



2020

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A sustainable choice

114 years
More than a **century's** experience

AA-rating
Ability to pay your claims is **highly rated**

Large enough to be **trusted**
small enough to **care**

202 097 lives

Solvency level above statutory requirement - **28,65%**

Financially sound

Hands-on
In-house systems, service & claims processing

Membership is **growing** and **not ageing**

Consistent service delivery

There are various ways in which you can engage with us:

Phone Email Live chat

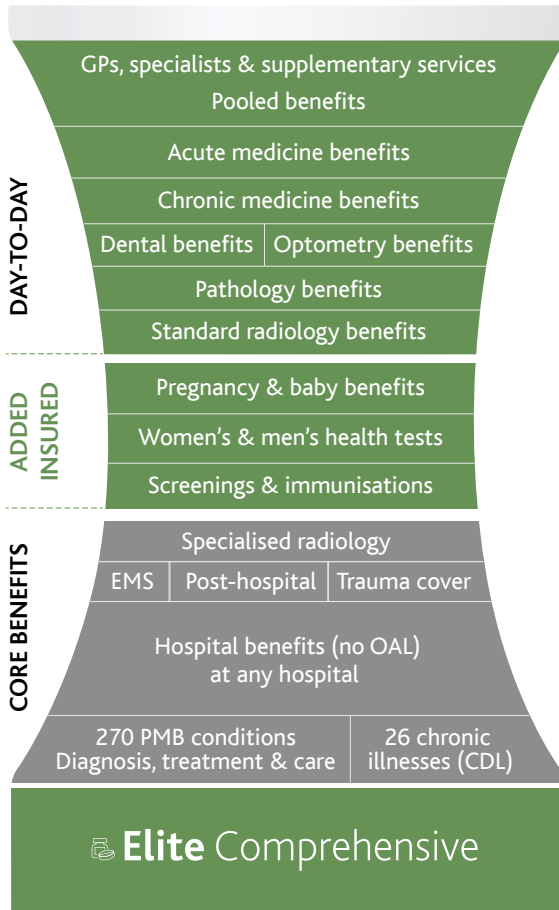
Medihelp's digital service platforms:






- ✓ Download and email your e-membership card and tax certificate
- ✓ View your benefits, track and submit claims
- ✓ Update your contact details
- ✓ Apply for hospital authorisation
- ✓ Locate a healthcare provider near you
- ✓ Access, update and share your Medihelp health data based on screening test results and claims received

Elite

This all-inclusive product offers rich, insured benefits for hospitalisation, chronic medicine and other day-to-day medical expenses.



Monthly contributions

Principal member		R5 304
Dependant		R4 956
Child dependant <26 years		R1 440

You pay child dependant rates for kids until they turn 26 years old.

The monthly contribution does not take any employer subsidy into account.

Added insured benefits

These benefits are provided in addition to other insured benefits and available annually unless otherwise indicated.



Women's health

- A mammogram for women 40 years and older requested by a medical doctor (item codes 3605/39175/34100/34101) per 2-year cycle
- A pap smear requested by a medical doctor (item codes 4566/4559) per 3-year cycle
- A flu vaccination at Clicks/Dis-Chem pharmacy clinics



Enhanced maternity benefits

- Free registration on the HealthPrint pregnancy and baby programme
- 12 ante- & postnatal consultations per family
- Two 2D ultrasound scans per family
- Flu vaccination at Clicks/Dis-Chem pharmacy clinics



Child benefits

- Child flu vaccination at Clicks/Dis-Chem pharmacy clinics
- Babies under a year receive two additional visits to a GP or specialist
- Full schedule of standard child immunisations covered up to 7 years at Dis-Chem and Clicks pharmacy clinics



Routine screening and immunisation

Available at Clicks/Dis-Chem pharmacy clinics per person:

- A combo test (blood glucose, cholesterol, BMI & blood pressure measurement)/individual blood glucose/cholesterol test
- HIV testing, counselling & 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 medical doctor for men 40 years and older (item code 4519)
- A flu vaccination at Clicks/Dis-Chem pharmacy clinics



Screenings and immunisation for over 50s

- Women over 50 years have access to one bone mineral density test requested by a medical doctor (item codes 3604/50120)
- A Pneumovax vaccine in a 5-year cycle per person older than 55 years registered on Medihelp's asthma/COPD programme (NAPPI code 755826027)
- An FOBT test for people over 50 years (item codes 4351/4352)
- A flu vaccination at Clicks/Dis-Chem pharmacy clinics












Supporting wellness

- **Maintain a healthy weight**
Participation in Medihelp's HealthPrint BMI programme
One dietician consultation per registered HealthPrint member if a BMI test result indicates a BMI higher than 30 (item codes 84200-84205)
- **An alternative to surgery**
Back treatment at a Document Based Care facility for patients who qualify for this benefit
- **Chronic Care programme**
People who suffer from high blood pressure, high cholesterol and diabetes simultaneously have access to Medihelp's Chronic Care programme, which will provide personal support through a care coordinator to assist in maintaining and optimising their well-being

Please note that certain added insured benefits are not available if you have been registered for a chronic/PMB condition as it is no longer considered as preventive care. Benefits are paid at 100% of the MT. Doctors' consultations are paid from available day-to-day benefits.

Standard child immunisation

Your benefit option offers benefits for standard immunisation for children younger than seven years old and it is important to get these immunisations as stipulated in the Department of Health's Expanded Programme on Immunisation (EPI). If you do not have your child vaccinated at the precise ages indicated in the table below, the cost of the vaccines will not be covered. Join HealthPrint, Medihelp's free online wellness programme, and register for the baby programme where you'll get newsletters and reminders to vaccinate your little one.

 At birth	<ul style="list-style-type: none"> • BCG vaccine for TB • Oral polio vaccine
 6 weeks	<ul style="list-style-type: none"> • Oral polio vaccine • Rotavirus vaccine • Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and haemophilus influenzae type B and hepatitis B vaccine combined (1) • Pneumococcal conjugated vaccine
 10 weeks	<ul style="list-style-type: none"> • Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and haemophilus influenzae type B and hepatitis B vaccine combined (2)
 14 weeks	<ul style="list-style-type: none"> • Rotavirus vaccine • Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and haemophilus influenzae type B and hepatitis B vaccine combined (3) • Pneumococcal conjugated vaccine
 6 months	<ul style="list-style-type: none"> • Measles vaccine (1)
 9 months	<ul style="list-style-type: none"> • Pneumococcal conjugated vaccine • Chickenpox vaccine
 12 months	<ul style="list-style-type: none"> • Measles vaccine (2)
 18 months	<ul style="list-style-type: none"> • Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and haemophilus influenzae type B and hepatitis B vaccine combined (4)
 6 years	<ul style="list-style-type: none"> • Tetanus and diphtheria vaccine

HealthPrint

Medihelp members get free access to this online health and wellness programme designed to add value based on their health profile through programmes such as a pregnancy and baby programme and discounts at selected partners.

Healthcare support programmes

Oncology programme

Medihelp provides support to cancer patients through our oncology benefits, which are offered in cooperation with the oncologists of the Independent Clinical Oncology Network (ICON) to give you the best care and treatment in line with the cover provided by your benefit option.

Who is ICON?

ICON is the Independent Clinical Oncology Network, and more than 80% of the country's oncologists belong to this network. They provide the highest quality cancer care based on unique, evidence-based protocols and have a national footprint with high-tech chemotherapy and radiotherapy facilities across South Africa.

What to do should you be diagnosed with cancer

- **Phone Medihelp on 086 0100 678** – we have a dedicated helpdesk to answer all your questions about your cover for treatment.
- **Complete the necessary forms** – you'll have to be registered on ICON's cancer programme before your treatment starts. Your ICON oncologist will make the necessary arrangements and help you to complete the necessary forms. Please return your form per email to oncology@medihelp.co.za or per fax to 086 0064 762.

Cancer and prescribed minimum benefits (PMB)

Most oncology cases qualify for PMB, which Medihelp will cover at 100% of the cost in accordance with the protocols as set out in the Regulations published under the Medical Schemes Act, provided that oncology is rendered by oncologists within the Independent Clinical Oncology Network (ICON).

To qualify for PMB, the cancer must:

- Only be present in the organ in which it originated;
- Show no evidence of distant metastatic spread to other organs; and
- Show no permanent and irreparable damage to the organ it originated in, or any other organ.

If none of the above applies, then there must be a well-demonstrated and documented five-year survival rate of more than 10% after treatment of the condition.

Non-PMB oncology

If the cancer does not qualify for PMB, a maximum benefit amount (limit) applies, while non-PMB bone marrow/stem cell transplants do not qualify for benefits.

Protocols and treatment

Medihelp's oncology benefits are based on ICON's enhanced treatment protocol and treatment must follow the protocol to avoid co-payments.

The following treatments are covered (which can also be received in combination):

- Chemotherapy – the use of chemicals (medicine) to destroy cancer cells – both intravenous and oral treatments
- Radiation therapy – the use of ionising radiation to destroy cancer cells
- Brachytherapy – the use of internal radiotherapy to fight prostate, cervical, breast and skin cancer
- Surgery – where doctors remove the cancer surgically
- Medicine – to help you cope with the side effects of the treatment

Avoiding co-payments

As with most PMB conditions, co-payments may apply if you visit oncologists who are not part of ICON or if your treatment deviates from the treatment protocols. You can limit unnecessary co-payments by making sure that:

- Your oncologist is part of ICON.
- Treatment is aligned with the applicable ICON protocol.
- You use medicine listed on the Medihelp Oncology Reference Price List (MORP).

