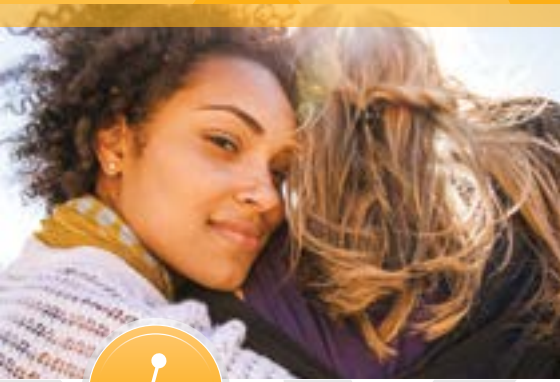


nesesse network member guide 2018



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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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

An income-based option that provides quality private cover through an extensive network of private hospitals and healthcare providers for your medical expenses incurred in and out of hospital. Necessa is an affordable healthcare solution for students and corporates alike.



A summary of your benefit option



Essential cover for chronic illnesses on the Chronic Diseases List and 270 listed PMB conditions



Comprehensive hospital cover in the Necessa hospital network



Cover for medical emergencies



Cover for specialised radiology



Cover for preventive care health assessment tests



Children pay child dependant rates until they are 21 years old

Monthly contributions

		Gross monthly income				
		Full-time students R0 – R400	R401 – R5 000	R5 001 – R7 000	R7 001 – R11 000	R11 001 and more
Principal member		R474	R1 512	R1 578	R1 782	R2 076
Dependant		R474	R1 194	R1 260	R1 386	R1 620
Child dependant < 21 years		R474	R648	R708	R780	R900

- The monthly contribution does not take any employer subsidy into account.
- Children pay child dependant rates until they are 21 years old.

additional insured benefits

Additional insured benefits which give you access to pregnancy, screening and preventive care benefits as well as a back treatment programme.



Description	Benefit
<p>PREGNANCY BENEFITS</p> <ul style="list-style-type: none"> Gynaecologist consultations (subject to referral by a Necessé network GP and pre-authorisation) 2D sonars 	<p>2 per beneficiary per year</p> <p>2 per beneficiary per year</p>
<p>SCREENING BENEFITS</p> <p>A Necessé network GP must request the services and benefits are paid from the available day-to-day benefits</p> <ul style="list-style-type: none"> Pap smear (item code 4566) Prostate test (PSA level) for males > 40 years (item code 4519) Mammogram for females > 40 years (item codes 3605/39175/34100/34101) Bone mineral density test (BMD) for females > 50 years (item codes 3604/50120) HIV (item codes 3932/4614) Blood glucose (item code 4057) Total cholesterol (item code 4027) 	<p>1 pathology test per beneficiary per year</p> <p>1 radiology exam per female beneficiary per year</p> <p>1 pathology test per beneficiary per year</p> <p>1 pathology test per beneficiary per year</p>
<p>IMMUNISATIONS</p> <p>A Necessé network GP must request the services and benefits are paid from the available day-to-day benefits</p> <ul style="list-style-type: none"> Flu vaccine Tetanus vaccine 	<p>1 per beneficiary per year</p>
<p>BACK TREATMENT AT A DBC FACILITY</p> <p>Subject to protocols and pre-authorisation</p>	<p>1 programme per beneficiary per year</p>

GP – General practitioner
 DBC – Document-Based Care



Day-to-day benefits

Services rendered by a Necesses network GP

- Always visit a doctor who is part of the Necesses GP network. Visit the Medihelp website at www.medihelp.co.za or use the Medihelp member app for smartphones to access a list of network doctors near you.
- Every family member has nine consultations available per year.

Description	Benefit
GP SERVICES WITHIN THE NECESSE NETWORK <ul style="list-style-type: none"> • Consultations • Medical and surgical services as well as anaesthetic • Material and discretionary medicine used during services 	100% of the MT 9 consultations per beneficiary per year (shared with pregnancy consultations at a Necesses network GP)

Pregnancy benefits

- Pre- and post-natal care services must be provided by your Necesses network GP.
- Midwife services must be rendered by a registered practising nurse and are subject to pre-authorisation and treatment guidelines (protocols).
- See page 18 for hospital benefits for confinement (childbirth).
- See page 6 for two additional gynaecologist consultations and two 2D sonars.

Description	Benefit
PREGNANCY <ul style="list-style-type: none"> • Pre- and post-natal care provided by a Necesses network GP 	100% of the MT 9 consultations per beneficiary per year (shared with other Necesses GP consultations)
<ul style="list-style-type: none"> • Midwife services by a registered nursing practitioner for pre- and post-natal care and subject to pre-authorisation 	100% of the MT Unlimited 20% co-payment if not pre-authorised

Specialist care

- You may only visit a specialist if you are referred by your Necesses network GP. If not, a 20% co-payment on the consultation will apply.
- Phone 086 0200 678 or email request to hospitalauth@medihelp.co.za to request pre-authorisation for a specialist consultation.
- For your convenience, Medihelp has established a **specialist network** – read more about this network on page 35.

- Limits apply – the specialist consultation and relevant procedures, acute medicine, standard radiology and pathology which the specialist requests are paid from the benefit for specialist care. No benefits will be paid if you were not referred by your Necesses network doctor in case of radiology services, and co-payments will apply to pathology services.
- You must visit the specialist within the authorised period. The authorisation includes a **follow-up consultation**.
- If the specialist consultation has not been approved or services are rendered outside the approved period, a 20% co-payment will apply.
- If the services cannot be rendered within the approved period, you must contact Medihelp again to authorise these services.
- It is preferable to visit a specialist who practises at a network hospital, in case you need to be admitted to hospital. Read more about hospitalisation on page 26-32 and about your PMB specialist network on page 35.
- All acute medicine prescribed by a specialist must be obtained within the authorised period from a pharmacy in the Medihelp Preferred Pharmacy Network, or administered and dispensed by a specialist, except for vaccination. Read more about medicine benefits on page 37.
- Only approved PMB chronic medicine used for the treatment of PMB/CDL conditions will qualify for chronic medicine benefits, if prescribed by a specialist on referral by your Necesses network GP. Read more on PMB and PMB chronic medicine on page 33 and 42.
- Pathology services requested by a specialist must be rendered by either **Lancet** (PR 5201055) or **PathCare** (PR 5200539 – Drs Dietrich, Voigt, Mia & Partners) to avoid a co-payment.

