



medihelp  
Medical Aid in Action



# Plan comparison *guide* 2025

We've got a plan for **every#body**





# Compare the benefits per plan

Core benefits (insured benefits)	MedMove!	MedVital Elect	MedVital	MedAdd Elect	MedAdd	MedSaver	MedElect	MedPrime Elect	MedPrime	MedElite	MedPlus
Emergency transport (ambulance)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospitalisation - no overall annual limit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospital network applies	✓	✓	-	✓	-	-	✓	✓	-	-	-
271 PMB and 26 chronic conditions on the Chronic Diseases List (CDL)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• PMB chronic medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prostheses (internally implanted)	PMB	✓	✓	✓	✓	✓	PMB	✓	✓	✓	✓
Cancer treatment	PMB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mental health treatment	PMB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Specialised radiology (MRI and CT scans) in and out of hospital	In hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wound care	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Day-to-day benefits</b> (separate insured benefit, pooled benefit or savings account)											
GPs, specialists, and virtual consultations via nurses at network pharmacies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Physiotherapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Acute medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Non-PMB chronic medicine	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard radiology	✓	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Pathology	✓	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Conservative dentistry	✓	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Specialised dentistry	-	-	-	✓	✓	✓	-	✓	✓	✓	✓
• Removal of impacted teeth (third molars)	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Extensive treatment for children younger than seven years (in hospital)	-	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Optometry	✓	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Clinical psychology in and out of hospital	-	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Psychiatric nursing in and out of hospital	-	-	-	✓	✓	✓	-	✓	✓	✓	✓
Post-hospital care up to 30 days after discharge (speech, occupational, and physiotherapy)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Care extender benefit</b>											
One GP consultation is activated after completing certain health tests	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A R510 self-medication benefit is activated after completing a preventive combo screening	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Added insured benefits</b> (benefits offered in addition to day-to-day benefits)											
Maternity (antenatal, postnatal, dietician, and lactation specialist consultations)	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Babies <2 - first two consultations (at a paediatrician/GP/ear, nose, and throat specialist)	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Child immunisation	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wellness benefits (health tests)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Preventive care (flu vaccination, Pap smear, mammogram, etc.)	Flu vaccination and Pap smear	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Contraceptives	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓









**Please note:** Limits, co-payments, formularies, lists of codes, and DSPs may apply to certain benefits.

This brochure is intended for marketing purposes and contains only a summary of Medihelp's benefits. In case of a dispute, the registered Rules of Medihelp apply, which are available on request.

The information in this brochure is subject to approval by the Council for Medical Schemes. The content of this brochure may change from time to time.









Please refer to Medihelp's website for an updated brochure or consult Medihelp's Rules for the latest information.

# Summary of benefits

	 <b>MedMove!</b>	 <b>MedVital</b>	 <b>MedAdd</b>	 <b>MedSaver</b>	 <b>MedElect</b>	 <b>MedPrime</b>	 <b>MedElite</b>	 <b>MedPlus</b>
Description	<p>MedMove! Is your go to plan when you take your first steps on your career path, by providing cover for health essentials such as private hospitalisation and emergency medical services through quality networks. You also have access to virtual and in-person doctors' consultations and medicine, as well as a selection of other medical services you may need. This plan also has a special rate for students.</p>	<p>MedVital is an affordable plan that offers cover for minor medical expenses, private hospitalisation, and emergency medical services. Pay less for MedVital Elect, the network alternative of this plan. High-quality networks of GPs, hospitals, and day procedure facilities for certain procedures apply to the network plan.</p> <p><b>MedVital Elect offers cover for minor medical expenses, private hospitalisation, and emergency medical services.</b> This plan uses high-quality networks of GPs, hospitals, and day procedure facilities for certain procedures.</p>	<p>The flexibility of a 15% savings account, extra insured cover once savings are depleted, cover for dental and eye care, as well as pregnancy benefits and a Parenting journey make this a popular choice for young families. Pay less for MedAdd Elect, the network alternative of this plan. High-quality networks of GPs, hospitals, and day procedure facilities for certain procedures apply to the network plan.</p> <p><b>MedAdd Elect offers the flexibility of a 15% savings account, extra insured cover once savings are depleted, cover for dental and eye care, as well as pregnancy benefits and a Parenting journey.</b> This plan uses high-quality networks of GPs, hospitals, and day procedure facilities for certain procedures.</p>	<p>MedSaver provides for private hospitalisation at any hospital, while the savings account covers medical expenses incurred out of hospital. Once savings are depleted, extra out-of-hospital cover is unlocked.</p>	<p>MedElect's quality networks enable comprehensive care at a fair contribution.</p>	<p>MedPrime offers excellent cover for out-of-hospital services through a savings account and insured pooled benefits, as well as separate comprehensive dental and optometry benefits.</p> <p><b>MedPrime Elect offers excellent cover for out-of-hospital services through a savings account and insured pooled benefits, as well as separate comprehensive dental and optometry benefits.</b> This plan uses a high-quality network of private hospitals and day procedure facilities for certain procedures.</p>	<p>This plan offers extensive benefits for private hospitalisation, a savings account, and rich, insured benefits for out-of-hospital medical expenses, including chronic medicine.</p>	<p>Medihelp's top-of-the-range plan offers the most extensive cover for medical emergencies, private hospitalisation and preventive care, as well as substantial provision for acute and chronic medicine, radiology, pathology, and other day-to-day medical expenses.</p>
Medical savings account	<p>This product does not include a medical savings account. Cover is provided through insured benefits.</p>	<p>This product does not include a medical savings account. Cover is provided through insured benefits.</p>	<p>MedAdd offers a 15% savings account per year, equalling: R6 696 per main member R5 616 per adult dependant R2 304 per child dependant</p> <hr/> <p>MedAdd Elect offers a 15% savings account per year, equalling: R5 328 per main member R4 176 per adult dependant R1 872 per child dependant</p> <p>Savings funds are used to cover daily medical expenses such as GP and specialist visits, medicine, dentistry, and physiotherapy, as well as shortfalls on hospital expenses.</p> <p>At the beginning of the year, the entire year's contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year.</p>	<p>MedSaver offers a 25% savings account per year, equalling: R11 664 per main member R9 576 per adult dependant R3 600 per child dependant</p> <p>These funds are used to cover all daily medical expenses such as GP and specialist visits, dentistry, optometry, physiotherapy, and medicine, as well as shortfalls on hospital expenses.</p> <p>At the beginning of the year, the entire year's contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year.</p>	<p>This product does not include a medical savings account. Cover is provided through insured benefits accessed via a quality network of healthcare providers.</p>	<p>MedPrime offers a 10% savings account per year, equalling: R6 336 per main member R5 400 per adult dependant R1 872 per child dependant</p> <hr/> <p>MedPrime Elect offers a 10% savings account per year, equalling: R5 184 per main member R4 392 per adult dependant R1 512 per child dependant</p> <p>These funds are used to cover daily medical expenses such as GP and specialist visits, medicine, and physiotherapy.</p> <p>At the beginning of the year, the entire year's contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year.</p>	<p>MedElite offers a 10% savings account per year, equalling: R9 792 per main member R9 216 per adult dependant R2 664 per child dependant</p> <p>These funds are used to cover all daily medical expenses such as GP and specialist visits, medicine, and physiotherapy.</p> <p>At the beginning of the year, the entire year's contributions to the savings account are available for use in the form of a credit facility. Unused funds are carried over to the next year.</p>	<p>This product does not include a medical savings account. Cover is provided through insured benefits.</p>



# Summary of benefits

	 <b>MedMove!</b>	 <b>MedVital</b>	 <b>MedAdd</b>	 <b>MedSaver</b>	 <b>MedElect</b>	 <b>MedPrime</b>	 <b>MedElite</b>	 <b>MedPlus</b>
<b>Day-to-day benefits</b>	<p><b>NETWORK GPs AND VIRTUAL CARE BENEFITS</b> Unlimited (get authorisation after sixth visit, protocols apply) Member pays the first R130</p> <p><b>OUT-OF-NETWORK GP/SPECIALIST CONSULTATIONS/ EMERGENCY UNITS</b> R1 000 per family per year</p> <p><b>RADIOLOGY, PATHOLOGY, MEDICAL TECHNOLOGISTS, ACUTE MEDICINE</b> (Network pharmacies) R1 700 per family per year</p> <p><b>SELF-MEDICATION</b> R105 per event and R510 per family per year</p> <p><b>PHYSIOTHERAPY</b> Two visits per family per year Member pays the first R130</p> <p><b>OPTOMETRY - PPN</b> One examination per beneficiary Member pays the first R130</p> <p><b>DENTAL SERVICES - DRC</b> One routine check-up per beneficiary per year Member pays the first R130</p>	<p><b>DAY-TO-DAY BENEFITS</b> M = R1 500 per year M+ = R2 900 per year GP and specialist visits, physiotherapy, virtual consultations, and medicine</p>	<p><b>ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED</b> M = R2 000 per year M+ = R4 000 per year GP and specialist visits, physiotherapy, virtual consultations, medicine, radiology, and pathology</p> <p><b>ADDITIONAL INSURED OPTOMETRY BENEFITS</b> Spectacles or contact lenses</p> <p><b>ADDITIONAL INSURED DENTISTRY BENEFIT FOR CHILDREN</b> Conservative dentistry for children &lt;18 years</p> <p>Other dentistry is covered from the savings account</p>	<p><b>ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED</b> R2 500 per family for GP consultations, specialist visits, self-medication, and acute medicine</p>	<p><b>INSURED DAY-TO-DAY BENEFIT</b> M = R6 400 per year M+1 = R9 500 per year M+2 = R11 600 per year M+3 = R12 700 per year The following benefit amounts apply with the insured day-to-day benefit, subject to the OAL</p> <ul style="list-style-type: none"> <li>• Radiology, pathology, and medical technology R3 600 per family per year</li> <li>• Specialists R1 500 per family per year</li> <li>• Acute medicine M = R1 500 M+1 = R2 500 M+2+ = R3 000</li> <li>• Self-medication M = R500 M+ = R2 000</li> </ul> <p><b>NETWORK GPs, CLINICAL PSYCHOLOGY SERVICES, and VIRTUAL CARE BENEFITS</b> Subject to day-to-day benefit and OAL M = R2 200 per year M+1 = R4 050 per year M+2+ = R4 750 per year</p> <p><b>OUT-OF-NETWORK GP CONSULTATIONS</b> Subject to day-to-day benefit and OAL M = R1 350 per year M+ = R2 700 per year</p> <p><b>PHYSIOTHERAPY AND OCCUPATIONAL THERAPY BENEFITS</b> In and out of hospital M = R2 500 per year M+ = R3 900 per year</p> <p><b>OPTOMETRY AND DENTISTRY BENEFITS</b></p>	<p><b>ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED</b></p> <p><b>INSURED DAY-TO-DAY BENEFITS</b> M = R7 200 per year M+ = R13 300 per year</p> <ul style="list-style-type: none"> <li>• GP and specialist visits and virtual consultations</li> <li>• Clinical psychology and physiotherapy</li> <li>• Other medical services</li> <li>• Medicine</li> <li>• Standard radiology and pathology</li> </ul> <p><b>INSURED OPTOMETRY BENEFITS</b> Separate comprehensive benefits</p> <p><b>INSURED DENTISTRY BENEFITS</b> Separate comprehensive benefits</p>	<p><b>ONCE SAVINGS ACCOUNT FUNDS HAVE BEEN DEPLETED</b></p> <p><b>INSURED DAY-TO-DAY BENEFIT</b> M = R14 500 per year M+1 = R16 900 per year M+2 = R19 300 per year M+3+ = R21 700 per year</p> <p>The following benefit amounts apply within the insured day-to-day benefit</p> <ul style="list-style-type: none"> <li>• GP and specialist visits and virtual consultations, clinical psychology, physiotherapy, and other medical services M = R3 700 per year M+1 = R4 800 per year M+2 = R6 000 per year M+3+ = R7 200 per year</li> <li>• Acute medicine benefits M = R4 800 per year M+1 = R6 000 per year M+2 = R7 200 per year M+3+ = R8 450 per year</li> <li>• Radiology benefits R3 450 per family per year</li> <li>• Pathology benefits R3 450 per family per year</li> </ul> <p><b>NON-PMB CHRONIC MEDICINE BENEFITS</b> M = R5 700 per year M+1 = R8 550 per year M+2 = R11 400 per year M+3+ = R12 200 per year</p> <p><b>TWO SEPARATE BENEFITS PROVIDE COMPREHENSIVE OPTOMETRY AND DENTISTRY COVER</b></p>	<p><b>INSURED DAY-TO-DAY BENEFITS</b> R4 500 per beneficiary, pooled per family per year</p> <ul style="list-style-type: none"> <li>• GPs and specialists</li> <li>• Clinical psychology, physiotherapy, and educational psychology services</li> <li>• Other medical services</li> </ul> <p><b>NON-PMB CHRONIC MEDICINE BENEFITS</b> R23 100 per beneficiary per year</p> <p><b>ACUTE MEDICINE</b> R8 200 per beneficiary, pooled per family per year</p> <p><b>STANDARD RADIOLOGY</b> Unlimited</p> <p><b>PATHOLOGY</b> Unlimited</p> <p><b>INSURED DENTISTRY BENEFITS</b> Conservative and specialised</p> <p><b>INSURED OPTOMETRY BENEFITS</b> Spectacles/contact lenses</p>
<b>Care extender</b>	Not applicable to this plan	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> <li>• One GP consultation</li> <li>• R510 for self-medication</li> </ul>	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> <li>• One GP consultation</li> <li>• R510 for self-medication</li> </ul>	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> <li>• One GP consultation</li> <li>• R510 for self-medication</li> </ul>	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> <li>• One GP consultation</li> <li>• R510 for self-medication</li> </ul>	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> <li>• One GP consultation</li> <li>• R510 for self-medication</li> </ul>	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> <li>• One GP consultation</li> <li>• R510 for self-medication</li> </ul>	Unlock these two additional benefits by undergoing specific health tests: <ul style="list-style-type: none"> <li>• One GP consultation</li> <li>• R510 for self-medication</li> </ul>

