

dimension prime 3 network member guide 2018



medihelp

medical scheme



Dear Medihelp Member

Welcome to your product offering for 2018. At Medihelp, everything we do is developed to suit your individual needs, and this guide will provide you with all the information you will need to access your particular benefits, manage your Medihelp membership, enjoy the value of support programmes and engage with us.

For ease of navigation, the guide has been divided into the following segments, making it easy to find what you're looking for:



product

Your product has been developed to suit your unique healthcare needs



service

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



value

Based on your profile and healthcare needs, we've developed programmes and initiatives such as HealthPrint, our free online wellness programme, to add value



engagement

We offer a variety of engagement opportunities to establish convenient and effective two-way communication with you

Warm regards

Heyn van Rooyen
Principal Officer

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product

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the right choice

With a value-driven mindset we focus on fulfilling your health and wellness needs and customise our products and services to ensure an individualised experience when interacting with the Scheme in terms of the following four key areas:

- Products • Services • Value • Engagement



A SOUND HEALTHCARE PARTNER



112 YEARS' experience in the medical schemes industry



As a **SELF-ADMINISTERED** medical scheme Medihelp maintains complete control and tightly manages all administration costs



LARGE AND RELIABLE

Medihelp is one of the five largest open medical schemes in South Africa



CLAIMS PAYMENT ABILITY is guaranteed with our AA- rating awarded by Global Credit Rating



CONSISTENCY

Medihelp's average beneficiary age of 37 years provides a healthy risk pool to contribute to sustainability



OUR SOLVENCY LEVEL

Medihelp consistently maintains a solvency level well above the industry requirement

SERVICE AND ENGAGEMENT

Our members' service experience is measured at the point of engagement through voice-of-the-customer research, allowing for constant feedback.



190 634
written enquiries



600 262
calls answered



12 539
mobile app users



38 438
social media followers

4 734

average hospital
admissions per month



2 869 878
claims processed



1 062 793
web visits per year



mySOS emergency

This app ensures that you and your loved ones can be located in an emergency



Educational videos

Effortless empowerment on relevant topics



Call centre

60 helpful consultants to assist you



Member app

With an electronic membership card and instant benefit verification



Secured website

An online hub with all your Medihelp service functionalities

product

The popular Dimension Prime 3 Network option delivers insured family cover encompassing comprehensive benefits for hospitalisation, preventive care and day-to-day medical expenses provided by a network of quality providers, while you save 20% in premiums per month.



A summary of your benefit option



HOSPITAL BENEFITS (NO OVERALL ANNUAL LIMIT)

108 network facilities

ESSENTIAL COVER

Diagnosis, treatment and care costs of 270 PMB and 26 chronic conditions on the CDL
DSPs & specialist network apply

POST-HOSPITAL CARE

Up to 30 days after discharge

SPECIALISED RADIOLOGY

Unlimited in and out of hospital
Member pays the first R1 550 per examination
Balance paid at 100% of the MT




TRAUMA-RELATED BENEFITS

Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV

ROAD & AIR TRANSPORT (Netcare 911)

Unlimited within RSA
24-hour helpline & trauma counselling

Monthly contributions

Principal member		R2 352
Dependant		R1 986
Child dependant <26 years		R684

- 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.

INSURED DAY-TO-DAY POOLED BENEFITS

M = R8 600 per year
M+1 = R13 700 per year
M+2 = R16 000 per year
M+3+ = R17 000 per year

- GPs & specialists
- Clinical psychology & physiotherapy
- Supplementary health services
- Acute medicine, self-medication and contraceptives
- Standard radiology and pathology

INSURED DENTISTRY BENEFITS

INSURED OPTICAL BENEFITS

Spectacles/contact lenses

AN ARRAY OF ADDITIONAL INSURED BENEFITS

additional insured benefits

Additional insured benefits which give you access to pregnancy and baby-related benefits, screenings, preventive and wellness services as well as a back treatment programme.



Description	Benefit
PREGNANCY AND BABY BENEFITS	
• Pregnancy consultations	12 per family per year
• 2D sonars	2 per family per year
• First two consultations at a GP or specialist	2 per baby < 1 year
SCREENING AND WELLNESS BENEFITS* On request of a medical doctor (Doctor's consultation paid from available day-to-day benefits)	
• Pap smear (item codes 4566/4559)	1 pathology test per beneficiary per year
• Prostate test (PSA level) for males > 40 years (item code 4519)	
• FOBT for beneficiaries > 50 years (item code 4351)	
• Mammogram for females > 40 years (item codes 3605/39175/34100/34101)	1 radiology exam per beneficiary per year
• Bone mineral density test (BMD) for females > 50 years (item codes 3604/50120)	
AVAILABLE AT OUR WELLNESS PROVIDERS CLICKS AND DIS-CHEM PHARMACY CLINICS*:	
• Voluntary HIV testing and counselling	Unlimited
• Blood glucose or total cholesterol or combination test (blood glucose, total cholesterol, BMI and blood pressure measurement)	1 per beneficiary per year
DIETICIAN CONSULTATION If BMI test result at wellness provider indicates a BMI > 30 and if registered on HealthPrint (item codes 84200-84205)	1 consultation per registered HealthPrint beneficiary per year
IMMUNISATIONS Administering fee at Clicks or Dis-Chem pharmacy clinics included	
• Standard immunisations schedule as published by the Department of Health for beneficiaries < 7 years	Standard schedule per beneficiary
• Flu vaccine	1 per beneficiary per year
• Tetanus vaccine	
• HPV vaccine – protocols apply:	
• 10 – 14 years	2 injections per beneficiary
• 15 – 26 years	3 injections per beneficiary
PNEUMOVAX VACCINE Patients registered on Medihelp's asthma or COPD treatment programme (NAPPI code 755826027) > 55 years	1 vaccine per beneficiary in a 5-year cycle
BACK TREATMENT At a DBC facility, subject to protocols and pre-authorisation	1 programme per beneficiary per year

* 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 are paid at 100% of the MT.

BMI – Body mass index

PMB – Prescribed minimum benefits

HPV – Human papilloma virus

FOBT – Faecal occult blood test

COPD – Chronic obstructive pulmonary disease

DBC – Document-Based Care

MT – Medihelp tariff (see definition on page 37)

Standard immunisation for children

Your benefit option offers benefits for standard immunisation for children younger than seven years old and it is important to get these immunisations as stipulated in the Department of Health's Expanded Programme on Immunisation (EPI). If you do not have your child vaccinated at the precise ages indicated in the table below, the cost of the vaccines will not be covered. Join HealthPrint, Medihelp's free online wellness programme and register for our toddler programme where you'll get newsletters and reminders to vaccinate your little one. See page 45 for more information.



At birth

- BCG for TB
- Oral polio vaccine



6 months

- Measles vaccine (1)



6 weeks

- Oral polio vaccine
- Rotavirus vaccine
- Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and haemophilus influenzae type B and Hepatitis B vaccine combined (1)
- Pneumococcal conjugated vaccine



9 months

- Pneumococcal conjugated vaccine
- Chickenpox vaccine



12 months

- Measles vaccine (2)



18 months

- Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and haemophilus influenzae type B and Hepatitis B vaccine combined (4)



10 weeks

- Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and haemophilus influenzae type B and Hepatitis B vaccine combined (2)



6 years

- Tetanus and diphtheria vaccine



14 weeks

- Rotavirus vaccine
- Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and haemophilus influenzae type B and Hepatitis B vaccine combined (3)
- Pneumococcal conjugated vaccine



Core benefits

	Description	Benefit
PMB	<p>DIAGNOSIS, TREATMENT AND CARE COSTS OF 270 PMB AND 26 CHRONIC CONDITIONS ON THE CDL Subject to protocols, pre-authorisation and DSPs</p>	<p>100% of the cost Unlimited Co-payments may apply in case of voluntary non-DSP use/protocol deviation</p>
Trauma	<p>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>-----</p> <p>POST-EXPOSURE PROPHYLAXIS</p>	<p>100% of the cost Unlimited</p>
EMS	<p>EMERGENCY TRANSPORT SERVICES (Netcare 911) RSA, Lesotho, Swaziland, Mozambique, Namibia and Botswana Subject to pre-authorisation and protocols</p> <ul style="list-style-type: none"> • In beneficiary's country of residence: <ul style="list-style-type: none"> • Transport by road • Transport by air <p>-----</p> <ul style="list-style-type: none"> • Outside beneficiary's country of residence <ul style="list-style-type: none"> • Transport by road <p>-----</p> <ul style="list-style-type: none"> • Transport by air <p>-----</p> <p>24-HOUR HELPLINE AND TRAUMA COUNSELLING (Netcare 911)</p>	<p>100% of the MT Unlimited 50% co-payment if not pre-authorised</p> <p>100% of the MT R1 900 per case 50% co-payment if not pre-authorised</p> <p>100% of the MT R12 400 per case 50% co-payment if not pre-authorised</p> <p>Phone 082 911</p>

