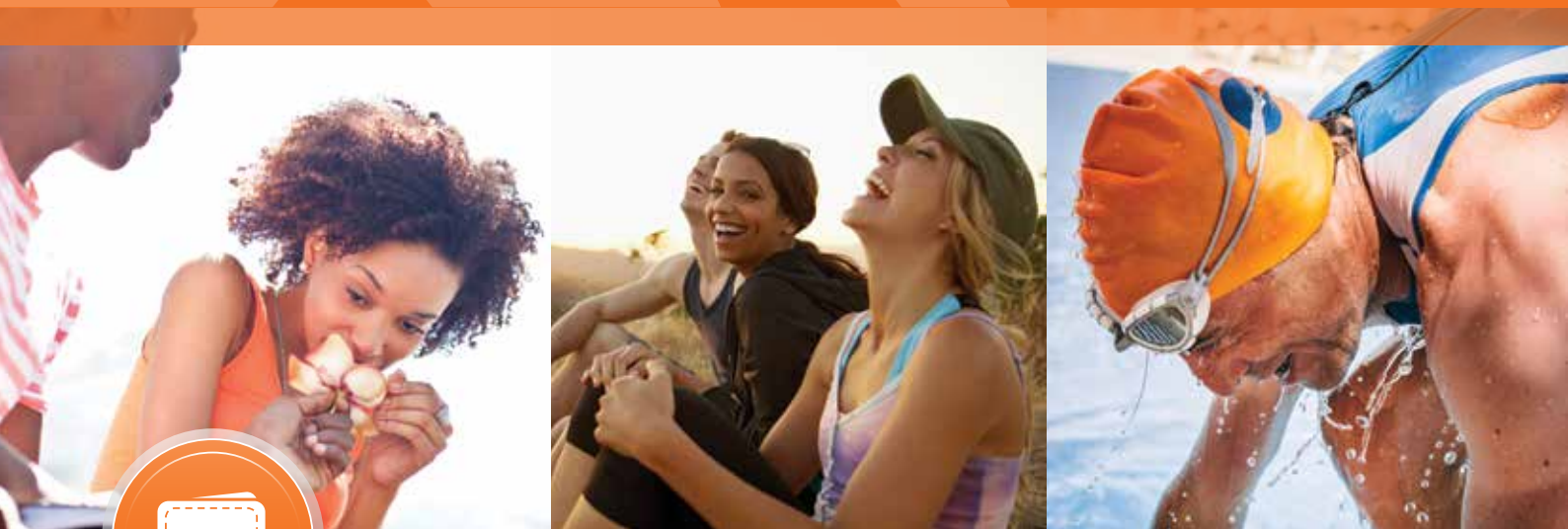


unify

2016



medihelp
medical scheme

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why medihelp



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 app 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 and 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



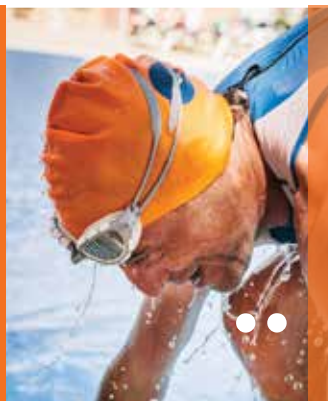
A solvency level that has been consistently above the industry requirement

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

Regardless of your income and profile, we have an option to secure your wellness



Peace of mind

- A 25% medical savings account that you control
- A 30 days' post-hospital care benefit to help you recover
- Unlimited cover for trauma and emergencies
- No overall annual limit on hospital cover



Flexibility

You change to another option if your needs change (conditions apply)

Preventive care



A separate preventive care benefit

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 until kids are 26 years old
- Ask your adviser about the option specifically for full-time students

Unify

This is an ideal option for those who are young, enjoy good health and want to provide for sudden illness with an essential hospital plan and a savings account that allows control over day-to-day medical expenses and accumulates funds not used.



- A high savings account (25%) to cover your day-to-day healthcare needs
- Essential cover for chronic illnesses on the Chronic Diseases List and 270 listed prescribed minimum benefits
- Comprehensive hospital cover in the hospital of your choice
- Cover for medical emergencies
- Specialised radiology benefits
- Preventive care health assessment tests

contributions

This table provides a guideline for contributions based on your family's composition. Children pay child dependant rates until they are 26 years old.

A credit facility equalling the monthly contribution to the personal medical saving account multiplied by 12 months, will be available at the beginning of each financial year. If you join Medihelp after January, your savings amount will be calculated based on the remaining months in the year.

Please note that late-joiner penalties and employer subsidies were not taken into consideration. Please obtain a detailed quotation from your accredited adviser based on your information.