# Summary of benefits

	MedMove!	MedVital Elect	MedVital	MedAdd Elect	MedAdd	MedSaver	MedElect	MedPrime Elect	MedPrime	MedElite	MedPlus	
Added insured benefits	<ul style="list-style-type: none"> <li>Pap smear</li> <li>Contraceptives</li> <li>Screenings</li> <li>Flu vaccination</li> </ul>	<ul style="list-style-type: none"> <li>Maternity and baby benefits</li> <li>Women's and men's health tests</li> <li>Contraceptives</li> <li>Screenings and immunisations</li> </ul>	<ul style="list-style-type: none"> <li>Maternity and baby benefits</li> <li>Women's and men's health tests</li> <li>Contraceptives</li> <li>Screenings and immunisations</li> </ul>	<ul style="list-style-type: none"> <li>Maternity and baby benefits</li> <li>Women's and men's health tests</li> <li>Contraceptives</li> <li>Screenings and immunisations</li> </ul>	<ul style="list-style-type: none"> <li>Maternity and baby benefits</li> <li>Women's and men's health tests</li> <li>Contraceptives</li> <li>Screenings and immunisations</li> </ul>	<ul style="list-style-type: none"> <li>Maternity and baby benefits</li> <li>Women's and men's health tests</li> <li>Contraceptives</li> <li>Screenings and immunisations</li> </ul>	<ul style="list-style-type: none"> <li>Maternity and baby benefits</li> <li>Women's and men's health tests</li> <li>Contraceptives</li> <li>Screenings and immunisations</li> </ul>	<ul style="list-style-type: none"> <li>Maternity and baby benefits</li> <li>Women's and men's health tests</li> <li>Contraceptives</li> <li>Screenings and immunisations</li> </ul>	<ul style="list-style-type: none"> <li>Maternity and baby benefits</li> <li>Women's and men's health tests</li> <li>Contraceptives</li> <li>Screenings and immunisations</li> </ul>	<ul style="list-style-type: none"> <li>Maternity and baby benefits</li> <li>Women's and men's health tests</li> <li>Contraceptives</li> <li>Screenings and immunisations</li> </ul>	<ul style="list-style-type: none"> <li>Maternity and baby benefits</li> <li>Women's and men's health tests</li> <li>Contraceptives</li> <li>Screenings and immunisations</li> </ul>	
	HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)	HOSPITAL BENEFITS (NO OAL)
	Network hospitals	Network hospitals	Any hospital	Network hospitals	Any hospital	Any hospital	Network hospitals	Network hospitals	Any hospital	Any hospital	Any hospital	
Network plans: Day procedure network applies to certain procedures Non-network plans: Day procedure facilities apply to certain procedures												
Core benefits	<b>CHRONIC ILLNESS/PMB</b> Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	<b>CHRONIC ILLNESS/PMB</b> Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	<b>CHRONIC ILLNESS/PMB</b> Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	<b>CHRONIC ILLNESS/PMB</b> Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	<b>CHRONIC ILLNESS/PMB</b> Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	<b>CHRONIC ILLNESS/PMB</b> Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	<b>CHRONIC ILLNESS/PMB</b> Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	<b>CHRONIC ILLNESS/PMB</b> Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	<b>CHRONIC ILLNESS/PMB</b> Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	<b>CHRONIC ILLNESS/PMB</b> Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	<b>CHRONIC ILLNESS/PMB</b> Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL DSPs and specialist network apply	
	<b>POST-HOSPITAL CARE</b> Up to 30 days after discharge	<b>POST-HOSPITAL CARE</b> Up to 30 days after discharge	<b>POST-HOSPITAL CARE</b> Up to 30 days after discharge	<b>POST-HOSPITAL CARE</b> Up to 30 days after discharge	<b>POST-HOSPITAL CARE</b> Up to 30 days after discharge	<b>POST-HOSPITAL CARE</b> Up to 30 days after discharge	<b>POST-HOSPITAL CARE</b> Up to 30 days after discharge	<b>POST-HOSPITAL CARE</b> Up to 30 days after discharge	<b>POST-HOSPITAL CARE</b> Up to 30 days after discharge	<b>POST-HOSPITAL CARE</b> Up to 30 days after discharge	<b>POST-HOSPITAL CARE</b> Up to 30 days after discharge	<b>POST-HOSPITAL CARE</b> Up to 30 days after discharge
	<b>SPECIALISED RADIOLOGY</b> In hospital 100% of the MT R13 600 per family per year Member pays the first R2 850 per examination	<b>SPECIALISED RADIOLOGY</b> 100% of the MT R15 000 per family per year Member pays the first R2 500 per examination in hospital and R2 300 out of hospital	<b>SPECIALISED RADIOLOGY</b> 100% of the MT R18 000 per family per year Member pays the first R2 000 per examination in hospital and R1 800 out of hospital	<b>SPECIALISED RADIOLOGY</b> 100% of the MT R20 000 per family per year Member pays the first R2 000 per examination in hospital and R1 800 out of hospital	<b>SPECIALISED RADIOLOGY</b> 100% of the MT R22 000 per family per year Member pays the first R1 900 per examination in hospital and R1 300 out of hospital	<b>SPECIALISED RADIOLOGY</b> 100% of the MT R25 000 per family per year Member pays the first R1 700 per examination in hospital and R1 200 out of hospital	<b>SPECIALISED RADIOLOGY</b> 100% of the MT R30 000 per family per year Member pays the first R1 500 per examination in hospital and R1 000 out of hospital	<b>SPECIALISED RADIOLOGY</b> 100% of the MT Unlimited In and out of hospital MRI, CT imaging and angiography PET imaging - R27 500 per case				
	<b>TRAUMA-RELATED BENEFITS</b> Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV	<b>TRAUMA-RELATED BENEFITS</b> Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV	<b>TRAUMA-RELATED BENEFITS</b> Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV	<b>TRAUMA-RELATED BENEFITS</b> Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV	<b>TRAUMA-RELATED BENEFITS</b> Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV	<b>TRAUMA-RELATED BENEFITS</b> Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV	<b>TRAUMA-RELATED BENEFITS</b> Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV	<b>TRAUMA-RELATED BENEFITS</b> Including post-exposure prophylaxis in the event of sexual assault or accidental exposure to HIV				
	<b>WOUND CARE</b> This plan does not cover this service	<b>WOUND CARE</b> Including nurse consultations and material/stock used R4 285 per family	<b>WOUND CARE</b> Including nurse consultations and material/stock used R4 500 per family	<b>WOUND CARE</b> Including nurse consultations and material/stock used R4 500 per family	<b>WOUND CARE</b> Including nurse consultations and material/stock used R4 285 per family	<b>WOUND CARE</b> Including nurse consultations and material/stock used R5 800 per family	<b>WOUND CARE</b> Including nurse consultations and material/stock used R10 700 per family	<b>WOUND CARE</b> Including nurse consultations and material/stock used R16 100 per family				
EMS	<b>ROAD AND AIR TRANSPORT</b> Netcare 911 Unlimited within RSA	<b>ROAD AND AIR TRANSPORT</b> Netcare 911 Unlimited within RSA	<b>ROAD AND AIR TRANSPORT</b> Netcare 911 Unlimited within RSA	<b>ROAD AND AIR TRANSPORT</b> Netcare 911 Unlimited within RSA	<b>ROAD AND AIR TRANSPORT</b> Netcare 911 Unlimited within RSA	<b>ROAD AND AIR TRANSPORT</b> Netcare 911 Unlimited within RSA	<b>ROAD AND AIR TRANSPORT</b> Netcare 911 Unlimited within RSA	<b>ROAD AND AIR TRANSPORT</b> Netcare 911 Unlimited within RSA	<b>ROAD AND AIR TRANSPORT</b> Netcare 911 Unlimited within RSA	<b>ROAD AND AIR TRANSPORT</b> Netcare 911 Unlimited within RSA	<b>ROAD AND AIR TRANSPORT</b> Netcare 911 Unlimited within RSA	

# Monthly contributions



**Three or more children under 18 years?**  
Members pay monthly contributions for only two of your youngest kids on MedVital, MedAdd, and MedPrime



**Child dependant rates apply**  
until the age of 26 years

	MedMove! Student	MedMove!	MedVital Elect	MedVital	MedAdd Elect	MedAdd	MedSaver	MedElect	MedPrime Elect	MedPrime	MedElite	MedPlus
Main member	R0 – R900 R750	R901 + R1 638	R2 244	R2 880	R2 970 (R444 savings included per month and R5 328 per year)	R3 720 (R558 savings included per month and R6 696 per year)	R3 900 (R972 savings included per month and R11 664 per year)	R3 126	R4 344 (R432 savings included per month and R5 184 per year)	R5 304 (R528 savings included per month and R6 336 per year)	R8 172 (R816 savings included per month and R9 792 per year)	R14 184
Dependant	R750	R1 638	R1 632	R2 214	R2 328 (R348 savings included per month and R4 176 per year)	R3 138 (R468 savings included per month and R5 616 per year)	R3 204 (R798 savings included per month and R9 576 per year)	R2 448	R3 666 (R366 savings included per month and R4 392 per year)	R4 482 (R450 savings included per month and R5 400 per year)	R7 650 (R768 savings included per month and R9 216 per year)	R14 184
Child dependant <26 years	R750	R1 638	R942	R990	R1 032 (R156 savings included per month and R1 872 per year)	R1 260 (R192 savings included per month and R2 304 per year)	R1 200 (R300 savings included per month and R3 600 per year)	R1 014	R1 266 (R126 savings included per month and R1 512 per year)	R1 548 (R156 savings included per month and R1 872 per year)	R2 214 (R222 savings included per month and R2 664 per year)	R3 540
	R1 500	R3 276	R3 876	R5 094	R5 298 (R792 savings included per month and R9 504 per year)	R6 858 (R1 026 savings included per month and R12 312 per year)	R7 104 (R1 770 savings included per month and R21 240 per year)	R5 574	R8 010 (R798 savings included per month and R9 576 per year)	R9 786 (R978 savings included per month and R11 736 per year)	R15 822 (R1 584 savings included per month and R19 008 per year)	R28 368
	R1 500	R3 276	R3 186	R3 870	R4 002 (R600 savings included per month and R7 200 per year)	R4 980 (R750 savings included per month and R9 000 per year)	R5 100 (R1 272 savings included per month and R15 264 per year)	R4 140	R5 610 (R558 savings included per month and R6 696 per year)	R6 852 (R684 savings included per month and R8 208 per year)	R10 386 (R1 038 savings included per month and R12 456 per year)	R17 724
	R2 250	R4 914	R4 128	R4 860	R5 034 (R756 savings included per month and R9 072 per year)	R6 240 (R942 savings included per month and R11 304 per year)	R6 300 (R1 572 savings included per month and R18 864 per year)	R5 154	R6 876 (R684 savings included per month and R8 208 per year)	R8 400 (R840 savings included per month and R10 080 per year)	R12 600 (R1 260 savings included per month and R15 120 per year)	R21 264
	R2 250	R4 914	R4 818	R6 084	R6 330 (R948 savings included per month and R11 376 per year)	R8 118 (R1 218 savings included per month and R14 616 per year)	R8 304 (R2 070 savings included per month and R24 840 per year)	R6 588	R9 276 (R924 savings included per month and R11 088 per year)	R11 334 (R1 134 savings included per month and R13 608 per year)	R18 036 (R1 806 savings included per month and R21 672 per year)	R31 908
	R3 000	R6 552	R5 760	R7 074	R7 362 (R1 104 savings included per month and R13 248 per year)	R9 378 (R1 410 savings included per month and R16 920 per year)	R9 504 (R2 370 savings included per month and R28 440 per year)	R7 602	R10 542 (R1 050 savings included per month and R12 600 per year)	R12 882 (R1 290 savings included per month and R15 480 per year)	R20 250 (R2 028 savings included per month and R24 336 per year)	R35 448
	R4 500	R9 828	R5 760	R7 074	R7 362 (R1 104 savings included per month and R13 248 per year)	R9 378 (R1 410 savings included per month and R16 920 per year)	R11 904 (R2 970 savings included per month and R35 640 per year)	R9 630	R10 542 (R1 050 savings included per month and R12 600 per year)	R12 882 (R1 290 savings included per month and R15 480 per year)	R24 678 (R2 472 savings included per month and R29 664 per year)	R42 528

**Important:** On plans with savings accounts, a credit facility equalling the monthly contribution to the personal medical savings account multiplied by 12 months will be available at the beginning of each financial year. If you join after January, the savings amount and benefits will be calculated based on the remaining months in the year. Savings not used are transferred to the next year. Please note that late-joiner penalties were not taken into consideration.