Core benefits

Description	Benefit
<p>HOSPITALISATION (network hospitals and day clinics) Subject to pre-authorisation, protocols and case management</p> <ul style="list-style-type: none"> Intensive and high care wards Ward accommodation Theatre fees Treatment and ward medicine Consultations, surgery and anaesthesia 	<p>100% of the MT Unlimited Procedure-specific co-payments may apply (non-PMB cases) 20% co-payment per admission if not pre-authorised 35% co-payment on voluntary non-network admissions</p>
<p>POST-HOSPITAL CARE Professional services relating to a Medihelp authorised private hospital admission, required for up to 30 days after discharge (Prescribed medicine and medical appliances are paid from available benefits)</p> <ul style="list-style-type: none"> Speech therapy Occupational therapy Physiotherapy 	<p>100% of the MT M = R1 700 per year M+ = R2 300 per year</p>
PROCEDURE-SPECIFIC CO-PAYMENTS	See page 10
PROSTHESES	See page 11
<p>CONFINEMENT (childbirth) Subject to pre-authorisation, protocols and case management</p>	<p>100% of the MT Unlimited 20% co-payment per admission if not pre-authorised</p>
<p>HOME DELIVERY Subject to pre-authorisation</p> <ul style="list-style-type: none"> Professional nursing fees Equipment Material and medicine 	<p>100% of the MT R11 900 per event 20% co-payment per event if not pre-authorised</p>
<p>STANDARD RADIOLOGY, PATHOLOGY AND MEDICAL TECHNOLOGIST SERVICES In hospital Subject to clinical protocols</p>	<p>100% of the MT Unlimited</p>
<p>SPECIALISED RADIOLOGY In and out of hospital On request of a specialist and subject to clinical protocols</p> <ul style="list-style-type: none"> MRI and CT imaging (subject to pre-authorisation) 	<p>100% of the MT Unlimited Member pays the first R1 550 per examination</p>
<ul style="list-style-type: none"> Angiography 	<p>100% of the MT Unlimited</p>

MT – Medihelp tariff (see definition on page 37)
MRI – Magnetic resonance imaging
CT – Computerised tomography

PMB – Prescribed minimum benefits
M – Member

Core benefits

Description	Benefit
ORGAN TRANSPLANTS (PMB only) Subject to pre-authorisation and clinical protocols	100% of the cost Unlimited
<ul style="list-style-type: none"> • Cornea implants 	100% of the MT R26 100 per implant per year
SUPPLEMENTARY HEALTH SERVICES In hospital <ul style="list-style-type: none"> • Occupational and speech therapy, dietician services, audiometry, podiatry, massage, orthoptic, chiropractic, homeopathic, herbal and naturopathic, osteopathic and biokinetic services 	100% of the MT Unlimited
<ul style="list-style-type: none"> • Physiotherapy on referral by the attending medical doctor 	
OXYGEN In hospital	100% of the MT Unlimited
NEUROSTIMULATORS Subject to pre-authorisation and clinical protocols <ul style="list-style-type: none"> • Device and components 	100% of the MT R101 200 per beneficiary per year
RENAL DIALYSIS In and out of hospital Subject to pre-authorisation and clinical protocols	100% of the MT Unlimited
APPLICABLE PRESCRIPTION MEDICINE DISPENSED AND CHARGED BY THE HOSPITAL ON DISCHARGE FROM THE HOSPITAL (TTO) (Excluding PMB chronic medicine)	100% of the MT R330 per admission
PSYCHIATRIC TREATMENT OF A MENTAL HEALTH CONDITION Subject to pre-authorisation, services rendered in an approved network hospital/facility and prescribed by a medical doctor <ul style="list-style-type: none"> • Professional services rendered in and out of hospital by a psychiatrist • General ward accommodation • Medicine supplied during the period of the treatment in the institution • Outpatient consultations 	100% of the MT R26 500 per beneficiary per year (maximum R35 600 per family per year) 20% co-payment per admission if not pre-authorised
HOSPICE SERVICES AND SUB-ACUTE CARE FACILITIES AS AN ALTERNATIVE TO HOSPITALISATION Subject to pre-authorisation, and services rendered in an approved facility and prescribed by a medical doctor	100% of the MT Unlimited 20% co-payment per admission if not pre-authorised
PRIVATE NURSING AS AN ALTERNATIVE TO HOSPITALISATION Subject to pre-authorisation (Excluding general day-to-day care)	100% of the MT 20% co-payment per event if not pre-authorised

MT – Medihelp tariff (see definition on page 37)

PMB – Prescribed minimum benefits

TTO – To take out (medicine)

Core benefits

Description	Benefit
<p>ONCOLOGY</p> <p>Subject to pre-authorisation and registration on the Medihelp Oncology Management Programme. Protocols, DSP and MORP apply.</p> <ul style="list-style-type: none"> • PMB cases <ul style="list-style-type: none"> • Hospital and related cancer treatments and services, including bone marrow/stem cell transplants (subject to PMB legislation) 	<p>100% of the MT</p> <p>Unlimited</p> <p>Co-payments apply to voluntary non-network services (10%) and/or deviating from protocol (20%)</p>
<ul style="list-style-type: none"> • Non-PMB cases <ul style="list-style-type: none"> • Hospital and related cancer treatments, including radiotherapy, brachytherapy, chemotherapy and associated adjuvant medicine 	<p>100% of the MT</p> <p>R150 000 per family per year</p> <p>Co-payments apply to voluntary non-network services (10%) and/or deviating from protocol (20%)</p>
<p>APPENDECTOMY</p> <p>Subject to pre-authorisation</p> <ul style="list-style-type: none"> • Conventional procedure 	<p>100% of the MT</p> <p>Unlimited</p>
<ul style="list-style-type: none"> • Laparoscopic procedure 	<p>100% of the MT</p> <p>Hospitalisation: R15 800 per beneficiary</p>
<p>PROSTATECTOMY</p> <p>Subject to pre-authorisation</p> <ul style="list-style-type: none"> • Conventional or laparoscopic procedure 	<p>100% of the MT</p> <p>Unlimited</p>
<ul style="list-style-type: none"> • Robotic assisted laparoscopic procedure 	<p>100% of the MT</p> <p>Hospitalisation: R100 400 per beneficiary</p>

Procedure-specific co-payments

Description	Co-payment
All hospital admissions are subject to pre-authorisation, protocols and case management	<p>100% of the MT</p> <p>20% co-payment per admission if not pre-authorised</p> <p>35% co-payment on voluntary non-network admissions</p>
NECK AND BACK FUSIONS	R8 250 per admission
<p>ENDOSCOPIC PROCEDURES</p> <ul style="list-style-type: none"> • In the doctor's rooms Gastroscopy and colonoscopy 	No co-payment
<ul style="list-style-type: none"> • In a day clinic Gastroscopy, colonoscopy, arthroscopy and sigmoidoscopy 	R 1 950 per admission

MT – Medihelp tariff (see definition on page 37)
MORP – Medihelp Oncology Reference Price

DSP – Designated service provider
PMB – Prescribed minimum benefits

Procedure-specific co-payments

Description	Co-payment
<ul style="list-style-type: none"> In hospital Gastroscopy, colonoscopy, arthroscopy and sigmoidoscopy 	R2 950 per admission
DENTAL PROCEDURES UNDER GENERAL ANAESTHESIA In hospital Subject to pre-authorisation and DSP's managed care protocols	R840 per admission Only for removal of impacted teeth and extensive dental treatment for children younger than 5 years – once per lifetime

