



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

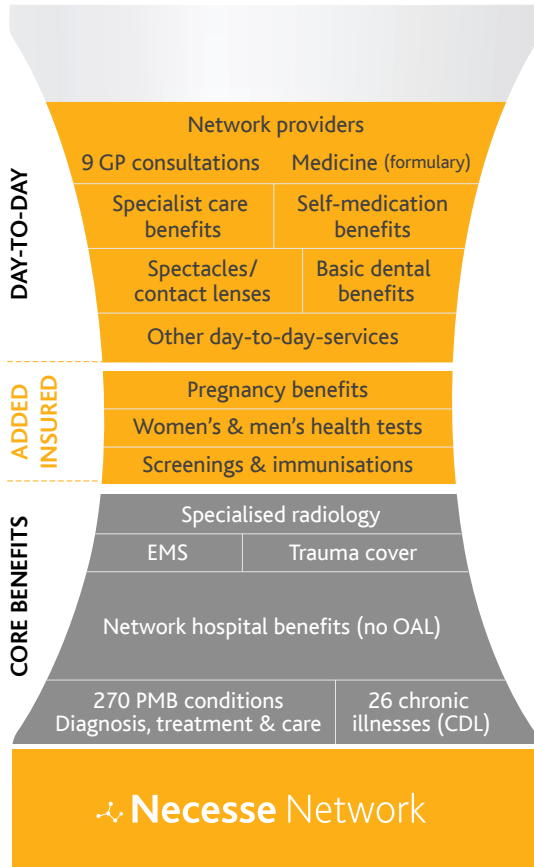
Medihelp's digital service platforms:






- ✓ 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

Necesse Network

This comprehensive product provides quality cover through an extensive network of private hospitals and healthcare providers for medical expenses incurred in and out of hospital. With a special student rate, Necesse is also the ideal healthcare solution for full-time students.



Monthly contributions

		Gross monthly income	
		Full-time students R0 – R600	R601+
Principal member		R597	R2 551
Dependant		R597	R1 994
Child dependant <21 years		R597	R1 108

You pay child dependant rates for kids until they turn 21 years old.

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

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Added insured benefits

These benefits are provided in addition to other insured benefits, may be subject to available day-to-day benefits and must be requested by a Necesses GP, 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)
- A pap smear requested by a medical doctor (item codes 4566)
- Women over 50 years have access to one bone mineral density test requested by a medical doctor (item codes 3604/50120)
- One blood glucose test (item code 4057) and one cholesterol test (item code 4027)



Supporting wellness

- **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



Enhanced maternity benefits

- Free registration on the HealthPrint pregnancy and baby programme
- 2 consultations per beneficiary at a gynaecologist if referred by a Necesses network GP and pre-authorized
- Two 2D ultrasound scans per beneficiary



Men's health

- A prostate test (PSA level) for men 40 years and older requested by a medical doctor (item code 4519)
- One blood glucose test (item code 4057) and one cholesterol test (item code 4027)



Routine screening and immunisation

- HIV testing, counselling & support by a Necesses network GP (item codes 3932/4614)
- A tetanus vaccine
- A flu vaccination by a Necesses network GP or at a network pharmacy (payable from over-the-counter medicine benefit)

Benefits are paid at 100% of the MT.

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.

Protocols and treatment

Medihelp's oncology benefits are based on ICON's PMB 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 PMB 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.

Day-to-day benefits

Necesse network GP visits and pregnancy benefits

Description	Benefit
GP SERVICES WITHIN THE NECESSE NETWORK <ul style="list-style-type: none">• Consultations• Medical and surgical services as well as anaesthesia• Material and discretionary medicine used during services	100% of the MT 9 consultations per beneficiary per year
PREGNANCY <ul style="list-style-type: none">• Pre- and post-natal care provided by a Necesse network GP	
<ul style="list-style-type: none">• Midwife services provided by a registered nursing practitioner for pre- and post-natal care, subject to pre-authorisation and clinical protocols	100% of the MT Unlimited 35% co-payment if not pre-authorised

- Always visit a doctor who is part of the Necesse GP network. Visit the Medihelp website at www.medihelp.co.za or use the member app to access a list of network doctors near you.
- Every family member has nine consultations available per year which is shared with pregnancy consultations at a Necesse network GP.
- Pre- and post-natal care services must be provided by your Necesse network GP.
- Midwife services must be rendered by a registered practising nurse and are subject to pre-authorisation and treatment guidelines (protocols).
- Refer to "Added insured benefits" for two additional gynaecologist consultations and two 2D sonars and to "Core benefits" for confinement (childbirth) hospital benefits.

Oxygen (out of hospital)

Description	Benefit
OXYGEN* Out of hospital Prescribed by a medical doctor and subject to pre-authorisation and clinical protocols	100% of the MT 35% co-payment if not pre-authorised

* Benefit includes the cost of the oxygen, material and hiring equipment.

Services rendered by specialists

Description	Benefit
<p>SPECIALIST CARE</p> <p>Subject to referral by a Necesses network GP, clinical protocols and pre-authorisation, which includes one follow-up consultation:</p> <ul style="list-style-type: none"> • Specialist consultations • Surgical and non-surgical procedures • Diagnostic endoscopic procedures performed in the specialist’s rooms • Standard radiology • Pathology (at Lancet/PathCare) requested by a specialist • Interventional procedures performed by radiologists, including material • Acute medicine administered or dispensed by a specialist • Acute medicine prescribed by a specialist and obtained from a network pharmacy 	<p>100% of the MT</p> <p>M = R3 200 per year</p> <p>M+ = R4 500 per year</p> <p>35% co-payment if not referred by a Necesses network GP or not pre-authorised</p>
<ul style="list-style-type: none"> • Authorised PMB chronic medicine prescribed by a specialist on referral by a Necesses network GP – subject to pre-authorisation and obtained from a network pharmacy 	<p>100% according to the Necesses PMB chronic medicine formulary</p>

- You may only visit a specialist if you are referred by your Necesses network GP. If not, a 35% co-payment on the consultation will apply.
- Phone 086 0200 678 or send email to necesses@medihelp.co.za to request pre-authorisation for a specialist consultation.
- You must visit the specialist within the authorised period. The authorisation includes a follow-up consultation within six weeks and if the services cannot be rendered within the approved period, you must contact Medihelp again to authorise these services. If the specialist consultation has not been approved or services are rendered outside the approved period, a 35% co-payment will apply.
- Medihelp has established a specialist network for PMB services. Refer to the section “Prescribed minimum benefits” for more information.
- It is preferable to visit a specialist who practises at a [network hospital](#), in case you need to be admitted to hospital. Refer to the section “Hospitalisation and your network hospitals” for more information.
- All acute medicine prescribed by a specialist must be obtained within the authorised period from a pharmacy in the Medihelp Preferred Pharmacy Network, or administered and dispensed by a specialist, except for vaccinations. Refer to the section “Medicine benefits” for more information.
- Only approved PMB chronic medicine used for the treatment of PMB/CDL conditions will qualify for chronic medicine benefits, if prescribed by a specialist on referral by your Necesses network GP. Refer to the sections “Prescribed minimum benefits” and “Pre-authorisation of

certain services to access benefits” for more information. Co-payments may apply in case of voluntary non-network pharmacy use, deviation from the formulary and if not referred by a Necesses network GP.