# Added insured benefits

With a strong focus on preventive care and early detection of potential health issues, as well as maternity benefits and child care, these benefits are provided in addition to other insured benefits and are available annually (unless otherwise indicated). Protocols and specific item codes may apply. Find network provider information on Medihelp's website at the provider search function. Members can also register for HealthPrint, Medihelp's free online health and wellness programme, to activate certain benefits as indicated.

	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
<b>Care extender benefit</b>								
<ul style="list-style-type: none"> <li>One additional GP consultation – the first of either a Pap smear, mammogram, prostate test, faecal occult blood test (FOBT) or bone mineral density test activates a one-off GP consultation for the family for the year.</li> <li>Self-medication dispensed at a network pharmacy – an additional R510 will be activated for the family to use for non-prescribed medicine once a combo health screening has been claimed from the added insured benefits.</li> </ul>	-	✓	✓	✓	✓	✓	✓	✓
<b>Women's health</b>								
A mammogram requested by a medical doctor per two-year cycle (women 40-75 years and item codes 3605/39175/34100/34101)	-	✓	✓	✓	✓	✓	✓	✓
A Pap smear requested by a medical doctor per three-year cycle (women 21-65 years and item codes 4566/4559)	✓	✓	✓	✓	✓	✓	✓	✓
Contraceptives	✓	✓	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> <li>Oral/injectable/implantable contraceptives (women up to 50 years)</li> </ul>	R110 per month up to R1 400 per year	R150 per month up to R2 100 per year	R160 per month up to R2 200 per year	R160 per month up to R2 200 per year	R150 per month up to R2 100 per year	R180 per month up to R2 350 per year	R180 per month up to R2 400 per year	R180 per month up to R2 400 per year
<ul style="list-style-type: none"> <li>Intra-uterine device every 60 months</li> </ul>	R1 900	R2 350	R2 600	R2 600	R2 400	R2 700	R2 800	R2 800
A flu vaccination at network pharmacy clinics	✓	✓	✓	✓	✓	✓	✓	✓
<b>Enhanced maternity benefits</b>								
<b>Registration on HealthPrint's Maternity and Baby programme activates these additional benefits per family per year</b>								
Ten antenatal and postnatal consultations at a midwife/GP/gynaecologist (MedVital Elect, MedAdd Elect, and MedElect – a network referral to the gynaecologist is not needed)	-	✓	✓	✓	✓	✓	✓	✓
Two antenatal and postnatal consultations at a dietician/lactation specialist/antenatal classes	-	✓	✓	✓	✓	✓	✓	✓
Two 2D ultrasound scans	-	✓	✓	✓	✓	✓	✓	✓
Nine months' antenatal iron supplements	-	Available day-to-day benefits	Available day-to-day benefits/savings	Available savings	Available day-to-day benefits	✓	✓	✓
Nine months' antenatal folic acid supplements	-	Available day-to-day benefits	Available day-to-day benefits/savings	Available savings	Available day-to-day benefits	✓	✓	✓
<b>Child benefits</b>								
Child flu vaccination at network pharmacy clinics	✓	✓	✓	✓	✓	✓	✓	✓
Babies under two years receive two additional visits to a GP, paediatrician or ear, nose, and throat specialist (MedVital Elect, MedAdd Elect, and MedElect – a network GP referral to these specialists is not needed)	-	✓	✓	✓	✓	✓	✓	✓
Full schedule of standard child immunisations covered up to seven years at network pharmacy clinics	-	✓	✓	✓	✓	✓	✓	✓



# Added insured benefits









	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
<b>Routine screening and immunisation</b>								
Available at network pharmacy clinics per person: A combo test (blood glucose, cholesterol, BMI, and blood pressure measurement)/individual test (blood glucose/cholesterol)	✓	✓	✓	✓	✓	✓	✓	✓
HIV testing, counselling, and support	✓	✓	✓	✓	✓	✓	✓	✓
A tetanus vaccine	-	✓	✓	✓	✓	✓	✓	✓
A flu vaccination	✓	✓	✓	✓	✓	✓	✓	✓
Two HPV vaccinations for girls and boys between 10-14 years or three between 15-26 years	-	✓	✓	✓	✓	✓	✓	✓
<b>Men's health</b>								
A prostate test (PSA level) requested by a medical doctor (men between 40-75 years and item code 4519)	-	✓	✓	✓	✓	✓	✓	✓
A flu vaccination at network pharmacy clinics	✓	✓	✓	✓	✓	✓	✓	✓
<b>Screening and immunisation for over 45s</b>								
Women >65 years have access to one bone mineral density test requested by a medical doctor per two-year cycle (item codes 3604/50120)	-	✓	✓	✓	✓	✓	✓	✓
A Pneumovax vaccine in a five-year cycle per person older than 55 years (if registered for asthma or COPD)	-	✓	✓	✓	✓	✓	✓	✓
An FOBT test for people between 45-75 years (item codes 4351/4352)	-	✓	✓	✓	✓	✓	✓	✓
<b>Supporting wellness</b>								
<b>One back treatment</b> per 12-month cycle as an alternative to surgery at a Documentation Based Care facility for eligible patients and the treatment is a prerequisite for spinal intervention	-	✓	✓	✓	✓	✓	✓	✓
<b>One dietician consultation</b> per registered HealthPrint member if a BMI measurement indicates a BMI higher than 30 (item codes 84200-84205)	-	✓	✓	✓	✓	✓	✓	✓
<b>Cancer programme</b> Offered in collaboration with oncologists in the Independent Clinical Oncology Network (ICON)	✓	✓	✓	✓	✓	✓	✓	✓
<b>HIV programme</b> Offered in collaboration with LifeSense Disease Management	✓	✓	✓	✓	✓	✓	✓	✓

**Please note** that certain added insured benefits are not available if the patient has registered the condition for PMB or chronic medicine benefits, as the treatment is no longer considered as preventive care. Benefits are paid at 100% of the MT. Doctors' consultations are paid from the available savings account/day-to-day benefits. Pathology preferred providers Ampath, Lancet, and PathCare Vermaak and GP networks for certain network plans may apply.

# Benefit comparison

A detailed comparison of the benefits provided by each benefit plan is provided below.

## Core benefits

	 MedMove!	 MedVital	 MedAdd	 MedSaver	 MedElect	 MedPrime	 MedElite	 MedPlus
<b>CHRONIC ILLNESS and PMB</b> Diagnosis, treatment, and care costs of 271 PMB and 26 chronic conditions on the CDL Protocols, pre-authorisation, DSPs, and specialist network apply	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited
<b>TRAUMA BENEFITS</b> Subject to authorisation, PMB protocols, and case management Benefits for major trauma that necessitates hospitalisation such as: Motor vehicle accidents, stab wounds, gunshot wounds, head trauma, trauma, and burns	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited	100% of the cost* Unlimited
<b>POST-EXPOSURE PROPHYLAXIS (for HIV/Aids)</b>								
<b>EMERGENCY TRANSPORT SERVICES</b> Netcare 911 Subject to pre-authorisation and protocols - 50% co-payment if not pre-authorized <b>In beneficiary's country of residence</b> In the RSA, Lesotho, Eswatini, Zimbabwe, Mozambique, Namibia, and Botswana <ul style="list-style-type: none"> <li>• Transport by road</li> <li>• Transport by air</li> </ul>	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
<b>Outside beneficiary's country of residence</b> <ul style="list-style-type: none"> <li>• Transport by road</li> <li>• Transport by air</li> </ul>	This plan does not cover these services	100% of the MT R2 500 per case	100% of the MT R2 500 per case	100% of the MT R2 500 per case	100% of the MT R2 500 per case	100% of the MT R2 500 per case	100% of the MT R2 500 per case	100% of the MT R2 500 per case
		100% of the MT R16 900 per case	100% of the MT R16 900 per case	100% of the MT R16 900 per case	100% of the MT R16 900 per case	100% of the MT R16 900 per case	100% of the MT R16 900 per case	100% of the MT R16 900 per case

\* Contracted tariffs may apply.

# Core benefits

## Description

### HOSPITALISATION

#### (state and private hospitals and day procedure facilities)

Subject to pre-authorization, protocols, and case management

- Intensive and high-care wards
- Ward accommodation
- Theatre fees
- Treatment and ward medicine
- Consultations, surgery, and anaesthesia
  - 20% co-payment per admission if not pre-authorized

#### • Day procedures

- Subject to pre-authorization, clinical protocols, and services rendered in a day procedure facility
- Ophthalmological, dental, endoscopic, and ear, nose, and throat procedures, removal of skin lesions, and circumcisions

#### • Hospital medicine on discharge

- Applicable prescription medicine dispensed and charged by the hospital on discharge from the hospital (TTO) (excluding PMB/chronic medicine)









### CHILDBIRTH

- In hospital subject to pre-authorization, protocols, and case management
- 20% co-payment per admission if not pre-authorized
  - 35% co-payment for voluntary admission to a non-network hospital (for network plans only)

### HOME DELIVERY

Subject to pre-authorization

- Professional nursing fees
- Equipment
- Material and medicine

	 <b>MedMove!</b>	 <b>MedVital</b>	 <b>MedAdd</b>	 <b>MedSaver</b>	 <b>MedElect</b>	 <b>MedPrime</b>	 <b>MedElite</b>	 <b>MedPlus</b>
	100% of the MT Unlimited Member pays the first R1 750 per admission for all non-PMB admissions Hospital network	100% of the MT Unlimited Any hospital  <b>MedVital Elect</b> Hospital network	100% of the MT Unlimited Any hospital  <b>MedAdd Elect</b> Hospital network	100% of the MT Unlimited Any hospital	100% of the MT Unlimited <b>Hospital network</b>	100% of the MT Unlimited Any hospital  <b>MedPrime Elect</b> Hospital network	100% of the MT Unlimited Any hospital	100% of the MT Unlimited Any hospital
	All day procedures and procedures as pre-authorized must be done in the day procedure network to avoid a co-payment of R12 500 Procedure-specific co-payments may also apply to certain procedures	100% of the MT Procedure-specific co-payments may also apply Network plans: A 35% co-payment applies to procedures performed outside the day procedure network Non-network plans: A 35% co-payment applies to procedures not performed in a day procedure facility						
	100% of the MT R390 per admission	100% of the MT R420 per admission	100% of the MT R420 per admission	100% of the MT R420 per admission	100% of the MT R420 per admission	100% of the MT R540 per admission	100% of the MT R600 per admission	100% of the MT R720 per admission
	100% of the MT Unlimited <b>Non-PMB</b> No benefits for elective caesareans	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
	This plan does not cover these services	100% of the MT R16 300 per event 20% co-payment per event if not pre-authorized	100% of the MT R16 300 per event 20% co-payment per event if not pre-authorized	100% of the MT R16 300 per event 20% co-payment per event if not pre-authorized	100% of the MT R16 300 per event 35% co-payment per event if not pre-authorized	100% of the MT R16 300 per event 20% co-payment per event if not pre-authorized	100% of the MT R16 300 per event 20% co-payment per event if not pre-authorized	100% of the MT R16 300 per event 20% co-payment per event if not pre-authorized