Internally implanted prostheses

Description	Benefit
All hospital admissions are subject to pre-authorisation, protocols and case management	100% of the MT 20% co-payment per admission if not pre-authorized 35% co-payment on voluntary non-network admissions The member is liable for the difference in cost should PMB spinal, hip, knee and cardiac prostheses not be obtained from the DSP
INTERNALLY IMPLANTED PROSTHESES	
<ul style="list-style-type: none"> EVARS prosthesis 	R118 100 per beneficiary per year
<ul style="list-style-type: none"> Vascular/cardiac prosthesis 	R50 600 per beneficiary per year
<ul style="list-style-type: none"> Health-essential functional prosthesis <ul style="list-style-type: none"> Hip, knee and shoulder replacements In case of acute injury where replacement is the only clinically appropriate treatment modality, subject to protocols (non-PMB cases) Replacements due to wear and tear are excluded from benefits 	Hospitalisation: 100% of the MT Prosthesis: Health-essential functional prosthesis benefits apply
<ul style="list-style-type: none"> Intra-ocular lenses 	Sub-limit subject to health-essential functional prosthesis benefit 2 lenses per beneficiary per year R3 800 per lens
<ul style="list-style-type: none"> Prosthesis with reconstructive or restorative surgery In and out of hospital 	R8 750 per family per year
<ul style="list-style-type: none"> External breast prostheses In and out of hospital 	
<ul style="list-style-type: none"> Implantable hearing devices (including devices and components) 	R95 100 per beneficiary per year

DSP – Designated service provider
 EVARS – Endovascular aortic replacement surgery

MT – Medihelp tariff (see definition on page 37)
 PMB – Prescribed minimum benefits

Day-to-day benefits

Description	Benefit
GPs, SPECIALISTS AND EMERGENCY UNITS Consultations and follow-up consultations	
PHYSIOTHERAPY Treatment and material	
CLINICAL PSYCHOLOGY AND PSYCHIATRIC NURSING In and out of hospital	
SUPPLEMENTARY HEALTH SERVICES Occupational and speech therapy, dietician services, audiometry, podiatry, massage, orthoptic, chiropractic, homeopathic, herbal and naturopathic, osteopathic and biokinetic services	
PATHOLOGY AND MEDICAL TECHNOLOGIST SERVICES Out of hospital Subject to clinical protocols and requested by a medical doctor	
STANDARD RADIOLOGY Out of hospital Subject to clinical protocols and requested by a medical doctor or chiropractor (black and white X-rays only)	
MEDICINE Medicine obtained in the Medihelp Preferred Pharmacy Network and prescribed/dispensed by a medical doctor <ul style="list-style-type: none"> Acute medicine (including medicine dispensed at an emergency unit and self-medication, immunisations, contraceptives and homeopathic, herbal, naturopathic and osteopathic medicine) 	<p>100% of the MMAP if generic medicine is used</p> <p>80% of the MT if no generic medicine is available</p> <p>70% of the MMAP if original medicine is used voluntarily although generic medicine is available</p>
<ul style="list-style-type: none"> PMB chronic medicine Subject to pre-authorisation and registration on Medihelp's PMB medicine management programme 	<p>100% of the MHRP Unlimited Formulary and DSP apply – 60% co-payments if not obtained from a DSP*</p>
OPTOMETRY Subject to pre-authorisation by PPN and services should be obtained from a PPN provider <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 	<p>R600 per beneficiary per 24-month cycle</p>
<ul style="list-style-type: none"> Lenses (one pair of standard clear Aquity lenses) 	<p>Single vision or bifocal or multifocal (paid at the cost of bifocal lenses) lenses per beneficiary per 24-month cycle</p>
<ul style="list-style-type: none"> Contact lenses 	<p>R1 155 per beneficiary per 24-month cycle</p>

* DSP: • PMB chronic medicine – MobileMeds and DSP network
• Oncology medicine – Dis-Chem Oncology/Medipost
• HIV/Aids medicine – Halocare/Dis-Chem Direct/Medipost
MT – Medihelp tariff (see definition on page 37)

MHRP – Medihelp Reference Price
PMB – Prescribed minimum benefits
MMAP – Maximum Medical Aid Price
PPN – Preferred Provider Negotiators

M – Member
GP – General practitioner
DSP – Designated service provider

Day-to-day benefits

Description	Benefit
OXYGEN Out of hospital Subject to pre-authorisation, clinical protocols and services prescribed by a medical doctor	100% of the MT Unlimited 20% co-payment if not pre-authorised
DENTAL SERVICES Subject to DSP's managed care protocols Conservative dental services	
<ul style="list-style-type: none"> Routine check-ups 	100% of the MT 2 per beneficiary per year (once in 6 months)
<ul style="list-style-type: none"> Oral hygiene <ul style="list-style-type: none"> Fluoride treatment for children > 5 and < 13 years only Fissure sealants for children younger than 16 years only 	100% of the MT 2 scale and polish treatments per beneficiary per year (once in 6 months)
<ul style="list-style-type: none"> Fillings (treatment plans and X-rays may be requested for multiple fillings) 	100% of the MT 1 filling per tooth in 365 days
<ul style="list-style-type: none"> Tooth extractions and root canal treatment in the dentist's chair 	100% of the MT
<ul style="list-style-type: none"> Laughing gas (in the dentist's chair) 	100% of the MT
<ul style="list-style-type: none"> Dental procedures under conscious sedation in the dentist's chair (sedation cost) Subject to pre-authorisation and managed care protocols 	100% of the MT Extensive dental treatment and the removal of impacted teeth only 20% co-payment if not pre-authorised
<ul style="list-style-type: none"> Plastic dentures 	100% of the MT 1 set (upper and lower jaw) per beneficiary in a 4-year period
<ul style="list-style-type: none"> X-rays <ul style="list-style-type: none"> Intra-oral X-rays Extra-oral X-rays 	100% of the MT
	100% of the MT 1 per beneficiary in a 3-year period
Specialised dental services Subject to pre-authorisation and DSP's managed care protocols	
<ul style="list-style-type: none"> Partial metal frame dentures 	100% of the MT 1 partial frame (upper or lower jaw) per beneficiary in a 5-year period
<ul style="list-style-type: none"> Maxillofacial surgery and oral pathology <ul style="list-style-type: none"> Surgery in the dentist's chair Benefits for temporomandibular joint (TMJ) therapy are limited to non-surgical interventions/ treatment 	100% of the MT
<ul style="list-style-type: none"> Crowns and bridges Subject to pre-authorisation 	100% of the MT 1 crown per family per year, once per tooth in a 5-year period 20% co-payment if not pre-authorised

MT – Medihelp tariff (see definition on page 37)

DSP – Designated service provider

Day-to-day benefits

Description	Benefit
<ul style="list-style-type: none"> Implants 	For member's account
<ul style="list-style-type: none"> Orthodontic treatment (only one beneficiary per family may begin orthodontic treatment per calendar year) Subject to pre-authorization and orthodontic needs analysis 	100% of the MT R8 230 per beneficiary per lifetime (> 9 and < 18 years old) Payment only from date of authorisation
<ul style="list-style-type: none"> Periodontal treatment (conservative non-surgical therapy only) Subject to pre-authorization and a treatment plan 	100% of the MT 20% co-payment if not pre-authorized
EXTERNAL PROSTHESES, MEDICAL, SURGICAL AND ORTHOPAEDIC APPLIANCES	
In and out of hospital	
<ul style="list-style-type: none"> Artificial eyes 	100% of the MT R4 300 per family per 3-year cycle
<ul style="list-style-type: none"> Speech and hearing aids 	100% of the MT R4 300 per family per 3-year cycle
<ul style="list-style-type: none"> Artificial limbs 	100% of the MT R4 300 per family per 3-year cycle
<ul style="list-style-type: none"> Wheelchairs 	100% of the MT R4 300 per family per 3-year cycle
<ul style="list-style-type: none"> Hyperbaric oxygen treatment Medical appliances 	100% of the MT R1 150 per family per year
<ul style="list-style-type: none"> Stoma components Incontinence products/supplies 	100% of the MT Unlimited
<ul style="list-style-type: none"> CPAP apparatus Prescribed by a medical doctor 	100% of the MT R8 850 per beneficiary per 24-month cycle

CPAP – Continuous positive airway pressure

MT – Medihelp tariff (see definition on page 37)

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

General exclusions

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.

- Operations, treatments and procedures –
 - of own choice;
 - for cosmetic purposes; and
 - for the treatment of obesity, with the exception of the treatment of obesity which is motivated by a medical specialist as life-threatening and approved beforehand by Medihelp.
- The completion of medical and other questionnaires/certificates not requested by Medihelp and the services related thereto, including medical tests for career purposes or recreational activities.
- Costs for evidence in a lawsuit.
- Costs exceeding the scheme tariff for a service or the maximum benefit to which a member is entitled, subject to PMB.
- Appointments not kept.