		Contribution per month	Annual savings amount
Principal member		R1 752 (R438 savings contribution included per month)	Annual savings amount R5 256
Dependant		R1 440 (R360 savings contribution included per month)	Annual savings amount R4 320
Child dependant <26 years		R528 (R132 savings contribution included per month)	Annual savings amount R1 584
		R3 192 (R798 savings contribution included per month)	Annual savings amount R9 576
		R2 280 (R570 savings contribution included per month)	Annual savings amount R6 840
		R2 808 (R702 savings contribution included per month)	Annual savings amount R8 424
		R3 720 (R930 savings contribution included per month)	Annual savings amount R11 160
		R4 248 (R1 062 savings contribution included per month)	Annual savings amount R12 744
		R4 776 (R1 194 savings contribution included per month)	Annual savings amount R14 328

preventive care

Our preventive care benefits are designed to enable you to pick up on potential health problems, keeping you healthy and enhancing your available day-to-day benefits.



Health tests*



One combo test per beneficiary per year (blood glucose, cholesterol, BMI and blood pressure measurement) or individual blood glucose and/or cholesterol tests (only at Clicks and Dis-Chem pharmacy clinics)

Back treatment programme



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

* These benefits are not available if you have been registered for a chronic/PMB condition as it is no longer considered as preventive care.

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

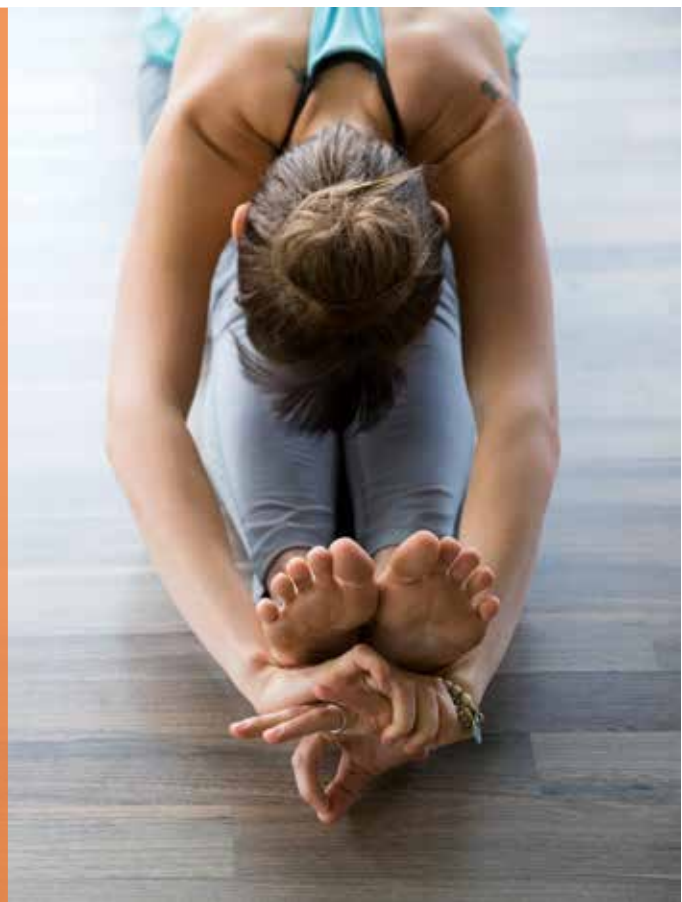
essential cover

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
2. Asthma
3. Bipolar mood disorder
4. Bronchiectasis
5. Cardiac failure
6. Cardiomyopathy
7. Chronic obstructive pulmonary disease (COPD)
8. Chronic renal disease
9. Coronary artery disease
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
19. Hypertension
20. Hypothyroidism
21. Multiple sclerosis
22. Parkinson's disease
23. Rheumatoid arthritis
24. Schizophrenia
25. Systemic lupus erythematosus (SLE)
26. Ulcerative colitis

benefits



Core benefits | Internally implanted prostheses | Day-to-day benefits | Deductibles

core benefits

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

	Description	Benefit
EC	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
Trauma	BENEFITS FOR MAJOR 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 POST-EXPOSURE PROPHYLAXIS	100% of the cost Unlimited
EMS	EMERGENCY TRANSPORT SERVICES (ER24) RSA, Lesotho, Swaziland, Mozambique, Namibia and Botswana Subject to pre-authorisation In beneficiary's country of residence <ul style="list-style-type: none"> • Transport by road • Transport by air Outside beneficiary's country of residence <ul style="list-style-type: none"> • Transport by road • Transport by air 	100% of the MT Unlimited 100% of the MT R1 700 per case 100% of the MT R11 150 per case
	24-HOUR HELPLINE AND TRAUMA COUNSELLING (ER24)	Phone 084 124