- Pathology services requested by a specialist must be rendered by either Lancet (PR 5201055) or PathCare (PR 5200539 – Drs Dietrich, Voigt, Mia & Partners) to avoid a co-payment.

Medicine

Visit Medihelp’s website at www.medihelp.co.za or the [Member Zone](#) for a list of network pharmacies, phone Medihelp on 086 0100 678 or use the member app to locate your nearest network pharmacy.

Acute medicine and vaccines prescribed/dispensed by a Necesses network doctor

Description	Benefit
ACUTE MEDICINE AND VACCINES	
<ul style="list-style-type: none"> • Dispensed by a dispensing Necesses network GP (included in the consultation fee) 	100% of the MT
<ul style="list-style-type: none"> • Formulary medicine obtained from a network pharmacy and prescribed by a Necesses network GP or a dentist in the DRC network 	100% of the MT according to the Necesses acute medicine/ dental formularies

- Only medicines on the Necesses acute medicine formulary or dental medicine formulary qualify for benefits.
- Acute medicine and vaccines can be obtained from:
 - Your dispensing Necesses network GP; or
 - A pharmacy in the Medihelp Preferred Pharmacy Network if prescribed by a non-dispensing Necesses network GP.
- If your Necesses network GP dispenses medicine, he/she must not give you a prescription to hand in at your network pharmacy – these medicine claims will not qualify for benefits. Refer to the section “Medicine benefits” for more information on acute medicine.

Self-medication (over-the-counter medicine)

Description	Benefit
SELF-MEDICATION	
<ul style="list-style-type: none"> • Obtained from a network pharmacy 	100% of the MMAP R100 per event R290 per beneficiary per year

- Self-medication may be obtained without a prescription and only from a pharmacy in the Medihelp Preferred Pharmacy Network.

Authorised PMB chronic medicine

Description	Benefit
PMB CHRONIC MEDICINE <ul style="list-style-type: none">• Authorised PMB chronic medicine is subject to pre- authorisation, protocols, the formulary and must be obtained from a network pharmacy or dispensing Necessé network GP	100% of the MHRP according to the Necessé PMB chronic medicine formulary Unlimited

- All chronic medicines for PMB/CDL conditions must first be approved by Medihelp, and are subject to clinical protocols and formularies. Refer to the sections "Prescribed minimum benefits" and "Pre-authorisation of certain services to access benefits" for more information.

Physiotherapy and occupational therapy

Description	Benefit
PHYSIOTHERAPY AND OCCUPATIONAL THERAPY Out of hospital Must be requested by a Necessé network GP or specialist on referral by a Necessé network GP	100% of the MT M = R2 050 per year M+ = R3 200 per year 35% co-payment if not requested by a Necessé network GP or specialist on referral by a Necessé network GP

- Should a specialist request these services, there must be a referral from a GP in the Necessé network and approval. The specialist visit must be approved by Medihelp and services will be paid from the physiotherapy and occupational therapy benefit and not the specialist benefit.

Standard radiology and pathology

Description	Benefit
STANDARD RADIOLOGY (X-RAYS) Subject to a list of Scheme-approved codes and requested by a Necesses network GP <ul style="list-style-type: none"> • Black and white X-rays and soft-tissue ultrasound scans only as per the Scheme's clinical protocols 	100% of the MT Co-payments and a limit will apply if not requested by a Necesses network GP
PATHOLOGY Subject to a list of Scheme-approved pathology codes and tests only, done by Lancet/PathCare on request of a Necesses network GP	100% of the MT Co-payments apply if services are not rendered by Lancet/PathCare

- Standard radiology and pathology services must be requested by your Necesses network GP.
- Blood tests must be performed by either Lancet (PR 5201055) or PathCare (PR 5200539 – Drs Dietrich, Voigt, Mia & Partners) to avoid co-payments.
- Benefits will only be granted for the Medihelp list of approved standard radiology and pathology item codes.
- Refer to the benefit at “Emergency units and non-network consultations” for radiology not requested by a Necesses network GP.

Medical appliances

Description	Benefit
MEDICAL APPLIANCES Services in and out of hospital, prescribed by a Necesses network GP or specialist on referral by a Necesses network GP PMB cases Back, leg, arm and neck supports, crutches, orthopaedic footwear, elastic stockings, peakflow meters, nebulisers	100% of the MT
Non-PMB cases <ul style="list-style-type: none"> • Wheelchairs 	100% of the MT R4 700 per family in a 3-year cycle
<ul style="list-style-type: none"> • Stoma components • Incontinence products/supplies 	100% of the MT
<ul style="list-style-type: none"> • CPAP apparatus Out of hospital 	100% of the MT R9 700 per beneficiary in a 24-month cycle

- All services must be prescribed by a medical doctor.
- Refer to the sections “Prescribed minimum benefits” and “Pre-authorisation of certain services to access benefits” for more information on PMB cases.
- Benefits for the cost of repairs/maintenance/spares/accessories/adjustments are included in the maximum amount available for a particular appliance.

Eye tests, spectacles or contact lenses

Description	Benefit
<p>OPTOMETRY Services must be pre-authorised by PPN and rendered by a PPN optometrist</p> <ul style="list-style-type: none"> Optometric examinations 1 composite consultation, including refraction test, tonometry and visual field test 	<p>100% of the MT 1 composite examination per beneficiary per 24-month cycle</p>
<ul style="list-style-type: none"> Spectacles or contact lenses Benefits are limited to either spectacles or contact lenses: <ul style="list-style-type: none"> Spectacles <ul style="list-style-type: none"> Frames and/or lens enhancements Lenses (one pair of standard clear Aquity lenses) 	<p>R550 per beneficiary per 24-month cycle</p> <p>Single vision or bifocal lenses per beneficiary per 24-month cycle (multifocal lenses paid at the cost of bifocal lenses)</p>
<ul style="list-style-type: none"> Contact lenses 	<p>R730 per beneficiary per 24-month cycle</p>

- PPN, Medihelp's optometry network providers, must first approve the optical services, and benefits are available per beneficiary per 24-month cycle. If the services are not pre-authorised or rendered by a PPN optometrist, co-payments may apply.
- Limits apply on frames/lens enhancements and contact lenses.