Medical conditions

- The treatment of infertility, other than that stipulated in the Regulations to the Medical Schemes Act, 1998.
- Treatment of alcoholism and drug abuse as well as services rendered by institutions which are registered in terms of the Prevention of and Treatment for Substance Abuse Act 70 of 2008 or other institutions whose services are of a similar nature, other than stipulated in the Regulations to the Medical Schemes Act, 1998.
- Treatment of impotence.

Procedures and services

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

Medicines, consumables and other products

- Bandages, cotton wool, dressings, plasters and similar materials that are not used by a supplier of service during a treatment/procedure.
- Food substitutes, food supplements and patent food, including baby food.
- Multivitamin and multi-mineral supplements alone or in combination with stimulants (tonics).
- Appetite suppressants.
- All patent substances, suntan lotions, anabolic steroids, contact lens solutions as well as substances not registered by the South African Medicines Control Council, except medicine items approved by Medihelp in the following instances-
 - medicine items with patient-specific exemptions in terms of section 21 of the Medicines and Related Substances Control Act 101 of 1965 as amended;
 - homeopathic and naturopathic medicine items that have valid NAPPI codes; and
 - where well-documented, sound evidence-based proof exists of efficacy and cost-effectiveness.
- All biological and other medicine items as per Medihelp's medicine exclusion list.
- High technology treatment modalities, surgical devices and medication.
- Combination analgesic medicine, including opioid and opioid combination analgesic medicine items, claimed from acute medicine benefits exceeding 360 units per beneficiary per year.
- Non-steroidal anti-inflammatory medicine claimed from acute medicine benefits exceeding 180 units per beneficiary per year.
- Child and adult nappies.
- Smoking cessation and anti-smoking preparations.
- Medicine 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.
- Insulin pumps and consumables.

Dental exclusions

Oral hygiene

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

Fillings/restorations

- Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis.
- Resin bonding for restorations charged as a separate procedure to the restoration.
- Polishing of restorations.
- Gold foil restorations.
- Ozone therapy.
- Replacement of amalgam (silver) fillings with composite (white) fillings.

Root canal therapy and extractions

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

Plastic dentures/snoring appliances/mouth guards

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

Partial metal frame dentures

- Metal base to 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.

Crowns and bridges

- Crowns or crown retainers on wisdom teeth (3rd molars).
- Pontics on 2nd molars.
- Crown and bridge procedures for cosmetic reasons and the associated laboratory costs.
- Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs.
- Occlusal mouth rehabilitations and the associated laboratory costs.
- Provisional crowns and the associated laboratory costs.
- Porcelain veneers, inlays and the associated laboratory costs.
- Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs.
- Cost of gold, precious metal, semi-precious metal and platinum foil.
- Laboratory delivery fees.

Orthodontics

- Orthodontic treatment for cosmetic reasons and associated laboratory costs.
- Orthodontic treatment for beneficiaries younger than 9 and 18 years and older.
- Orthodontic re-treatment and the associated laboratory costs.
- Cost of invisible retainer material.
- Laboratory delivery fees.
- Orthodontic-related surgery.

Periodontics

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

Maxillofacial surgery and oral pathology

- Orthognathic (jaw correction) and other orthodontic-related surgery and any related hospital cost and laboratory costs.
- Bone augmentations.
- Bone and other tissue regeneration procedures.
- Cost of bone regeneration material.
- The auto-transplantation of teeth.
- Sinus lift procedures.
- The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8943 and 8945).

Hospitalisation (general anaesthetic)

- Where the reason for admission to hospital is fear or anxiety for dental procedures.
- 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.

Additional Scheme exclusions

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

Supporting information on how to access your benefits

Hospitalisation and your network hospitals

Members of Dimension Prime 3 Network 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 your specialist operates at a network hospital. A specialist network for the Dimension Prime network options 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.



iOS



Android



Windows

Download our **Medihelp member app**, which is available on the above devices.

Going to hospital? Remember to pre-authorise



Planned admissions

All hospital and day clinic admissions: pre-authorise [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 on the [1st workday](#) after admission.

How to pre-authorise your hospital admission

There are various ways to pre-authorise your hospital admission and we've developed an automated authorisation system that provides immediate authorisation 24 hours a day, seven days a week for 19 procedures.

Immediate e-auth

Procedures that can be automatically authorised

Adenoidectomy	Dilatation and curettage	Myomectomy
Appendectomy	Gastroscopy	Myringotomy
Caesarean section	Hysterectomy	Normal birth
Cholecystectomy	Hysteroscopy	Sterilisation
Circumcision	Intra-uterine devices	Tonsillectomy
Colonoscopy	Laparoscopy	Vasectomy
Cysto-urethroscopy		

E-auth process

Step 1 – Visit Medihelp’s website at www.medihelp.co.za

Step 2 – Look for the Login/Register block, select “Members” to go to the secured site for members and click on Login/Register. If you need to register, select “Register”, follow the easy steps to register and then log on to the secured site for members.

Step 3 – Click the “Pre-authorisation” button on the menu and select “Hospital authorisation”. Then follow the steps to authorise your hospital admission and within moments you will receive details of the pre-authorisation via SMS and an email with your reference number.

Approval of other procedures

Apply via Medihelp’s secured site for members or use one of the authorisation channels listed below.

Other ways to apply for pre-authorisation

Authorise via our member app for smartphones

Download the app from iStore and Google Play



iOS



Android



Windows

Other authorisation channels

Email



hospitalauth@medihelp.co.za

Phone



086 0200 678

Fax



012 336 9535

Dental



086 0200 678
012 741 5143

Information you need to pre-authorise

- Your membership number and details
- The details of the patient
- The procedure and diagnosis codes (get these from your doctor)
- The treating doctor's details and practice number
- The details of the hospital to which the patient will be admitted and 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 (for dental procedures).

Dimension Prime hospital and day clinic network

Eastern Cape

City/town	Name	Practice No
East London	Life Beacon Bay Hospital	357669
East London	St Dominic's Hospital	5808294
East London	St James Operating Theatres	5703816
Grahamstown	Settlers Hospital	348090
Humansdorp	Isivivana Private Hospital	168386
Port Alfred	Port Alfred Hospital	328871
Port Elizabeth	Greenacres Hospital	5807875
Port Elizabeth	Medical Forum Theatre	7700873
Queenstown	Life Queenstown Private Hospital	5709156
Uitenhage	Cuyler Clinic	5808642

Free State

City/town	Name	Practice No
Bethlehem	Bethlehem Medical Centre	7700792
Bloemfontein	Citymed Theatre	7700938
Bloemfontein	Horizon Eye Care Centre	225681
Bloemfontein	Mediclinic Bloemfontein	5808154
Bloemfontein	Universitas Private Hospital	131938
Kroonstad	Kroon Hospital	5808383
Welkom	Welkom Medical Centre	399337

Gauteng

City/town	Name	Practice No
Alberton	Clinton Clinic	5708877
Alberton	Union Hospital	5804981
Benoni	Linmed Hospital	5808588
Florida	Mayo Clinic	7700164
Johannesburg	Garden City Clinic	5805988
Johannesburg	Mulbarton Hospital	5808278
Johannesburg	Park Lane Clinic	5803004
Johannesburg	Rand Clinic	5804620
Kempton Park	Birchmed Surgical Centre	7700504
Krugersdorp	Bellstreet Hospital	5808731
Krugersdorp	Krugersdorp Private Hospital	5808111
Krugersdorp	Pinehaven Hospital	604968
Midrand	Cure Day Clinics (Midstream)	423556
Pretoria	Akasia Hospital	5808618
Pretoria	Brooklyn Surgical Centre	7700318
Pretoria	Cure Day Clinics (Erasmuskloof)	448087
Pretoria	Intercare Day Hospital (Hazeldean)	472395
Pretoria	Jakaranda Hospital	5804116
Pretoria	Louis Pasteur Hospital	5808820
Pretoria	Medkin Clinic	7700121
Pretoria	Montana Private Hospital	5809002
Pretoria	Pretoria East Private Hospital	5808855
Pretoria	Unitas Hospital	5808138
Pretoria	Zuid-Afrikaans Hospital	5805112
Springs	East Rand N17 Private Hospital	5809029
Vanderbijlpark	Cormed Clinic	5709113
Vanderbijlpark	Mediclinic Emfuleni	5808375
Vanderbijlpark	P J Schutte Theatre Unit (dental procedures only)	7600534
Vereeniging	Mediclinic Vereeniging	5808081
Vereeniging	Midvaal Private Hospital	5808898