# Core benefits

Description	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
<b>NEONATAL ADMISSIONS</b> Subject to pre-authorisation, protocols, and case management - 20% co-payment per admission if not pre-authorised - 35% co-payment for voluntary admission to a non-network hospital (for network plans only)	100% of the MT Hospitalisation: R53 500 per family per year	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
<b>ORGAN TRANSPLANTS (PMB only)</b> Subject to pre-authorisation and clinical protocols	100% of the cost	100% of the cost	100% of the cost	100% of the cost	100% of the cost	100% of the cost	100% of the cost	100% of the cost
<ul style="list-style-type: none"> <li>Cornea implants</li> </ul>	PMB only Use DSP to avoid 30% co-payment	100% of the MT R35 900 per implant per year	100% of the MT R35 900 per implant per year	100% of the MT R35 900 per implant per year	100% of the MT R35 900 per implant per year	100% of the MT R35 900 per implant per year	100% of the MT R35 900 per implant per year	100% of the MT R35 900 per implant per year
<b>STANDARD RADIOLOGY, PATHOLOGY (PPs* apply), and MEDICAL TECHNOLOGIST SERVICES</b> In hospital – subject to clinical protocols	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
<b>RADIOGRAPHY (radiographers' consultation fees)**</b> Subject to clinical protocols and on request of a medical doctor	100% of the MT R1 250 per family per year in hospital	100% of the MT R1 300 per family per year in hospital	100% of the MT R1 300 per family per year	100% of the MT R1 300 per family per year	100% of the MT R1 300 per family per year	100% of the MT R1 300 per family per year	100% of the MT R1 300 per family per year	100% of the MT R1 300 per family per year
<b>SPECIALISED RADIOLOGY</b> In and out of hospital Subject to pre-authorisation, clinical protocols, and on request of a specialist MedVital Elect, MedAdd Elect, and MedElect – prescribed by a specialist on referral by a network GP <ul style="list-style-type: none"> <li>MRI and CT imaging (subject to pre-authorisation)</li> </ul>	100% of the MT <b>In hospital</b> R13 600 per family per year Co-payment: R2 850 per examination <b>Out of hospital</b> PMB only	100% of the MT R15 000 per family per year Member pays the first R2 500 per examination in hospital and R2 300 out of hospital	100% of the MT R18 000 per family per year Member pays the first R2 000 per examination in hospital and R1 800 out of hospital	100% of the MT R20 000 per family per year Member pays the first R2 000 per examination in hospital and R1 800 out of hospital	100% of the MT R22 000 per family per year Member pays the first R1 900 per examination in hospital and R1 300 out of hospital	100% of the MT R25 000 per family per year Member pays the first R1 700 per examination in hospital and R1 200 out of hospital	100% of the MT R30 000 per family per year Member pays the first R1 500 per examination in hospital and R1 000 out of hospital	100% of the MT Unlimited
<ul style="list-style-type: none"> <li>Angiography</li> </ul>	100% of the cost Subject to pre-authorisation PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
<ul style="list-style-type: none"> <li>PET imaging (non-PMB and subject to pre-authorisation)</li> </ul>	These plans do not cover this service							100% of the MT R27 500 per case
<b>CLINICAL TECHNOLOGIST SERVICES</b> In hospital – services must be prescribed by a medical doctor/dentist	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited

\* Pathology preferred providers: Ampath, Lancet, and PathCare Vermaak (if you use another provider, you will have to pay the cost difference) \*\* Radiography differs from radiology and qualifies for a separate service fee benefit, for example, for a radiographer who takes scans.

# Core benefits

Description	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
<b>POST-HOSPITAL CARE*</b> Professional services relating to a Medihelp authorised private hospital admission, required for up to 30 days after discharge <ul style="list-style-type: none"> <li>Speech therapy, occupational therapy, and physiotherapy</li> </ul>	100% of the MT M = R2 300 per year M+ = R3 300 per year Including after a procedure in a day procedure facility	100% of the MT M = R2 300 per year M+ = R3 300 per year Including after a procedure in a day procedure facility	100% of the MT M = R2 300 per year M+ = R3 300 per year Including after a procedure in a day procedure facility	100% of the MT M = R2 300 per year M+ = R3 300 per year Including after a procedure in a day procedure facility	100% of the MT M = R2 300 per year M+ = R3 300 per year Including after a procedure in a day procedure facility	100% of the MT M = R2 300 per year M+ = R3 300 per year Including after a procedure in a day procedure facility	100% of the MT M = R2 300 per year M+ = R3 300 per year Including after a procedure in a day procedure facility	100% of the MT M = R2 300 per year M+ = R3 300 per year Including after a procedure in a day procedure facility
<b>RENAL DIALYSIS</b> In and out of hospital <ul style="list-style-type: none"> <li>Acute dialysis</li> <li>Chronic/peritoneal dialysis (subject to pre-authorization, clinical protocols, preferred provider rates, and a 20% co-payment per admission if not pre-authorized)</li> </ul>	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
<b>OTHER MEDICAL SERVICES</b> In hospital and protocols may apply <ul style="list-style-type: none"> <li>Dietician services, biokenitics, audiometry and orthoptic services (must be pre-authorized and requested by the attending medical doctor)</li> <li>Podiatry, speech therapy, massage, chiropractic services, homeopathic services, herbal and naturopathic services, and osteopathic services</li> <li>Physiotherapy and occupational therapy (must be pre-authorized and requested by the attending medical doctor)</li> </ul>	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the cost PMB only  100% of the MT** M = R2 500 per year M+ = R3 900 per year In and out of hospital	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
<b>OXYGEN ***</b> In and out of hospital	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
<b>PROSTATECTOMY</b> Subject to pre-authorization <ul style="list-style-type: none"> <li>Conventional or laparoscopic procedure</li> </ul>	100% of the MT Member pays the first R11 700 per procedure	100% of the MT Member pays the first R8 000 per procedure	100% of the MT Member pays the first R7 300 per procedure	100% of the MT Member pays the first R7 300 per procedure	100% of the MT Member pays the first R8 000 per procedure	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
<ul style="list-style-type: none"> <li>Robotic-assisted laparoscopic procedure</li> </ul>	This plan does not cover this service	This plan does not cover this service	This plan does not cover this service	This plan does not cover this service	This plan does not cover this service	100% of the MT Hospitalisation: R139 000 per beneficiary	100% of the MT Hospitalisation: R139 000 per beneficiary	100% of the MT Hospitalisation: R139 000 per beneficiary

\* Prescribed medicine and medical appliances are paid from available savings account funds/day-to-day benefits.

\*\* **MedElect:** A network GP or specialist, on referral by a network GP, must refer the beneficiary to a physio- or occupational therapist to avoid a 35% co-payment for out-of-hospital services.









\*\*\* Benefits for oxygen out of hospital are subject to pre-authorization, clinical protocols, and a prescription by a medical doctor.



# Core benefits

Description	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
<b>NEUROSTIMULATORS</b> Subject to pre-authorisation and clinical protocols <ul style="list-style-type: none"> <li>Device and components</li> </ul>	100% of the cost PMB only	100% of the cost PMB only	100% of the cost PMB only	100% of the cost PMB only	100% of the cost PMB only	100% of the MT R72 200 per beneficiary	100% of the MT R108 300 per beneficiary	100% of the MT R144 600 per beneficiary
<b>PSYCHIATRIC TREATMENT OF A MENTAL HEALTH CONDITION</b> Subject to pre-authorisation, protocols, and services rendered in an approved or network hospital/facility and prescribed by a medical doctor <ul style="list-style-type: none"> <li>20% co-payment per admission if not pre-authorised</li> <li>35% co-payment for voluntary admission to a non-network hospital (network plans only)</li> <li>Professional services rendered in and out of hospital by a psychiatrist</li> <li>General ward accommodation</li> <li>Medicine supplied during the period of the treatment in the institution</li> <li>Outpatient consultations</li> </ul>		100% of the MT Subject to the limit below	100% of the MT Subject to the limit below	100% of the MT Subject to the limit below	100% of the MT Subject to the limit below	100% of the MT Subject to the limit below	100% of the MT Subject to the limit below	100% of the MT Subject to the limit below
<ul style="list-style-type: none"> <li><b>Hospitalisation and professional psychiatric services:</b></li> </ul>	100% of the cost PMB only	R23 900 per beneficiary per year to a maximum of R36 400 per family per year	R30 300 per beneficiary per year to a maximum of R41 800 per family per year	R30 300 per beneficiary per year to a maximum of R41 800 per family per year	R24 000 per beneficiary per year to a maximum of R36 400 per family per year	R36 400 per beneficiary per year to a maximum of R49 100 per family per year	R44 200 per beneficiary per year to a maximum of R61 300 per family per year	R53 900 per beneficiary per year to a maximum of R73 300 per family per year
<ul style="list-style-type: none"> <li><b>Treatment of depression out of hospital, subject to registration on the Mental Health programme:</b> Subject to the in-hospital limit, for services rendered by psychiatrists, psychologists, social workers, occupational therapists, and psychiatric nurses</li> </ul>		R3 000 per beneficiary per year	R3 000 per beneficiary per year	R4 000 per beneficiary per year	R3 000 per beneficiary per year	R4 000 per beneficiary per year	R5 000 per beneficiary per year	R6 000 per beneficiary per year
<ul style="list-style-type: none"> <li><b>Medicine:</b> Subject to the annual mental health limit</li> </ul>		R95 per beneficiary per month, subject to the in-hospital limit	R95 per beneficiary per month, subject to the in-hospital limit	R120 per beneficiary per month, subject to the in-hospital limit	R95 per beneficiary per month, subject to the in-hospital limit	R120 per beneficiary per month, subject to the in-hospital limit	R135 per beneficiary per month, subject to the in-hospital limit	R160 per beneficiary per month, subject to the in-hospital limit
<ul style="list-style-type: none"> <li><b>Treatment of autism by an educational psychologist:</b></li> </ul>	These plans do not cover these service					One consultation per beneficiary per year, subject to the in hospital benefit		
<b>SERVICES AS AN ALTERNATIVE TO HOSPITALISATION</b> <ul style="list-style-type: none"> <li><b>Hospice services</b> Subject to pre-authorisation, programmes, and protocols Services rendered in an approved facility and prescribed by a medical doctor               <ul style="list-style-type: none"> <li>20% co-payment per admission if not pre-authorised</li> </ul> </li> </ul>	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
<ul style="list-style-type: none"> <li><b>Subacute care facilities</b> Subject to pre-authorisation, programmes, and protocols Services rendered in an approved facility and prescribed by a medical doctor               <ul style="list-style-type: none"> <li>20% co-payment per admission if not pre-authorised</li> </ul> </li> </ul>	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited		100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
<ul style="list-style-type: none"> <li><b>Private nursing</b> Subject to pre-authorisation, programmes, and protocols General day-to-day care is excluded from benefits               <ul style="list-style-type: none"> <li>20% co-payment per case if not pre authorised, except for MedElect, where a 35% co-payment per case will apply if not pre-authorised</li> </ul> </li> </ul>	100% of the cost PMB only	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT R27 900 per family per year	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited

# Core benefits

Description	 <b>MedMove!</b>	 <b>MedVital</b>	 <b>MedAdd</b>	 <b>MedSaver</b>	 <b>MedElect</b>	 <b>MedPrime</b>	 <b>MedElite</b>	 <b>MedPlus</b>	
<ul style="list-style-type: none"> <li><b>Palliative care</b> Subject to pre-authorisation, clinical protocols, services prescribed by a medical doctor, a treatment plan, programmes, protocols, and formularies</li> </ul>	100% of the MT R20 700 per family per year 20% co-payment if not pre-authorised	100% of the MT R23 900 per family per year 20% co-payment if not pre-authorised	100% of the MT R26 400 per family per year 20% co-payment if not pre-authorised	100% of the MT R26 400 per family per year 20% co-payment if not pre-authorised	100% of the MT R21 700 per family per year 20% co-payment if not pre-authorised	100% of the MT R28 800 per family per year 20% co-payment if not pre-authorised	100% of the MT R31 300 per family per year 20% co-payment if not pre-authorised	100% of the MT R33 800 per family per year 20% co-payment if not pre-authorised	
<b>CANCER</b> PMB and non-PMB cases All services relating to treatment and care In and out of hospital Subject to pre-authorisation and registration on the Medihelp Cancer Programme protocols, a DSP, and the MORP apply - 20% co-payment if not pre-authorised	100% of the cost PMB only Deviation from protocols may result in a co-payment 30% co-payment if treatment is received outside the network	100% of the MT R250 000 per family per year Deviation from protocols may result in a co-payment	100% of the MT R260 000 per family per year Deviation from protocols may result in a co-payment	100% of the MT R275 000 per family per year Deviation from protocols may result in a co-payment	100% of the MT R260 000 per family per year Deviation from protocols may result in a co-payment	100% of the MT R320 000 per family per year Deviation from protocols may result in a co-payment	100% of the MT R480 000 per family per year Deviation from protocols may result in a co-payment	100% of the MT R650 000 per family per year Deviation from protocols may result in a copayment	
Co-payment for voluntary use of non-network services	30% co-payment						10% co-payment		
<b>REFRACTIVE SURGERY</b> Subject to pre-authorisation and clinical protocols - 20% co-payment per admission if not pre-authorised - 35% co-payment for voluntary admission to a non-network hospital/day procedure facility (for network plans only)	These plans do not cover this service						100% of the MT Hospitalisation and professional fee: R14 300 per family per year for beneficiaries 18-50 years	100% of the MT Hospitalisation and professional fee: R23 900 per family per year for beneficiaries 18-50 years	100% of the MT Unlimited
<b>WOUND CARE</b> Including nurse consultations and material/stock used	This plan does not cover this service	R4 285 per family	R4 500 per family	R4 500 per family	R4 285 per family	R5 800 per family	R10 700 per family	R16 100 per family	