Conservative dental services

Description	Benefit
<p>DENTAL SERVICES Subject to DRC's managed care protocols and services rendered by a dentist in the DRC network Conservative services</p> <ul style="list-style-type: none"> Routine check-ups 	<p>100% of the MT 1 per beneficiary per year</p>
<ul style="list-style-type: none"> Fillings (X-rays and treatment plans may be requested for multiple fillings) 	<p>100% of the MT 4 fillings per beneficiary per year, 1 filling per tooth in 365 days Amalgam fillings (item codes 8341/8342/8343/8344) and resin restorations in anterior teeth (item codes 8351/8352/8353/8354)</p>

Description	Benefit
<ul style="list-style-type: none"> Oral hygiene: <ul style="list-style-type: none"> Scale and/or polish treatment 	100% of the MT 1 treatment per beneficiary per year (<12 years – item code 8155) (>12 years – item code 8159)
<ul style="list-style-type: none"> Fluoride treatment for children >5 and <13 years old 	100% of the MT 1 treatment per beneficiary per year
<ul style="list-style-type: none"> Fissure sealants for children >5 and <16 years old (only on permanent teeth) 	100% of the MT
<ul style="list-style-type: none"> Tooth extractions (more than 4 extractions must be pre-authorised) 	100% of the MT
<ul style="list-style-type: none"> Root canal treatment in the dentist's chair (only permanent teeth) 	100% of the MT 2 teeth per beneficiary per year
<ul style="list-style-type: none"> Plastic dentures, including associated laboratory costs 	80% of the MT 1 set per family in a 2-year period (21 years and older)
<ul style="list-style-type: none"> Laughing gas (in the dentist's chair) 	100% of the MT
<ul style="list-style-type: none"> Dental procedures under conscious sedation in the dentist's chair (sedation cost), subject to pre-authorisation 	100% of the MT Extensive dental treatment only for children younger than 12 years 35% co-payment if not pre-authorised
<ul style="list-style-type: none"> X-rays <ul style="list-style-type: none"> Intra-oral X-rays 	100% of the MT 4 per beneficiary per year
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Extra-oral X-rays 	100% of the MT 1 per beneficiary in a 3-year period
<ul style="list-style-type: none"> Medicine Only formulary medicine obtained from a network pharmacy and prescribed by a dentist in the DRC network 	100% of the MMAP according to dental formularies

- You must obtain all dental services from a dentist in the **Dental Risk Company (DRC) network**. To find a DRC network dentist:
 - Visit www.medihelp.co.za, the [Member Zone](#) or www.dentalrisk.com
 - Phone 087 9439 618
 - Use the member app

- Benefits are only provided for basic conservative dental services which are subject to DRC’s protocols and managed care interventions.
- Dental services that are excluded from benefits are listed in the “Dental exclusions” section of this guide.
- Benefits for the retreatment of a tooth are subject to managed care protocols, and specific item codes may apply.
- Your DRC network dentist may only prescribe medicine on the Necesses dental formulary.

Core benefits

Chronic illness and PMB

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 clinical protocols, pre-authorisation, formularies and DSPs</p>	<p>100% of the cost* Unlimited</p>

* Contracted tariffs may apply

- PMB are subject to pre-authorisation, clinical protocols (treatment guidelines) and formularies, and services must be rendered by contracted/designated service providers.
- If you deviate from the formularies or protocols, or are not treated by a contracted/designated service provider, co-payments will apply or services will not be covered.
- For more information on PMB, refer to the “Prescribed minimum benefits” section on [page 33](#).

Trauma recovery

Description	Benefit
<p>TRAUMA 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>POST-EXPOSURE PROPHYLAXIS (for HIV/Aids)</p>	

* Contracted tariffs may apply

- Benefits are subject to authorisation, PMB protocols and case management. Remember to authorise an emergency hospital admission on the first workday after the admission.
- Read more about emergencies in the “Emergency medical services” section on [page 35](#).

Emergency medical services

Description	Benefit
<p>EMERGENCY TRANSPORT SERVICES Provided and pre-authorised by Netcare 911 Subject to protocols</p> <p>Within the borders of South Africa</p> <ul style="list-style-type: none"> • Transport by road • Transport by air 	<p>100% of the MT Unlimited</p>

- Emergency transport services are provided by **Netcare 911** and must be pre-authorised by Netcare 911 by phoning **082 911**, or a 50% co-payment may apply.
- For more on emergencies and the mySOS app, refer to the “Emergency medical services” section in this guide on [page 35](#).

Description	Benefit
<p>EMERGENCY UNITS AND NON-NETWORK CONSULTATIONS</p> <ul style="list-style-type: none"> • PMB-related emergencies (see definition in “Explanation of terms”) 	<p>100% of the MT</p>
<ul style="list-style-type: none"> • Outpatient emergency unit services and non-network consultations • Medicine and services rendered by a non-network medical doctor • Standard radiology services requested by a non-network medical doctor (black and white X-rays and soft-tissue ultrasound scans as per the Scheme’s clinical protocols and list of codes) 	<p>80% van die MT M = R1 100 per year M+ = R2 250 per year</p>
<ul style="list-style-type: none"> • Pathology requested by a medical doctor Scheme approved pathology codes and DSP (Lancet/PathCare) apply 	<p>100% of the MT</p>
<ul style="list-style-type: none"> • Facility fee 	<p>For member’s account</p>

- Only emergencies that meet the definition in the “Explanation of terms” section qualify for PMB.
- Facility fees are not covered.
- Pathology tests must be requested by a medical doctor according to the Medihelp list of pathology codes and obtained from Lancet/PathCare.
- If you paid the doctor’s account in the case of an emergency or out-of-network consultation, you can submit a claim to Medihelp for a refund of the benefit amount, should the claim qualify for benefits. Submit the following to Medihelp by post, fax (012 336 9556) or email (claims@medihelp.co.za) or use the member app:
 - The specified account; and
 - A copy of your proof of payment.