Description	Benefit
<p>SPECIALIST CARE Subject to referral by a Necesses network GP and pre-authorisation, which includes one follow-up consultation:</p> <ul style="list-style-type: none"> • Specialist consultations • Surgical and non-surgical procedures • Diagnostic endoscopic procedures performed in the specialist's rooms • Standard radiology and pathology (at Lancet/PathCare) requested by a specialist • Interventional procedures performed by radiologists, including material • Acute medicine administered or dispensed by a specialist • Acute medicine prescribed by a specialist and obtained from a network pharmacy 	<p>100% of the MT M = R2 950 M + = R4 100 20% co-payment if not referred by a Necesses network GP</p>
<ul style="list-style-type: none"> • Authorised PMB chronic medicine prescribed by a specialist on referral by a Necesses network GP is subject to pre-authorisation and must be obtained from a network pharmacy 	<p>100% of the Necesses PMB chronic medicine formulary Co-payments may apply in case of voluntary non-network pharmacy use, deviation from the formulary and if not referred by a Necesses network GP</p>

Medicine prescribed by a Necesses network doctor

Acute medicine prescribed by a Necesses network doctor

- Acute medicine must be prescribed by your Necesses network GP or dispensed by a dispensing Necesses network GP.
- Medicine may only be obtained from your dispensing network GP or on prescription at a pharmacy in the Medihelp Preferred Pharmacy Network. Visit Medihelp's website at www.medihelp.co.za for a list of network pharmacies, phone Medihelp on **086 0100 678** or use Medihelp's member **app** for smartphones to locate your nearest network pharmacy.
- Only medicines on the Necesses acute medicine formulary or dental formulary qualify for benefits.
- If your Necesses network doctor dispenses medicine, he/she must not give you a prescription to hand in at your network pharmacy – **these medicine claims will not qualify for benefits.**
- For more information on medicine please refer to page 37.

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

Self-medication (over-the-counter medicine)

- Self-medication may be obtained without a prescription.
- Self-medication can only be obtained from a pharmacy in the Medihelp Preferred Pharmacy Network. Visit Medihelp's website at www.medihelp.co.za for a list of network pharmacies, phone Medihelp on **086 0100 678** or use Medihelp's member **app** for smartphones to locate your nearest network pharmacy.
- Limits apply.

Description	Benefit
<ul style="list-style-type: none">• Self-medication obtained from a network pharmacy	100% of the MMAP R100 per event R270 per beneficiary per year

Necesses network GP – a general practitioner in the Necesses network

MMAP – Maximum Medical Aid Price

DRC – Dental Risk Company

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

Authorised PMB chronic medicine

- Chronic medicine for PMB/CDL conditions must be prescribed by your Necesses network GP.
- Chronic medicine for PMB/CDL conditions may only be obtained from a pharmacy in the Medihelp Preferred Pharmacy Network. Visit Medihelp's website at www.medihelp.co.za for a list of network pharmacies, phone Medihelp on **086 0100 678** or use Medihelp's member **app** for smartphones to locate your nearest network pharmacy.
- All chronic medicines for PMB/CDL conditions must first be approved by Medihelp, and are subject to clinical protocols and formularies.
- Read more about PMB on page 33 and PMB chronic medicine on page 37 and 42.

Description	Benefit
<ul style="list-style-type: none"> • Authorised PMB chronic medicine obtained from a network pharmacy Subject to pre-authorisation, protocols and formulary 	100% of the MHRP according to the Necesses PMB chronic medicine formulary Unlimited

Standard radiology and pathology

- Standard radiology services must be requested by your Necesses network GP and pathology by your network GP or a medical doctor.
- Blood tests must be performed by either **Lancet** (PR 5201055) or **PathCare** (PR 5200539 – Drs Dietrich, Voigt, Mia & Partners) to avoid co-payments.
- Benefits will only be granted for a list of approved standard radiology and pathology services (Scheme-approved codes).

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

Necesses network GP – a general practitioner in the Necesses network

CDL – Chronic Diseases List

PMB – Prescribed minimum benefits

MHRP – Medihelp Reference Price

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

Eye tests, spectacles or contact lenses

- PPN, Medihelp's optometry network providers, must first approve the optical services.
- Benefits are available per beneficiary per 24-month cycle.
- Limits apply on frames/lens enhancements and contact lenses.

Description	Benefit
<p>OPTOMETRY Benefits are subject to pre-authorisation by PPN</p> <ul style="list-style-type: none"> • Optometric examinations 1 composite consultation, including refraction test, tonometry and visual field test 	<p>100% of the MT 1 composite examination per beneficiary per 24-month cycle</p>
<ul style="list-style-type: none"> • Spectacles or contact lenses Benefits are limited to either spectacles or contact lenses: <ul style="list-style-type: none"> • Spectacles <ul style="list-style-type: none"> • Frames and/or lens enhancements • Lenses (one pair of standard clear Aquity lenses) 	<p>R200 per beneficiary per 24-month cycle</p> <p>Single vision, 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>R450 per beneficiary per 24-month cycle</p>

Physiotherapy and occupational therapy

- These services must be requested by your Necesses network GP.
- Limits apply.
- Should a specialist request these services, there must be a referral for the specialist visit, and services will be paid from the physiotherapy and occupational therapy benefit.

Description	Benefit
<p>PHYSIOTHERAPY AND OCCUPATIONAL THERAPY Out of hospital Must be requested by a Necesses network GP or specialist on referral by a Necesses network GP</p>	<p>100% of the MT M = R1 900 per year M+ = R2 950 per year</p>

Necesses network GP – a general practitioner in the Necesses network

M – Member

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

PPN – Preferred Provider Negotiators

Oxygen (out of hospital)

- Subject to clinical protocols and pre-authorisation.

Description	Benefit
OXYGEN Out of hospital Prescribed by a medical doctor and subject to pre-authorisation and clinical protocols	100% of the MT 20% co-payment if not pre-authorised

Basic dental services

- You must obtain all dental services from a dentist in the Dental Risk Company (DRC) network. Visit www.medihelp.co.za or www.dentalrisk.com or phone DRC on **012 741 5143** for a list of DRC network dentists near you. You can also use Medihelp's member **app** for your smartphone to locate a DRC network dentist near you.
- Benefits are only provided for **basic conservative dental services** that meet specific clinical treatment guidelines (protocols).
- Dental services that are excluded from benefits are listed on page 23.
- All benefits are subject to DRC protocols and managed care interventions.
- Your DRC network dentist may only prescribe medicine on the Necesses dental formulary.