HIV/Aids programme

Medihelp offers an HIV/Aids programme with comprehensive benefits for the treatment of HIV/Aids, including antiretroviral therapy. All information will be treated with the utmost confidentiality. Phone **LifeSense**, our managed healthcare partner, on 0860 50 60 80, SMS 31271 for a call back or email them at enquiry@lifesense.co.za to register on this programme. You can also visit their website at www.lifesensedm.co.za. Dis-Chem Direct and Medipost are our designated service providers (DSPs) for HIV/Aids medicine and their contact details are as follows:

Dis-Chem Direct

Tel: 011 589 2788

Fax: 086 6418 311

Email: direct.medihelp@dischem.co.za

Medipost

Tel: 012 426 4000

Fax: 086 6889 867

Email: life@medipost.co.za

Should you need post-exposure prophylaxis, phone **LifeSense** on 0860 50 60 80 or SMS 31271 for a call back. You can obtain the medicine from any doctor – it is very important to take the prophylaxis correctly and as soon as possible after exposure to the HI virus (within 72 hours).

Back treatment programme

You and your dependants qualify for one back treatment programme per beneficiary at a Document Based Care (DBC) facility. This programme is a non-surgical treatment plan developed per individual by an interdisciplinary medical team based on each patient's unique clinical profile. Patients who qualify, follow a programme of up to nine weeks and consistently report increased mobility and decreased pain after the treatment, with only a very small percentage ultimately requiring spinal surgery.

Chronic Care programme

If you suffer from high blood pressure, high cholesterol and diabetes simultaneously, a care coordinator will be appointed to you to support you with the treatment of your conditions and provide you with relevant advice to maintain and optimise your well-being. Participation in the programme entails support by a registered nurse who coordinates your care to ensure effective use of your available benefits for medicine and consultations.

The ICPS hip and knee replacement programme

A special comprehensive benefit for primary (first) hip and knee replacements to members of the Elite benefit option offered in collaboration with a network of preferred providers at Improved Clinical Pathway Services (ICPS). The programme is available to patients who meet ICPS's clinical criteria and protocols. You can phone our Customer Care centre on 086 0100 678 to obtain the contact number of the relevant ICPS provider in your area. You will have to arrange a consultation during which ICPS will determine whether you are suitable for the programme – if you are, the ICPS team will arrange authorisation of the procedure with Medihelp.

Core benefits

Description	Benefit
<p>CHRONIC ILLNESS AND PMB 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</p>	<p>100% of the cost* Unlimited Co-payments may apply in case of voluntary non-DSP use/protocol deviation</p>
<p>TRAUMA BENEFITS Benefits for major trauma that necessitates hospitalisation in the case of:</p> <ul style="list-style-type: none"> • Motor vehicle accidents • Stab wounds • Gunshot wounds • Head trauma • Burns • Near drowning <p>Subject to authorisation, PMB protocols and case management</p>	<p>100% of the cost* Unlimited</p>
<p>-----</p> <p>POST-EXPOSURE PROPHYLAXIS (for HIV/Aids)</p> <p>-----</p>	
<p>EMERGENCY TRANSPORT SERVICES Netcare 911 Subject to pre-authorisation and protocols</p> <p>In beneficiary's country of residence In the RSA, Lesotho, Swaziland, Mozambique, Namibia and Botswana</p> <ul style="list-style-type: none"> • Transport by road • Transport by air 	<p>100% of the MT Unlimited 50% co-payment if not pre-authorised</p>
<p>Outside beneficiary's country of residence</p> <ul style="list-style-type: none"> • Transport by road 	<p>100% of the MT R2 050 per case 50% co-payment if not pre-authorised</p>
<ul style="list-style-type: none"> • Transport by air 	<p>100% of the MT R13 700 per case 50% co-payment if not pre-authorised</p>
<p>HOSPITALISATION (state and private hospitals and day clinics) Subject to pre-authorisation, protocols and case management</p> <ul style="list-style-type: none"> • Intensive and high care wards • Ward accommodation • Theatre fees • Treatment and ward medicine • Consultations, surgery and anaesthesia 	<p>100% of the MT Unlimited 20% co-payment per admission if not pre-authorised</p>

* Contracted tariffs may apply

Abbreviations are listed further in this document

Core benefits

Description	Benefit
CONFINEMENT (childbirth) Subject to pre-authorisation, protocols and case management	100% of the MT Unlimited 20% co-payment per admission if not pre-authorised
HOME DELIVERY Subject to pre-authorisation <ul style="list-style-type: none"> Professional nursing fee Equipment Material and medicine 	100% of the MT R13 000 per event 20% co-payment per event if not pre-authorised
STANDARD RADIOLOGY, PATHOLOGY AND MEDICAL TECHNOLOGIST SERVICES In hospital Subject to clinical protocols	100% of the MT Unlimited
RADIOGRAPHY (services by radiographers) In and out of hospital Subject to clinical protocols and on request by a medical doctor	100% of the MT R1 050 per family per year
SPECIALISED RADIOLOGY In and out of hospital On request by a specialist and subject to clinical protocols <ul style="list-style-type: none"> MRI and CT imaging (subject to pre-authorisation) 	100% of the MT Unlimited Member pays the first R1 150 per examination
• Angiography	100% of the MT Unlimited
ORGAN TRANSPLANTS (PMB only) Subject to pre-authorisation and clinical protocols	100% of the MT Unlimited
• Cornea implants	100% of the MT R28 800 per implant per year
OXYGEN In hospital	100% of the MT Unlimited
NEUROSTIMULATORS Subject to pre-authorisation and clinical protocols <ul style="list-style-type: none"> Device and components 	100% of the MT R111 900 per beneficiary per year
RENAL DIALYSIS In and out of hospital Subject to pre-authorisation and clinical protocols	100% of the MT Unlimited

Core benefits

Description	Benefit
<p>POST-HOSPITAL CARE Professional services relating to a Medihelp authorised private hospital admission, required for up to 30 days after discharge (prescribed medicine and medical appliances are paid from available day-to-day benefits)</p> <ul style="list-style-type: none"> • Speech therapy, occupational therapy and physiotherapy 	<p>100% of the MT M = R1 800 per year M+ = R2 500 per year</p>
<p>SUPPLEMENTARY HEALTH SERVICES In hospital</p> <ul style="list-style-type: none"> • Occupational and speech therapy, audiometry, podiatry, massage, orthoptic, chiropractic, homeopathic, herbal and naturopathic, osteopathic and biokinetic services <hr/> <ul style="list-style-type: none"> • Physiotherapy and dietician services on referral by the attending medical doctor 	<p>100% of the MT Unlimited</p>
<p>APPLICABLE PRESCRIPTION MEDICINE DISPENSED AND CHARGED BY THE HOSPITAL ON DISCHARGE FROM THE HOSPITAL (TTO) (excluding chronic/PMB medicine)</p>	<p>100% of the MT R360 per admission</p>
<p>PSYCHIATRIC TREATMENT OF A MENTAL HEALTH CONDITION Subject to pre-authorisation, protocols and services rendered in an approved hospital/facility and prescribed by a medical doctor</p> <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 institution • Outpatient consultations 	<p>100% of the MT R35 400 per beneficiary per year (maximum R49 100 per family per year) 20% co-payment per admission if not pre-authorised</p>
<p>ONCOLOGY Subject to pre-authorisation and registration on the Medihelp Oncology Programme. Protocols, a DSP and the MORP apply</p> <p>PMB cases</p> <ul style="list-style-type: none"> • Hospital and related cancer treatments and services, including bone marrow/stem cell transplants (subject to PMB legislation) 	<p>100% of the MT Unlimited Co-payments apply to voluntary non-network services (10%) and/or deviating from the protocol (15%)</p>
<p>Non-PMB cases</p> <ul style="list-style-type: none"> • Hospital and related cancer treatments, including radiotherapy, brachytherapy, chemotherapy and associated adjuvant medicine 	<p>100% of the MT R400 000 per family per year Co-payments apply to voluntary non-network services (10%) and/or deviating from the protocol (15%)</p>
<p>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</p>	<p>100% of the MT Unlimited 20% co-payment per admission if not pre-authorised</p>

Core benefits

Description	Benefit
PRIVATE NURSING AS AN ALTERNATIVE TO HOSPITALISATION Subject to pre-authorisation (Excluding general day-to-day care)	100% of the MT Unlimited 20% co-payment per event if not pre-authorised
APPENDECTOMY Subject to pre-authorisation <ul style="list-style-type: none"> Conventional or laparoscopic procedure 	100% of the MT Unlimited
PROSTATECTOMY Subject to pre-authorisation <ul style="list-style-type: none"> Conventional or laparoscopic procedure 	100% of the MT Unlimited
<hr/> <ul style="list-style-type: none"> Robotic assisted laparoscopic procedure 	100% of the MT Hospitalisation: R111 000 per beneficiary

Procedure-specific co-payments

Description	Co-payments
All hospital admissions are subject to pre-authorisation, protocols and case management	100% of the MT 20% co-payment per admission if not pre-authorised
SPINAL COLUMN SURGERY	R7 750 per admission
ENDOSCOPIC PROCEDURES <ul style="list-style-type: none"> In the doctor's rooms Gastroscopy, colonoscopy and sigmoidoscopy 	No co-payment
<ul style="list-style-type: none"> In a day clinic Gastroscopy, colonoscopy, sigmoidoscopy and arthroscopy 	R2 100 per admission
<ul style="list-style-type: none"> In a hospital Gastroscopy, colonoscopy, sigmoidoscopy and arthroscopy 	R3 200 per admission
DENTAL PROCEDURES UNDER GENERAL ANAESTHESIA In hospital Subject to pre-authorisation and DSP's managed care protocols	R900 per admission Removal of impacted teeth only (3rd molars – item codes 8941/8943/8945 on the dentist's account) Extensive dental treatment for children younger than 5 years only – once per lifetime
SPECIALISED RADIOLOGY In and out of hospital Subject to pre-authorisation, clinical protocols and services must be requested by a specialist <ul style="list-style-type: none"> MRI and CT imaging 	R1 150 per examination

Internally implanted prostheses

Please note: The member is liable for the difference in cost should PMB spinal, hip, knee and cardiac prostheses not be obtained from the DSP.