Hospitalisation

Description	Benefit
<p>HOSPITALISATION IN A NETWORK HOSPITAL/ DAY CLINIC Subject to pre-authorisation, case management and clinical protocols</p> <ul style="list-style-type: none"> • Intensive care 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, and a 35% co-payment for voluntary admission to a non-network hospital</p>
<p>CONFINEMENT (childbirth) Subject to pre-authorisation and clinical protocols. Services rendered by a specialist in the Necessé specialist network, on referral by a Necessé network GP</p> <p>Non-PMB cases</p> <ul style="list-style-type: none"> • Hospitalisation • Confinement (delivery) • Gynaecologist and anaesthetist services • Post-natal services 	<p>100% of the MT R26 300 per confinement for an elective caesarean section 20% co-payment per admission if not pre-authorised, and a 35% co-payment for voluntary admission to a non-network hospital</p>
<p>PMB cases</p> <ul style="list-style-type: none"> • Hospitalisation • Confinement (delivery) • Gynaecologist and anaesthetist services • Post-natal services 	<p>100% of the MT Unlimited 20% co-payment per admission if not pre-authorised, and a 35% co-payment for voluntary admission to a non-network hospital</p>
<ul style="list-style-type: none"> • Midwife services 	<p>35% co-payment if not pre-authorised</p>
<p>HOME DELIVERY Subject to pre-authorisation and clinical protocols</p> <ul style="list-style-type: none"> • Professional nursing fees • Equipment • Material and medicine 	<p>100% of the MT R13 000 per event 35% co-payment per event if not pre-authorised</p>
<p>STANDARD RADIOLOGY, PATHOLOGY AND MEDICAL TECHNOLOGIST SERVICES In hospital</p> <ul style="list-style-type: none"> • Interventional procedures performed by a radiologist, including material • Pathology DSPs (Lancet/PathCare) apply 	<p>100% of the MT R30 500 per family per year</p>

Description	Benefit
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 Only services requested by a specialist on referral by a Necessé network GP and subject to clinical protocols <ul style="list-style-type: none"> • MRI and CT imaging (subject to pre-authorisation) • Angiography 	100% of the MT R16 500 per family per year
CLINICAL TECHNOLOGIST SERVICES In hospital Services must be prescribed by a medical doctor/dentist	100% of the MT R22 300 per family per year
ORGAN TRANSPLANT Subject to pre-authorisation and clinical protocols PMB cases	100% of the cost Unlimited
<ul style="list-style-type: none"> • Cornea implants 	100% of the cost R28 800 per implant per year
OCCUPATIONAL THERAPY In hospital	100% of the MT R9 850 per family per year
PHYSIOTHERAPY In hospital, only on request by the attending medical doctor	100% of the MT R9 850 per family per year
OXYGEN In hospital	100% of the MT
RENAL DIALYSIS PMB cases only Subject to pre-authorisation and clinical protocols In and out of hospital <ul style="list-style-type: none"> • Acute dialysis • Chronic/peritoneal dialysis 	100% of the cost
APPLICABLE PRESCRIPTION MEDICINE DISPENSED AND CHARGED BY THE HOSPITAL ON DISCHARGE FROM HOSPITAL (TTO) (excluding PMB chronic medicine)	100% of the MT R350 per admission
APPENDECTOMY Subject to pre-authorisation <ul style="list-style-type: none"> • Conventional or laparoscopic procedure 	100% of the MT Unlimited

Description	Benefit
PROSTATECTOMY Subject to pre-authorisation <ul style="list-style-type: none"> • Conventional or laparoscopic procedure 	100% of the MT Unlimited
<ul style="list-style-type: none"> • Robotic assisted laparoscopic procedure 	100% of the MT Hospitalisation: R111 000 per beneficiary
PROSTHESES In hospital Subject to pre-authorisation and clinical protocols The member will be liable for the difference in cost should PMB prostheses not be obtained from the DSP <ul style="list-style-type: none"> • Internally implanted prostheses <ul style="list-style-type: none"> • EVARS prostheses • Vascular/cardiac prostheses • Health-essential functional prostheses 	100% of the MT R23 000 per beneficiary per year PMB cases 20% co-payment per admission if not pre-authorized, and a 35% co-payment for voluntary admission to a non-network hospital
<ul style="list-style-type: none"> • Intra-ocular lenses 	
<ul style="list-style-type: none"> • Prosthesis with reconstructive or restorative surgery 	100% of the cost PMB cases
<ul style="list-style-type: none"> • External breast prostheses (in and out of hospital) 	

- Your Necesses network doctor or the specialist to whom you've been referred will decide whether you should be admitted to hospital. If your specialist consultation has not been pre-authorized, your hospital admission cannot be authorized.
- Hospital benefits are subject to pre-authorization, clinical treatment guidelines (protocols) and case management.
- Should pathology services during hospitalisation not be rendered by Lancet/PathCare, co-payments will apply.
- Specialised radiology must be requested by a specialist on referral by a Necesses network GP and the specialist consultation must be pre-authorized.
- You must obtain pre-authorization for MRI and CT imaging by phoning 086 0200 678.
- For more on hospitalisation, refer to the "Hospitalisation and your network hospitals" section.

Oncology

Description	Benefit
ONCOLOGY PMB cases only Subject to pre-authorisation, a DSP, protocols and registration on the Medihelp Oncology Programme <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 PMB legislation)	100% of the cost Co-payments apply in case of voluntary non-DSP use (10%) and/or deviation from the protocol (25%)

- Medihelp's Necessite option offers benefits for the treatment of PMB cancer diagnoses only. The majority of oncology cases qualify for PMB which Medihelp will cover at 100% of the cost.
- Also refer to the "Oncology programme" section for important information.

HIV/Aids

Description	Benefit
HIV/AIDS Register with LifeSense <ul style="list-style-type: none">• Antiretroviral therapy and treatment by a DSP (Dis-Chem Direct or Medipost)	100% of the cost

- Benefits are subject to registration on the HIV/Aids programme provided by LifeSense.
- Benefits are subject to clinical protocols and treatment plans.
- Also refer to the "HIV/Aids programme" section for important information.

Dental services in hospital

Description	Benefit
DENTAL SERVICES <ul style="list-style-type: none">• Maxillofacial surgery and oral pathology due to trauma-related injuries (PMB only) In and out of a network hospital Subject to pre-authorisation and clinical protocols	100% of the cost 20% co-payment if not pre-authorised or 35% co-payment in case of voluntary admission to a non-network hospital

Description	Benefit
<ul style="list-style-type: none"> Dental procedures under general anaesthesia In a network hospital/day clinic and prescribed by a dentist in the DRC network Subject to pre-authorisation and the DRC's managed care protocols 	100% of the MT Only PMB services and extensive dental treatment for children younger than 5 years – once per lifetime 20% co-payment per admission if not pre-authorised or 35% co-payment in case of voluntary admission to a non-network hospital
<ul style="list-style-type: none"> Dental services that are excluded from benefits are listed at the “Dental exclusions” section in this guide. 	