Description	Benefit
DENTAL SERVICES Subject to DRC managed care protocols and services rendered by a DRC network dentist Conservative services	
<ul style="list-style-type: none"> • Routine check-ups 	100% of the MT 1 per beneficiary per year
<ul style="list-style-type: none"> • Fillings (X-rays and treatment plans may be requested for multiple fillings) 	100% of the MT 4 fillings per beneficiary, 1 filling per tooth in 365 days Amalgam fillings (item codes 8341/8342/8343/8344) and resin restorations in anterior teeth (item codes 8351/8352/8353/8354)
<ul style="list-style-type: none"> • Oral hygiene Only children younger than 16 years <ul style="list-style-type: none"> • 1 fluoride treatment per beneficiary per year for children > 5 and < 16 years old • Fissure sealants 	100% of the MT 1 polish (item code 8155) or 1 scale and polish (item code 8159) treatment per year
<ul style="list-style-type: none"> • Tooth extractions 	100% of the MT
<ul style="list-style-type: none"> • Root canal treatment in the dentist's chair 	100% of the MT 2 teeth per beneficiary per year

DRC – Dental Risk Company

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

Description	Benefit
<ul style="list-style-type: none"> Plastic dentures Including associated laboratory costs 	80% of the MT 1 set (upper and lower jaw) per family (21 years and older) in a 2-year period
<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-authorization 	100% of the MT Extensive dental treatment only 20% co-payment if not pre-authorized
<ul style="list-style-type: none"> X-rays <ul style="list-style-type: none"> Intra-oral 	100% of the MT 4 per beneficiary per year
<ul style="list-style-type: none"> Extra-oral 	100% of the MT 1 per beneficiary in a 3-year period
<ul style="list-style-type: none"> Medicine Only formulary medicine obtained from a network pharmacy prescribed by a DRC network dentist 	100% of the MMAP according to the dental formulary

Core benefits

Trauma recovery

- Benefits are subject to authorisation, PMB protocols and case management. Remember to authorise an emergency hospital admission on the first workday after the admission.
- Read more about emergencies on page 36.

Description	Benefit
<p>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>	100% of the cost Unlimited
<p>POST-EXPOSURE PROPHYLAXIS</p>	

MMAP – Maximum Medical Aid Price

PMB – Prescribed minimum benefits

DRC – Dental Risk Company

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

Prescribed minimum benefits (PMB)

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

Description	Benefit
DIAGNOSIS, TREATMENT AND CARE COSTS OF 270 PMB AND 26 CHRONIC CONDITIONS ON THE CHRONIC DISEASES LIST (CDL) Subject to protocols, pre-authorisation and DSPs	100% of the cost Unlimited Co-payments may apply in case of voluntary non-DSP use/protocol deviation

Oncology (PMB only)

- Medihelp's Necessite option offers benefits for the treatment of PMB cancer diagnoses only. 98% of all oncology cases qualify for PMB which Medihelp will cover at 100% of the cost.
- For more information on oncology refer to page 56.

Description	Benefit
ONCOLOGY (PMB only) Subject to pre-authorisation and registration on the Medihelp Oncology Management Programme <ul style="list-style-type: none">• Radiotherapy• Brachytherapy• Chemotherapy and associated adjuvant medicine (medicine subject to the MORP)• Bone marrow/stem cell transplants (subject to protocols and PMB legislation)	100% of the cost Protocol and DSP (ICON) apply Co-payments apply to voluntary non-network services (10%) and/or deviation from the protocol (25%)

DSP – Designated service provider
PMB – Prescribed minimum benefits
ICON – Independent Clinical Oncology Network
MORP – Medihelp Oncology Reference Price
CDL – Chronic Diseases List

HIV/Aids (PMB only)

- Benefits are subject to clinical protocols and treatment plans.
- Benefits are subject to registration on the HIV/Aids programme provided by Halocare.
- For more information on HIV/AIDS refer to page 57.

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

Other services covered as PMB

- The services below can only be covered if they qualify for PMB.
- Benefits are subject to pre-authorisation and admission to a Necesses network hospital.
- A 20% co-payment applies to unauthorised admissions or a 35% co-payment to voluntary admission to a non-network hospital.
- No benefits are paid for clinical psychology and psychiatric nursing services.
- You will be liable for the difference in cost if the PMB prosthesis is not obtained from the DSP.
- For more information on PMB refer to page 33.

Description	Benefit
RENAL DIALYSIS (PMB only) Subject to pre-authorisation and clinical protocols In and out of hospital <ul style="list-style-type: none"> • Acute dialysis • Chronic/peritoneal dialysis 	100% of the cost
PSYCHIATRIC TREATMENT OF A MENTAL HEALTH CONDITION (PMB only) Subject to pre-authorisation, and services must be rendered in an approved network hospital/facility and must be requested by a Necesses network GP or a specialist on referral by a network GP <ul style="list-style-type: none"> • Professional services rendered by a psychiatrist in and out of hospital • General ward accommodation • Medicine supplied during the treatment in the hospital/facility • Outpatient consultations 	100% of the cost
MAXILLOFACIAL SURGERY DUE TO TRAUMA-RELATED INJURIES (PMB only) Subject to pre-authorisation and clinical protocols	100% of the cost

PMB – Prescribed minimum benefits

DSP – Designated service provider

Necesses network GP – a general practitioner in the Necesses network

Description	Benefit
PROSTHESES (PMB only) Subject to pre-authorisation, clinical and PMB protocols* <ul style="list-style-type: none"> Internally implanted prostheses <ul style="list-style-type: none"> EVARS prostheses Vascular/cardiac prostheses Health-essential functional prostheses <ul style="list-style-type: none"> Intra-ocular lenses Prosthesis with reconstructive or restorative surgery 	100% of the cost DSP applies
<ul style="list-style-type: none"> External breast prostheses (PMB and non-PMB) (in and out of hospital) 	100% of the cost R9 000 per family per year
MEDICAL, SURGICAL AND ORTHOPAEDIC APPLIANCES Services in and out of hospital and prescribed by a medical doctor <ul style="list-style-type: none"> Stoma components Incontinence products/supplies 	100% of the MT
<ul style="list-style-type: none"> CPAP apparatus Prescribed by a medical doctor 	100% of the cost R8 850 per beneficiary in a 24-month cycle
ORGAN TRANSPLANT (PMB only) Subject to pre-authorisation and clinical protocols <ul style="list-style-type: none"> Cornea implants (PMB) 	100% of the cost Unlimited
	100% of the cost R26 100 per implant per year

* The member is liable for the cost difference if PMB prostheses are not obtained from the DSP.

Emergencies and out-of-network consultations

For more on emergencies and the mySOS app refer to page 36.

Emergency transport

- Emergency transport services are provided by **Netcare 911** and must be pre-authorised by **Netcare 911** by phoning **082 911**, or a 50% co-payment may apply.
- Netcare 911** also offers support through a 24-hour helpline and a trauma counselling service.