Description	Benefit
All hospital admissions are subject to pre-authorisation, protocols and case management	100% of the MT 20% co-payment per admission if not pre-authorized
<ul style="list-style-type: none"> EVARS prosthesis 	R130 600 per beneficiary per year
<ul style="list-style-type: none"> Vascular/cardiac prosthesis 	R55 900 per beneficiary per year
<ul style="list-style-type: none"> Health-essential functional prosthesis <ul style="list-style-type: none"> Hip, knee and shoulder replacements (non-PMB) <ul style="list-style-type: none"> In case of acute injury where replacement is the only clinically appropriate treatment modality, subject to protocols 	R61 900 per beneficiary per year Hospitalisation: 100% of the MT Prosthesis: Health-essential functional prosthesis benefits apply
<ul style="list-style-type: none"> In case of wear and tear 	Subject to DSP (ICPS) if patient qualifies in terms of clinical criteria (only hip and knee replacements) If not, a R19 600 benefit applies for the hospital account and prosthesis components (combined), per admission
<ul style="list-style-type: none"> Intra-ocular lenses 	Sub-limit subject to health-essential functional prosthesis benefit 2 lenses per beneficiary per year, R4 150 per lens
<ul style="list-style-type: none"> Implantable hearing devices (including devices and components) 	R105 100 per beneficiary per year
<ul style="list-style-type: none"> Prosthesis with reconstructive or restorative surgery In and out of hospital 	
<ul style="list-style-type: none"> External breast prostheses In and out of hospital 	R9 600 per family per year

Day-to-day benefits

Description	Benefit
<p>GPs, SPECIALISTS AND EMERGENCY UNITS</p> <ul style="list-style-type: none"> Medical and surgical treatment, anaesthesia as well as material and medicines used during a consultation 	100% of the MT
<p>• Consultations and follow-up consultations</p>	
<p>PHYSIOTHERAPY Treatment and material</p>	100% of the MT
<p>CLINICAL PSYCHOLOGY AND PSYCHIATRIC NURSING In and out of hospital</p>	<p>M = R2 750 per year M+1 = R4 700 per year M+2 = R5 800 per year M+3+ = R7 050 per year</p>
<p>SUPPLEMENTARY HEALTH SERVICES Out of hospital Occupational and speech therapy, dietician services, audiometry, podiatry, massage, orthoptic, chiropractic, homeopathic, herbal and naturopathic, osteopathic and biokinetic services</p>	
<p>MEDICINE Medicine obtained in the Medihelp Preferred Pharmacy Network and prescribed/dispensed by a medical doctor</p> <ul style="list-style-type: none"> Acute generic medicine (including medicine dispensed at an emergency unit and self-medication, immunisations, contraceptives and homeopathic, herbal, naturopathic and osteopathic medicine) <ul style="list-style-type: none"> 80% of the MT if no generic medicine is available 70% of the MMAP if original medicine is used voluntarily although generic medicine is available 	<p>100% of the MMAP Generic medicine</p> <p>M = R4 250 per year M+1 = R7 200 per year M+2 = R8 850 per year M+3+ = R9 450 per year</p>
<ul style="list-style-type: none"> Non-PMB generic chronic medicine Subject to pre-authorisation and registration on Medihelp's chronic medicine management programme <ul style="list-style-type: none"> 80% of the MT if no generic medicine is available 70% of the MMAP if original medicine is used voluntarily although generic medicine is available 	<p>100% of the MMAP Generic medicine</p> <p>M = R4 500 per year M+1 = R6 850 per year M+2 = R9 150 per year M+3+ = R9 800 per year</p>
<ul style="list-style-type: none"> PMB chronic medicine Subject to pre-authorisation and registration on Medihelp's PMB medicine management programme 	100% of the MHRP Unlimited
<p>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)</p>	100% of the MT R2 750 per family per year
<p>OXYGEN Out of hospital Subject to pre-authorisation, clinical protocols and services prescribed by a medical doctor</p>	100% of the MT Unlimited 20% co-payment if not pre-authorized

Day-to-day benefits

Description	Benefit
PATHOLOGY AND MEDICAL TECHNOLOGIST SERVICES Out of hospital Subject to clinical protocols and requested by a medical doctor	100% of the MT R2 750 per family per year
OPTOMETRY Subject to pre-authorisation by PPN and services should be obtained from a PPN provider Optometric examinations <ul style="list-style-type: none"> 1 composite consultation, including refraction test, tonometry and visual field test 	100% of the MT 1 composite examination per beneficiary per 24-month cycle
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 	R1 000 per beneficiary per 24-month cycle
<ul style="list-style-type: none"> Lenses (one pair of standard clear Aquity lenses) 	Single vision, bifocal or multifocal lenses per beneficiary per 24-month cycle
<ul style="list-style-type: none"> Contact lenses 	R1 635 per beneficiary per 24-month cycle
DENTAL SERVICES* Subject to DSP's managed care protocols	
Conservative dental services <ul style="list-style-type: none"> Routine check-ups 	100% of the MT 2 per beneficiary per year (once per 6-month benefit cycle)
<ul style="list-style-type: none"> Oral hygiene <ul style="list-style-type: none"> Scale and polish treatments 	100% of the MT 2 per beneficiary per year (once per 6-month benefit cycle)
<ul style="list-style-type: none"> Fluoride treatment for children >5 and <13 years only 	100% of the MT 2 per beneficiary per year (once per 6-month benefit cycle)
<ul style="list-style-type: none"> Fissure sealants for children >5 and <16 years only (permanent teeth) 	100% of the MT
<ul style="list-style-type: none"> Fillings** (treatment plans and X-rays may be requested for multiple fillings) 	100% of the MT 1 filling per tooth in 365 days
<ul style="list-style-type: none"> Tooth extractions** and root canal treatment on permanent teeth in the dentist's chair 	100% of the MT
<ul style="list-style-type: none"> Laughing gas (in the dentist's chair) 	100% of the MT

* Benefits for the retreatment of a tooth are subject to managed care protocols, and specific item codes may apply.

** Pre-authorisation is required for more than 4 fillings per year, 2 fillings on front teeth per visit and 4 extractions per visit.

Day-to-day benefits

Description	Benefit
<ul style="list-style-type: none"> • Dental procedures under conscious sedation in the dentist's chair (sedation cost) Subject to pre-authorisation and DSP's managed care protocols 	100% of the MT Removal of impacted teeth only (3rd molars) Extensive dental treatment for children < 12 years only 20% co-payment if not pre-authorised
<ul style="list-style-type: none"> • Plastic dentures 	100% of the MT 1 set per beneficiary in a 4-year period
<ul style="list-style-type: none"> • X-rays <ul style="list-style-type: none"> • Intra-oral X-rays 	100% of the MT
<ul style="list-style-type: none"> • Extra-oral X-rays 	100% of the MT 1 per beneficiary in a 3-year period
<p>Specialised dental services Subject to pre-authorisation and DSP's managed care protocols</p> <ul style="list-style-type: none"> • Partial metal frame dentures 	100% of the MT 2 partial frames (upper and lower jaw) per beneficiary in a 5-year period
<ul style="list-style-type: none"> • Maxillofacial surgery and oral pathology <ul style="list-style-type: none"> • Surgery in the dentist's chair Benefits for temporomandibular joint (TMJ) therapy are limited to non-surgical interventions/treatment 	100% of the MT
<ul style="list-style-type: none"> • Crowns and bridges Subject to pre-authorisation 	100% of the MT 2 crowns per family per year, once per tooth in a 5-year period 20% co-payment if not pre-authorised
<ul style="list-style-type: none"> • Implants 	For member's account
<ul style="list-style-type: none"> • Orthodontic treatment (only one beneficiary per family may begin orthodontic treatment per calendar year) Subject to pre-authorisation and orthodontic needs analysis 	100% of the MT R11 800 once per lifetime per beneficiary < 18 years Payment from date of authorisation, until the patient turns 18
<ul style="list-style-type: none"> • Periodontal treatment (conservative non-surgical therapy only) Subject to pre-authorisation and a treatment plan 	100% of the MT 20% co-payment if not pre-authorised

