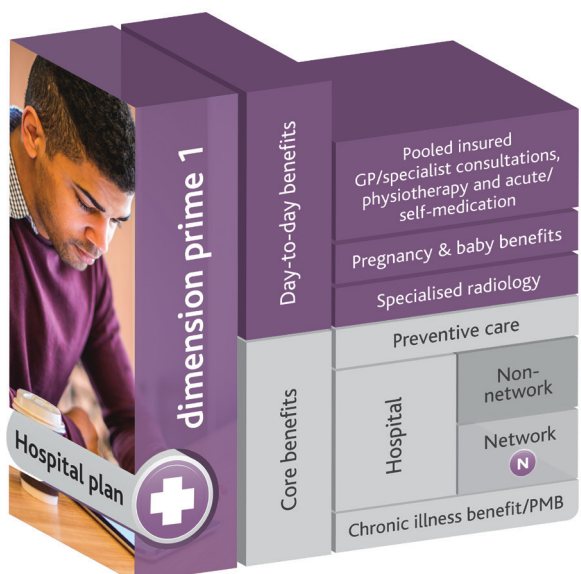





dimension prime 1 2018

Network and Non-network



The Dimension Prime 1 hospital plan is an affordable solution if you are healthy, but want the assurance of cover for private hospitalisation and minor day-to-day medical expenses. You save 22% in monthly premiums when choosing a network of 108 quality private hospitals as an alternative.


Monthly contributions

	Network	Non-Network
Principal member 	R1 356	R1 728
Dependant 	R1 104	R1 422
Child dependant <26 years 	R408	R522

- The monthly contribution does not take any employer subsidy into account.
- You only pay for two children younger than 18 years after which child dependant rates will apply from the beginning of the year following the year in which they turn 18, until they are 26 years old.
- Older children pay child dependant rates until they are 26 years old.

Summary of benefits


Additional insured benefits



HEALTH TESTS*

Per beneficiary


- 1 combo test (blood glucose, cholesterol, BMI and blood pressure measurement) or individual blood glucose or cholesterol test
- HIV counselling and testing – Unlimited
- Routine tests, including mammograms, pap smears, prostate tests, FOBT and bone mineral density tests



IMMUNISATION*

1 per beneficiary per year

- Standard kids immunisation (< 7 years)
- Flu, tetanus and HPV vaccine
- Pneumovax vaccine for beneficiaries registered with asthma or COPD



DIETICIAN CONSULTATION

1 consultation if BMI test result at wellness provider indicates a BMI > 30 and if registered on HealthPrint



PREGNANCY AND BABY BENEFITS


- 12 pregnancy consultations & two 2D sonars
- 2 baby consultations (< 1 year)



BACK TREATMENT PROGRAMME

1 programme per beneficiary per year at a Document-Based Care facility (subject to protocols and pre-authorization)

Core benefits




ESSENTIAL COVER

100% of the MT for 270 PMB conditions and 26 chronic diseases (DSPs, formularies, networks, protocols and pre-authorization apply)

TRAUMA COVER

- Unlimited cover for trauma that necessitates hospitalisation in the case of motor vehicle accidents, stab wounds and similar trauma
- Post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV




EMERGENCY TRANSPORT (NETCARE 911)

In beneficiary's country of residence
RSA, Lesotho, Swaziland, Mozambique, Namibia and Botswana

Road transport – Unlimited
Air transport – Unlimited

Outside beneficiary's country of residence

Road transport – R1 900 per case
Air transport – R12 400 per case



HOSPITALISATION

100% of the MT (subject to pre-authorization and protocols)
Dimension Prime 1 – any hospital
Dimension Prime 1 Network – 108 network hospitals

ONCOLOGY

PMB – 100% of the MT
Non-PMB – R80 000 per family per year

CONFINEMENT (CHILDBIRTH)

In hospital – 100% of the MT
Home delivery – R11 900 per event

NEUROSTIMULATORS

R101 200 per beneficiary per year

Core benefits

POST-HOSPITAL CARE

Up to 30 days after discharge for speech therapy, occupational therapy and physiotherapy

Member = R1 700 per year
Member+ = R2 300 per year

PROSTATECTOMY

100% of the MT

- Conventional or laparoscopic – Unlimited
- Robotic assisted laparoscopy – Hospitalisation: R100 400