# Core benefits

## Description

### INTERNALLY IMPLANTED PROSTHESES

All hospital admissions and prostheses are subject to pre-authorisation, protocols, and case management

- 20% co-payment per admission if not pre-authorised
- 35% co-payment for voluntary admission to a non-network hospital (for network plans only)
- The member is liable for the difference in cost if PMB spinal, hip, knee, and cardiac prostheses are not obtained from the DSP

- EVARS prosthesis

- Vascular/cardiac prosthesis

- Health-essential functional prosthesis

- Hip, knee, and shoulder replacements (non-PMB)
  - In case of acute injury where replacement is the only clinically appropriate treatment modality

- In case of wear and tear

- Intra-ocular lenses

- Prosthesis with reconstructive or restorative surgery (in and out of hospital)

- External breast prostheses (in and out of hospital)









- Implantable hearing devices (including devices and components)  
In hospital

- Replacement of the sound processor  
Out of hospital

	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
100% of the cost PMB only	100% of the MT R43 300 per beneficiary per year	100% of the MT R43 300 per beneficiary per year	100% of the MT R163 300 per beneficiary per year	100% of the MT R163 300 per beneficiary per year	100% of the cost PMB only	100% of the MT R163 300 per beneficiary per year	100% of the MT R163 300 per beneficiary per year	100% of the MT R163 300 per beneficiary per year
R43 300 per beneficiary per year	R43 300 per beneficiary per year	R69 800 per beneficiary per year	R69 800 per beneficiary per year	R69 800 per beneficiary per year	R69 800 per beneficiary per year	R69 800 per beneficiary per year	R69 800 per beneficiary per year	R69 800 per beneficiary per year
R28 800 per beneficiary per year	R28 800 per beneficiary per year	R77 400 per beneficiary per year	R77 400 per beneficiary per year	R77 400 per beneficiary per year	R77 400 per beneficiary per year	R77 400 per beneficiary per year	R77 400 per beneficiary per year	R77 400 per beneficiary per year
	<b>Hospitalisation:</b> 100% of the MT  <b>Prosthesis:</b> Health-essential functional prosthesis benefits apply				<b>Hospitalisation:</b> 100% of the MT  <b>Prosthesis:</b> Health-essential functional prosthesis benefits apply		<b>Hospitalisation:</b> 100% of the MT  <b>Prosthesis:</b> Health-essential functional prosthesis benefits apply	
	These plans do not cover this service						Subject to DSP (ICPS)*	
100% of the cost PMB only	Sublimit subject to health-essential functional prosthesis benefit Two lenses per beneficiary per year				Sublimit subject to health-essential functional prosthesis benefit Two lenses per beneficiary per year		Sublimit subject to health-essential functional prosthesis benefit Two lenses per beneficiary per year	
	R5 180	R5 260	R5 340			R5 420	R5 520	R5 620
100% of the cost PMB only	100% of the cost PMB only	R11 800 per family per year	R11 800 per family per year		100% of the cost PMB only	R11 800 per family per year	R11 800 per family per year	R11 800 per family per year
These plans do not cover this service	These plans do not cover this service		Savings account	Savings account		R11 800 per family per year	R11 800 per family per year	R11 800 per family per year
	These plans do not cover this service					R300 900 per beneficiary per year	R325 100 per beneficiary per year	R336 200 per beneficiary per year
	These plans do not cover this service					Sub-limit of R140 000 per beneficiary per 5 year period	Sub-limit of R160 000 per beneficiary per 5 year period	Sub-limit of R180 000 per beneficiary per 5 year period

\* **MedElite:** Cover only if patients qualify in terms of Improved Clinical Pathway Services' (ICPS) clinical criteria and protocols (only hip and knee replacements). If not, a R24 500 benefit applies to hip, knee, and shoulder replacements for the hospital account and prosthesis components (combined), per admission. Call our client care centre on 086 0100 678 to get the contact number of the nearest ICPS provider.

# Day-to-day benefits

Description	 <b>MedMove!</b>	 <b>MedVital</b>	 <b>MedAdd</b>	 <b>MedSaver</b>	 <b>MedElect</b>	 <b>MedPrime</b>	 <b>MedElite</b>	 <b>MedPlus</b>
<b>ANNUAL DAY-TO-DAY BENEFITS</b>	Not applicable	Day-to-day benefit 100% of the MT M = R1 500 per year M+ = R2 900 per year	15% savings account Day-to-day benefit 100% of the MT M = R2 000 per year M+ = R4 000 per year Activated after depletion of savings	25% savings account Day-to-day benefit 100% of the MT R2 500 per family per year Activated after depletion of savings	Day-to-day benefit 100% of the MT M = R6 400 per year M+1 = R9 500 per year M+2 = R11 600 per year M+3 = R12 700 per year	10% savings account Day-to-day benefit 100% of the MT M = R7 200 per year M+ = R13 300 per year Activated after depletion of savings	10% savings account Day-to-day benefit 100% of the MT M = R14 500 per year M+1 = R16 900 per year M+2 = R19 300 per year M+3+ = R21 700 per year Activated after depletion of savings	Not applicable
<b>GP VISITS, TELEMEDICINE AND VIRTUAL CONSULTATIONS, NURSE VISITS AT NETWORK PHARMACIES, PRIMARY CARE DRUG THERAPISTS, AND EMERGENCY UNITS</b> Consultations and follow-up consultations <b>MedMove!, MedVital Elect, MedAdd Elect, and MedElect:</b> GP network and specialist referral by a network GP apply	Unlimited network virtual GP consultations during nurse visits at network pharmacies and network GP visits - R130 co-payment per consultation (Pre-authorisation required from 6th visit) 11th visit onwards - PMB only Out-of-network GP consultations R1 000 per family per year	Subject to day-to-day benefit	Paid from 15% savings first and after depletion of savings from the day-to-day benefit	Paid from 25% savings first and after depletion of savings from the day-to-day benefit	100% of the MT M = R2 200 per year M+1 = R4 050 per year M+2+ = R4 750 per year Subject to overall annual limit, shared with benefit for clinical psychology Out-of-network GP consultations 80% of the MT M = R1 350 per year M+ = R2 700 per year Subject to overall annual limit	Paid from 10% savings first and after depletion of savings from the day-to-day benefit	Paid from 10% savings first and after depletion of savings: 100% of the MT M = R3 700 per year M+1 = R4 800 per year M+2 = R6 000 per year M+3+ = R7 200 per year Subject to day-to-day insured benefit, shared with benefit for psychiatric nursing and other medical services	100% of the MT R4 500 per beneficiary, pooled per family per year Shared with benefit for psychiatric nursing and other medical services
<b>SPECIALISTS</b> Consultations and follow-up consultations <b>MedMove!, MedVital Elect, MedAdd Elect, and MedElect:</b> Specialist referral by a network GP applies	R1 000 per family per year at network specialists only				R1 500 per family per year Subject to insured day-to-day benefit Specialist referrals apply			
<b>PHYSIOTHERAPY</b> Out of hospital Treatment and material	Two consultations per family per year Member pays the first R130 per visit				100% of the MT Savings account			
<b>CLINICAL PSYCHOLOGY</b> In and out of hospital	This plan does not cover these services	This plan does not cover these services	100% of the MT Savings account	Subject to insured day-to-day benefit, shared with benefit for GP visits				

# Day-to-day benefits

Description	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
<b>PSYCHIATRIC NURSING</b> In and out of hospital	This plan does not cover this service	This plan does not cover this service	100% of the MT Savings account	100% of the MT Savings account	This plan does not cover this service			
<b>OTHER MEDICAL SERVICES</b> Occupational and speech therapy, dietician services, audiometry, podiatry, massage, orthoptic, chiropractic, homeopathic, herbal, and naturopathic, osteopathic, and biokinetic services	This plan does not cover these services	This plan does not cover these services	100% of the MT Savings account	100% of the MT Savings account	This plan does not cover these services Occupational therapy shared with benefit for physiotherapy in and out of hospital, and a referral from a network GP applies	Paid from 10% savings first and after depletion of savings from the day-to-day benefit	Paid from 10% savings first and after depletion of savings: 100% of the MT M = R3 700 per year M+1 = R4 800 per year M+2 = R6 000 per year M+3+ = R7 200 per year Subject to insured day-to-day benefit, shared with benefit for GPs, specialists, physiotherapy, and clinical psychology	100% of the MT R4 500 per beneficiary, pooled per family per year Shared with benefit for GPs, specialists, physiotherapy, clinical psychology, and including educational psychology services
<b>PMB CHRONIC MEDICINE</b> Subject to pre-authorization, and registration on Medihelp's PMB chronic medicine management programme <b>Network plans:</b> Formulary and use DSP (Medipost) may apply	100% of the MHRP Unlimited <b>MedMove!</b> Medicine formulary and DSP apply 60% co-payment for not using the DSP/medicine formulary	100% of the MHRP Unlimited <b>MedVital Elect</b> Medicine formulary and DSP apply 60% co-payment for not using the DSP/medicine formulary	100% of the MHRP Unlimited <b>MedAdd Elect</b> Medicine formulary and DSP apply 60% co-payment for not using the DSP/medicine formulary	100% of the MHRP Unlimited	100% of the MHRP Unlimited 30% co-payment for not using a network pharmacy or dispensing network GP	100% of the MHRP Unlimited <b>MedPrime Elect</b> Medicine formulary and DSP apply 60% co-payment for not using the DSP/medicine formulary	100% of the MHRP Unlimited	100% of the MHRP Unlimited
<b>NON-PMB CHRONIC MEDICINE</b> <ul style="list-style-type: none"> <li>Generic medicine – 100% of the MMAP</li> <li>Original medicine when no generic equivalent is available – 80% of the MT</li> <li>Original medicine used voluntarily when a generic equivalent is available – 70% of the MMAP</li> </ul>	This plan does not cover this service				100% of the MT M = R1 500 M+1 = R2 500 M+2 + = R3 000 Subject to overall insured day-to-day benefit	Paid from 10% savings first and after depletion of savings from the day-to-day benefit	100% of the MMAP M = R5 700 per year M+1 = R8 550 per year M+2 = R11 400 per year M+3+ = R12 200 per year Subject to pre-authorization, and registration on Medihelp's chronic medicine management programme	100% of the MMAP R23 100 per beneficiary per year Subject to pre-authorization, and registration on Medihelp's chronic medicine management programme
<b>ACUTE MEDICINE</b> Including medicine dispensed at an emergency unit and immunisations <ul style="list-style-type: none"> <li>Generic medicine – 100% of the MMAP</li> <li>Original medicine when no generic equivalent – 80% of the MT</li> <li>Original medicine used voluntarily when a generic equivalent is available – 70% of the MMAP</li> <li>Homeopathic, naturopathic, and osteopathic medicine - paid first from savings then 25% of the available day-to-day/acute medicine benefit (no benefits for MedElect and MedMove!)</li> </ul>	80% of the MT R1 700 per family per year Shared with benefit for pathology, medical technologist services, and radiology Must be obtained from a network pharmacy or dispensing network GP	Subject to insured day-to-day benefit	Paid from 15% savings first and after depletion of savings from the day-to-day benefit	Paid from 25% savings first and after depletion of savings from the day-to-day benefit	Must be obtained from a network pharmacy or dispensing network GP	Paid from 10% savings first and after depletion of savings: 100% of the MMAP M = R4 800 per year M+1 = R6 000 per year M+2 = R7 200 per year M+3+ = R8 450 per year Subject to insured day-to-day benefits Shared with benefit for self-medication	100% of the MMAP R8 200 per beneficiary, pooled per family per year Shared with benefit for self-medication	