Psychiatric treatment of a mental health condition

Description	Benefit
<p>PSYCHIATRIC TREATMENT OF A MENTAL HEALTH CONDITION PMB cases only Subject to pre-authorisation, protocols and services must be rendered in an approved network hospital/facility and must be requested by a Necesses network GP or a specialist on referral by a network GP</p> <ul style="list-style-type: none"> Professional services rendered by a psychiatrist in and out of hospital General ward accommodation Medicine supplied during the treatment in the hospital/facility Outpatient consultations 	100% of the cost 20% co-payment per admission if not pre-authorised, and a 35% co-payment for voluntary admission to a non-network hospital or if psychiatric consultations are not pre-authorised or referred by a Necesses network GP
<ul style="list-style-type: none"> No benefits are paid for clinical psychology and psychiatric nursing services. For more information on PMB, refer to the “Prescribed minimum benefits” section page 33. 	

Sub-acute care and private nursing services as an alternative to hospitalisation

Description	Benefit
SUB-ACUTE CARE AS ALTERNATIVE TO HOSPITALISATION Subject to pre-authorisation and services prescribed by a medical doctor (excluding day-to-day care)	100% of the MT R22 300 per family per year 20% co-payment per admission if not pre-authorised
PRIVATE NURSING SERVICES AS ALTERNATIVE TO HOSPITALISATION Subject to pre-authorisation and services prescribed by a medical doctor (excluding day-to-day care)	35% co-payment per case if not pre-authorised

- Benefits for these services are subject to pre-authorisation and case management. To pre-authorise services phone 086 0100 678 or fax 012 336 9523 or email hmanagement@medihelp.co.za with your request.
- Private nursing benefits exclude day-to-day services such as bathing and general care.

Abbreviations

CDL – Chronic Diseases List	MMAP – Maximum Medical Aid Price
CPAP – Continuous positive airway pressure	MORP – Medihelp Oncology Reference Price
CT – Computerised tomography	MRI – Magnetic resonance imaging
DRC – Dental Risk Company	MT – Medihelp tariff paid by Medihelp for benefits which can include a contracted tariff or the single exit price
DSP – Designated service provider	OAL – Overall annual limit
EMS – Emergency medical services	PMB – Prescribed minimum benefits
EVARS – Endovascular aortic replacement surgery	PPN – Preferred Provider Negotiators
GP – General practitioner	TTO – To take out (medicine)
M – Member	
MHRP – Medihelp Reference Price	

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.
- Services rendered to beneficiaries outside the Medihelp/DRC network or voluntarily obtained from a non-designated service provider in the case of a PMB condition.
- Services rendered outside the borders of the Republic of South Africa.
- External prostheses (artificial eyes, speech and hearing aids, artificial limbs).

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.
- Standard 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 and radiology codes not included on Medihelp's list of radiology codes.
- Emergency room facility fees.
- Services rendered by clinical psychologists and psychiatric nurses.
- Hyperbaric oxygen treatment.
- Dietician services, audiometry, speech therapy, podiatry, orthoptic services, massage, chiropractic, homeopathic, herbal, naturopathic, osteopathic and biokinetic services.

- Breast augmentation.
- Breast reduction.
- Spinal column surgery.
- Hymenectomy.
- 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 and in-hospital services 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.
- Hip, knee and shoulder replacement.
- Cochlear implants – all related procedures, services and devices, subject to PMB.

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.
- Medicine not listed on the Necesses formularies.
- 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.

- Roaccutane and Retin A, or any skin-lightening agents.
- Homeopathic and herbal medicine, as well as household remedies or any other miscellaneous household product of a medicinal nature.
- Oral contraceptives and contraceptive intra-uterine devices.
- Medicine used in the treatment of a non-PMB/CDL chronic condition.
- Vaccines prescribed/dispensed/administered by specialists.
- Nappies for adults and babies.
- Smoking cessation and anti-smoking preparations.
- Medicine products derived from blood products.

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.
- Hearing aids and services rendered by audiologists and acousticians.
- Insulin pumps and consumables.
- Nebulisers, back, leg, arm and neck supports, crutches, orthopaedic footwear, elastic stockings and peak flow measurement apparatus.
- Implantable hearing devices.

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.
- Tooth-coloured fillings on molars and premolars.

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

Hospitalisation (general anaesthetic)

- Dental procedures under general anaesthetic for non-PMB services or extensive dental treatment for children older than 5 years.
- Hospital admission due to fear or 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.
 - Dentectomies.
 - 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.
- Removal of impacted teeth in hospital.

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.
- Specialised dentistry: crowns and bridges, implants, orthodontics, periodontics, and maxillofacial surgery (non-PMB cases) and related laboratory costs.

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 consultations benefits, with the objective of improving members' lifestyle and well-being.

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. outpatient emergency unit and non-network consultations), or where the cost exceeds the limit available for the service (e.g. specialist consultations); 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.

A **formulary** means a list of preferred items (medicine, pathology, prosthetic or otherwise) based on its safety, efficacy and cost-effectiveness, used in the diagnosis and/or treatment of a medical condition.

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 and a 35% co-payment in case of a voluntary admission to a non-network hospital. Emergency admissions must be registered on the first workday following the admission (see also "emergency medical condition").

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.

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.

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

MT – Medihelp tariff refers to the tariff 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.

Network benefit options offer benefits to members in collaboration with a medical provider network. Members on these options must make use of the network to qualify for benefits and prevent co-payments. Please visit www.medihelp.co.za for details of the network providers.

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 Medical Schemes Act, 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.

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

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

Necesse only provides benefits for chronic medicine for PMB conditions according to a formulary (also see “PMB”).

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.