Emergency units and non-network consultations

- Only emergencies that meet the definition on page 34 qualify for PMB.
- Facility fees and radiology are not covered.
- Pathology tests must be requested by a medical doctor according to a list of pathology codes and obtained from Lancet/PathCare, or you will be liable for the difference in cost.

Necesse network GP – a general practitioner in the Necesse network

PMB – Prescribed minimum benefits

EVARS – Endovascular aortic replacement surgery

CPAP – Continuous positive airway pressure

DSP – Designated service provider

- If you paid the doctor's account in the case of an emergency or out-of-network consultation, you can submit a claim to Medihelp for a refund of the benefit amount, should the claim qualify for benefits. Submit the following to Medihelp by post, fax (012 336 9556), email (claims@medihelp.co.za) or use the **member app**:
 - The specified account;
 - A copy of your proof of payment; and
 - The authorisation/referral number for the consultation (in the case of a specialist or other medical practitioner on referral).

Description	Benefit
EMERGENCY TRANSPORT SERVICES Provided and pre-authorised by Netcare 911 Transport by road or air within the borders of South Africa only Subject to protocols and pre-authorisation	100% of the MT Unlimited 50% co-payment if not pre-authorised
24-HOUR HELPLINE AND TRAUMA COUNSELLING (Netcare 911)	Phone 082 911
EMERGENCY UNITS AND NON-NETWORK CONSULTATIONS	
<ul style="list-style-type: none"> • PMB-related emergencies (see page 34) 	100% of the MT
<ul style="list-style-type: none"> • Outpatient emergency unit services and non-network consultations • Medicine and services rendered by a non-network medical doctor 	80% of the MT M = R1 000 per year M+ = R2 050 per year
<ul style="list-style-type: none"> • Pathology requested by a medical doctor Pathology codes and DSP (Lancet/PathCare) apply 	100% of the MT
<ul style="list-style-type: none"> • Facility fee and radiology 	For member's account

Hospitalisation

- Your Necesses network doctor or the specialist to whom you've been referred will decide whether you should be admitted to hospital. If your specialist consultation has not been pre-authorised, your hospital admission cannot be authorised.
- Hospital benefits are subject to pre-authorisation, clinical treatment guidelines (protocols) and case management.
- Should pathology services during hospitalisation not be rendered by Lancet/PathCare, co-payments will apply.
- For more on hospitalisation refer to page 26.

Description	Benefit
HOSPITALISATION IN A NETWORK HOSPITAL/DAY CLINIC Subject to pre-authorisation, case management and clinical protocols <ul style="list-style-type: none"> • Intensive care and high care wards • Ward accommodation • Theatre fees • Ward medicine • Consultations, surgery and anaesthesia 	100% of the MT Unlimited 20% co-payment per admission if not pre-authorised, or a 35% co-payment for non-emergency admission or voluntary admission to a non-network hospital
APPLICABLE PRESCRIPTION MEDICINE DISPENSED AND CHARGED BY THE HOSPITAL ON DISCHARGE FROM HOSPITAL (TTO) (Excluding PMB chronic medicine)	100% of the MT R330 per admission
PHYSIOTHERAPY AND OCCUPATIONAL THERAPY In hospital, and physiotherapy only if requested by the attending medical doctor	100% of the MT R8 950 per family per year
STANDARD RADIOLOGY, PATHOLOGY AND MEDICAL TECHNOLOGIST SERVICES In hospital <ul style="list-style-type: none"> • Interventional procedures performed by a radiologist, including material • Pathology codes and DSP (Lancet/ PathCare) apply 	100% of the MT R27 700 per family per year
OXYGEN In hospital	100% of the MT
CLINICAL TECHNOLOGIST SERVICES In hospital	100% of the MT R20 200 per family per year
CONFINEMENT (childbirth) Subject to pre-authorisation and clinical protocols Non-PMB cases <ul style="list-style-type: none"> • Hospitalisation • Midwifery and confinement/delivery • Gynaecologist and anaesthetist services • Post-natal services 	100% of the MT R23 900 per confinement for an elective caesarean section 20% co-payment per admission if not pre-authorised or 35% co-payment in case of voluntary admission to a non-network hospital
PMB cases Services rendered by a specialist in the Necessé specialist network on referral by a Necessé network GP <ul style="list-style-type: none"> • Hospitalisation • Midwifery and confinement/delivery • Gynaecologist and anaesthetist services • Post-natal services 	100% of the MT Unlimited 20% co-payment per admission if not pre-authorised or 35% co-payment in case of voluntary admission to a non-network hospital

PMB – Prescribed minimum benefits TTO – To take out (medicine)

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

Description	Benefit
HOME DELIVERY Subject to pre-authorisation and clinical protocols <ul style="list-style-type: none"> Professional nursing fees Equipment Material and medicine 	100% of the MT R11 900 per event 20% co-payment per event if not pre-authorised
APPENDECTOMY Subject to pre-authorisation <ul style="list-style-type: none"> Conventional procedure 	100% of the MT Unlimited
<ul style="list-style-type: none"> Laparoscopic procedure 	100% of the MT Hospitalisation: R15 800 per beneficiary
PROSTATECTOMY Subject to pre-authorisation <ul style="list-style-type: none"> Conventional or laparoscopic procedure 	100% of the MT Unlimited
<ul style="list-style-type: none"> Robotic assisted laparoscopic procedure 	100% of the MT Hospitalisation: R100 400 per beneficiary

Specialised radiology (MRI, CT imaging and angiography)

- Specialised radiology must be requested by a specialist on referral by a Necesses network GP, and the specialist consultation must be pre-authorised.
- You must obtain pre-authorisation for MRI and CT imaging by phoning **086 0200 678**.

Description	Benefit
SPECIALISED RADIOLOGY In and out of hospital Only services requested by a specialist on referral by a Necesses network GP and subject to clinical protocols <ul style="list-style-type: none"> MRI and CT imaging (Subject to pre-authorisation) Angiography 	100% of the MT R15 000 per family per year

MRI – Magnetic resonance imaging

CT – Computerised tomography

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

Necesses network GP – a general practitioner in the Necesses network

Dental surgery under general anaesthesia in a network hospital/day clinic only

- Dental surgery may only be done in a network hospital or network day clinic.
- Benefits are subject to pre-authorisation, DRC managed care protocols and services must be rendered by a DRC network dentist.
- Dental services that are excluded from benefits are listed on page 23.