# Day-to-day benefits

Description	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
<b>SELF-MEDICATION / OVER-THE-COUNTER MEDICINE (OTC)</b>	R105 per event R510 per family per year	Subject to insured day-to-day benefit	Paid from 15% savings first and after depletion of savings, from the day-to-day benefit	100% of the MT Savings account	R500 per beneficiary and R2 000 per family per year Subject to insured day-to-day benefit and use of network pharmacies	Paid from 10% savings first and after depletion of savings, from the day-to-day benefit	Paid from 10% savings first and after depletion of savings: 100% of the MMAP M = R4 800 per year M+1 = R6 000 per year M+2 = R7 200 per year M+3+ = R8 450 per year Subject to insured day-to-day benefits Shared with benefit from acute medicine	100% of the MMAP R8 200 per beneficiary, pooled per family per year Shared with benefit for acute medicine
<b>CARE EXTENDER</b> • One additional GP consultation	Not applicable	One additional GP consultation is activated for the family per year once a beneficiary claims for a Pap smear, mammogram, prostate test, faecal occult blood test (FOBT) or bone mineral density test						
• R510 for self-medication dispensed at a network pharmacy		Self-medication – an additional R510 will be activated for the family to use for non-prescribed medicine once a beneficiary claims for the combo health screening						
<b>OXYGEN</b> Out of hospital Subject to pre-authorisation, clinical protocols, and services prescribed by a medical doctor	100% of the cost PMB only 20% co-payment if not pre-authorised	100% of the MT Unlimited 20% co-payment if not pre-authorised			100% of the MT Unlimited 35% co-payment if not pre-authorised	100% of the MT Unlimited 20% co-payment if not pre-authorised		
<b>PATHOLOGY and MEDICAL TECHNOLOGIST SERVICES</b> Out of hospital Subject to clinical protocols and requested by a medical doctor Pathology preferred providers: Ampath, Lancet, and PathCare Vermaak	100% of the MT R1 700 per family per year Shared with benefit for acute medicine	This plan does not cover these services	Paid from 15% savings first and after depletion of savings, from day-to-day benefit	100% of the MT Savings account	R3 600 per family per year Subject to insured day-to-day benefit	Paid from 10% savings first and after depletion of savings, from the day-to-day benefit	Paid from 10% savings first and after depletion of savings: 100% of the MT R3 450 per family per year Subject to insured day-to-day benefit	100% of the MT Unlimited
<b>STANDARD RADIOLOGY</b> Out of hospital Subject to clinical protocols and requested by a medical doctor (if requested by a chiropractor, black and white X-rays only)				100% of the MT Savings account			Paid from 10% savings first and after depletion of savings: 100% of the MT R3 450 per family per year (subject to insured day-to-day benefit)	100% of the MT Unlimited

# Internally implanted prostheses

All hospital admissions and prostheses are subject to pre-authorization, protocols, and case management

- 20% co-payment per admission if not pre-authorized
- 35% co-payment for voluntary admission to a non-network hospital (for network plans only)
- The member is liable for the difference in cost if PMB spinal, hip, knee, and cardiac prostheses are not obtained from the designated service provider (DSP)

	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
EVARS PROSTHESIS	100% of the cost PMB only	100% of the MT R43 300 per beneficiary per year	100% of the MT R163 300 per beneficiary per year		100% of the cost PMB only	100% of the MT R163 300 per beneficiary per year		
VASCULAR/CARDIAC PROSTHESIS	100% of the cost PMB only	100% of the MT R43 300 per beneficiary per year	R69 800 per beneficiary per year		100% of the cost PMB only	R69 800 per beneficiary per year		
HEALTH-ESSENTIAL FUNCTIONAL PROSTHESIS		R28 800 per beneficiary per year	R77 400 per beneficiary per year			R77 400 per beneficiary per year		
<ul style="list-style-type: none"> <li>• Hip, knee, and shoulder replacements (non-PMB)</li> <li>• In case of acute injury where replacement is the only clinically appropriate treatment modality</li> </ul>	100% of the cost PMB only	<b>Hospitalisation:</b> 100% of the MT  <b>Prosthesis:</b> Health-essential functional prosthesis benefits apply			100% of the cost PMB only	<b>Hospitalisation:</b> 100% of the MT  <b>Prosthesis:</b> Health-essential functional prosthesis benefits apply		<b>Hospitalisation:</b> 100% of the MT  <b>Prosthesis:</b> Health-essential functional prosthesis benefits apply
<ul style="list-style-type: none"> <li>• In case of wear and tear</li> </ul>	These plans do not cover this service						Subject to DSP (ICPS)*	
<ul style="list-style-type: none"> <li>• Intra-ocular lenses</li> </ul>	100% of the cost PMB only	Sublimit subject to health-essential functional prosthesis benefit			100% of the cost PMB only	Sublimit subject to health-essential functional prosthesis benefit		
		Two lenses per beneficiary per year, R5 180 per lens	Two lenses per beneficiary per year, R5 260 per lens	Two lenses per beneficiary per year, R5 340 per lens		Two lenses per beneficiary per year, R5 420 per lens	Two lenses per beneficiary per year, R5 520 per lens	Two lenses per beneficiary per year, R5 620 per lens
PROSTHESIS WITH RECONSTRUCTIVE OR RESTORATIVE SURGERY (IN AND OUT OF HOSPITAL)	100% of the cost PMB only	This plan does not cover this service	R11 800 per family per year		100% of the cost PMB only	R11 800 per family per year		
EXTERNAL BREAST PROSTHESES (IN AND OUT OF HOSPITAL)	These plans do not cover this service		Savings account		100% of the cost PMB only			
IMPLANTABLE HEARING DEVICES (INCLUDING DEVICES AND COMPONENTS)	These plans do not cover this service					R300 900 per beneficiary per year for implant components	R325 100 per beneficiary per year for implant components	R336 200 per beneficiary per year for implant components
<ul style="list-style-type: none"> <li>• In hospital</li> </ul>								
<ul style="list-style-type: none"> <li>• Out of hospital</li> </ul>	These plans do not cover this service					R140 000 per beneficiary every five years for sound processor replacement	R160 000 per beneficiary every five years for sound processor replacement	R180 000 per beneficiary every five years for sound processor replacement

\* **MedElite:** Cover only if patients qualify in terms of Improved Clinical Pathway Services' (ICPS) clinical criteria and protocols (only hip and knee replacements). If not, a R24 500 benefit applies to hip, knee, and shoulder replacements for the hospital account and prosthesis components (combined), per admission. Call our Client Care centre on 086 0100 678 to get the contact number of the nearest ICPS provider.

# External prostheses and medical appliances

Description	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
<b>EXTERNAL PROSTHESES AND MEDICAL APPLIANCES</b> In and out of hospital								
• Artificial eyes	This plan does not cover these services	This plan does not cover these services	100% of the MT Savings account	100% of the MT Savings account	This plan does not cover these services	100% of the MT R5 700 per family per three-year cycle	100% of the MT R9 750 per beneficiary per three-year cycle	100% of the MT R19 800 per beneficiary per three-year cycle
• Speech and hearing aids						100% of the MT R5 700 per family per three-year cycle	100% of the MT R9 750 per beneficiary per three-year cycle	100% of the MT R19 800 per beneficiary per three-year cycle
• Artificial limbs						100% of the MT R5 700 per family per three-year cycle	100% of the MT R7 750 per beneficiary per three-year cycle	100% of the MT R10 700 per beneficiary per three-year cycle
• Wheelchairs			100% of the MT Savings account	100% of the MT Savings account	100% of the MT R1 150 per family per year Shared with benefit for glucometers	100% of the MT R5 700 per family per three-year cycle	100% of the MT R7 750 per beneficiary per three-year cycle	100% of the MT R10 700 per beneficiary per three-year cycle
• Medical appliances			100% of the MT Savings account	100% of the MT Savings account				
• Hyperbaric oxygen treatment Prescribed by a medical doctor								
• In hospital		PMB only	100% of the MT R880 per family per year	100% of the MT R880 per family per year	PMB only			
• Out of hospital								
• Glucometers (per five-year cycle)	PMB only	This plan does not cover these services	100% of the MT Savings account	100% of the MT Savings account	100% of the MT M+ = R1 150 per year Shared with benefit for medical appliances and wheelchairs	100% of the MT R1 600 per family per year	100% of the MT R1 800 per beneficiary per year	100% of the MT R2 300 per beneficiary per year
• Insulin pumps (per five-year cycle and subject to protocols)						These plans do not cover this service		
• Stoma components		100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited	100% of the MT Unlimited
• Incontinence products/supplies								
• Wigs (for alopecia totalis or cancer patients)	This plan does not cover this service	This plan does not cover these services	100% of the MT Savings account	100% of the MT Savings account	This plan does not cover these services	These plans do not cover this service		100% of the MT R2 300 per beneficiary per three-year cycle
• CPAP apparatus Prescribed by a medical doctor per two-year cycle	PMB only		100% of the MT Savings account	100% of the MT Savings account		100% of the MT R11 900 per beneficiary	100% of the MT R11 900 per beneficiary	100% of the MT R11 900 per beneficiary

\* **Medical appliances** include back, leg, arm, and neck supports, crutches, orthopaedic footwear, elastic stockings, peakflow meters, and nebulisers. Benefits for the cost of repairs, maintenance, spares, accessories, and adjustments are included in the maximum amount available for a particular appliance. Consultations and follow-up consultations are subject to available day-to-day benefits/savings.

# Optometry

Medihelp provides optical benefits in partnership with more than 2 300 optometrists across South Africa. Members may visit any optometrist in the Preferred Provider Negotiators (PPN) network. Benefits are paid according to the PPN tariffs. To benefit from the negotiated tariff, PPN must submit the account through their claims system, instead of the member paying cash. Benefits obtained at a non-network optometrist are available as an alternative to network benefits and not an additional benefit.

## Contact information

Tel: 041 065 0650

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Description	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
<b>Subject to PPN protocols and pre-authorization - 100% of the MT</b>								
<b>OPTOMETRY</b>								
<ul style="list-style-type: none"> <li>Eye examination at a PPN network optometrist</li> <li>One composite consultation, including refraction test, tonometry, and visual field test</li> </ul>	One composite examination per beneficiary per 24-month cycle Member pays the first R130		One composite examination per beneficiary per 24-month cycle		One composite examination per beneficiary per 24-month cycle	One composite examination per beneficiary per 24-month cycle	One composite examination per beneficiary per 24-month cycle	One composite examination per beneficiary per 24-month cycle
<ul style="list-style-type: none"> <li>Eye examination at a non-network optometrist</li> </ul>			R400 per beneficiary per 24-month cycle		R400 per beneficiary per 24-month cycle	R400 per beneficiary per 24-month cycle	R400 per beneficiary per 24-month cycle	R400 per beneficiary per 24-month cycle
Spectacles or contact lenses								
<ul style="list-style-type: none"> <li>Spectacles                             <ul style="list-style-type: none"> <li>Frames and/or lens enhancements (at a PPN network optometrist)</li> </ul> </li> </ul>			R315 per beneficiary per 24-month cycle		R625 per beneficiary per 24-month cycle	R910 per beneficiary per 24-month cycle	R1 135 per beneficiary per 24-month cycle	R1 135 per beneficiary per 24-month cycle
<ul style="list-style-type: none"> <li>Frames and/or lens enhancements (at a non-network optometrist)</li> </ul>			R236 per beneficiary per 24-month cycle		R469 per beneficiary per 24-month cycle	R683 per beneficiary per 24-month cycle	R851 per beneficiary per 24-month cycle	R851 per beneficiary per 24-month cycle
<ul style="list-style-type: none"> <li>Lenses at a PPN network optometrist</li> <li>One pair of standard clear lenses</li> </ul>	This plan does not cover these services	This plan does not cover these services	Single vision or bifocal lenses (multifocal lenses paid at the cost of bifocal lenses) per beneficiary per 24-month cycle	Savings account	Single vision or bifocal lenses (multifocal lenses paid at the cost of bifocal lenses) per beneficiary per 24-month cycle	Single vision or bifocal lenses (multifocal lenses paid at the cost of bifocal lenses) per beneficiary per 24-month cycle	Single vision and bifocal per beneficiary per 24-month cycle R810 for multifocal* lenses per beneficiary per 24-month cycle	Single vision and bifocal per beneficiary per 24-month cycle R810 for multifocal* lenses per beneficiary per 24-month cycle
<ul style="list-style-type: none"> <li>Lenses at a non-network optometrist</li> <li>One pair of standard clear lenses</li> </ul>			R215 for single vision lenses R460 for multifocal/bifocal lenses per beneficiary per 24-month cycle		R215 for single vision lenses R460 for multifocal/bifocal lenses per beneficiary per 24-month cycle	R215 for single vision lenses R460 for multifocal/bifocal lenses per beneficiary per 24-month cycle	R215 for single vision lenses R460 for bifocal lenses R810 for multifocal* lenses per beneficiary per 24-month cycle	R215 for single vision lenses R460 for bifocal lenses R810 for multifocal* lenses per beneficiary per 24-month cycle
<ul style="list-style-type: none"> <li>Contact lenses (benefits at a network and non-network optometrist)</li> </ul>			R710 per beneficiary per 24-month cycle		R825 per beneficiary per 24-month cycle	R1 310 per beneficiary per 24-month cycle	R1 835 per beneficiary per 24-month cycle	R1 835 per beneficiary per 24-month cycle

\* MedElite and MedPlus: An additional R50 per lens for branded multifocal lenses