Day-to-day benefits

Description	Benefit
EXTERNAL PROSTHESES AND MEDICAL APPLIANCES Services in and out of hospital <ul style="list-style-type: none"> Artificial eyes 	100% of the MT R7 900 per beneficiary per 3-year cycle
<ul style="list-style-type: none"> Speech and hearing aids 	100% of the MT R7 900 per beneficiary per 3-year cycle
<ul style="list-style-type: none"> Artificial limbs 	100% of the MT R6 300 per beneficiary per 3-year cycle
<ul style="list-style-type: none"> Wheelchairs 	100% of the MT R6 300 per beneficiary per 3-year cycle
<ul style="list-style-type: none"> Medical appliances Hyperbaric oxygen treatment (prescribed by a medical doctor) Insulin pumps (per 5-year cycle) Glucometers (per 5-year cycle) 	100% of the MT R1 500 per beneficiary per year
<ul style="list-style-type: none"> Stoma components Incontinence products/supplies 	100% of the MT Unlimited
<ul style="list-style-type: none"> CPAP apparatus Prescribed by a medical doctor 	100% of the MT R9 700 per beneficiary per 24-month cycle

Abbreviations

BMI	–	Body mass index	M	–	Member
CDL	–	Chronic Diseases List	MHRP	–	Medihelp Reference Price
COPD	–	Chronic obstructive pulmonary disease	MMAP	–	Maximum Medical Aid Price
CPAP	–	Continuous positive airway pressure	MORP	–	Medihelp Oncology Reference Price
CT	–	Computerised tomography	MRI	–	Magnetic resonance imaging
DSP	–	Designated service provider	MT	–	Medihelp tariff paid by Medihelp for benefits which can include a contracted tariff or the single exit price
EMS	–	Emergency medical services	OAL	–	Overall annual limit
EVARS	–	Endovascular aortic replacement surgery	PMB	–	Prescribed minimum benefits
FOBT	–	Faecal occult blood test	PPN	–	Preferred Provider Negotiators
GP	–	General practitioner	TTO	–	To take out (medicine)
HPV	–	Human papilloma virus			

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 of the year.

General exclusions

Please refer to Medihelp's Rules for the medical conditions, procedures and services, appliances, medicines, consumables and other products that are excluded from benefits, with the exception of services which qualify for PMB and have been authorised by Medihelp. The following services are excluded from benefits on your benefit option:

General

- 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 in the case of a service provider, where such costs do not relate to a PMB condition.
- Aptitude, intelligence/IQ and similar tests as well as the treatment of learning problems.
- The completion of medical and other questionnaires/certificates not requested by Medihelp and the services related thereto, including medical tests for career purposes or recreational activities.
- Costs for evidence in a lawsuit.
- Costs exceeding the Scheme tariff for a service or the maximum benefit to which a member is entitled, subject to PMB.
- Appointments not kept.

Medical conditions

- The treatment of infertility, other than that stipulated in the Regulations published under 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 70 of 2008 or other institutions whose services are of a similar nature, other than stipulated in the Regulations published under the Medical Schemes Act, 1998.
- Treatment of impotence.

Procedures and services

- The artificial insemination of a person as defined in the National Health Act 61 of 2003.
- Immunisation (including immunisation procedures and material) which is required by an employer, excluding flu immunisations and standard child immunisations.
- Exercise, guidance and rehabilitation programmes.
- Services rendered by social workers and counsellors not registered as clinical psychologists.
- Costs of visits at home and home programmes.
- When only accommodation and general care services are rendered.
- The cost of transport with an ambulance/emergency vehicle –
 - from a hospital/other institution to a residence;
 - in the event of a visit to friends/family; and
 - to the rooms of a medical doctor when the objective of the visit/consultation/treatment does not pertain to admission in a hospital.
- The cost of harvesting and/or preserving human tissues, including, but not limited to, stem cells, for future use thereof to treat a medical condition which has not yet been diagnosed in a beneficiary.
- Pathology services requested by a person other than a medical doctor.
- Radiology services requested by a person other than a medical doctor, with the exception of a chiropractor who may request black and white X-rays.
- Emergency room facility fees.
- Breast augmentation.
- Breast reduction.
- Gastroplasty.
- Gender reversal operations.
- Lipectomy.
- Epilation.
- Otoplasty/reconstruction of the ear.

- Refractive procedures.
- Sclerotherapy.
- PET imaging (positron emission tomography).
- Physiotherapy services associated with the removal of impacted wisdom teeth.
- Dietician and physiotherapy services rendered in-hospital not referred by the attending medical doctor.
- When authorisation for a hospital admission is declined, the hospital stay and all other related services rendered during such hospital stay are excluded from benefits.
- Services rendered by service providers outside their scope of practice.
- Operations, treatments and procedures of own choice, for cosmetic purposes, and obesity-related treatment, with the exception of services that qualify for PMB and are approved beforehand by Medihelp.

Medicines, consumables and other products

- Bandages, cotton wool, dressings, plasters and similar materials that are not used by a supplier of service during a treatment/procedure.
- Food substitutes, food supplements and patent food, including baby food.
- Multivitamin and multi-mineral supplements alone or in combination with stimulants (tonics).
- Appetite suppressants.
- All patent substances, suntan lotions, anabolic steroids, contact lens solutions as well as substances not registered by the South African Health Products Regulatory Authority (SAHPRA), except medicine items approved by Medihelp in the following instances –
 - medicine items with patient-specific exemptions in terms of section 21 of the Medicines and Related Substances Control Act 101 of 1965 as amended;
 - homeopathic and naturopathic medicine items that have valid NAPPI codes;
 - medicine derived from blood products; and
 - where well-documented, sound evidence-based proof exists of efficacy and cost-effectiveness.
- All biological and other medicine items as per Medihelp's medicine exclusion list.

- High technology treatment modalities, surgical devices and medication.
- Combination analgesic medicine, including opioid and opioid combination analgesic medicine items, claimed from acute medicine benefits exceeding 360 units per beneficiary per year.
- Non-steroidal anti-inflammatory medicine claimed from acute medicine benefits exceeding 180 units per beneficiary per year.
- Sedative hypnotics for more than 90 days' use per beneficiary per year.
- Nappies for adults and babies.
- Smoking cessation and anti-smoking preparations.

Appliances

- Blood pressure apparatus.
- Commode.
- Toilet seat raiser.
- Hospital beds for use at home.
- Devices to improve sight, other than the stated spectacles and contact lens benefits.
- Mattresses and pillows.
- Bras without external breast prostheses.

Dental exclusions

Oral hygiene

- Oral hygiene instruction and evaluation.
- Professionally applied fluoride for beneficiaries younger than 5 and older than 13 years.
- Nutritional and tobacco counselling.
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments.
- Fissure sealants on patients younger than 5 and older than 16 years and on primary (milk) teeth.
- Dental bleaching.

Fillings/restorations

- Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis.
- Resin bonding for restorations charged as a separate procedure to the restoration.
- Polishing of restorations.
- Gold foil restorations.

- Ozone therapy.
- Replacement of amalgam (silver) fillings with composite (white) fillings.

Root canal therapy and extractions

- Root canal therapy on primary (milk) teeth.
- Direct and indirect pulp capping procedures.
- Root canal treatment on wisdom teeth (3rd molars).

Plastic dentures/snoring appliances/mouth guards

- Diagnostic dentures and the associated laboratory costs.
- Snoring appliances and the associated laboratory costs.
- Provisional dentures and associated laboratory costs.
- The clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures. (The laboratory fee will be covered at the Medihelp tariff where managed care protocols apply.)
- The laboratory cost associated with mouth guards. (The clinical fee will be covered at the Medihelp tariff where managed care protocols apply.)
- High impact acrylic.
- Cost of gold, precious metal, semi-precious metal and platinum foil.
- Laboratory delivery fees.

Partial metal frame dentures

- Metal base to full dentures, including the laboratory cost.
- High impact acrylic.
- Cost of gold, precious metal, semi-precious metal and platinum foil.
- Laboratory delivery fees.

Crowns and bridges

- Crowns or crown retainers on wisdom teeth (3rd molars).
- Pontics on 2nd molars.

- Crown and bridge procedures for cosmetic reasons and the associated laboratory costs.
- Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs.
- Occlusal mouth rehabilitations and the associated laboratory costs.
- Provisional crowns and the associated laboratory costs.
- Porcelain veneers, inlays and the associated laboratory costs.
- Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs.
- Cost of gold, precious metal, semi-precious metal and platinum foil.
- Laboratory delivery fees.

Orthodontics

- Orthodontic treatment for cosmetic reasons and associated laboratory costs.
- Orthodontic treatment for beneficiaries 18 years and older.
- Orthodontic re-treatment and the associated laboratory costs.
- Cost of invisible retainer material.
- Laboratory delivery fees.
- Orthodontic-related surgery.

Periodontics

- Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemisection of a tooth.
- Perio chip placement.

Maxillofacial surgery and oral pathology

- Orthognathic (jaw correction) and other orthodontic-related surgery and any related hospital cost and laboratory costs.
- Bone augmentations.
- Bone and other tissue regeneration procedures.
- Cost of bone regeneration material.
- The auto-transplantation of teeth.
- Sinus lift procedures.

- The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8943 and 8945).

Hospitalisation (general anaesthetic)

- Hospital admission due to fear and anxiety relating to dental care.
- Multiple hospital admissions.
- Where the only reason for admission to hospital is to acquire a sterile facility.
- The cost of dental materials for procedures performed under general anaesthesia.
- The hospital and anaesthetist claims for the following procedures will not be covered when performed under general anaesthesia:
 - Apicectomies.
 - Dectomies.
 - Frenectomies.
 - Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for adults.