Description	Benefit
DENTAL PROCEDURES UNDER GENERAL ANAESTHESIA In a network hospital/day clinic and prescribed by a DRC network dental practitioner Subject to pre-authorisation and DRC managed care protocols	100% of the MT Only PMB services and extensive dental treatment for children younger than 5 years – once per lifetime 20% co-payment if not pre-authorised or a 35% co-payment in case of voluntary admission to a non-network hospital

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

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

Description	Benefit
SUB-ACUTE CARE AND PRIVATE NURSING SERVICES AS AN ALTERNATIVE TO HOSPITALISATION Subject to pre-authorisation, and services prescribed by a medical doctor (Excluding day-to-day care)	100% of the MT R20 200 per family per year 20% co-payment if not pre-authorised

PMB – Prescribed minimum benefits DRC – Dental Risk Company

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

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

Medical conditions

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

Procedures and services

- The artificial insemination of a person as defined in the National Health Act 61 of 2003.
- Immunisation (including immunisation procedures and material) which is required by an employer, excluding flu immunisations.
- Standard immunisation.
- 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 not requested by a Necesses network GP or a specialist on referral by a Necesses network GP, or if black and white X-rays and soft-tissue ultrasound scans as per the Scheme's clinical protocols were not requested.
- Emergency room facility fees.
- Services by clinical psychologists and psychiatric nurses.
- Hyperbaric oxygen treatment.
- Dietician services, audiometry, speech therapy, podiatry, orthoptic services, massage, chiropractic, homeopathic, herbal, naturopathic, osteopathic and biokinetic services.
- Breast augmentation.
- Breast reduction.
- Gastroplasty.

- Gender reversal operations.
- Lipectomy.
- Epilation.
- Otoplasty/reconstruction of the ear.
- Refractive procedures.
- Sclerotherapy.
- Hip, knee and shoulder replacements.
- Hymenectomy.
- Back and neck fusion procedures, subject to PMB.
- 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.
- All biological and other medicine items as per Medihelp's medicine exclusion list.
- High technology treatment modalities, surgical devices and medication.
- Combination analgesic medicine, including opioid and opioid combination analgesic medicine items, claimed from acute medicine benefits exceeding 360 units per beneficiary per year.
- Non-steroidal anti-inflammatory medicine claimed from acute medicine benefits exceeding 180 units per beneficiary per year.
- Roaccutane and Retin A, or any skin-lightening agents.
- Homeopathic and herbal medicine, as well as household remedies or any other miscellaneous household product of a medicinal nature.
- Oral contraceptives and contraceptive intra-uterine devices.
- Medicine used in the treatment of a non-PMB/CDL chronic condition.
- Vaccines administered by out-of-network general medical practitioners and specialists.
- 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.
- Hearing aids and services rendered by audiologists and acousticians.

Dental exclusions

Oral hygiene

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

Fillings/restorations

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

Root canal therapy and extractions

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

Plastic dentures/snoring appliances/mouth guards

- Diagnostic dentures and the associated laboratory costs.
- Snoring appliances and 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.

Implants

- Implants on wisdom teeth (3rd molars).
- Dolder bars and associated abutments on implants, including the laboratory cost.
- Laboratory delivery fees.

Orthodontics

- Orthodontic treatment for cosmetic reasons and associated laboratory costs.
- 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)

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

Additional Scheme exclusions

- Special reports.
- Dental testimony, including dento-legal fees.
- Behaviour management.
- Intramuscular and subcutaneous injections.
- Procedures that are defined as unusual circumstances and unlisted procedures.
- Treatment plan completed (item code 8120).
- Electrognathographic recordings, pantographic recordings and other such electronic analyses.
- Caries susceptibility and microbiological tests.
- Pulp tests.
- Cost of mineral trioxide.
- Enamel microabrasion.
- Specialised dentistry: crowns and bridges, implants, partial metal frame dentures, orthodontics, periodontics and maxillofacial surgery, including laboratory costs.
- Appointments not kept.



Network GP consultations

- Visit your Necesses network GP
- S/he will refer you to other doctors if needed
- Every beneficiary has 9 consultations per year
- Find the Necesses GP network list on the secured website for members at www.medihelp.co.za

Supporting information

Medicine

Acute medicine

Get formulary medicine from –

- Your dispensing Necesses network GP; or
- A network pharmacy on your Necesses network GP's prescription

Pre-authorization

PMB chronic medicine

- Your Necesses network GP will complete an application form to register your PMB chronic medicine
- Once approved, get the medicine from a Medihelp network pharmacy or network courier pharmacy.

X-rays and blood tests

- Your Necesses network GP may refer you for basic X-rays or blood tests according to the list of available tests. Blood tests must be done only by Lancet or PathCare laboratories.

Specialists and other referrals

Pre-authorization

- Your Necesses network GP will refer you to a specialist or physiotherapist
- S/he will complete a referral form to authorise the specialist's consultation and follow-up consultation, or you can phone **086 0200 678** and request a reference number for the specialist consultation
- Use the Necesses specialist network for PMB services to reduce out-of-pocket expenses
- Find the specialist network on our website at www.medihelp.co.za



Emergency services

Phone Netcare 911 on **082 911** for emergency transport services in the RSA

What is an emergency?

A sudden, unexpected health condition requiring immediate medical or surgical treatment (if you're not treated, it will cause serious damage to organs, bodily functions or death)

Emergency or out-of-network consultations

If you have to visit a non-network GP in an emergency, you will have to pay the account first, and then claim the available out-of-network benefit from Medihelp.

Network hospitals

Pre-authorization

- Your Necesses network GP or the specialist to whom s/he referred you can admit you to a Necesses network hospital
- Authorise all admissions well in advance
- A 35% co-payment applies to voluntary out-of-network admissions and a 20% co-payment to unauthorised admissions
- Register emergency admissions on the first workday after the admission
- Find the Necesses hospital network list on our website at www.medihelp.co.za



Hospitalisation and your network hospitals

Members of Necessé 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 Necessé network option 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 will 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).