# Dentistry

	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite	MedPlus
<b>Specialised dentistry or dental services</b>	<b>Subject to DRC protocols and pre-authorisation – 100% of the MT*</b>							
Partial metal frame dentures	This plan does not cover this service	This plan does not cover this service	Savings account Two partial frames (upper and lower jaw) per beneficiary in a five-year period		This plan does not cover this service	One partial frame (upper or lower jaw) per beneficiary in a five-year period	Two partial frames (upper and lower jaw) per beneficiary in a five-year period	Two partial frames (upper and lower jaw) per beneficiary in a five-year period
Maxillofacial surgery and oral pathology: Surgery in the dentist's chair Benefits for temporomandibular joint (TMJ) therapy are limited to non-surgical interventions/treatments)	PMB only	PMB only			PMB only	Unlimited	Unlimited	Unlimited
Crowns and bridges Subject to pre-authorisation						One crown per family per year, once per tooth in a five-year period	Two crowns per family per year, once per tooth in a five-year period	Three crowns per family per year, once per tooth in a five-year period
Implants Subject to pre-authorisation	This plan does not cover these services	This plan does not cover these services	Savings account	Savings account	This plan does not cover these services	This plan does not cover this service	This plan does not cover this service	Two implants per beneficiary in a five-year period R3 090 for implant components per implant
Orthodontic treatment (only one beneficiary <18 years per family may begin orthodontic treatment per calendar year and payment is only made from the date of authorisation until the patient turns 18) Subject to pre-authorisation and orthodontic needs analysis						R11 160 per beneficiary per lifetime	R14 595 per beneficiary per lifetime	R18 200 per beneficiary per lifetime
Periodontal treatment (conservative non-surgical therapy only) Subject to pre-authorisation and a treatment plan						Unlimited (conservative non-surgical therapy only)	Unlimited (conservative non-surgical therapy only)	Unlimited (conservative non-surgical therapy only)

\* Medihelp tariff paid by Medihelp for dental treatment, that can include a contracted tariff or the Medihelp Dental Tariff. A period is calculated from the date of service.



# Dentistry



## Conservative dental services\*

Subject to DRC protocols – 100% of the MT\*\*









<ul style="list-style-type: none"> <li>Routine check-ups</li> </ul>	One per beneficiary per year Member pays the first R130		Beneficiaries <18 years: One in six months from date of service Beneficiaries >18 years: Savings account	Savings account One in six months from date of service	One in 365 days per beneficiary from date of service	One in six months from date of service		
<ul style="list-style-type: none"> <li>Oral hygiene                             <ul style="list-style-type: none"> <li>Scale and polish treatments for beneficiaries &gt;12 years</li> </ul> </li> </ul>		This plan does not cover these services	Beneficiaries <18 years: One in six months from date of service Beneficiaries >18 years: Savings account	Savings account One in six months from the date of service	One in 365 days from date of service (<12 years - item code 8155 and >12 years - item code 8159)	One in six months from date of service		
<ul style="list-style-type: none"> <li>Fluoride treatment for children &gt;5 and &lt;13 years</li> </ul>			Beneficiaries >5 and <13 years: One in 6 months from date of service Beneficiaries >18 years: Savings account	Savings account One in six months from the date of service	One in 365 days from date of service			
<ul style="list-style-type: none"> <li>Fissure sealants for children &gt;5 and &lt;16 years only (permanent teeth)</li> </ul>			Savings account First and second permanent molars once per tooth	Savings account First and second permanent molars once per tooth	First and second permanent molars once per tooth	First and second permanent molars once per tooth	First and second permanent molars once per tooth	First and second permanent molars once per tooth
<ul style="list-style-type: none"> <li>Fillings (treatment plans and X-rays may be requested for multiple fillings)***</li> </ul>	This plan does not cover these services		Beneficiaries <18 years: One filling per tooth in 12 months from date of service Beneficiaries >18 years: Savings account	Savings account One filling per tooth in 12 months from date of service	Four fillings per beneficiary, one filling per tooth in 12 months from date of service for amalgam fillings (item codes 8341/8342/8343/8344) and resin restorations in anterior teeth (item codes 8351/8352/8353/8354)	One filling per tooth in 12 months from date of service	One filling per tooth in 12 months from date of service	One filling per tooth in 12 months from date of service
Tooth extractions in the dentist's chair***			Beneficiaries <18 years: Unlimited Surgical extractions (savings account) Beneficiaries >18 years: Savings account		Unlimited			
Root canal treatment in the dentist's chair (only on permanent teeth)*				Savings account	Two per beneficiary per year	Unlimited	Unlimited	Unlimited
Laughing gas (in the dentist's chair)				Savings account	Unlimited			

\* Benefits for the retreatment of a tooth are subject to managed care protocols. Specific item codes and pre-authorization apply to certain dental services.

\*\* Medihelp tariff paid by Medihelp for dental treatment, that can include a contracted tariff or the Medihelp Dental Tariff.

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

# Dentistry

	 <b>MedMove!</b>	 <b>MedVital</b>	 <b>MedAdd</b>	 <b>MedSaver</b>	 <b>MedElect</b>	 <b>MedPrime</b>	 <b>MedElite</b>	 <b>MedPlus</b>
Dental procedures under conscious sedation in the dentist's chair (sedation cost) Subject to pre-authorization and managed care protocols					Removal of impacted teeth (third molars) and extensive dental treatment for children younger than 12 years			
Dental procedures performed under general anaesthesia in a day procedure facility Pre-authorization and protocols apply		R4 100 co-payment per admission						
<ul style="list-style-type: none"> <li>Removal of impacted teeth (third molars – item codes 8941/8943/8945)</li> </ul>					R2 260 co-payment per admission	R1 850 co-payment per admission	R1 120 co-payment per admission	100% of the MT
<ul style="list-style-type: none"> <li>Extensive dental treatment for children younger than seven years – once per beneficiary per 365-day period</li> </ul>	This plan does not cover these services	This plan does not cover this service	Member pays the first R4 100 per admission	Savings account				
<ul style="list-style-type: none"> <li>Dentist's account for treatment rendered to special needs patients in hospital (pre-authorization by Medihelp and protocols apply)</li> </ul>		This plan does not cover this service	Unlimited	Savings account	Unlimited			
Plastic dentures			Savings account One set per beneficiary in a four-year period		80% of the MT One set per family (21 years and older) in a two-year period	One set per beneficiary in a four-year period	One set per beneficiary in a four-year period	One set per beneficiary in a four-year period
X-rays <ul style="list-style-type: none"> <li>Intra-oral X-rays Pre-authorization for more than six per year</li> </ul>	Four per beneficiary at the routine check-up	This plan does not cover these services	100% of the MT Beneficiaries <18 years: Unlimited Beneficiaries >18 years: Savings account	Savings account	Four per beneficiary per year	Unlimited	Unlimited	Unlimited
<ul style="list-style-type: none"> <li>Extra-oral X-rays</li> </ul>			100% of the MT Beneficiaries <18 years: One per beneficiary in a three-year period Beneficiaries >18 years: Savings account	Savings account One per beneficiary in a three-year period	One per beneficiary in a three-year period	One per beneficiary in a three-year period		

# Co-payments

Visiting network service providers, making use of DSPs, and following the correct pre-authorisation process are just some of the ways in which members can manage or reduce out-of-pocket medical expenses.

Description	MedMove!	MedVital	MedAdd	MedSaver	MedElect	MedPrime	MedElite
<b>SPINAL INTERVENTION</b> Subject to protocols, pre-authorisation, and a non-surgical back treatment at a DBC clinic as a prerequisite.	This plan does not cover this service	R18 300 per admission	R13 300 per admission		R18 000 per admission	R11 500 per admission	R10 000 per admission
<b>ENDOSCOPIC PROCEDURES</b> Subject to protocols and pre-authorisation <ul style="list-style-type: none"> <li>Network plans: Day procedure network applies</li> <li>Non-network plans: Day procedure facilities apply</li> </ul>	R4 900 per admission All scopes* except for colonoscopy, gastroscopy/esophagogastroduodenoscopy, sigmoidoscopy, proctoscopy, and removal of polyps to be done in the doctor's rooms	R5 100 per admission All scopes* except arthroscopy (all except shoulder), neuroendoscopy, and thoracoscopy have a R7 550 co-payment	R5 000 per admission All scopes*		R5 300 per admission All scopes*	R4 100 per admission Only gastroscopy, colonoscopy, arthroscopy, and sigmoidoscopy	R2 650 per admission Only gastroscopy, colonoscopy, arthroscopy, and sigmoidoscopy
<b>DENTAL PROCEDURES UNDER GENERAL ANAESTHESIA</b> In hospital/day procedure facilities - network plans must make use of a day procedure network Subject to pre-authorisation and DSPs managed care protocols <ul style="list-style-type: none"> <li>Removal of impacted teeth (third molars)(item codes 8941, 8943, 8945)</li> </ul>	This plan does not cover these services	R4 100 per admission	R4 100 per admission	R4 100 per admission	R2 260 per admission	R1 850 per admission	R1 120 per admission
Subject to clinical assessment/motivation <ul style="list-style-type: none"> <li>Extensive treatment for children younger than seven years - once per 365-day period</li> </ul>		This plan does not cover these services	No co-payment Paid from savings account				
<b>SPECIALISED RADIOLOGY</b> In and out of hospital Subject to pre-authorisation, clinical protocols, and services must be requested by a specialist <ul style="list-style-type: none"> <li>MRI and CT imaging</li> </ul>	In hospital R13 600 per family per year Co-payment: R2 850 per examination Out of hospital PMB only	R15 000 per family per year R2 500 per examination in hospital and R2 300 out of hospital	R18 000 per family per year R2 000 per examination in hospital and R1 800 out of hospital	R20 000 per family per year R2 000 per examination in hospital and R1 800 out of hospital	R22 000 per family per year R1 900 per examination in hospital and R1 300 out of hospital MRI, CT imaging, and angiography	R25 000 per family per year R1 700 per examination in hospital and R1 200 out of hospital	R30 000 per family per year R1 500 per examination in hospital and R1 000 out of hospital
<b>PROSTATECTOMY (CONVENTIONAL OR LAPAROSCOPIC)</b> Subject to protocols, and pre-authorisation	R11 700 per admission	R8 000 per admission**	R7 300 per admission	R7 300 per admission	R8 000 per admission	No co-payment	No co-payment
<b>HYSTERECTOMY and ENDOMETRIAL ABLATION</b> Subject to protocols, and pre-authorisation	R11 700 per admission	R8 000 per admission	R7 300 per admission	R7 300 per admission	R8 000 per admission	No co-payment	No co-payment
<b>FACET JOINT INJECTIONS, NASAL AND SINUS SURGERY, UMBILICAL HERNIA REPAIR, VARICOSE VEIN SURGERY</b> Subject to protocols, and pre-authorisation	PMB only	PMB only	No co-payment		R3 600 per admission	No co-payment	
<b>INCISIONAL AND HAITUS HERNIA REPAIR</b> Subject to protocols, and pre-authorisation					No co-payment		
<b>Eyelid procedures</b>	No co-payment	R4 800 per admission	No co-payment				
<b>Carpal tunnel procedures</b>		R7 550 per admission					
<b>Shoulder procedures</b>		R17 300 per admission					
<b>Conjunctivita procedure</b>		R7 550 per admission					
<b>ALL NON-PMB HOSPITAL ADMISSIONS</b>	R1 750 per admission	No co-payment					

\* Anoscopy, arthroscopy, bronchoscopy, capsule endoscopy, colonoscopy, cystoscopy, renal endoscopy, ERCP, gastroscopy, hysteroscopy, ileoscopy, laparoscopy, laryngoscopy, mediastinoscopy, nasal endoscopy, nasopharyngoscopy, neuroendoscopy, oesophagoscopy, ophthalmic endoscopy, sigmoidoscopy, thoracoscopy, unlisted endoscopy.