core benefits

Description	Benefit
HOSPITALISATION (state and private hospitals and day clinics) Subject to pre-authorisation, protocols and case management <ul style="list-style-type: none"> • Intensive and high-care wards • Ward accommodation • Theatre fees • Treatment and ward medicine • Consultations, surgery and anaesthesia 	100% of the MT Unlimited
POST-HOSPITAL CARE Up to 30 days after discharge from a private hospital <ul style="list-style-type: none"> • Speech therapy • Occupational therapy • Physiotherapy 	100% of the MT M = R1 590 per year M+ = R2 120 per year
CONFINEMENT (childbirth) Subject to pre-authorisation, protocols and case management	100% of the MT Unlimited
HOME DELIVERY Subject to pre-authorisation <ul style="list-style-type: none"> • Professional nursing fees • Equipment • Material and medicine 	100% of the MT R10 750 per event

core benefits

Description	Benefit
STANDARD RADIOLOGY, PATHOLOGY AND MEDICAL TECHNOLOGIST SERVICES In hospital Subject to clinical protocols	100% of the MT Unlimited
SPECIALISED RADIOLOGY In and out of hospital On request of a specialist and subject to clinical protocols <ul style="list-style-type: none"> • MRI and CT imaging (subject to pre-authorisation) • Angiography 	100% of the MT R17 500 per family per year
ORGAN TRANSPLANTS Subject to pre-authorisation and clinical protocols PMB only	100% of the cost State facilities only
PHYSIOTHERAPY, OCCUPATIONAL AND SPEECH THERAPY, DIETICIAN SERVICES, AUDIOMETRY, PODIATRY, MASSAGE, ORTHOPTIC, CHIROPRACTIC, HOMEOPATHIC, HERBAL AND NATUROPATHIC, OSTEOPATHIC AND BIODYNAMIC SERVICES In hospital	100% of the MT Unlimited
OXYGEN Subject to pre-authorisation and clinical protocols In hospital	100% of the MT Unlimited
Hyperbaric oxygen treatment In hospital	R530 per family per year
NEUROSTIMULATORS Subject to pre-authorisation and clinical protocols <ul style="list-style-type: none"> • Device and components 	100% of the MT R90 350 per beneficiary per year
RENAL DIALYSIS PMB only In and out of hospital Subject to pre-authorisation and clinical protocols	100% of the cost State facilities only
APPLICABLE PRESCRIPTION MEDICINE DISPENSED AND CHARGED BY THE HOSPITAL ON DISCHARGE FROM THE HOSPITAL (TTO) (Chronic medicine not included)	100% of the MT Savings account
PSYCHIATRIC TREATMENT OF A MENTAL HEALTH CONDITION Subject to pre-authorisation, services rendered in an approved hospital/facility and prescribed by a medical doctor <ul style="list-style-type: none"> • Professional services rendered in and out of hospital by a psychiatrist • General ward accommodation • Medicine supplied during the period of the treatment in the facility • Outpatient consultations 	100% of the MT R19 850 per beneficiary per year (maximum R27 150 per family per year)
ONCOLOGY* Subject to pre-authorisation and registration on the Medihelp Oncology Management Programme. Protocols and DSP (ICON) apply <ul style="list-style-type: none"> • Radiotherapy • Brachytherapy • Chemotherapy and associated adjuvant medicine (medicine subject to the MORP) • Bone marrow/stem cell transplants (subject to protocols) 	100% of the cost DSP: ICON
HOSPICE SERVICES AND SUB-ACUTE CARE FACILITIES AS AN ALTERNATIVE TO HOSPITALISATION Subject to pre-authorisation, and services rendered in an approved facility and prescribed by a medical doctor	100% of the MT Unlimited
PRIVATE NURSING AS AN ALTERNATIVE TO HOSPITALISATION Subject to pre-authorisation (excluding general day-to-day care)	100% of the MT Unlimited

* See explanation of terms for more information

internally implanted prostheses

Description	Benefit
INTERNALLY IMPLANTED PROSTHESES All hospital admissions and prostheses are subject to pre-authorisation, protocols and case management	100% of the MT
• EVARS prosthesis	R105 500 per beneficiary per year
• Vascular/cardiac prosthesis	R45 200 per beneficiary per year
• Health-essential functional prosthesis	R50 050 per beneficiary per year
• Hip, knee and shoulder replacements* In case of acute injury where replacement is the only clinically appropriate treatment modality Protocols apply	Hospitalisation: 100% of the MT Prosthesis: Health-essential functional prosthesis benefits apply (Non-PMB)
• Intra-ocular lenses	Sub-limit: 2 lenses per beneficiary per year R3 400 per lens
• Prosthesis with reconstructive or restorative surgery	R7 850 per family per year