Hospitalisation video

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

Necesse private hospital and day clinic network

Eastern Cape

City/town	Name	Practice No
East London	Life Beacon Bay Hospital	357669
Grahamstown	Settlers Hospital	348090
Humansdorp	Isivivana Private Hospital (maternity & neonatal only)	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	Mediclinic Hoogland	5808707
Bloemfontein	Mediclinic Bloemfontein	5808154
Kroonstad	Koinonia Theatre (Dr LJ van Wyk) (dental procedures only)	7600658
Kroonstad	Kroon Hospital	5808383
Welkom	Mediclinic Welkom	5808758

Gauteng

City/town	Name	Practice No
Alberton	Clinton Clinic	5708877
Alberton	Union Hospital	5804981
Benoni	Lakeview Hospital (dental procedures only)	5709121
Benoni	Linmed Hospital	5808588
Boksburg	Boksburg Medical & Dental Centre (dental procedures only)	7700741
Boksburg	Sunward Park Hospital	5808227
Bronkhorstspuit	Bronkhorstspuit Hospital	5808561
Heidelberg	Suikerbosrand Clinic (maternity & neonatal only)	5808987
Johannesburg	Garden City Clinic (maternity & neonatal only)	5805988
Johannesburg	Mediclinic Morningside	5807824
Johannesburg	Mediclinic Sandton	5805139
Johannesburg	Mulbarton Hospital	5808278
Johannesburg	Parklane Clinic (maternity & neonatal only)	5803004
Johannesburg	Rand Clinic	5804620
Johannesburg	Wits University Donald Gordon Medical Centre	5806682
Kempton Park	Birchmed Surgical Centre (dental procedures only)	7700504
Krugersdorp	Krugersdorp Private Hospital	5808111
Krugersdorp	Protea Clinic	7700369
Krugersdorp	Pinehaven Hospital	604968
Midrand	Netcare Waterfall City Hospital	426024
Midstream	Mediclinic Midstream	0579068
Pretoria	Akasia Hospital	5808618
Pretoria	Bougainville Private Hospital	5808952
Pretoria	Life Groenkloof Hospital (oncology only)	5804043
Pretoria	Mediclinic Gynaecological Hospital	5703638
Pretoria	Mediclinic Heart Hospital	5808634
Pretoria	Mediclinic Kloof	120928
Pretoria	Mediclinic Legae	5808499
Pretoria	Mediclinic Medforum	5807867
Pretoria	Mediclinic Muelmed	5808065

Gauteng

City/town	Name	Practice No
Pretoria	Montana Private Hospital	5809002
Pretoria	Medkin Clinic (dental procedures only)	7700121
Pretoria	Pretoria North Day Clinic (dental procedures only)	7700156
Soweto / Lenasia	Lenmed Clinic	5808324
Soweto / Lenasia	Lenmed Daxina Private Hospital	490296
Springs	East Rand N17 Private Hospital	5809029
Vanderbijlpark	Mediclinic Emfuleni	5808375
Vanderbijlpark	PJ Schutte Theatre Unit (dental procedures only)	7600534
Vereeniging	Mediclinic Vereeniging	5808081

KwaZulu-Natal

City/town	Name	Practice No
Amanzimtoti	Kingsway Hospital	5808200
Ballito	Alberlito Hospital	250562
Durban	Chatsmed Garden Hospital	5808219
Durban	Bluff Medical & Dental Centre	7700687
Durban	St Augustine's Hospital	5802563
Durban	Pinetown Medicross Theatre	7700954
Durban	Parklands Hospital	5802466
Empangeni	Empangeni Garden Clinic	5708494
Howick	Mediclinic Howick	122092
Kokstad	Kokstad Private Hospital	174602
Margate	Margate Private Hospital	5808529
Newcastle	Mediclinic Newcastle	5808871
Nongoma	Nongoma Private Hospital	147362
Pietermaritzburg	Mediclinic Pietermaritzburg	5808073
Pinetown	Malvern Medical & Dental Centre	7700695
Pongola	Pongola Hospital	5707803
Port Shepstone	Hibiscus Hospital	5808901
Richards Bay	The Bay Hospital	5808472
Shelly Beach	Shelly Beach Day Clinic	380059
Tongaat	Victoria Hospital	5708567
Umhlanga	Umhlanga Hospital	5808936

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
Thabazimbi	Mediclinic Thabazimbi	5709202
Tzaneen	Mediclinic Tzaneen	132454

Mpumalanga

City/town	Name	Practice No
Barberton	Mediclinic Barberton	5709148
eMalaheni	eMalaheni Private Hospital	413615
eMalaheni	eMalaheni Day Hospital	7700520
Ermelo	Mediclinic Ermelo	5808863
Middelburg	Middelburg Private Hospital	5808243
Nelspruit	Mediclinic Nelspruit	5808340
Secunda	Mediclinic Secunda	540110
Trichardt	Mediclinic Highveld	5807956

North West

City/town	Name	Practice No
Brits	Mediclinic Brits	5808723
Klerksdorp	Wilmed Park Private Hospital	5808812
Klerksdorp	Sunningdale Hospital	5706696
Marikana	Andrew Saffy Memorial Hospital	78468
Potchefstroom	Mediclinic Potchefstroom	5808057
Rustenburg	Peglerae Hospital	5808359
Rustenburg	Ferncrest Hospital	5808391
Vryburg	Vryburg Private Hospital	5808553

Northern Cape

City/town	Name	Practice No
Kathu	Lenmed Health Kathu Private Hospital	580619
Kimberley	Mediclinic Kimberley	5808049
Upington	Mediclinic Upington	5808804

Western Cape

City/town	Name	Practice No
Atlantis	Wesfleur Private Clinic	7700814
Cape Town	Christiaan Barnard Memorial Hospital (paediatric cardiology only)	5807778
Cape Town	Mediclinic Cape Gate	366714
Cape Town	Mediclinic Cape Town	5808995
Cape Town	Mediclinic Constantiaberg	5807999
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	Mediclinic Panorama	5807913
Cape Town	Melmomed Gatesville	5808103
Ceres	Ceres Private Hospital	5709032
George	Mediclinic Geneva	5709059
George	Mediclinic George	5807905
Hermanus	Mediclinic Hermanus	5709091
Knysna	Knysna Private Hospital	5808960
Mossel Bay	Bayview Hospital	5808790
Oudsthoorn	Mediclinic Klein Karoo	5808928
Paarl	Mediclinic Paarl	5808251
Plettenberg Bay	Mediclinic Plettenberg Bay	283207
Somerset West	Mediclinic Vergelegen	5808030
Stellenbosch	Mediclinic Stellenbosch	5808405
Strand	Mediclinic Strand	5709075
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.

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 34),
- 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 42 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

Consultations and services



Step 1: Register your illness

Phone Medihelp's PMB pre-authorization 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-authorized by phoning Medihelp on **086 0200 678**, or applying for pre-authorization 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 Necessa network option must be admitted to a network hospital – see more on page 26.

Tip: Facility fees and radiology at 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.



1 155 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 42 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 33-35 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 34 for more on how Medihelp covers your PMB chronic medicine.