- Professional oral hygiene procedures.
- Implantology and associated surgical procedures.
- Surgical tooth exposure for orthodontic reasons.

Additional Scheme exclusions

- Special reports.
- Dental testimony, including dento-legal fees.
- Behaviour management.
- Intramuscular and subcutaneous injections.
- Procedures that are defined as unusual circumstances and unlisted procedures.
- Appointments not kept.
- Treatment plan completed (item code 8120).
- Electrognathographic recordings, pantographic recordings and other such electronic analyses.
- Caries susceptibility and microbiological tests.
- Pulp tests.
- Cost of mineral trioxide.
- Enamel microabrasion.
- Implants.

Explanation of terms

The **back treatment programme** provided by Document Based Care (DBC) is a non-surgical intervention in lieu of surgery for the management of spinal column disease/conditions/abnormalities. This approach to the treatment of back and neck pain involves an interdisciplinary team handling the rehabilitation programme, which is individualised for each patient based on the patient's needs and clinical diagnosis. Patients are assessed to ascertain if they are eligible to participate in the programme.

The **Chronic Care programme** provides members who suffer from a combination of high blood pressure, diabetes and high cholesterol with the support they need to contribute to their optimum health. Participation in the programme entails support by a registered nurse who coordinates the member's care to ensure optimal utilisation of available medicine and consultation benefits, with the objective of improving members' lifestyle and well-being.

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

- It must be used to prevent and/or 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 to 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.

Contraceptives refer to injectable, implantable, intra-uterine, trans- and subdermal as well as 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. Members must make co-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% (e.g. for original acute medicine), or where the cost exceeds the limit available for the service (e.g. for medical appliances); and
- When the member chooses not to obtain services from a designated service provider (e.g. ICON in the case of oncology) or when a pre-determined co-payment is applicable to a specific benefit as indicated per benefit option.

Core benefits include benefits for hospitalisation, PMB, trauma recovery and benefits that complement care when patients need to recover. Co-payments and sub-limits may be applicable in some cases.

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.

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 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 only considered where the patient suffers from an aortic aneurysm with an accompanying high risk for anaesthesia.

Health-essential functional prostheses necessarily replace a part of the body or a component thereof, or perform an essential function of the body.

HIV testing should take place in a controlled clinical environment to determine HIV status and should include pre- and post-testing counselling. This test may be followed by pathology tests according to Scheme protocols.

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, pathology and consultations during hospitalisation. Hospital benefits are subject to pre-authorisation and a 20% co-payment will be applicable to the hospital account if the admission is not pre-authorised. Procedure-specific co-payments may apply. Emergency admissions must be registered on the first workday following the admission (see also "emergency medical condition").

Standard **immunisations** are child immunisations for children younger than 7 years in accordance with the guidelines set by the Department of Health on the standard immunisation chart.

A **limit** is the maximum benefit amount which is paid for a specific service, apparatus or appliance, for example in the case of prostheses.

Maxillofacial surgery means services pertaining to the jaws and face, particularly with reference to specialised surgery in this region.

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.

Medicine means a substance or mixture of substances which is accepted as being ethical by medical science and which is registered with the South African Health Products Regulatory Authority (SAHPRA), to be administered or applied for the prevention, treatment or healing of an illness.

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 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 ([Member Zone](#)) 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.

MT – Medihelp tariff refers to the tariff paid by Medihelp 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.

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

Per year means from 1 January to 31 December of a year. Should a beneficiary enrol within a financial year, benefit amounts will be prorated according

to the remaining number of months of the year. All limits are valid for a year, unless otherwise indicated.

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

Pre-authorisation means benefits for a service must be authorised before it is rendered.

PMB – Prescribed minimum benefits are paid for 26 chronic conditions on the Chronic Diseases List (CDL) and 270 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. PMB 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.

Private nursing is a service rendered to patients at their home as an alternative to hospitalisation. Benefits for private nursing are subject to pre-authorisation by Medihelp and exclude general day-to-day services such as bathing and general care.

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

Unlimited means that no overall annual limit (benefit amount) or period (e.g. a 3-year period) applies to the specific service/procedure. This does not refer to the number of days spent in hospital or the number of procedures applicable.

Vascular/cardiac prostheses include artificial aortic valves, pacemakers and related or connected functional prostheses.

Hospitalisation

Going to hospital? Remember to pre-authorise

Planned admissions

All hospital and day clinic admissions must be pre-authorised well in advance because we may need more information from your doctor, e.g. test results or reports. This will ensure that you do not have to make a 20% co-payment.

Emergency admissions

Authorise an emergency admission on the first workday after the admission.

How to pre-authorise your hospital admission

There are various ways to apply for pre-authorisation for your hospital admission:



The [Member Zone](#) (secured site for members) at www.medihelp.co.za



Use our member app for iOS and Android smartphones



Email: hospitalauth@medihelp.co.za



Tel:
086 0200 678



Fax:
012 336 9535



Dental hospital admissions:
Dental Risk Company (DRC)
Tel: 087 9439 618
Email: auth@dentalrisk.com

Information you need to pre-authorise

- Your membership number and details
- The details of the patient
- The procedure and diagnosis codes (get these from your doctor)
- The treating doctor's details and practice number
- The details of the hospital to which the patient will be admitted and the hospital's practice number
- 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 advise you on what is needed.
- Details of the anaesthetist.

Prescribed minimum benefits (PMB)

What are prescribed minimum benefits (PMB)?

PMB refer to a range of services and conditions that medical schemes must cover in terms of the Medical Schemes Act 131 of 1998, and include –

- medical emergencies,
- 270 listed diagnosis and treatment pairs (DTPs), and
- 26 chronic diseases on the Chronic Diseases List (CDL).

Chronic Diseases List (CDL) conditions

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

Measures which apply to all PMB-related services for consideration of benefits are:

Pre-authorisation

Refer to the section "Pre-authorisation of certain services to access benefits"

Protocols

Treatment guidelines as contained in the Regulations published under the Medical Schemes Act, 1998

Designated service providers (DSPs)

Please study your benefit summary to see which DSPs apply to avoid co-payments

Medicine

Medicines approved for the treatment of conditions

Please keep in mind that PMB services will be funded from the available benefits for the services first.

Accessing benefits for your PMB conditions

Consultations and services

Step 1: Register your illness

Phone Medihelp's PMB pre-authorisation desk on 086 0100 678 and provide them with the relevant ICD-10 code (your doctor will give you this code). Your illness will then be registered for PMB – once you receive the authorisation schedule, you will know exactly which services have been approved.

Step 2: Your benefit schedule

The authorisation schedule sets out the number of consultations and other treatments which have been approved as part of your treatment protocol. Please study this schedule, because only the services listed on the schedule will qualify for PMB. If your doctor wants to prescribe other services not listed on your schedule, you will have to phone Medihelp on 086 0100 678 to apply for these services to be authorised.

Medicine

To register your medicine for PMB, please complete the PMB and chronic medicine application form, which you can download from the [Member Zone](#) (click on "Forms") or request telephonically from our Customer Care centre on 086 0100 678. Certain illnesses on the application form indicate entry criteria which must be met to qualify for PMB. These may include test results and doctors' motivations or reports. Please include these where necessary to help finalise your application.

Hospitalisation

All hospital admissions must be pre-authorised by phoning Medihelp on 086 0200 678, or applying for pre-authorisation via the [Member Zone](#) or the member app, or emailing to hospitalauth@medihelp.co.za. If a non-emergency admission is not authorised, a 20% co-payment on the benefit amount of the hospital account will be payable by you.

Emergencies

Medical emergencies that meet the definition as explained below also qualify for PMB, provided that a doctor motivates these cases as such. Please have the emergency authorised as soon as possible after the hospital admission, but definitely on the first workday after admission by phoning Medihelp on 086 0200 678.

An emergency is defined as follows in the Medical Schemes Act: "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."

Facility fees for emergency rooms do not qualify for benefits, and if the patient is not admitted to hospital directly from the emergency room, PMB do not apply.

Specialist network for PMB services

Medihelp's specialist network supports you with treatment for PMB conditions. By visiting specialists who form part of this network you can limit your out-of-pocket expenses.

It's easy to locate your nearest network specialist. Our website lists all network specialists – visit www.medihelp.co.za.

Tip: To prevent any surprises on your specialists' accounts, simply phone them before the consultation or treatment and enquire about their fees. This way, you will know in advance how much your co-payment (if applicable) will be. You can also negotiate a reduced fee with the specialists or arrange payment terms.

To avoid co-payments on PMB services

- **Pre-authorise PMB services** – pre-authorise the relevant services where required, including hospital admissions.
- **Follow the protocols** – ask that your treating doctor or healthcare provider follows the PMB treatment guidelines.
- **Use the MHRP co-payment calculator** on the [Member Zone](#) to determine which medicine items will not attract a co-payment.
- **Visit DSPs or network providers** – visit www.medihelp.co.za to find a network provider.

Emergency medical services

What qualifies as an emergency?

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 are also regarded as PMB conditions (refer to the section "Prescribed minimum benefits" to read more about PMB).

Please note: Have the emergency authorised as soon as possible after the hospital admission, but definitely on the first workday after admission, by phoning Medihelp on 086 0200 678.