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

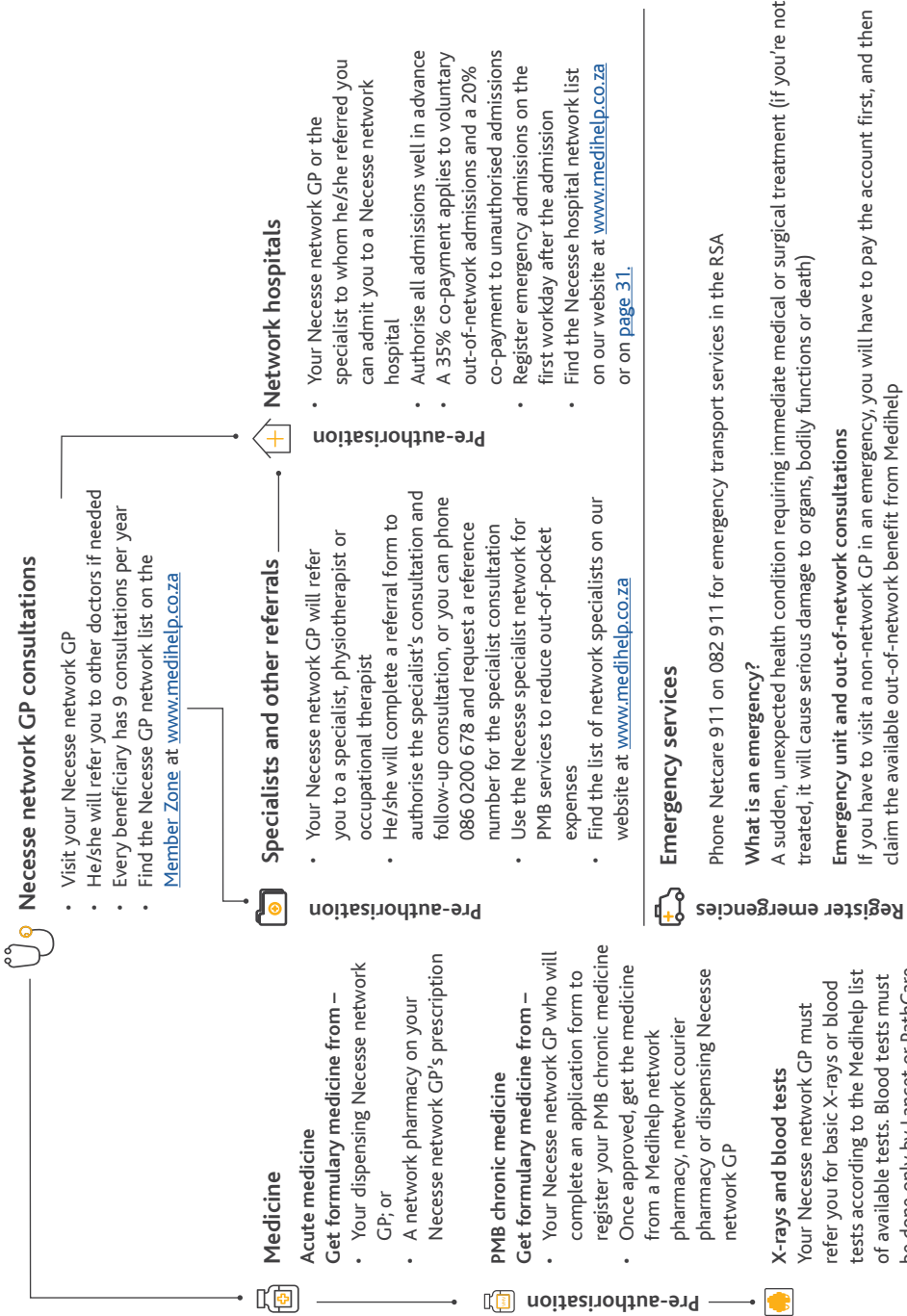
Private nursing is a service rendered to patients at their home as an alternative to hospitalisation. Benefits for private nursing are subject to pre-authorisation by Medihelp and exclude general day-to-day services such as bathing and general care.

Protocol means a set of clinical guidelines in relation to the optimal sequence of diagnostic testing and treatments for specific conditions and includes, 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.

Accessing your benefits



Hospitalisation and your network hospitals

Members must be admitted to network hospitals or day clinics when they need to undergo planned procedures.

Specialist services

Remember – certain specialists only admit patients to the hospital where they have their consultation rooms, so you'll have to make sure that the specialist to whom you are referred by your Necessé network doctor operates at a network hospital. A specialist network is available for prescribed minimum benefits (PMB) services to contain co-payments.

Where to find a network hospital

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

Download our Medihelp member app, which is available for iOS and Android devices.

Going to hospital? Remember to pre-authorise

Planned admissions

All hospital and day clinic admissions must be pre-authorized 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. A 35% co-payment will apply to voluntary admissions to non-network hospitals.

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-authorization 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 diagnostic 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.

Necesse-network of private hospitals and day clinics

Gauteng

Alberton	Netcare Clinton Hospital Netcare Union Hospital
Benoni	Netcare Lakeview Hospital (dental procedures only) Netcare Linmed Hospital
Boksburg	Medicross Boksburg (dental procedures only) Netcare Sunward Park Hospital
Heidelberg	Life Suikerbosrand Clinic (maternity & neonatal only)
Johannesburg	Intercare Sandton Day Hospital Mediclinic Morningside Mediclinic Sandton Netcare Garden City Hospital (maternity & neonatal only) Netcare Mulbarton Hospital Netcare Park Lane Hospital (maternity & neonatal only) RH Rand Clinic Wits Donald Gordon Medical Centre
Kempton Park	Birchmed Surgical Centre (dental procedures only)
Krugersdorp	Netcare Krugersdorp Hospital Netcare Pinehaven Hospital Netcare Protea Day Clinic
Midrand	Netcare Waterfall City Hospital
Midstream	Mediclinic Midstream
Pretoria	Cure Day Hospital Medkin (dental procedures only) Intercare Irene Day Hospital Intercare Hazeldean Day Hospital Life Groenkloof Hospital (oncology only) Life Pretoria North Surgical Centre (dental procedures only) Mediclinic Gynaecological Hospital Mediclinic Heart Hospital Mediclinic Kloof Mediclinic Legae Mediclinic Medforum Mediclinic Muelmed Netcare Akasia Hospital Netcare Bougainville Hospital Netcare Montana Hospital
Soweto/Lenasia	Lenmed Ahmed Kathrada Private Hospital Lenmed Daxina Private Hospital
Springs	Netcare N17 Hospital
Vanderbijlpark	Mediclinic Emfuleni PJ Schutte Theatre Unit (dental procedures only)
Vereeniging	Mediclinic Vereeniging

Eastern Cape

East London	Life Beacon Bay Hospital
Grahamstown	Netcare Settlers Hospital
Humansdorp	Life Isivivana Private Hospital (maternity & neonatal only)
Port Alfred	Netcare Port Alfred Hospital
Port Elizabeth	Life St George's Hospital (maternity & neonatal only) Medical Forum Theatre Netcare Greenacres Hospital
Queenstown	Life Queenstown Private Hospital
Uitenhage	Netcare Cuyler Hospital