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 47) 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

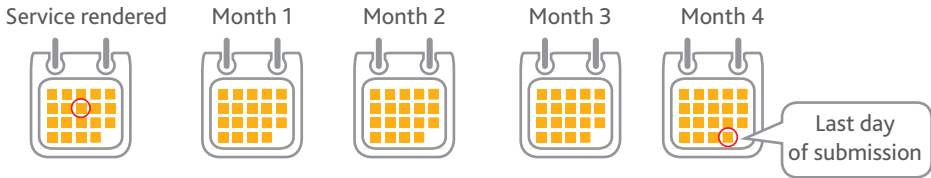
Use **formulary medicine** – your medicine listed on the Necesses acute, PMB chronic and dental formularies will be paid at 100% of the MMAP, MT and MHRP.

3

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

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 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 in a Necesses network hospital (Including psychiatric admissions, but excluding hospitalisation for dentistry)</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. Non-emergency, voluntary non-network admissions will incur a 35% co-payment.</p>
<p>Private nursing and sub-acute care facilities Authorised only as an alternative to hospitalisation, subject to clinical protocols</p>	<p>Medihelp Tel: 086 0100 678 Fax: 012 336 9523 hmanagement@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number and details of patient • Procedure and diagnostic codes • Details of doctor, facility or practice • Doctor's motivation • Quotation for the services of the facility 	<p>Authorisation will normally be considered for a specific period according to Medihelp's clinical protocols for these services. Members should kindly phone in advance to allow enough time for the authorisation process. A 20% co-payment applies if not pre-authorised.</p>

Service	Contact details and information required	How to access benefits
 Emergency medical transport in the RSA	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.
 Dentistry Dental procedures under general anaesthesia performed in a Necessé network hospital or day clinic or in the DRC network dentist's rooms under conscious sedation	DRC Tel: 012 741 5143 Fax: 086 687 1285 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-authorised will be for the member's account, except where a 20% co-payment applies.
 Optical services Optometric examinations, spectacles and contact lenses in the PPN Network	PPN Tel: 086 1103 529 or 086 1101 477 info@ppn.co.za www.ppn.co.za <ul style="list-style-type: none"> • Membership number • Details of patient 	If no pre-authorisation is obtained, no benefits will be granted.
 Specialised radiology CT imaging and MRI	Medihelp Tel: 086 0200 678 <ul style="list-style-type: none"> • Membership number • Details of the radiologist, patient and requesting specialist on referral by the Necessé GP • Item, procedure and diagnostic codes 	Pre-authorisation 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> 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> PMB chronic medicine</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>PMB chronic medicine An application form should be completed for the registration of PMB/chronic medicine. Information on the extent to which the patient complies with the required entry criteria that apply to certain PMB conditions should be provided with the PMB/chronic medicine application form. PMB for a condition on the Chronic Diseases List (CDL) will only apply from the date on which the application for PMB/chronic medicine was finalised. Claims for services rendered before the registration date of the medicine cannot be backdated or corrected.</p>
<p> Oncology (PMB only) (cancer treatment)</p>	<p>Disease management programme Tel: 086 0100 678 Fax: 086 0064 762 oncology@medihelp.co.za</p> <ul style="list-style-type: none"> • Membership number • Details of patient • Completed ICON/oncology application form including ICD-10 codes 	<p>Oncology must be obtained from ICON oncologists according to the ICON treatment protocol.</p> <ul style="list-style-type: none"> • Co-payments will apply if the above is not followed. • Oncology treatment must be pre-authorised by Medihelp.

Service	Contact details and information required	How to access benefits
Internally implanted prostheses (PMB only)	<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-authorisation. Only applicable to authorised PMB chronic medicine that will be required while travelling abroad.</p>
Oxygen administered at home	<p>Medihelp 086 0100 678 Fax: 012 336 9523 preauth@medihelp.co.za</p>	<ul style="list-style-type: none"> • Member number • Details of the patient • Completed PMB form • Motivating documents • Doctor's prescription
Chronic renal dialysis (PMB only) DSP applies	<p>Medihelp 086 0100 678 Fax: 012 336 9523 preauth@medihelp.co.za</p>	<ul style="list-style-type: none"> • Member number • Details of the patient • Completed dialysis form
Pregnancy benefits	<p>Medihelp 086 0100 678 Fax: 012 336 9523 necesse@medihelp.co.za</p>	<ul style="list-style-type: none"> • Member number • Details of the patient
Specialist consultations	<p>Medihelp 086 0200 678 Fax: 012 336 9523 hospitalauth@medihelp.co.za</p>	<ul style="list-style-type: none"> • Member number • Details of the patient, network doctor and specialist • Diagnostic and procedure codes (if applicable) • Service date • Completed specialist referral form

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.

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. outpatient emergency unit services and non-network consultations), or where the cost exceeds the limit available for the service (e.g. for specialist consultations); and
- When the member chooses not to obtain services from a designated service provider (e.g. ICON in the case of oncology) or when a pre-determined co-payment is applicable to a specific benefit as indicated per benefit option.

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

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

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

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

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 acute, dental and PMB chronic medicine applicable to the Necesses network option.

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. Emergency admissions must be registered on the first workday following the admission (see also "emergency medical condition").

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 (see also "PMB chronic medicine").

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, 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.

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

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

Necesse only provides benefits for chronic medicine for PMB conditions according to a formulary (see also "Prescribed minimum benefits (PMB)").