KwaZulu-Natal

City/town	Name	Practice No
Amanzimtoti	Kingsway Hospital	5808200
Ballito	Alberlito Hospital	250562
Durban	Chatsmed Garden Hospital	5808219
Durban	Hillcrest Private Hospital	426563
Durban	Nu-Shifa Hospital	5808464
Durban	St Augustine's Hospital	5802563
Howick	Mediclinic Howick	122092
Ladysmith	La Verna Hospital	5808235
Newcastle	Mediclinic Newcastle	5808871
Pietermaritzburg	Mediclinic Pietermaritzburg	5808073
Pietermaritzburg	St Anne's Hospital	5808197
Pinetown	The Crompton Hospital	5808596
Port Shepstone	Hibiscus Hospital	5808901
Richards Bay	The Bay Hospital	5808472
Shelly Beach	Shelly Beach Day Clinic	380059
Umhlanga	Umhlanga Hospital	5808936
Umhlanga	KZN Day Clinic	534463

Limpopo

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

Mpumalanga

City/town	Name	Practice No
eMalahleni	eMalahleni Day Hospital	7700520
eMalahleni	eMalahleni Private Hospital	413615
Ermelo	Mediclinic Ermelo	5808863
Middelburg	Middelburg Private Hospital	5808243
Nelspruit	Kiaat Private Hospital	558818
Nelspruit	Lowveld Hospital	463345
Nelspruit	Mediclinic Nelspruit	5808340
Secunda	Mediclinic Secunda	540110

Northern Cape

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

North West

City/town	Name	Practice No
Klerksdorp	Sunningdale Hospital	5706696
Klerksdorp	Wilmed Park Private Hospital	5808812
Potchefstroom	Potchefstroom Medical and Dental Centre	7700784
Rustenburg	Ferncrest Hospital	5808391
Vryburg	Vryburg Private Hospital	5808553

Western Cape

City/town	Name	Practice No
Cape Town	Christiaan Barnard Memorial Hospital	5807778
Cape Town	Kuilsriver Private Hospital	88978
Cape Town	Mediclinic Cape Gate	366714
Cape Town	Mediclinic Durbanville	5808766
Cape Town	Mediclinic Durbanville Day Hospital	592781
Cape Town	Mediclinic Louis Leipoldt	5806860
Cape Town	Mediclinic Milnerton	5808669
Cape Town	Melomed Bellville	5802881
Cape Town	Melomed Gatesville	5808103
Cape Town	N1 City Hospital	5808537
Cape Town	Vincent Pallotti Hospital	5801443
George	Mediclinic Geneva	5709059
George	Mediclinic George	5807905
Hermanus	Mediclinic Hermanus	5709091
Mossel Bay	Bayview Hospital	5808790
Oudtshoorn	Mediclinic Klein Karoo	5808928
Paarl	Cure Day Clinics (St Stephen's Paarl)	468541
Paarl	Mediclinic Paarl	5808251
Plettenberg Bay	Mediclinic Plettenberg Bay	283207
Somerset West	Mediclinic Vergelegen	5808030
Stellenbosch	Mediclinic Stellenbosch	5808405
Vredenburg	West Coast Private Hospital	5808979
Worcester	Mediclinic Worcester	5808006

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

Hospitalisation video

To watch a video on hospitalisation or download a pamphlet on this topic, go to www.medihelp.co.za

Prescribed minimum benefits (PMB)

What is 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 (in terms of the legal definition on page 25),
- 270 listed diagnosis and treatment pairs (DTPs), and
- 26 chronic diseases on the Chronic Diseases List (the CDL).

Prescribed minimum benefits (PMB) and Chronic Diseases List (CDL) conditions

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

Please note:

- Benefits for PMB services will only apply from the date on which Medihelp approves the services. You will also receive a schedule of the approved services.
- Services will be funded from relevant available benefits first.

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

Pre-authorisation	Designated service providers (DSPs)	Protocols	Medicine formularies
Refer to the table on page 34 for details on how to access benefits	Please study your benefit summary to see which DSPs apply, to avoid co-payments	Treatment guidelines as contained in the Regulations published under the Medical Schemes Act, 1998	A list of medicines approved for the treatment of conditions

Accessing benefits for your PMB conditions

Consultations and services



Step 1: Register your illness

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

Step 2: Your benefit schedule

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

Medicine



To register your medicine for PMB, please complete the PMB and chronic medicine application form, which you can download from the [secured site for members](#) (click on "Forms") or request telephonically from our Customer Care Centre at **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.

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 incident, but definitely on the first workday after admission by phoning Medihelp at **086 0100 678**.

An emergency is defined as follows in the 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." An emergency medical condition must be certified as such by a medical practitioner.

Hospitalisation



All hospital admissions must be pre-authorised by phoning Medihelp on **086 0200 678**, or applying for pre-authorisation via [the secured site for members](#) 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.

Emergency admissions must be authorised on the **first workday** after the admission. Members of the Dimension Prime network options must be admitted to a network hospital – see more on page 17.

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

Specialist networks for PMB services

Medihelp's specialist networks support you with treatment for PMB conditions. By visiting specialists who form part of these networks you can limit your out-of-pocket expenses, as their tariffs are more in line with those of Medihelp.



It's easy to locate your nearest network specialist:
Our website lists all our network hospitals and specialists.
Visit www.medihelp.co.za.



1 081 specialists covering
21 disciplines

Your PMB services will be paid in full, and other services at the Medihelp tariff if you use a network specialist.

You will be responsible for the difference between the cost and the Medihelp tariff if you don't use a network specialist.

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 you choose 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 any) will be. You can also negotiate a reduced fee with the specialists or arrange payment terms.



To avoid co-payments on PMB services

1. **Pre-authorise all PMB services** – Make sure you pre-authorise the relevant services where required, including hospital admissions. See the table on page 34 for more information.
2. **Follow the protocols** – Make sure your treating doctor or healthcare provider follows the PMB treatment guidelines.
3. **Use the MHRP co-payment calculator on the secured website for members.**
4. **Visit DSPs or network providers** – visit www.medihelp.co.za to find a network provider.

Emergency medical services

What is 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 (see page 24-26 for more on PMB).

Please note: Have the emergency authorised as soon as possible after the incident, but definitely on the first workday after admission by phoning Medihelp at **086 0100 678**.

Emergency transport services

Who is our emergency transport services partner?

Netcare 911 is our partner in providing emergency medical services, including emergency medical transport, emergency assistance and trauma counselling. 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**. 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	MEDICAL EMERGENCY	ARRIVE SAFELY (when cycling, walking and driving)
2 Indicate Medihelp on the app as your provider	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Enter your arrival time• The app tracks you• The app sends a map and your location to emergency contacts if you are not on time
3 Load your emergency contacts		

Trauma counselling service

In addition to emergency transport services, Netcare 911 also offers all Medihelp members free access to 24-hour trauma counselling on 082 911 which is provided by qualified medical personnel. This service also gives you access to confidential and reliable healthcare advice.

Medicine benefits

Different types of medicine

Acute medicine



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

Chronic medicine



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

PMB chronic medicine



PMB chronic medicine is used to treat any of the 26 conditions on the Chronic Diseases List (CDL) if your condition complies with the entry criteria. See page 25 for more on how Medihelp covers your PMB chronic medicine.



MobileMeds is the DSP for chronic PMB medicine

MobileMeds, Medihelp's **medicine order and delivery service**, and a designated service provider apply for PMB chronic medicine or a 60% co-payment will be payable. The MobileMeds service allows you to order your registered chronic and even acute medicine over the phone and have it delivered to the DSP delivery point or an address of your choice, in which case a co-payment will apply. **For more information about the MobileMeds service, phone 086 0100 678.**

Medihelp's medicine benefits

Generic medicine

100% of the MMAP* subject to benefits available

Original medicine where no generic is available

80% of the MT** subject to benefits available

Voluntary use of the original medicine where a generic is available

70% of the MMAP* subject to benefits available

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

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

Benefits of using generic medicine

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

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

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



Medihelp 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 **smartphone app** (see page 39) or visiting Medihelp's website at www.medihelp.co.za.

How to reduce medicine co-payments

1

Visit a pharmacy in the **Medihelp Preferred Pharmacy Network**.

2

Use **generic medicine** – your generic medicine will be paid at 100% of the MMAP, while an 80% or 70% benefit applies to original medicines. You will also have to pay the difference in cost between the MMAP and the cost of the original product.