KwaZulu-Natal

Amazintoti	Netcare Kingsway Hospital
Ballito	Netcare Alberlito Hospital
Durban	Life Chatsmed Garden Hospital Medicross Bluff Medicross Malvern Netcare Parklands Hospital Netcare St Augustine's Hospital
Empangeni	Life Empangeni Private Hospital
Howick	Mediclinic Howick
Kokstad	Kokstad Private Hospital
Margate	Netcare Margate Hospital
Newcastle	Mediclinic Newcastle Mediclinic Newcastle Day Hospital
Nongoma	Nongoma Private Hospital
Pietermaritzburg	Mediclinic Pietermaritzburg
Pinetown	Medicross Pinetown
Port Shepstone	Hibiscus Private Hospital
Richards Bay	Netcare The Bay Hospital
Shelly Beach	Shelly Beach Day Clinic
Tongaat	Mediclinic Victoria
Umhlanga	Netcare Umhlanga Hospital

North West

Brits	Mediclinic Brits
Klerksdorp	Sunningdale Hospital Wilmed Park Private Hospital
Marikana	Andrew Saffy Memorial Hospital
Potchefstroom	Mediclinic Potchefstroom
Rustenburg	Life Peglerae Hospital Netcare Ferncrest Hospital
Vryburg	Vryburg Private Hospital

Northern Cape

Kathu	Lenmed Kathu Private Hospital
Kimberley	Mediclinic Kimberley
Upington	Mediclinic Upington

Western Cape

Atlantis	Wesfleur Private Clinic
Cape Town	Intercare Century City Medical & Day Hospital
	Mediclinic Cape Gate
	Mediclinic Cape Town
	Mediclinic Constantiaberg
	Mediclinic Durbanville
	Mediclinic Durbanville Day Hospital
	Mediclinic Louis Leipoldt
	Mediclinic Milnerton
	Mediclinic Panorama
	Medicross Foreshore Day Hospital
	Melomed Gatesville
	Netcare Christiaan Barnard Memorial Hospital (paediatric cardiology only)
Ceres	Netcare Ceres Hospital
George	Mediclinic Geneva
	Mediclinic George
Hermanus	Mediclinic Hermanus
Knysna	Life Knysna Private Hospital
Mossel Bay	Life Bayview Private Hospital
Oudtshoorn	Mediclinic Klein Karoo
Paarl	Mediclinic Paarl
Plettenberg Bay	Mediclinic Plettenberg Bay
Somerset West	Mediclinic Vergelegen
Stellenbosch	Mediclinic Stellenbosch
	Mediclinic Stellenbosch Day Clinic
	Mediclinic Winelands Orthopaedic Hospital
Strand	Mediclinic Strand
Vredenburg	Life West Coast Private Hospital
Worcester	Mediclinic Worcester

Mpumalanga

eMalaheni	eMalaheni Private Hospital
	Advanced De La Vie Day Hospital
Ermelo	Mediclinic Ermelo
Middelburg	Life Midmed Hospital
Nelspruit	Mediclinic Nelspruit
Secunda	Mediclinic Secunda
Trichardt	Mediclinic Highveld

Free State

Bethlehem	Mediclinic Hoogland
Bloemfontein	Mediclinic Bloemfontein
Kroonstad	Koinonia Day Theatre (Dr LJ van Wyk) (dental procedures only)
	Netcare Kroon Hospital
Welkom	Mediclinic Welkom
	Welkom Medical Centre

Limpopo

Bela Bela	Bela Bela Phodclinic
Lephalale	Mediclinic Lephalale
Makhado	Zoutpansberg Private Hospital
Polokwane	Mediclinic Limpopo
	Mediclinic Limpopo Day Clinic
Thabazimbi	Mediclinic Thabazimbi
Tzaneen	Mediclinic Tzaneen

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

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 formularies

A list of 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

Register your PMB condition and get pre-authorisation for services and consultations

Phone Medihelp's PMB pre-authorisation desk on 086 0100 678 and provide them with the relevant ICD-10 code (your Necesses network GP can give this code to you). Your condition will then be registered for PMB. Should you require further services and consultations at specialists, you must – as is the case with all other specialist services – also be referred by your Necesses network GP to a specialist in the Necesses specialist network and Medihelp must authorise the consultation first before you may visit the specialist. This authorisation will include a follow-up consultation within six weeks. If the follow-up consultation cannot take place within six weeks, you must obtain a new referral from your Necesses network GP and request authorisation from Medihelp again. For services such as radiology, pathology and physiotherapy you must also get a referral from your Necesses network GP or from a specialist on referral from your Necesses network GP. Your Necesses network GP will grant you access to other healthcare services and must therefore be aware of all consultations, services and medicines that you require, to provide you with the necessary specialist referrals. These processes must be followed to avoid or reduce co-payments.

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 that 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. A 35% co-payment will apply to voluntary admissions to non-network hospitals (see your network hospitals and day clinics on page 31).

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 the hospital 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 at emergency rooms do not qualify for benefits, and if the patient is not admitted to the 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 our network hospitals and specialists to whom your Necesses network doctor can refer you – visit www.medihelp.co.za.

Network specialists operate at network hospitals

Visit a network specialist because your benefit option has its own hospital network. The network specialists are aligned with these hospitals, so it is important to ensure that the specialist to whom you are referred operates at your network hospital.

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, and use formulary medicine.
- **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 be funded from the self-medication 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 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

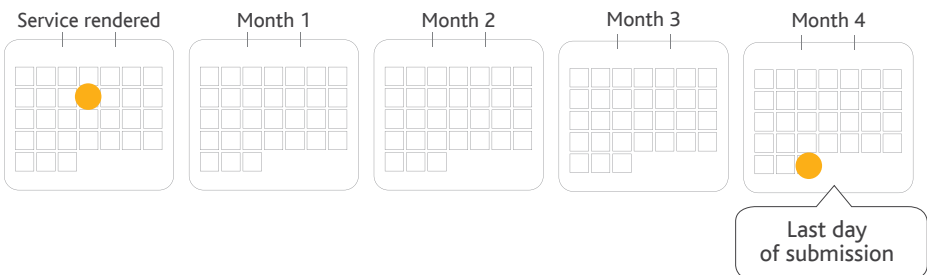
- Visit a pharmacy in the **Medihelp Preferred Pharmacy Network**.
- Use **formulary medicine** – your medicine listed on the Necesses acute medicine, PMB chronic medicine and dental medicine formularies will be paid at 100% of the MMAP, Medihelp tariff and Medihelp Reference Price.
- Use only **authorised 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.