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



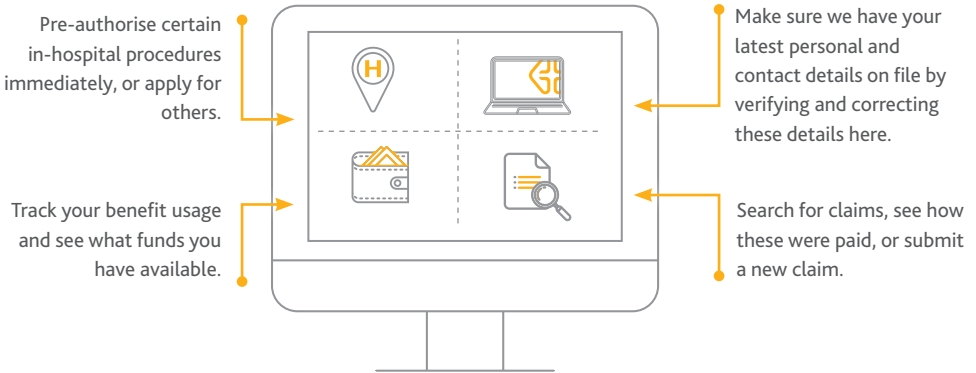
Android



Windows

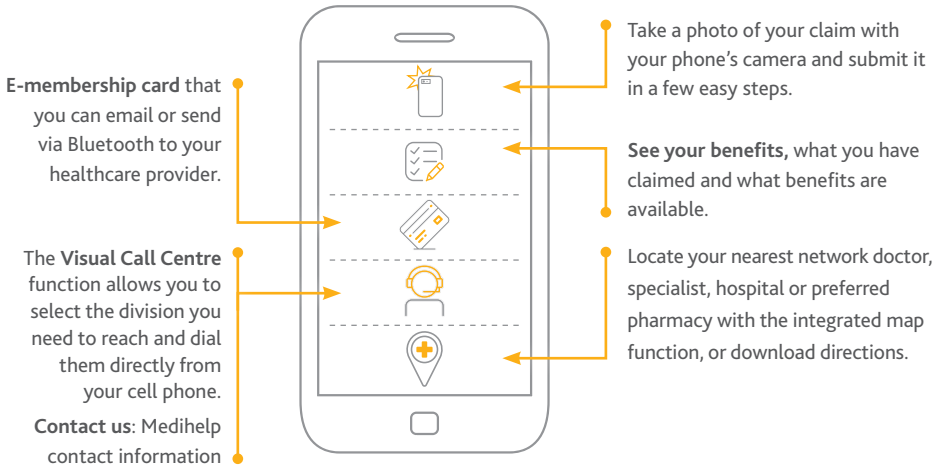
Secured website for members

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 53 for our banking details). Debit orders do, however, remain the preferred method of payment.

You can **email** any enquiries or provide proof of payment to:



Enquiries:
subscriptions@medihelp.co.za



Proof of payment:
receipts@medihelp.co.za

Proof of income

Medihelp annually (before 30 November) requires proof of income only when a member requests to pay the subscriptions for any but the highest income category. If you pay the subscriptions for the highest income category you need not submit proof of your income.

To pay subscriptions according to a lower income category, you will need to submit proof of your and your registered spouse's/partner's (if applicable) current gross monthly income, as Medihelp will use the highest of the incomes to determine the subscriptions category, together with a completed and signed income declaration form. You can email these to Medihelp at subscriptions@medihelp.co.za or scan and upload the documents to Medihelp's secured website for members at www.medihelp.co.za.

If you do not submit the required proof of income, Medihelp will apply the subscriptions for the next higher income category than the category in which you currently fall.

The following provides a guideline of what can be considered acceptable proof of income – remember that you must declare all income and you must complete and sign the declaration form:

Gross income

Gross income includes all forms of remuneration before any deductions, even one-off payments, irrespective of the source.

This includes:

- Income from investment.
- Income from trusts.
- Income from full-time employment.
- Pension and annuities.
- Income from profession/own business.
- Allowances from other sources.
- UIF payments.

Calculation of monthly income

- Annual income is divided by 12 to calculate the average gross monthly income (e.g. income indicated on your IRP5 or ITA34).
- The average of three months' gross income is accepted as a representation of a year's average gross monthly income (e.g. as indicated on three months' salary advices).
- Irregular income: The monthly average is calculated by dividing the total income earned in a year by 12.
- Annual single payments (e.g. 13th cheque) are divided by 12 to calculate the monthly average.
- Weekly wages are multiplied by 52 and then divided by 12 to calculate the monthly average.
- Employer contributions (e.g. pension fund contributions or medical subsidy) are not taken into account.
- One-off pension payments and income from the sale of property are not taken into account.

Acceptable proof of income

Income from investments

This includes: Interest, dividends and rental income.

- Letter of auditor/accountant/income tax adviser.
- Latest tax assessment – ITA 34.
- IT3(a) and past **three** months' bank statements.*
- Rental income – rental agreement and **three** months' bank statements.*

Income from trusts

- Latest tax assessment – ITA 34.

Income from full-time employment

This includes: Basic salary, overtime and commission.

Bonuses (all types, e.g. 13th cheque, production bonus etc.).

Allowances (all types, e.g. car/travelling, cell phone etc.).

Fringe benefits (e.g. company car and one-off payments).

- Past **three months'** official pay slips.
- Latest tax assessment – ITA 34.
- IRP5 of the previous tax year.
- Past **three months'** commission and bank statements*.
- An official appointment letter by an employer, not older than three months, which indicates the member's gross monthly income.

Pensioners

This includes: Pensions and annuities.

- Latest tax assessment – ITA 34.
- Past **three months'** pension payment advices. If you have fewer than **three months'** proof, please also supply the past **three months'** bank statements.*
- SASSA documents must be accompanied by the past **three months'** bank statements.*

Self-employed

This includes: Income from vocation/profession, as well as total income from business and irregular income.

- Latest tax assessment – ITA 34.
- Letter of auditor/accountant/income tax adviser.
- Provisional tax assessment for the coming year – IRP6.
- Past **three months'** commission and bank statements.*

Unemployed

This includes: Individuals who earn no income from a vocation/profession/business or individuals who receive an allowance.

- UIF payments.

Full-time students

This includes: Full-time students registered at tertiary institutions.

- A notice or letter of confirmation on an official letterhead from the institution where the member is registered as a full-time student, confirming the member's registration.
- In the case of new students who register for the first time, a letter of acceptance as a student for the specific study year.

Full-time students who are 26 years or older or who have dependants

This includes: Individuals who are 26 years or older, who study full-time and have dependants registered.

- Proof of studies as well as the past three month's bank statements*.

* Only official bank statements with a bank stamp indicating the account holder's initials and surname will be accepted. Please indicate clearly on the bank statements which payment(s) refer to your income. Medihelp may request additional proof of income, if necessary.

Benefit option interchange

You are allowed to change benefit options annually from the beginning of a new year.



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 details

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 screening test results



a functionality to volunteer and update your health profile data

As a HealthPrint user you also get access to health information, lifestyle-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.

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:



per email to oncology@medihelp.co.za



per fax to **086 0064 762**

Cancer and prescribed minimum benefits (PMB)

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

To qualify for PMB, the cancer must:

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

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

Protocols and treatment

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

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 **your membership number and 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

Private nursing and sub-acute care facilities

Tel: 086 0100 678

Fax: 012 336 9523

hmanagement@medihelp.co.za

Chronic renal dialysis & oxygen administered at home

Tel: 086 0100 678

Fax: 012 336 9540

preauth@medihelp.co.za

Medihelp fraudline

Tel: 012 334 2428

Fax: 012 336 9538

fraud@medihelp.co.za

Partners

Netcare 911

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 Necesses benefit option. In the case of a dispute, the registered Rules of Medihelp will apply, 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.



086 0100 678
www.medihelp.co.za

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