Emergency transport services

Netcare 911 is our partner in providing emergency medical services. Always phone Netcare 911 on 082 911 for authorisation when you need emergency transport. You have access to Netcare 911's emergency services 24 hours a day, seven days a week.

To identify you as a member of Medihelp who may only make use of Netcare 911's services, we provide you with Netcare 911 stickers when you first join Medihelp. Affix this sticker to the inside of your vehicle's rear or side window. If you need new or additional stickers, phone us on 086 0100 678 or request it via the [Member Zone](#). You should also save Netcare 911's telephone number on your cell phone so you won't have to remember the number in an emergency.

You can also download the **mySOS app** on your smartphone and link it to Netcare 911.

The mySOS app to assist you in case of an emergency

- 1 Download the mySOS Netcare 911 app
- 2 Indicate Medihelp on the app as your provider
- 3 Load your emergency contacts

In a medical emergency:

- Open the app
- The app's GPS will send your location to your emergency contacts
- The app will send an alert to Netcare 911's control centre

Arrive safely when cycling, walking or driving:

- Enter your expected arrival time
- The app tracks you
- The app sends a map and your location to your emergency contacts if you do not arrive on time

Medicine benefits

Different types of medicine

Acute medicine

Acute medicine is used to treat short-term, acute diseases such as sinusitis and diarrhoea. Self-medication (acute medicine without a doctor's prescription) will also be funded from the acute medicine benefit.

Chronic medicine

Chronic medicine is used to treat long-term conditions. It must prevent or treat a serious illness, must sustain life, delay the disease's progress, repair natural physiology and must be the accepted treatment according to approved guidelines.

PMB chronic medicine

PMB chronic medicine is used to treat any of the 26 conditions on the Chronic Diseases List (CDL) if your condition complies with the entry criteria. Read more on PMB chronic medicine in the section regarding PMB.

Medihelp's medicine benefits

Generic medicine

100% of the MMAP* subject to benefits available.

Original medicine where no generic is available

80% of the MT** subject to benefits available.

Voluntary use of the original medicine where a generic is available

70% of the MMAP* subject to benefits available.

* MMAP – The Maximum Medical Aid Price covers the cost of most generic equivalents of the original medicine. It only applies to acute and non-PMB chronic medicine.

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

Benefits of using generic medicine

Before a new medicine may be made available to the public, extensive research is necessary to ensure it is effective and safe. This research costs millions, and pharmaceutical companies register a patent on the medicine to recover some of these research and development costs.

After the patent rights have expired, other pharmaceutical companies may use the same dosage form, active ingredient and strength, but with a different brand name. These companies do not have to repeat all the research, making the generic so much cheaper. The generic manufacturer has to prove that their medicine is as effective and of the same quality as the original.

Generic medicine is exactly the same as the original medicine, but will cost you less. You can ask your doctor or pharmacy for the generic equivalent of original medicine. You will also receive an SMS from Medihelp indicating that a generic alternative is available when you buy an original medicine item.

Medihelp's Preferred Pharmacy Network

The majority of South African pharmacies form part of Medihelp's Preferred Pharmacy Network, which offers Medihelp members the most cost-effective professional fee on prescribed medicine, helping you avoid additional co-payments on medicine.

Find your nearest preferred pharmacy by using Medihelp's member app or visiting Medihelp's website at www.medihelp.co.za.

How to reduce medicine co-payments

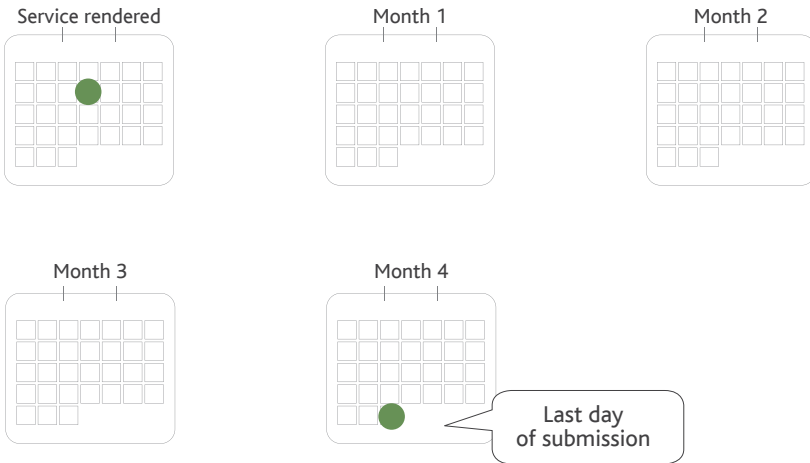
- Visit a pharmacy in the **Medihelp Preferred Pharmacy Network**.
- Use **generic medicine** – your generic medicine will be paid at 100% of the MMAP, while an 80% or 70% benefit applies to original medicines. You will also have to pay the difference in cost between the MMAP and the cost of the original product.
- Use only **authorised PMB medicine** – Medihelp covers your authorised PMB medicine at 100% of the Medihelp Reference Price.

Claims submission

Most healthcare providers submit their claims directly to Medihelp and you need not submit these again. You remain responsible for ensuring that Medihelp receives claims – also those submitted by healthcare providers. Check your monthly statements regularly to keep track of your claims. However, if you have paid an account and want to claim, you can also submit claims in any of the following ways:

- Use the member app by taking a photo of your claim and submitting it in a few easy steps
- Email to claims@medihelp.co.za
- Post to Medihelp Claims Administration, PO Box 26004, Arcadia, 0007

Make sure that your claims reach us on or before the last workday of the fourth calendar month after the month in which the service was rendered. If the claim is rejected because of omitted or incorrect information, you have 60 days from the date of rejection to resubmit the amended claim.



Healthcare services rendered abroad

If you or your dependants plan to travel abroad, please notify Medihelp of your plans. Medihelp will send you a document explaining the process you should follow to ensure that any claims for possible medical services rendered abroad are processed effectively. It is also advisable to take out travel insurance.

Medical emergencies abroad

Medihelp members are covered for medical emergencies for a period of 90 days after their departure from South Africa. Medihelp will pay the same tariff for the overseas medical services as it would have paid for local services. This stipulation of 90 days' coverage is for emergencies only and does not apply in the following cases:

- If you are a resident of the RSA, Lesotho, Mozambique, Namibia, Swaziland or Botswana and require medical services in these countries.
- If you are stationed abroad by your employer.
- If you are studying or working abroad on the instruction of your employer. Please submit a letter from your employer to Medihelp in which it is confirmed that you are working or studying abroad. The letter must include the expected departure and return dates.

How to submit your foreign claim

Claims for services rendered abroad must still reach Medihelp within the prescribed submission period. Remember that Medihelp won't be able to pay the overseas healthcare provider(s) directly and, therefore, all claims will be paid to you.

Make sure you attach the following information to all your foreign claims:

- A copy of your travel insurance documents and what has already been paid.
- A copy of your passport documents and applicable visas.
- A specified account. Please have the account translated or specify the services separately if the type of service/medication cannot be inferred. Please also state the name of the country on the account as well as the monetary unit in which the account has been charged.
- An explanation of the service(s) rendered in English.
- A completed declaration form that Medihelp will send to you.
- If the patient was hospitalised, written confirmation thereof by the hospital on an original letterhead containing the hospital's contact numbers.

Tip: Additional travel insurance will help make provision for the difference between Medihelp's benefits and the actual cost of the medical service. In fact, most countries will only issue a visa if you can provide proof of additional travel insurance. Remember that you cannot claim from Medihelp for services that are covered in full by your travel insurance or those portions of the claim that have already been paid by your travel insurance.

Pre-authorisation of certain services to access benefits

To access your benefits, you must obtain pre-authorisation for certain services and procedures before the service or procedure is rendered, or a co-payment will apply. The following list gives you all the contact details and information you'll need when you have to request pre-authorisation for a service or procedure.

Tip: To obtain the required forms, visit the [Member Zone](#) or phone our Customer Care centre on 086 0100 678.