3

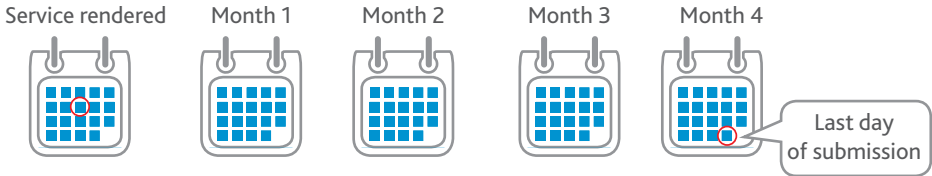
Use only **authorised PMB medicine** – Medihelp covers your authorised PMB medicine at 100% of the Medihelp Reference Price.

Generic medicine video

To watch a video on generic medicine or download a pamphlet on this topic, go to the secured site for members at www.medihelp.co.za

Claims submission

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 claim.



Who may submit your claims?

Most healthcare providers submit their claims directly to Medihelp and you need not submit these again. However, if you have paid an account and want to claim, you can also submit claims in any of the following ways:

- Use your Medihelp member app for smartphones 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

Remember:

- You remain responsible to ensure Medihelp receives claims – even those submitted by healthcare providers.
- Check your monthly statements regularly to keep track of your claims.

Healthcare services rendered abroad

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

Medical emergencies abroad

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

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

How to submit your foreign claim

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

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

- A copy of your travel insurance documents.
- A copy of your passport documents and applicable visas.
- A specified account. Please have the account translated or specify the services separately if the type of service/medication cannot be inferred. Please also state the name of the country on the account as well as the monetary unit in which the account has been charged.
- An explanation of the service(s) in English.
- A completed declaration (the form is available on [Medihelp's website](#) or by phoning **086 0100 678**).
- If the patient was hospitalised, written confirmation thereof by the hospital on an original letterhead containing the hospital's contact numbers.


Tip: Additional travel insurance






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

Pre-authorisation of certain services to access benefits


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

Tip: To obtain the necessary forms, visit [Medihelp's secured site](#) for members or phone our Customer Care Centre at 086 0100 678.

Service	Contact details and information required	How to access benefits
 <p>Hospital admissions (Including psychiatric admissions, but excluding hospitalisation for dentistry) Network hospitals apply to the Dimension Prime network options</p>	<p>Medihelp Electronic pre-authorisation www.medihelp.co.za (members' secured site) Tel: 086 0200 678 Fax: 012 336 9535 hospitalauth@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number • Details of patient, doctor and hospital • Details of admission, procedure and diagnostic codes 	<p>Hospital admissions should be registered well in advance. If the hospital admission is not pre-authorised, the member will be liable for a co-payment of 20% on the benefit amount of the hospital account. In case of an emergency admission, the admission should be registered on the first workday following the admission. Co-payments may apply to specific procedures. Non-emergency, voluntary non-network admissions will incur a 35% co-payment.</p>
<p>Private nursing, hospice services and sub-acute care facilities Authorised only as an alternative to hospitalisation, subject to clinical protocols</p>	<p>Medihelp Tel: 086 0100 678 Fax: 012 336 9523 hmanagement@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number and details of patient • Procedure and diagnostic codes • Details of doctor, facility or practice • Doctor's motivation • Quotation for the services of the facility 	<p>Authorisation will normally be considered for a specific period according to Medihelp's clinical protocols for these services. Members should kindly phone in advance to allow enough time for the authorisation process. A 20% co-payment applies if hospice services/sub-acute care admissions are not pre-authorised.</p>

Service	Contact details and information required	How to access benefits
 Emergency medical transport	Netcare 911 Tel: 082 911 <ul style="list-style-type: none"> • Membership number • Details of patient 	Netcare 911 is Medihelp's preferred provider of emergency transport services.
 Specialised dentistry and hospitalisation for dental services Dental procedures under general anaesthesia performed in hospital, in a day clinic or in the dentist's rooms under conscious sedation	DRC Tel: 012 741 5143 Fax: 086 6871 285 medihelp@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-authorized will be for the member's account, except where a 20% co-payment applies.
 Optical services	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-authorization is obtained, no benefits will be granted.
 Specialised radiology CT imaging and MRI	Medihelp Tel: 086 0200 678 <ul style="list-style-type: none"> • Membership number • Details of the radiologist and patient • Item, procedure and diagnostic codes 	Pre-authorization is required for all CT imaging and MRI.
 HIV/Aids programme All information will be treated confidentially	Disease management programme Halocare Tel: 086 0143 258 Emergencies: 071 7864 520 Fax: 086 5702 523 medihelp@halocare.co.za Medicine Medipost Tel: 012 426 4000 Fax: 0866 889 867 life@medipost.co.za or Dis-Chem Direct Tel: 011 589 2788 Fax: 086 641 8311 direct@dischem.co.za <ul style="list-style-type: none"> • Membership number • Details of patient 	Comprehensive benefits are offered for the treatment of HIV/Aids, including – <ul style="list-style-type: none"> • antiretroviral therapy, and • post-exposure prophylaxis.

Service	Contact details and information required	How to access benefits
<p>Medical procedures obtained abroad (Not emergencies) Services obtained abroad that are not available in South Africa</p>	<p>Medihelp Tel: 086 0100 678 Fax: 012 336 9540</p> <ul style="list-style-type: none"> • Membership number • Details of patient • ICD-10 and procedure code of a similar local procedure and a doctor's motivation 	<p>If approval is granted, benefits will be paid according to the applicable tariff payable for a similar service in South Africa.</p>
<p>PMB Prescribed minimum benefits (PMB)</p>	<p>Medihelp Tel: 086 0100 678 Fax: 086 0064 762 enquiries@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number • Details of patient • Completed PMB registration/ pre-authorisation form 	<p>Medihelp provides appropriate baskets of care per PMB condition registered with the Scheme – PMB protocols apply.</p>
<p>DSP PMB chronic medicine and DSP</p>	<p>Medihelp Tel: 086 0100 678 Fax: 012 334 2466 medicineapp@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number • Details of patient • Completed application form for PMB/chronic medicine <p>MobileMeds Tel: 086 0100 678 Fax: 012 336 9544 mobilemeds@medihelp.co.za</p>	<p>PMB chronic medicine An application form should be completed for the registration of PMB/chronic medicine. Information on the extent to which the patient complies with the required entry criteria that apply to certain PMB conditions should be provided with the PMB/chronic medicine application form. PMB for a condition on the Chronic Diseases List (CDL) will only apply from the date on which the application for PMB/chronic medicine was finalised. Claims for services rendered before the registration date of the medicine cannot be backdated or corrected. You must obtain your PMB chronic medicine from a designated service provider (DSP) to avoid a 60% co-payment. Order authorised PMB chronic medicine from MobileMeds for delivery at your DSP (PMB chronic medicine network doctor). You may also order any other medicine from MobileMeds for your convenience.</p>

Service	Contact details and information required	How to access benefits
 Oncology (cancer treatment)	<p>Disease management programme Tel: 086 0100 678 Fax: 086 0064 762 oncology@medihelp.co.za</p> <p>Oncology medicine DSP Dis-Chem Oncology Tel: 010 0038 948 Fax: 086 5970 573 oncology@dischem.co.za</p> <p>or</p> <p>Medipost Tel: 012 404 4430 Fax: 086 680 3319 oncology@medipost.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-authorized by Medihelp.
Internally implanted prostheses	<p>Medihelp Tel: 086 0200 678 Fax: 012 336 9535 hospitalauth@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number • Details of patient • Quotation/doctor's motivation/prescription 	<p>Applications for approval of these services should be provided with a doctor's motivation.</p> <p>The member will be liable for the difference in cost should PMB spinal, hip, knee and cardiac prostheses not be obtained from the DSP.</p>
More than 30 days' medicine supply	<p>Medihelp Tel: 086 0100 678 Fax: 012 334 2425 medicineapp@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number • Details of patient • Completed "Medicine in Advance" form 	<p>Members who need to obtain more than 30 days' medicine supply must phone Medihelp to obtain pre-authorization. Only applicable to authorised PMB chronic medicine that will be required while travelling abroad.</p>

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 inter-disciplinary 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.

Contraceptives refer to injectable, intra-uterine, sub- and transdermal and oral contraceptives.

Co-payments are the difference between the cover provided by Medihelp and the cost/tariff charged for the medical service, and are payable directly to the service provider.

Members must make co-payments in the following cases:

- When doctors and other providers of medical services charge fees which exceed Medihelp's scheme 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. original acute medicine), or where the cost exceeds the limit available for the service (e.g. for medical, surgical and orthopaedic appliances); and
- When the member chooses not to obtain services from a designated service provider (e.g. ICON in the case of oncology) or when a pre-determined co-payment is applicable to a specific benefit as indicated per benefit option.