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 in a Necessé network hospital (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. A 35% co-payment applies to non-emergency, voluntary non-network admissions.</p>
<p>Private nursing 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 normally be considered for a specific period according to Medihelp's clinical protocols for these services. Please phone in advance to allow enough time for the authorisation process. A 20% co-payment applies to sub-acute care admissions not pre-authorised and a 35% co-payment to private nursing.</p>

Service	Contact details and information required	How to access benefits
Emergency medical transport in the RSA	Netcare 911 Tel: 082 911 mySOS app <ul style="list-style-type: none"> • Membership number • Details of patient 	Netcare 911 is Medihelp's preferred provider of emergency transport services.
Dentistry and hospitalisation for dental services Dental procedures under general anaesthesia performed in a Necesses network hospital, in a day clinic or DRC network dentist's rooms under conscious sedation	DRC Tel: 087 9439 618 Fax: 086 6871 285 auth@dentalrisk.com www.dentalrisk.com <ul style="list-style-type: none"> • Membership number • Details of patient, dentist and hospital • Details of the anaesthetist • Item and procedure codes 	Procedures and treatments not pre-authorised will be for the member's account, except where a co-payment applies.
Optometry services Optometric examinations, spectacles and contact lenses obtained in the PPN network	PPN Tel: 086 1103 529 or 086 1101 477 info@ppn.co.za www.ppn.co.za <ul style="list-style-type: none"> • Membership number • Details of patient 	If no pre-authorisation is obtained, no benefits will be granted.
Specialised radiology CT imaging and MRI	Medihelp Member Zone Member app Tel: 086 0200 678 <ul style="list-style-type: none"> • Membership number • Details of the radiologist and patient • Item, procedure and diagnostic codes 	Pre-authorisation is required for all CT imaging and MRIs. If no pre-authorisation is obtained, no benefits will be granted, except for PMB cases.
More than 30 days' medicine supply	Medihelp Member Zone Tel: 086 0100 678 Fax: 012 334 2466 medicineapp@medihelp.co.za <ul style="list-style-type: none"> • Membership number • Details of patient • Completed "Medicine in Advance" form 	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 chronic medicine that will be required while travelling abroad.

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 6418 311 direct.medihelp@dischem.co.za or Medipost Tel: 012 426 4000 Fax: 086 6889 867 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>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 care per PMB condition registered with the Scheme – PMB protocols and formulary medicine apply.</p>
<p>Oncology (PMB only) (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
PMB chronic medicine	Medihelp Member Zone Tel: 086 0100 678 Fax: 012 334 2466 medicineapp@medihelp.co.za <ul style="list-style-type: none"> • Membership number • Details of patient • Completed application form for PMB/chronic medicine 	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.
Internally implanted prostheses (PMB only)	Medihelp Tel: 086 0200 678 Fax: 012 336 9535 hospitalauth@medihelp.co.za <ul style="list-style-type: none"> • Membership number • Details of patient • Quotation/doctor's motivation/prescription 	Applications for approval of these services should be provided with a doctor's motivation. The member will be liable for the difference in cost should PMB spinal, hip, knee and cardiac prostheses not be obtained from the DSP.
Oxygen administered at home	Medihelp Tel: 086 0100 678 Fax: 012 336 9540 preauth@medihelp.co.za <ul style="list-style-type: none"> • Membership number • Details of the patient • Completed PMB form • Motivating documents • Doctor's prescription 	A 35% co-payment will apply if services are not pre-authorised.

Service	Contact details and information required	How to access benefits
<p>Chronic renal dialysis (PMB only) DSP applies</p>	<p>Medihelp Tel: 086 0100 678 Fax: 012 336 9540 preauth@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number • Details of the patient • Completed dialysis form 	<p>Co-payments may apply if services are not pre-authorized and/or deviate from clinical protocols.</p>
<p>Specialist consultations</p>	<p>Medihelp Member Zone Tel: 086 0200 678 Fax: 012 336 9523 necesse@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number • Details of patient, network doctor and specialist • Diagnostic and procedure codes (if applicable) • Service date • Completed specialist referral form 	<p>A 35% co-payment will apply if not referred by a Necesses network GP.</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:

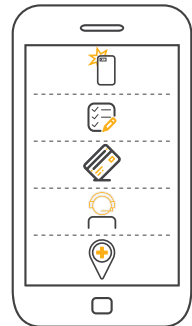
- Apply for pre-authorisation of services and hospital admissions.
- Track your benefit usage and see what funds you have available.
- Make sure we have your personal details on file by verifying and correcting these details.
- Search for claims, see how these were paid, or submit a new claim.
- Download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



Member app

If you have a smartphone, you can download Medihelp's member 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, hospital 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 indicating 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 email any enquiries with regard to your subscriptions to:

Enquiries: subscriptions@medihelp.co.za

Fax: 012 336 9537

Proof of income

Full-time students registered at tertiary institutions must provide the following to Medihelp:

- A notice or letter of confirmation on an official letterhead from the institution where the member is registered as a full-time student, confirming the member's registration.
- In the case of new students who register for the first time, a letter of acceptance as a student for the specific study year.
- Full-time students who are 26 years or older or who have dependants must provide proof of their studies as well as the past three months' bank statements. Only official bank statements with a bank stamp indicating the account holder's initials and surname will be accepted. Please indicate clearly on the bank statements which payment(s) refer to your income. Medihelp may request additional proof of income, if necessary.

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 bank detail" 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

MRI and CT imaging

[Member Zone](#)

Member app

Tel: 086 0200 678

Specialist consultations

[Member Zone](#)

Tel: 086 0200 678

Fax: 012 336 9523

necesse@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

PMB chronic medicine and more than 30 days' medicine supply

[Member Zone](#)

Member app

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

Oncology programme

Tel: 086 0100 678

Fax: 086 0064 762

oncology@medihelp.co.za

Private nursing 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

Partners

Netcare 911 (emergency medical transport)

Tel: 082 911

mySOS app

DRC (dental services)

Tel: 087 9439 618

Fax: 086 6871 285

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 6418 311

direct.medihelp@dischem.co.za

or

Medipost

Tel: 012 426 4000

Fax: 086 6889 867

life@medipost.co.za

PPN (optometry)

Tel: 086 1103 529 or 086 1101 477

info@ppn.co.za

www.ppn.co.za

Council for Medical Schemes

Tel: 086 1123 267

complaints@medicalschemes.com

www.medicalschemes.com

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)