Service	Contact details and information required	How to access benefits
<p>Hospital admissions (including psychiatric admissions, but excluding hospitalisation for dentistry)</p>	<p>Medihelp Member Zone Member app Tel: 086 0200 678 Fax: 012 336 9535 hospitalauth@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number • Details of patient, doctor and hospital • Details of admission, procedure and diagnostic codes 	<p>Hospital admissions should be registered well in advance. If the hospital admission is not pre-authorised, the member will be liable for a co-payment of 20% on the benefit amount of the hospital account. In case of an emergency admission, the admission should be registered on the first workday following the admission. Co-payments may apply to specific procedures.</p>
<p>Private nursing, hospice services and sub-acute care facilities Authorised only as an alternative to hospitalisation, subject to clinical protocols</p>	<p>Medihelp Tel: 086 0100 678 Fax: 012 336 9523 hmanagement@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number and details of patient • Procedure and diagnostic codes • Details of doctor, facility or practice • Doctor's motivation • Quotation for the services of the facility 	<p>Authorisation will be considered for a specific period according to Medihelp's clinical protocols for these services. Kindly phone in advance to allow enough time for the authorisation process. A 20% co-payment applies if hospice services/sub-acute care admissions are not pre-authorised.</p>
<p>Emergency medical transport</p>	<p>Netcare 911 Tel: 082 911 mySOS app</p> <ul style="list-style-type: none"> • Membership number • Details of patient 	<p>Netcare 911 is Medihelp's preferred provider of emergency transport services.</p>

Service	Contact details and information required	How to access benefits
<p>Dentistry and hospitalisation for dental services Dental procedures under general anaesthesia performed in hospital, in a day clinic or in the dentist's rooms under conscious sedation</p>	<p>DRC Tel: 087 943 9618 Fax: 086 687 1285 auth@dentalrisk.com www.dentalrisk.com</p> <ul style="list-style-type: none"> • Membership number • Details of patient, dentist and hospital • Details of the anaesthetist • Item and procedure codes 	<p>Procedures and treatments not pre-authorised will be for the member's account, except where a 20% co-payment applies.</p>
<p>Optometry services</p>	<p>PPN Tel: 086 1103 529 or 086 1101 477 info@ppn.co.za www.ppn.co.za</p> <ul style="list-style-type: none"> • Membership number • Details of patient 	<p>If no pre-authorisation is obtained, no benefits will be granted.</p>
<p>Specialised radiology CT imaging and MRI</p>	<p>Medihelp Member Zone Member app Tel: 086 0200 678</p> <ul style="list-style-type: none"> • Membership number • Details of the radiologist and patient • Item, procedure and diagnostic codes 	<p>Pre-authorisation is required for all CT imaging and MRI.</p>
<p>Oncology (cancer treatment)</p>	<p>Oncology programme Tel: 086 0100 678 Fax: 086 0064 762 oncology@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number • Details of patient • Completed ICON/oncology application form including ICD-10 codes 	<p>Oncology must be obtained from ICON oncologists according to the ICON treatment protocol.</p> <ul style="list-style-type: none"> • Co-payments will apply if the above is not followed. • Oncology treatment must be pre-authorised by Medihelp.

Service	Contact details and information required	How to access benefits
<p>HIV/Aids (All information will be treated confidentially)</p>	<p>HIV/Aids programme LifeSense Tel: 0860 50 60 80 SMS: 31271 for a call back Fax: 0860 80 49 60 Enquiries: enquiry@lifesense.co.za Scripts & pathology: results@lifesense.co.za www.lifesensedm.co.za Medicine Dis-Chem Direct Tel: 011 589 2788 Fax: 086 641 8311 direct.medihelp@dischem.co.za or Medipost Tel: 012 426 4000 Fax: 086 688 9867 life@medipost.co.za</p> <ul style="list-style-type: none"> • Membership number • Details of patient 	<p>Comprehensive benefits are offered for the treatment of HIV/Aids, including –</p> <ul style="list-style-type: none"> • antiretroviral therapy, and • post-exposure prophylaxis.
<p>Medical procedures obtained abroad (not emergencies) Services obtained abroad that are not available in South Africa</p>	<p>Medihelp Tel: 086 0100 678 Fax: 012 336 9540</p> <ul style="list-style-type: none"> • Membership number • Details of patient • ICD-10 and procedure code of a similar local procedure and a doctor's motivation 	<p>If approval is granted, benefits will be paid according to the applicable tariff payable for a similar service in South Africa.</p>
<p>Prescribed minimum benefits (PMB)</p>	<p>Medihelp Member Zone Tel: 086 0100 678 Fax: 086 0064 762 enquiries@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number • Details of patient • Completed PMB registration/ pre-authorisation form 	<p>Medihelp provides appropriate baskets of care per PMB condition registered with the Scheme – PMB protocols apply.</p>

Service	Contact details and information required	How to access benefits
<p>PMB and chronic medicine</p>	<p>Medihelp Member Zone Tel: 086 0100 678 Fax: 012 334 2466 medicineapp@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number • Details of patient • Completed application form for PMB/chronic medicine 	<p>Chronic medicine To register chronic medicine, members must complete a PMB/chronic medicine application form. The form contains certain sections which their doctor must complete. This will ensure that the most applicable, outcomes-based and cost-effective medicines for chronic conditions are authorised.</p> <p>PMB chronic medicine An application form should be completed for the registration of PMB/chronic medicine. Information on the extent to which the patient complies with the required entry criteria that apply to certain PMB conditions should be provided with the PMB/chronic medicine application form. PMB for a condition on the Chronic Diseases List (CDL) will only apply from the date on which the application for PMB/chronic medicine was finalised. Claims for services rendered before the registration date of the medicine cannot be backdated or corrected.</p>
<p>More than 30 days' medicine supply</p>	<p>Medihelp Member Zone Tel: 086 0100 678 Fax: 012 334 2466 medicineapp@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number • Details of patient • Completed "Medicine in Advance" form 	<p>Members who need to obtain more than 30 days' medicine supply must phone Medihelp to obtain pre-authorisation. This is only applicable to authorised PMB and chronic medicine that will be required while travelling abroad.</p>

Service	Contact details and information required	How to access benefits
Internally implanted prostheses	<p>Medihelp Tel: 086 0200 678 Fax: 012 336 9535 hospitalauth@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number • Details of patient • Quotation/doctor's motivation/prescription 	<p>Applications for approval of these services should be provided with a doctor's motivation.</p> <p>The member will be liable for the difference in cost should PMB spinal, hip, knee and cardiac prostheses not be obtained from the DSP.</p>

Service

We dedicate user-centred online and offline support services to assist and support you in managing your membership and benefits.

Medihelp's Rules

All medical schemes are managed according to rules that describe and explain the rights and responsibilities of the scheme as well as its members. In essence, these rules constitute the contract between the member and his/her medical scheme. The rules are approved and registered by the Council for Medical Schemes, which regulates the activities of medical schemes and protects the interests of members.

Medihelp's Rules are binding on all members. No exceptions to these Rules can be made, thereby ensuring that all members are treated fairly and their interests are secured through strict corporate governance principles.

To obtain a copy of Medihelp's Rules you can:

Visit the [Member Zone](#) at www.medihelp.co.za

Phone our Customer Care Centre
on **086 0100 678**

Your membership card

Your membership card confirms your membership of Medihelp and is issued when you join Medihelp or register/deregister dependants or change your benefit option. It is also available on the member app. Show your membership card whenever you visit a doctor or any healthcare provider. Your membership card is for your and your registered dependants' exclusive use.

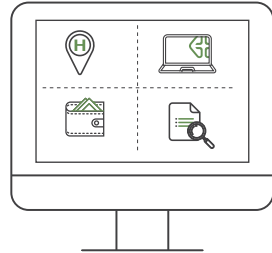
Medihelp's **member app** ensures that you always have your **latest electronic membership card** available. The app is available for all iOS and Android smartphones. You can email or send the card via Bluetooth to your healthcare provider.

Medihelp will also provide you with new membership cards should there be any changes to your membership, for example when you register or deregister a dependant. As soon as you receive the new card(s), please destroy your old membership card(s). You can visit the [Member Zone](#) at www.medihelp.co.za or phone Medihelp's Customer Care centre on 086 0100 678 to request additional membership cards.

Member Zone (secured website for members)

The Member Zone is available 24 hours a day, seven days a week and gives you access to your own secured information through a personal identification number (PIN). Visit the Medihelp website at www.medihelp.co.za and click on "Register". Functionalities on the site include:

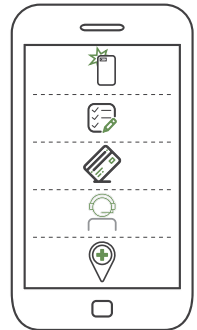
- Apply for pre-authorisation of services and hospital admissions.
- Track your benefit usage and see what funds you have available.
- Make sure we have your personal details on file by verifying and correcting these details.
- Search for claims, see how these were paid, or submit a new claim.
- Download your tax and membership certificate.



Member app

If you have a smartphone, download Medihelp's app once you have registered on the Member Zone and use your username and password for both platforms. The functionalities you will find on the app are as follows:

- **E-membership card:** You can email or send the card via Bluetooth to your healthcare provider.
- **The Virtual Call Centre:** This function allows you to select the division you need to reach and deal with them directly from your cell phone.
- **Your benefits:** See the benefits you've claimed and what benefits are available.
- **Network providers:** Locate your nearest network specialist or preferred pharmacy with the integrated map function, or download directions.
- **Submit claims:** Take a photo of your claim with your phone's camera and submit it in a few easy steps.
- **Contact us:** View all Medihelp's contact information.



Medihelp website

Live chat

Use the **live chat** feature on Medihelp's website to receive instant online support.

Quick Answers

Get answers to Medihelp questions with our **Quick Answers** functionality on the website.

Enrolment conditions

Upon joining Medihelp, members receive a document with the conditions under which they are enrolled as beneficiaries of the Scheme, indicating any waiting periods and/or late-joiner penalties that may apply.

Waiting periods

Waiting periods are periods during which beneficiaries are members but do not yet qualify for benefits. Medihelp may apply a general waiting period or waiting periods for specific medical conditions.

Late-joiner penalties

Late-joiner penalties apply if beneficiaries have not been members of a medical scheme before, or if there were prolonged lapses in their previous medical scheme membership.