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

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

CPAP is an apparatus which provides continuous positive airway pressure to assist breathing.

A **cycle** means the stated length of the benefit cycle commencing on the date of the first service and thereafter calculated from the date of each subsequent service.

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 abdominal aortic aneurysm with an accompanying high risk for anaesthesia.

A **formulary** consists of a scientifically compiled list of cost-effective and appropriate PMB chronic medicine applicable to the Dimension Prime network options.

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 and pathology, physiotherapy and other supplementary services rendered 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. Procedure-specific co-payments may apply. Emergency admissions must be registered on the first workday following the admission (see also "emergency medical condition").

Standard **immunisations** are child immunisations in accordance with the guidelines set by the Department of Health on the standard immunisation chart.

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

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

The **Maximum Medical Aid Price (MMAP)** is the reference price used by Medihelp to determine benefits for acute and chronic medicine. The MMAP is the average price of all the available generic equivalents for an ethical patented medicine item.

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 Medicines Control Council, to be administered or applied for the prevention, treatment or healing of an illness.

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

Medihelp tariff refers to the tariff paid by Medihelp for different medical services, and can include for example the contracted tariff for services agreed with certain groups of service providers such as hospitals, the Medihelp Dental Tariff for dental services, and the single exit price for acute medicine. The various tariffs are defined in the Rules of Medihelp.

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

Oncology: 98% of all oncology cases qualify for prescribed minimum benefits (PMB), which Medihelp will cover at 100% of the cost in accordance with the protocols as set out in the Regulations published under the Act, while non-PMB oncology is covered at specific benefit amounts per option, provided that oncology is rendered by oncologists within the Independent Clinical Oncology Network (ICON). All oncology treatments will be evaluated on an individual

basis according to ICON's protocols and must adhere to ICON's oncology treatment programmes. Medihelp covers PMB bone marrow/stem cell transplants subject to the applicable PMB legislation. Oncology received outside ICON or that deviates from the protocols is subject to co-payments.

Per year means from 1 January to 31 December of a year. Should a beneficiary enrol within a financial year, benefit amounts will be pro-rated according to the remaining number of months of the year. All limits are valid for a year, unless otherwise indicated.

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

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

Prescribed minimum benefits (PMB) are paid for 26 chronic conditions on the CDL and 270 diagnoses with their treatments as published in the Regulations of the Medical Schemes Act 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 are first funded from the related day-to-day benefits.

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

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

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 appliances.

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 secured site for members at www.medihelp.co.za



Phone our Customer Care Centre at **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 will 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 secured website for members at www.medihelp.co.za or phone **Medihelp's Customer Care Centre at 086 0100 678** to request additional membership cards.

Medihelp's smartphone app ensures that you always have your latest **electronic membership card** available. The app is available for all iOS, Android and Windows smartphones.



iOS



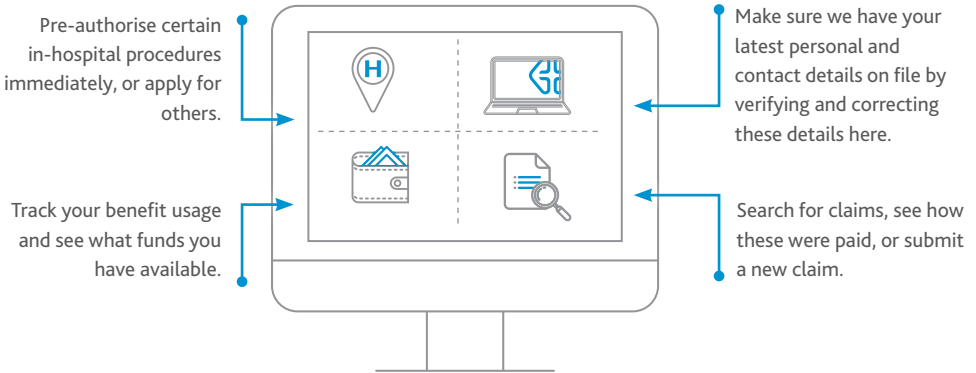
Android



Windows

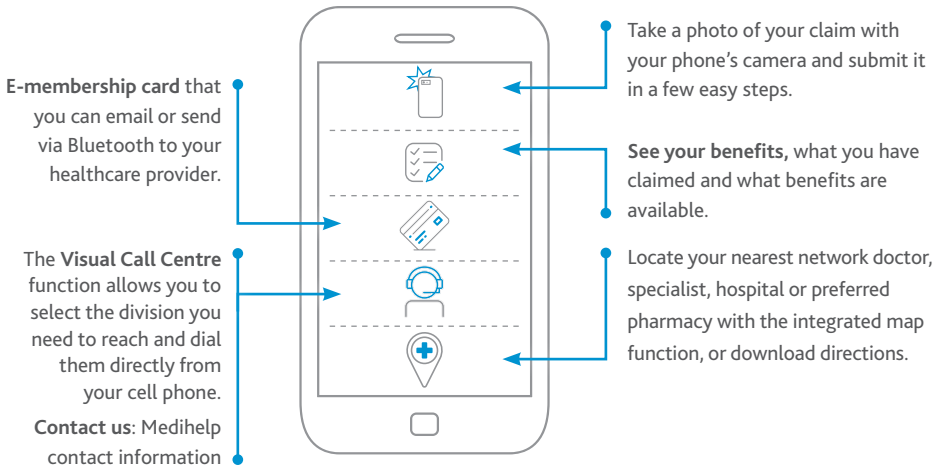
Secured website for members

Medihelp's secured website for members 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".



Member app

If you have a smartphone, download Medihelp's app once you have registered on the secured site for members. This way, you can ensure that you always have an **updated e-membership card** with you, wherever you are. Once you have registered on the secured site for members, you can use the same user name and password for the Medihelp app.



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, and may be for a specific medical condition or a general waiting period.

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 secured site for members at www.medihelp.co.za. You can also obtain the form by phoning our Customer Care Centre at **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 birth

Include copies of:

- Child's ID
- Adoption/foster care order



Marriage	Registration of dependant form must be received within 90 days* from marriage date	Include copies of: <ul style="list-style-type: none">• Spouse's ID• Marriage certificate
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* 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.

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, you must remember to destroy your old cards. If you use the 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. Cash payments for rejected subscription debit orders are accepted and can be made directly into Medihelp's bank account (see page 44 for our banking details). Debit orders do, however, remain the preferred method of payment.

You can **email** any enquiries with regard to your subscription or provide proof of payment to:



Enquiries:
subscriptions@medihelp.co.za



Proof of payment:
receipts@medihelp.co.za

Benefit option interchange

You are allowed to change benefit options –

- annually from the beginning of a new year, or
- during the year from a Dimension Prime network option to the non-network alternative of the option*.

* Should you find that the Dimension Prime network option no longer makes provision for your specific healthcare needs (e.g. should you develop a chronic condition or the hospital network does not suit your requirements) you may request to interchange to the non-network alternative of the option.



Annual benefit option interchange

During the last three months of every year, Medihelp members may elect to change to another benefit option with effect from 1 January of the next year. Let us know if you'd like to change before the cut-off date as communicated by the Scheme each year, in one of the following ways:



Visit our **secured site** for members at www.medihelp.co.za and use the interchange function.



Email us at membership@medihelp.co.za with your membership number and choice of new benefit option.



Phone our Customer Care Centre at **086 0100 678**.

Summarised statements

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

Summarised statements for visually impaired members

Our visually impaired members can receive their summarised statements in audio format. Should you want to receive your summarised 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.

Bank detail

It is also important that Medihelp has your correct banking details – we 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 sending us:

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 (all the pages of the statement must be included but you may conceal the amounts)

3

A copy of your 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 9540



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.

Tip: Verify your contact and banking details at Medihelp's secured site for members. This service also allows you to change these details. For security reasons, 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 at **012 336 9540** 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

Account number: 61000 00 88

Disputes

Should a dispute arise between you and a service provider for whatever reason (for example, as a result of alleged poor service) the matter must be resolved between the parties concerned. Medihelp cannot intervene or become involved in these cases. However, if you and the service provider cannot resolve the matter, 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**.

If a dispute should arise between you and Medihelp, you are welcome to phone the Council for Medical Schemes at **086 1123 267** or send email to complaints@medicalschemes.com.

value

Based on your profile and healthcare needs, we've developed programmes and initiatives such as HealthPrint, our free online wellness programme, to add value.