* Benefits not applicable to wear and tear

day-to-day benefits

Description	Benefit
DAY-TO-DAY SERVICES • GP consultations • Specialists • Emergency units • Physiotherapy • Clinical psychology • Standard radiology & pathology • Psychiatric nursing • Dentistry • External prostheses, medical, surgical and orthopaedic appliances • Optometry • Oxygen (out of hospital) • Acute and chronic medicine	Savings account
PMB chronic medicine Subject to pre-authorisation and registration on Medihelp's PMB medicine management programme	100% of the MHRP

GP – General practitioner

PMB – Prescribed minimum benefits

MHRP – Medihelp Reference Price

MORP – Medihelp Oncology Reference Price

ICON – Independent Clinical Oncology Network

EVARS – Endovascular aortic replacement surgery

MRI – Magnetic resonance imaging

TTO – To take out (medicine)

CT – Computerised tomography

EC – Essential cover

EMS – Emergency medical services

CDL – Chronic Diseases List

DSP – Designated service provider

MT – Medihelp tariff paid by Medihelp for benefits that can include a contracted tariff or the single exit price as defined in the Medihelp Rules.

M – Member

deductibles

Visiting network service providers, following the correct pre-authorisation process and negotiating tariffs with your doctor are just some of the ways in which you can manage or reduce out-of-pocket medical expenses.

Procedure-specific deductibles


There are still a limited number of low-incidence procedures that require a procedure-specific payment.

Neck and back fusions

The member pays the first R8 500 and the balance is paid at 100% of the MT.*

Endoscopic procedures

There are only four endoscopic procedures where a member is required to contribute to the cost.



Endoscopic procedures	Facility	Unify
<ul style="list-style-type: none">• Gastroscopy• Colonoscopy• Arthroscopy• Sigmoidoscopy	In hospital	Covered at 100% of the MT Member pays the first R 3 250 per admission

Pre-authorisation is important

100% of the Medihelp tariff will apply if all planned hospital admissions (protocols and case management apply) are pre-authorised. Should these services not be pre-authorised, an 80% benefit apply.

Emergency transport services (ER24) by road and by air **in and outside** the member's country of residence must be pre-authorised to qualify for the applicable benefit. If it is not pre-authorised, a 50% benefit will apply, except in the case of emergency medical conditions.

*MT – Medihelp tariff paid by Medihelp for benefits that can include a contracted tariff or the single exit price. The various tariffs are defined in the Rules of Medihelp.

This is a summary of benefits. In the event of a dispute, the registered Rules of Medihelp will apply (which are subject to approval by the Council for Medical Schemes). If a beneficiary joins during the course of a financial year, the benefits are calculated pro rata according to the remaining number of months per year.

General disclaimers

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

supporting information



[Our healthcare partners](#) | [Explanation of terms](#) | [Summary of exclusions](#) | [Contact us](#)

supporting information

Our healthcare partners

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



OneHealth and Optipharm

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



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.



Specialist network

A specialist network effectively manages any specialist care that you may require, while reducing your out-of-pocket expenses. See which specialists are on the network for your option by visiting www.medihelp.co.za



Preventive care

Clicks and Dis-Chem are Medihelp's designated service providers for preventive care health assessment tests.



ER24

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



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

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.

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. Deductibles apply 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 (e.g. for prostheses); 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 as indicated per benefit option.

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 is 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 **Medihelp Reference Price (MHRP)** is applicable to all pre-authorized 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 deductibles.

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.

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).

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 insured 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.

Savings account means an account which is kept by Medihelp on behalf of a member and which is credited monthly with the member's contribution. Funds in the savings account are used to pay for qualifying medical expenses while funds not used, accumulate.

summary of exclusions

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. The following is an extract from the Rules:

- 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.
- 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.

contact us

Medihelp

Medihelp call centre
Tel: 086 0100 678
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-authorised)
Electronic pre-authorisations: www.medihelp.co.za (member site)
Tel: 086 0200 678
Fax: 012 336 9535
hospitalauth@medihelp.co.za

PMB Chronic 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

Pretoria
Medihelp Head Office
410 Steve Biko Road
Pretoria
0007

Bloemfontein
The Office Park Unit 6
Cnr Third & President Reitz Avenues
Westdene
Bloemfontein
9301

Port Elizabeth
First floor
Fairview House Building
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

HIV/Aids programme & post-exposure prophylaxis (PEP)
Tel: 086 014 3258
Emergencies: 071 786 4520
Fax: 086 644 4945
medihelp@onehealth.co.za

Council for Medical Schemes

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



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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)



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medical scheme