PSYCHIATRIC TREATMENT OF A MENTAL HEALTH CONDITION

R17 600 per beneficiary per year (maximum R26 500 per family per year)

OTHER COVERED BENEFITS

Renal dialysis, oxygen, and hospice, sub-acute care and private nursing services as an alternative to hospitalisation
Pre-authorization and protocols apply

APPENDECTOMY

100% of the MT

- Conventional – Unlimited
- Laparoscopic – Hospitalisation: R15 800

SPECIALISED RADIOLOGY

In and out of hospital
Subject to pre-authorization
MRI and CT imaging
100% of the MT – Unlimited
Member pays the first R1 550 per examination

ORGAN TRANSPLANTS

100% of the cost
Cornea implants – R26 100 per implant per year

Day-to-day benefits

INSURED DAY-TO-DAY BENEFITS

M = R1 100 per year

M+ = R2 200 per year

GPs, specialists, physiotherapy, contraceptives, acute and self-medication

PMB CHRONIC MEDICINE

100% of the MHRP

Dimension Prime 1 Network:

DSP and formulary apply

MEDICAL, SURGICAL AND ORTHOPAEDIC APPLIANCES

In and out of hospital

Benefits per family per 3-year cycle:

- Artificial eyes – R4 300
- Speech and hearing aids – R4 300
- Artificial limbs – R4 300
- Wheelchairs – R4 300
- CPAP apparatus – R8 850 per beneficiary per 24-month cycle

DENTAL SERVICES

Subject to DSP's managed care protocols

Dental procedures under conscious sedation in the dentist's chair (sedation cost)

100% of the MT – removal of impacted teeth only (dentist's account only for item codes 8941/8943/8945)

Prostheses benefits

INTERNALLY IMPLANTED PROSTHESES

100% of the MT per beneficiary per year

- EVARS prosthesis – R31 400
- Vascular/cardiac prosthesis – R31 400
- Health-essential functional prosthesis – R20 900
 - Hip, knee and shoulder replacements (non-PMB):
 - In case of acute injury where replacement is the only clinically appropriate treatment modality
Hospitalisation: 100% of the MT
Prosthesis: Health-essential functional prosthesis benefit applies
 - In case of wear and tear – no benefits
- Intra-ocular lenses – R3 800 per lens, 2 lenses per beneficiary per year, health-essential functional prosthesis benefit applies
- Prosthesis with reconstructive or restorative surgery and external breast prostheses (in and out of hospital) – R3 900 per family per year

Deductibles

PROCEDURE-SPECIFIC DEDUCTIBLES

Back and neck fusion – member pays the first R10 600

Endoscopic procedures – Gastroscopy, colonoscopy, arthroscopy and sigmoidoscopy

In a day clinic – member pays the first R1 950

In hospital – member pays the first R2 950

Dental procedures under general anaesthesia during hospitalisation – Removal of impacted teeth (dentist's account covered for item codes 8941/8943/8945) and extensive dental treatment for children < 5 years (dentist's account for member's account) – member pays the first R2 900 per admission

PRE-AUTHORISATION IS IMPORTANT

Always pre-authorise services such as hospitalisation, emergency transport and oxygen to prevent a deductible

Important:

This brochure provides only a summary of the available benefits. Please consult the registered Rules of Medihelp for more information and details of services that are excluded from benefits. In case of a dispute, the Rules of Medihelp will apply (subject to approval by the Council for Medical Schemes).

* These benefits are not available if you have been registered for a chronic/PMB condition as it is no longer considered as preventive care. Benefits may be linked to a specific age/gender/item code. Services are available at Clicks and Dis-Chem pharmacy clinics and benefits are paid at 100% of the MT.

BMI – Body mass index
COPD – Chronic obstructive pulmonary disease
CPAP – Continuous positive airway pressure
CT – Computerised tomography
DSP – Designated service provider
EVARS – Endovascular aortic replacement surgery
FOBT – Faecal occult blood test

GP – General practitioner
MHRP – Medihelp Reference Price
MRI – Magnetic resonance imaging
MT – Medihelp tariff paid by Medihelp for benefits that can include a contracted tariff or the single exit price
PMB – Prescribed minimum benefits

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



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