HealthPrint

HealthPrint is a free online health and wellness programme that integrates fully with Medihelp's system. By joining HealthPrint via Medihelp's website you get access to the following:



your health profile and claims information



your activity tracker data



your activity tracker data



a functionality to volunteer and update your health profile data

As a HealthPrint user you also get access to health information, lifestage-specific programmes and value such as:



Wellness enhancement programmes

You can enrol for programmes designed to improve your health and ensure your wellness, including a programme for members with a BMI higher than 30.



A pregnancy and baby programme

This programme will assist you on your journey to becoming a mommy by supporting you with relevant information and delivering value at specific milestones, including during the pregnancy, after giving birth, in the toddler phase and on their fourth and sixth birthday, up to school-going age.



Medihelp MultiSport

All avid walkers, runners and cyclists who are serious about following a healthy, active lifestyle can join Medihelp MultiSport. Membership is open to anyone, no matter where you reside in South Africa or whether you're a member of Medihelp or not.

The annual membership fee is only R250 and you get the following:

- A starter pack
- A monthly newsletter
- An open invitation to visit the MultiSport gazebo at selected events
- Free entry to Medihelp-sponsored sporting events
- 50% discount on Medihelp-branded cycling and running gear

How to join HealthPrint

- 1 Visit www.medihelp.co.za
- 2 Go to Login | Register
- 3 Choose HealthPrint
- 4 Choose Register to join HealthPrint



medihelp
medical scheme

health
print
your health

élan health magazine

Through élan, our biannual wellness magazine, we inspire, enable and inform members to live healthy, balanced lives and emphasise the benefits of maintaining a healthy lifestyle. This magazine focuses on a variety of health and other relevant topics by way of creative, entertaining articles, also sharing Medihelp news.

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. The designated service providers for oncology medicine are Dis-Chem Oncology and Medipost.

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 when you are diagnosed with cancer



Phone Medihelp at 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:



Email: oncology@medihelp.co.za



Fax: **086 0064 762**



Medicine

Obtain your oncology medicine from Medihelp's designated service providers, Dis-Chem Oncology and Medipost.

Dis-Chem Oncology



010 003 8948



086 5970 573



oncology@dischem.co.za

Medipost



012 404 4430



086 6803 319



oncology@medipost.co.za

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 Act, provided that oncology is rendered by oncologists within the Independent Clinical Oncology Network (ICON).

To qualify for PMB, the cancer must:

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

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

Non-PMB oncology

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

Protocols and treatment

Medihelp's oncology benefits are based on ICON'S standard or enhanced treatment protocols, depending on your particular benefit option. Treatment must follow the protocols applicable to your benefit option 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:

1. Your oncologist is part of ICON.
2. Treatment is aligned with the applicable ICON protocols.
3. You use medicine listed on the Medihelp Oncology Reference Price List.
4. You get your medicine from Dis-Chem Oncology or Medipost.

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 Halocare, our managed healthcare partner, on **086 014 3258** or email them at medihelp@halocare.co.za to register on this programme. 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



011 589 2788



086 641 8311



direct@dischem.co.za

Medipost



012 426 4000



0866 889 867



life@medipost.co.za

Should you need **post-exposure prophylaxis**, phone Halocare on **071 786 4520**. 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 a multi-disciplinary medical team based on your clinical profile. Patients follow a programme of up to nine weeks following an assessment for eligibility, and consistently report increased mobility and decreased pain after the treatment, with only a very small percentage ultimately requiring spinal surgery.

High-risk programme

If you suffer from high blood pressure, high cholesterol and diabetes simultaneously, a case manager 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.

engagement

We offer a variety of engagement opportunities to establish convenient and effective two-way communication with you.



Social media platforms

You can find us on Facebook ("be healthy with Medihelp"), LinkedIn, Twitter, Instagram, Google+ and Pinterest.

Annual general meeting (AGM)

Medihelp holds an annual general meeting once a year in Pretoria. At this meeting, Medihelp's annual report is presented to members and items on the agenda are discussed. The process for voting on any matters serving before the AGM takes place electronically prior to the AGM. No voting is done at the AGM, but the voting results are announced at the meeting.

Annual report

All members of Medihelp receive an annual report every year in which the previous year's financial results are reported. The annual report also contains the notice and agenda for the annual general meeting.

Nominations for the Board of Trustees

If you want to nominate a candidate for election to the Medihelp Board of Trustees, you must use the prescribed nomination form which is available at Medihelp. This form must be completed by the proposer, the nominee and a seconder, and must reach Medihelp on or before the last workday of March. You will receive the CVs of all eligible candidates with the other information that pertains to the AGM, such as the annual report and ballot paper (if applicable), from Medihelp before the AGM to enable you to make an informed choice.

Letters and emails

We communicate important information to you by means of personalised letters or emails, depending on your choice of communication medium. Information on amended subscription fees and rules will typically be communicated to you in this format. Email communication is fast and cost-effective – please email us **with your membership number and the email address linked to your membership number to membership@medihelp.co.za**.

Advisers

Medihelp provides the information communicated to members to its accredited healthcare consultants and advisers as well. If any of these persons assisted you in obtaining membership of Medihelp, you are welcome to ask them for advice at any time should you require additional information.

Disclosure of information to advisers (or any third party)

To protect the confidentiality of your information, Medihelp can only provide your information to a third party such as your adviser if you have given permission for us to do so.

Reporting fraud

It is in every member's interest to expose unethical practices that can have financial implications for Medihelp. Every rand recovered or saved can be used to optimise your benefits and keep increases in subscription fees as low as possible. By exposing the member, employee or service provider who takes part in unethical practices, you protect your own interests.

Please contact us if you want to report unethical practices. Remember, your telephone call, fax or email may remain anonymous, and your details will be treated with the utmost confidentiality and care.



Email: fraud@medihelp.co.za



Telephone: 012 334 2428



Fax: 012 336 9538

A container in which you can place your letters on alleged unethical practices is available at Medihelp's offices in Pretoria, on the first floor at the Customer Service counter.

Contact us

Medihelp Customer Care centre

Tel: 086 0100 678

Fax: 012 336 9540

www.medihelp.co.za

enquiries@medihelp.co.za

Phone our call 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

membership@medihelp.co.za

E-services

Access the secured site for members via

www.medihelp.co.za

Download the member app from iStore/Google Play

Submission of claims

Fax: 012 336 9556

claims@medihelp.co.za

Subscription enquiries

subscriptions@medihelp.co.za

Hospital admissions

(All hospital admissions must be pre-authorised)

Electronic pre-authorisations:

www.medihelp.co.za (members' secured site)

Tel: 086 0200 678

Fax: 012 336 9535

hospitalauth@medihelp.co.za

PMB chronic medicine and more than 30 days' medicine supply

Tel: 086 0100 678

Fax: 012 334 2466 (PMB chronic medicine)

Fax: 012 334 2425 (more than 30 days' supply)

medicineapp@medihelp.co.za

Prescribed minimum benefits (PMB)

Tel: 086 0100 678

Fax: 086 0064 762

enquiries@medihelp.co.za

MRI and CT imaging

Tel: 086 0200 678

Oncology

Disease management programme

Tel: 086 0100 678

Fax: 086 0064 762

oncology@medihelp.co.za

Medicine

Dis-Chem Oncology

Tel: 010 003 8948

Fax: 086 597 0573

oncology@dischem.co.za

or

Medipost

Tel: 012 404 4430

Fax: 086 680 3319

oncology@medipost.co.za

Private nursing, hospice and sub-acute care facilities

Tel: 086 0100 678

Fax: 012 336 9523

hmanagement@medihelp.co.za

Chronic renal dialysis & oxygen administered at home

Tel: 086 0100 678

Fax: 012 336 9540

preauth@medihelp.co.za

Medihelp fraudline

Tel: 012 334 2428

Fax: 012 336 9538

fraud@medihelp.co.za

MobileMeds

Tel: 086 0100 678

Fax: 012 336 9544

mobilemeds@medihelp.co.za

Partners

Netcare 911

Tel: 082 911

DRC (Dental services)

Tel: 012 741 5143

Fax: 086 687 1285

medihelp@dentalrisk.com

www.dentalrisk.com

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

Halocare

Tel: 086 014 3258

Emergencies: 071 786 4520

Fax: 086 570 2523

medihelp@halocare.co.za

Medicine

Dis-Chem Direct

Tel: 011 589 2788

Fax: 086 641 8311

direct@dischem.co.za

or

Medipost

Tel: 012 426 4000

Fax: 0866 889 867

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



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.



086 0100 678
www.medihelp.co.za

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