Your dependants

You may register the following people as your dependants, provided that they are dependent on the principal member for family care and support:

- Your **spouse/partner**
- Your **children** (the principal member's own children, stepchildren, adopted or foster care children, or children placed in the member's temporary care or born under a surrogate agreement of the member and the spouse/partner)
- Your **spouse's/partner's children**
- The **father, mother, brother(s) or sister(s)** of the principal member
- Own **grandchildren** (please note that the subscription payable in respect of a grandchild is that of an adult and not that of a child dependant, except if the grandparent adopts the child or the child is placed in foster care/temporary safe care of the principal member)

You can register a dependant (either a new-born baby or other dependant) by downloading the applicable form from the [Member Zone](#) at www.medihelp.co.za. You can also obtain the form by phoning our Customer Care centre on 086 0100 678.

Medihelp can enrol your dependants from the date indicated by you on the registration form if we receive the application on or before such date, subject to the following:

Child dependants

- Own children
- New-born baby
- Adoption
- Foster care
- Temporary care
- Surrogate

Registration of dependant or registration of a new-born baby form must be received within 90 days from the birth. If received after 90 days of the event, your dependant can only be registered from a current date which is also the date from which benefits will be available, and enrolment conditions may apply. Include copies of the child's ID or the adoption/foster care order.

Marriage

Registration of dependant form must be received within 90 days from the marriage date. If received after 90 days of the event, your dependant can only be registered from a current date which is also the date from which benefits will be available, and enrolment conditions may apply. Include copies of your spouse's ID and the marriage certificate.

Benefit amounts are awarded pro rata when beneficiaries are registered during the course of a financial year. Once your new dependant has been registered, Medihelp will provide you with an updated proof of membership schedule and new membership cards.

Tip: When you receive your new membership cards showing your new dependant(s), you must remember to destroy your old cards. If you use the e-membership card on your smartphone, it will be updated automatically.

Deregistering dependants

- **If your dependant no longer qualifies as a dependant** (for example in case of independence or divorce), please inform Medihelp in writing within one month of the event. If you don't, your dependant can only be deregistered at the earliest from the beginning of the month in which Medihelp receives your request.
- **Voluntary deregistration** must be done in advance and the deregistration date may therefore not be before the date on which Medihelp receives the request.

Contributions

You can either pay your contributions by debit order or your employer can pay your contributions on your behalf. It is therefore very important that Medihelp has your correct banking details if you pay by debit order or if Medihelp needs to deposit money into your bank account. Cash payments for rejected subscription debit orders are accepted and can be made directly into Medihelp's bank account. Debit orders do, however, remain the preferred method of payment. You can send any enquiries with regard to your subscriptions to:

Enquiries: subscriptions@medihelp.co.za

Fax: 012 336 9537

Claims statements

Members who submit claims receive a monthly statement on which details of the processing and payment of claims submitted are reported. The claims statements also have room where Medihelp will bring important information to your attention, for example to remind you of an event.

Claims statements for visually impaired members

Our visually impaired members can receive their claims statements in audio format. Should you wish to receive your claims statements in this format or know of a Medihelp member who is visually impaired and would prefer this means of communication, send an email to enquiries@medihelp.co.za and we will link you or the member to this service.

Your details

Personal information

It is very important for Medihelp to have your correct details, including phone numbers, postal and email addresses as well as any other relevant contact details. Please inform us of any changes to your contact details immediately, as we wish to keep you informed and

enabled with regard to your medical scheme cover. Remember that Medihelp cannot be held responsible should your contact details be incorrect. You can view and change your contact details on the [Member Zone](#) at www.medihelp.co.za or on the member app.

Bank detail

It is also important that Medihelp has your correct banking details so we can recover your subscriptions by debit order or transfer funds electronically to your bank account if benefits are payable directly to you. You should therefore please inform Medihelp immediately if your banking details have changed by completing a "Change banking details" form which you can find on the [Member Zone](#) and send with the following:

1

The new banking details (bank name, type of account, branch code, account number and the name of the account holder)

2

A cancelled cheque or an official bank statement not older than three months of the account holder (all the pages of the statement must be included but you should conceal the amounts)

3

A copy of the member's/ account holder's (if it is not the member) ID

Changed banking details must reach us before the 18th of a month in order to apply the adjustments in the same month. Send your banking details to any of the following:

Email:
membership@medihelp.co.za

Fax: 012 336 9532

Postal address: Medihelp,
PO Box 26004,ARCADIA,
0007

Please note: You must also sign your request to update your banking details for security reasons, and this is why you cannot notify Medihelp of your new banking details by telephone. Your changed banking details will be authorised by the Scheme before being implemented.

Payments to Medihelp

You can pay any outstanding amounts directly into Medihelp's bank account at an ABSA branch or by means of an internet transfer. Please use your correct membership number as reference on the bank deposit slip or electronic payment advice. The remaining spaces in the reference block can be used for your initials and surname. Please fax or email the deposit slip or proof of payment to Medihelp on 012 336 9514 or receipts@medihelp.co.za.

Medihelp's banking details are as follows:

Bank: ABSA

Name of account holder: Medihelp

Branch: Arcadia

Branch code: 334945 or general branch code 632005

Type of account: Cheque account

Account number: 61000 00 88

Disputes

Should a dispute arise between you and a healthcare service provider, it should be resolved between the parties concerned, or you can refer your complaint to the Health Professions Council of South Africa (HPCSA), PO Box 205, PRETORIA, 0001 or phone the HPCSA on 012 338 9300 or email to info@hpcsa.co.za.

If a dispute should arise between you and Medihelp which you are unable to resolve, you can phone the Council for Medical Schemes on 086 1123 267 or email complaints@medicalschemes.com.

élan health magazine

Through élan, our digital wellness magazine, we share Medihelp news and inspire, enable and inform members to live healthy, balanced lives.

Social media platforms

You can find us on Facebook, LinkedIn, Twitter, Instagram and Pinterest.

Nominations for the Board of Trustees, motions and suggestions

Members can use the nomination form available at Medihelp to nominate a trustee. The form must be signed by the proposer and a seconder, and must reach Medihelp by the last workday of March. Members can also submit motions before this date. You will receive the CVs of all eligible candidates with the other information to be voted on before the AGM.

Annual general meeting (AGM)

All members of Medihelp receive an annual report which contains the notice and agenda for the AGM. The process for voting on any matters serving before the AGM and submitted prior to 31 March of a year takes place electronically, with voting results announced at the meeting.

Letters and emails

We communicate important information regarding benefits and processes to you by means of personalised letters or emails, depending on your preference. Email your membership number and email address to membership@medihelp.co.za.

Reporting fraud

Please contact us if you want to report unethical practices. Email fraud@medihelp.co.za or phone us on 012 334 2428.

Contact us

Medihelp

Medihelp Customer Care centre

Tel: 086 0100 678

Fax: 012 336 9540

enquiries@medihelp.co.za

www.medihelp.co.za

Phone our Customer Care centre

Mondays to Thursdays: 7:00 to 17:00

Fridays: 8:00 to 16:00

Visit us

Mondays to Fridays 7:30 to 16:00

410 Steve Biko Road, Arcadia, Pretoria

Write us a letter

Medihelp, PO Box 26004, Arcadia, 0007

Application forms (new business)

newbusiness@medihelp.co.za

Membership enquiries

Fax: 012 336 9532

membership@medihelp.co.za

Subscriptions enquiries

Fax: 012 336 9537

subscriptions@medihelp.co.za

E-services

Access the [Member Zone](#) (secured site for members) via www.medihelp.co.za

Download the member app from iStore/
Google Play

Submission of claims

[Member Zone](#)

Member app

Fax: 012 336 9556

claims@medihelp.co.za

Hospital admissions (all hospital admissions must be pre-authorised)

[Member Zone](#)

Member app

Tel: 086 0200 678

Fax: 012 336 9535

hospitalauth@medihelp.co.za

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

[Member Zone](#)

Tel: 086 0100 678

Fax: 012 334 2466

medicineapp@medihelp.co.za

Prescribed minimum benefits (PMB)

[Member Zone](#)

Member app

Tel: 086 0100 678

Fax: 086 0064 762

enquiries@medihelp.co.za

MRI and CT imaging

[Member Zone](#)

Member app

Tel: 086 0200 678

Oncology programme

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 fraudline

Tel: 012 334 2428

Fax: 012 336 9538

fraud@medihelp.co.za

PPN (optometry)

Tel: 086 1103 529 or 086 1101 477

info@ppn.co.za

www.ppn.co.za

Partners**Netcare 911** (emergency medical transport)

Tel: 082 911

mySOS app

Council for Medical Schemes

Tel: 086 1123 267

complaints@medicalschemes.com

www.medicalschemes.com

DRC (dental services)

Tel: 087 943 9618

Fax: 086 687 1285

medihelp@dentalrisk.com

claims@dentalrisk.com

auth@dentalrisk.com

www.dentalrisk.com

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

Tel: 0860 50 60 80

SMS: 31271 for a call back

Fax: 0860 80 49 60

Enquiries: enquiry@lifesense.co.za

Scripts & pathology: results@lifesense.co.za

www.lifesensedm.co.za

Medicine**Dis-Chem Direct**

Tel: 011 589 2788

Fax: 086 641 8311

direct.medihelp@dischem.co.za

or

Medipost

Tel: 012 426 4000

Fax: 086 688 9867

life@medipost.co.za

Disclaimer

This guide provides a summary of the most important information regarding your benefit option and membership of Medihelp. In case of a dispute, the registered Rules of Medihelp will apply, subject to approval by the Council for Medical Schemes.



medihelp
medical scheme

086 0100 678
www.medihelp.co.za



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