\*\* Including all other prostate procedures

# Co-payments

## Description



**OPHTHALMOLOGICAL, DENTAL, EAR, NOSE, AND THROAT, AND ENDOSCOPIC PROCEDURES, REMOVAL OF SKIN LESIONS, CIRCUMCISIONS AND PROCEDURES AS AUTHORISED**

Voluntarily obtained outside the day procedure network

Member pays the first R12 500 per admission for all day procedures and procedures as pre-authorized if voluntarily obtained outside the day procedure network

Network plans: A 35% co-payment if services are obtained outside the day procedure network  
 Non-network plans: A 35% co-payment if services are not obtained in a day procedure facility

**MEDICINE ON PRESCRIPTION/ SELF-MEDICATION /OVER-THE-COUNTER MEDICINE (OTC)**

80% benefit applies to original medicine if no generic equivalent is available  
 70% benefit applies to original medicine if a generic equivalent is available

**SERVICES NOT RENDERED BY NETWORK PROVIDERS**

(Applicable to network plans)

- Voluntary admissions to non-network hospitals (excluding procedures that must be performed in the day procedure network)
- PMB chronic medicine obtained outside the formulary and/or not from the DSP
- Out-of-network GP consultations and no network GP referral to a specialist

35% co-payment	Not applicable	35% co-payment	35% co-payment	Not applicable
60% co-payment on the benefit amount applies	Not applicable	30% co-payment for not using the DSP	60% co-payment on the benefit amount applies	
Out-of-network benefit applies** 35% co-payment on the benefit amount applies	Not applicable	Out-of-network benefit applies* 35% co-payment on the benefit amount applies and in case of no network GP referral for specialist visits, physiotherapy, and occupational therapy	Not applicable	

**LATE PRE-AUTHORISATION FOR SERVICES**

Pre-authorization is compulsory to qualify for applicable benefits

Co-payments will apply for late pre-authorization

- All planned hospital admissions
- Specialised dental services
- Dental procedures under conscious sedation (sedation cost) in the dentist's chair
- Oxygen for out-of-hospital use
- Emergency transport services

20% co-payment on the benefit amount applies	20% co-payment	20% co-payment	20% co-payment
No benefits			
No benefits		35% co-payment	
20% co-payment on the benefit amount applies			
		50% co-payment if not pre-authorized	

\* **MedElect:** Outpatient emergency unit services, medicine and services rendered by a non-network GP are paid at 80% of the MT, up to R1 350 for a member and R2 700 for a family per year.

\*\* **MedMove!:** Out-of-network GP consultations R1 000 per family per year

# What's not covered

The following is a summary of healthcare services not covered. It does not apply to services which qualify for prescribed minimum benefits (PMBs) or which are authorised by Medihelp. For a detailed list of exclusions, please refer to the Rules of Medihelp.

## Services and procedures

- Alcohol, drug, and substance abuse treatment (non-PMB obtained from a non-designated service provider)
- Ambulance or emergency vehicle transport not related to a hospital admission
- Appointments for medical services not kept
- Bariatric surgery\*
- Cochlear implants and related procedures, services, and devices\*\*\*
- Cosmetic and reconstructive surgery and treatment
- Cryopreservation\*
- Diagnostic polysomnograms\*\*\*\*
- Emergency room facility fees
- Gender affirmation care
- Healthcare services rendered in hospital that should be done out of hospital or for which admission to hospital is not necessary
- Other medical services in hospital (e.g. physiotherapists and dieticians) without a referral from the attending doctor
- Large joint replacements and surgery\*\*
- Physiotherapy services for the removal of wisdom teeth
- Refractive surgery\*\*\*
- Rhizotomy\*\*\*
- Travelling and accommodation costs, including meals

## Medicines, consumables, and other products

- All specialised medicines (including biological and/or biosimilar medicines) and other medicine items specified on the Medihelp medicine exclusion list\*
- High-technology treatment modalities, surgical devices, and medicines that are experimental and investigational\*

## Appliances

- Insulin pumps and continuous glucose monitors, including the consumable items required for these devices\*\*
- Implanted hearing devices\*\*\*
- Neurostimulators\*\*\*

The exclusions are not applicable to the plans as indicated. Pre-authorisation, clinical protocols, and maximum benefit amounts apply.

\* Not applicable for MedPlus members

\*\* Not applicable for MedPlus and MedElite members

\*\*\* Not applicable for MedPlus, MedElite, MedPrime, and MedPrime Elect members

\*\*\*\* Not applicable for MedPlus, MedElite, MedPrime, MedPrime Elect, and MedElect members



## Additional product-specific exclusions

### MedElect

#### Services and procedures

- Hyperbaric oxygen treatment
- Speech and hearing aids (including repairs and related services), intraocular lenses, artificial eyes, artificial limbs, prostheses required after reconstructive surgery, and external breast prostheses and associated services

#### Medicines, consumables and other products

- Complementary and alternative medicines, including homeopathic and herbal medicines



#### Services and procedures

- Dental procedures under general anaesthesia – this includes extensive dental treatment for children younger than 7 years and treatment rendered to people with special needs
- Excision procedures (e.g. lipomas, cysts and benign tumours and lesions)
- Facet joint injection
- Hyperbaric oxygen treatment
- Minor joint arthroplasty
- Nail disorders and cauterisation of warts
- Nasal and sinus surgery and procedures, umbilical, incisional and hiatus hernia repair
- Speech and hearing aids (including repairs and related services), artificial eyes, artificial limbs, prostheses required after reconstructive surgery, and external breast prostheses and associated services
- Varicose vein-related intervention



# What's not covered

## Additional product-specific exclusions

### MedMove!

#### Services and procedures

- Biopsies (including fine needle aspirations)
- Elective caesarean sections and related maternity services, tests, and procedures
- Endoscopic procedures not performed in the doctor's rooms (e.g. gastroscopy, colonoscopy, laparoscopy, cystoscopy and endoscopic, ear, nose and throat procedures, and examinations)
- Excision procedures (e.g. lipomas, cysts and benign tumours and lesions)
- Genetic and metabolic testing and cryopreservation
- Hyperbaric oxygen treatment
- Injection of diagnostic, therapeutic and anaesthetic agents into nerves and the intrathecal space
- Orthopaedic and spinal procedures
- Minor joint arthroplasty
- Nail disorders and cauterisation of warts
- Services rendered outside the borders of the Republic of South Africa
- Speech and hearing aids (including repairs and related services), intraocular lenses, artificial eyes, artificial limbs, prostheses required after reconstructive surgery and external breast prostheses and associated services
- Surgery for oesophageal reflux, nasal and sinus surgery and procedures, umbilical, incisional and hiatus hernia repair
- Varicose vein-related intervention
- Dental services except one routine check-up

#### Medicines, consumables, and other products

- Complementary and alternative medicines, including homeopathic and herbal medicines
- Medicines used for the treatment of non-PMB chronic conditions

This is a summary of the list of exclusions. In the event of a dispute, the registered Rules of Medihelp will apply (subject to approval by the Council for Medical Schemes).



# Explanation of terms

BMI	-	Body mass index
COPD	-	Chronic obstructive pulmonary disease
CPAP	-	Continuous positive airway pressure
CT	-	Computerised tomography
DRC	-	Dental Risk Company
DSP	-	Designated service provider
FOBT	-	Faecal occult blood test
EMS	-	Emergency medical services
GP	-	General practitioner
HPV	-	Human papilloma virus
ICPS	-	Improved Clinical Pathway Services
M	-	Member
MORP	-	Medihelp Oncology Reference Price
MRI	-	Magnetic resonance imaging
OAL	-	Overall annual limit
PPN	-	Preferred Provider Negotiators

**Added insured benefits** are insured benefits provided in addition to day-to-day benefits and include preventive health screenings, immunisations, and pregnancy and baby benefits.

The **back treatment programme** provided by Documentation Based Care (DBC) is a non-surgical intervention in lieu of surgery for the management of spinal column disease/conditions/abnormalities. This approach to the treatment of back and neck pain involves an interdisciplinary team handling the rehabilitation programme, which is individualised for each patient based on the patient's needs and clinical diagnosis. Patients are assessed to ascertain if they are eligible to participate in the programme. The back treatment programme is also a prerequisite for spinal column surgery. **MedMove!** beneficiaries do not qualify for the DBC programme.

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

The **care extended benefit** is a benefit activated for making use of certain health screenings.

**CDL – Chronic Disease List** which is covered in terms of prescribed minimum benefits.

**Contraceptives** refer to injectable, implantable, intra-uterine, trans- and subdermal as well as oral contraceptives.

**Co-payments** are the difference between the cover provided by Medihelp and the cost/tariff charged for the medical service and are payable directly to the service provider. Co-payments are applicable in the following cases:

- When doctors and other providers of medical services charge fees which exceed Medihelp's tariffs, the member is responsible for paying the difference between the amount charged and the amount which Medihelp pays;
- When Medihelp's benefit allocation is not 100% (e.g. for original acute medicine), or where the cost exceeds the limit available for the service (e.g. for medical appliances);
- When the member chooses not to get services from a designated service provider (e.g. Icon in the case of cancer) or when a predetermined co-payment is applicable to a specific benefit as indicated; and
- Where procedure-specific co-payments are specified in the rules.

**Core benefits** include benefits for essential services, like hospitalisation and are usually available as insured benefits. Co-payments, treatment guidelines, networks, and limits may apply to certain benefits.

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

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

A **cycle** means the stated length of the benefit cycle, commencing on the date of the first service and thereafter calculated from the date of each subsequent service after the completion of a previous cycle, regardless of a break in membership or registration, or change in plan.

**Day procedure network** means the Medihelp network of facilities where patients undergo day procedures that do not require them to stay overnight. Members of MedMove! must have all day procedures in the Medihelp day procedure network

to prevent a 35% co-payment. Members of the network plans must get ophthalmological, ear, nose, and throat, dental and endoscopic procedures, removal of skin lesions, circumcisions, and procedures as pre-authorized in the Medihelp day procedure network to prevent the 35% co-payment. Non-network plans must make use of any day procedure facilities to avoid a 35% co-payment on the mentioned procedures. Medihelp encourages members to use the day procedure network for all pre-authorized procedures. Certain day procedures, e.g. scopes, require the member to make an upfront payment, which differs per plan. All day procedures must be pre-authorized to prevent a 20% co-payment.

**Day-to-day benefits** cover general medical expenses through a savings account, insured cover, or a combination of both.

**DSP – Designated service providers** contracted or appointed by Medihelp to provide certain medical services.

An **emergency medical condition** refers to the sudden and unexpected onset of a health issue that necessitates immediate medical or surgical treatment. Without such treatment, there could be serious impairment to bodily functions, significant dysfunction of an organ or body part, or the person's life could be in serious jeopardy. This condition must be certified as an emergency by a medical practitioner. Emergencies qualify for PMB and must be registered accordingly (see also "PMB").

Examples of emergencies include:

- Motor vehicle accidents
- Severe allergic reactions
- Sports injuries
- Heart attacks
- Dental injuries resulting from a direct blow to the face or mouth
- Strokes
- Severe burns
- Playground accidents
- Poisoning
- Loss of consciousness

**EVARS** means endovascular aortic replacement surgery and is considered when the patient suffers from an aortic aneurysm with an accompanying risk for anaesthesia.

**Formulary** means a list of preferred items (PMB chronic medicine) based on its safety, efficacy, and cost-effectiveness, used in the diagnosis and/or treatment of a medical condition and applicable to the MedMove!, MedVital Elect, MedAdd Elect, and MedPrime Elect plans.



# Explanation of terms

**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, radiology, pathology, and consultations during hospitalisation. Certain procedures performed in hospital, e.g. scopes and specialised radiology, require the member to make an upfront payment, which differs per plan. All planned hospital admissions must be pre-authorised to prevent a 20% co-payment. Emergency admissions must be registered on the first workday following the admission (see also "emergency medical condition"). Members who are required to use network hospitals, but elect to be admitted to non-network hospitals, will have to make a 35% payment on the hospital account.

**MHRP – The Medihelp Reference Price** is applicable to all pre-authorised PMB medicine. The price is determined according to the most cost-effective treatment based on evidence-based principles. The MHRP will differ for the different plans 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](http://www.medihelp.co.za) (the Member Zone for members) for the latest MHRP. Members are advised to consult their doctor when using PMB medicine to make sure they use medicine on the MHRP where possible and so prevent or reduce co-payments.

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

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

**Network plans** offer benefits to members in collaboration with a medical provider network. Members on these plans must make use of the network to qualify for benefits and prevent co-payments. Please visit [www.medihelp.co.za](http://www.medihelp.co.za) for details of the network providers for each plan using the provider search function.

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

**PMBs – Prescribed Minimum Benefits** are paid for 26 chronic conditions on the CDL and 271 diagnoses with their treatments as published in the Regulations under the Medical Schemes Act 131 of 1998. In terms of these Regulations, medical schemes are compelled to grant benefits for the diagnosis, treatment, and care costs of any of these conditions as well as emergency medical conditions (that meet the published definition) without imposing any limits. PMBs are subject to pre-authorisation, protocols, and the utilisation of designated service providers, where applicable, e.g. Icon for cancer treatment. Benefits for PMB services are first funded from the related day-to-day benefits.

A **primary care drug therapist** is a pharmacist who may diagnose primary health conditions and prescribe medication for contraception and conditions such as diarrhoea, acne, insect, and spider bites, ear infections, and various other conditions.

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

**Savings account (for plans with a savings account)** means an account which is held by Medihelp as part of the Scheme's funds. Funds in the savings account are used to pay for qualifying medical expenses and funds not used, accumulate. A credit facility equalling the monthly savings contributions for the remainder of a financial year is available upfront.

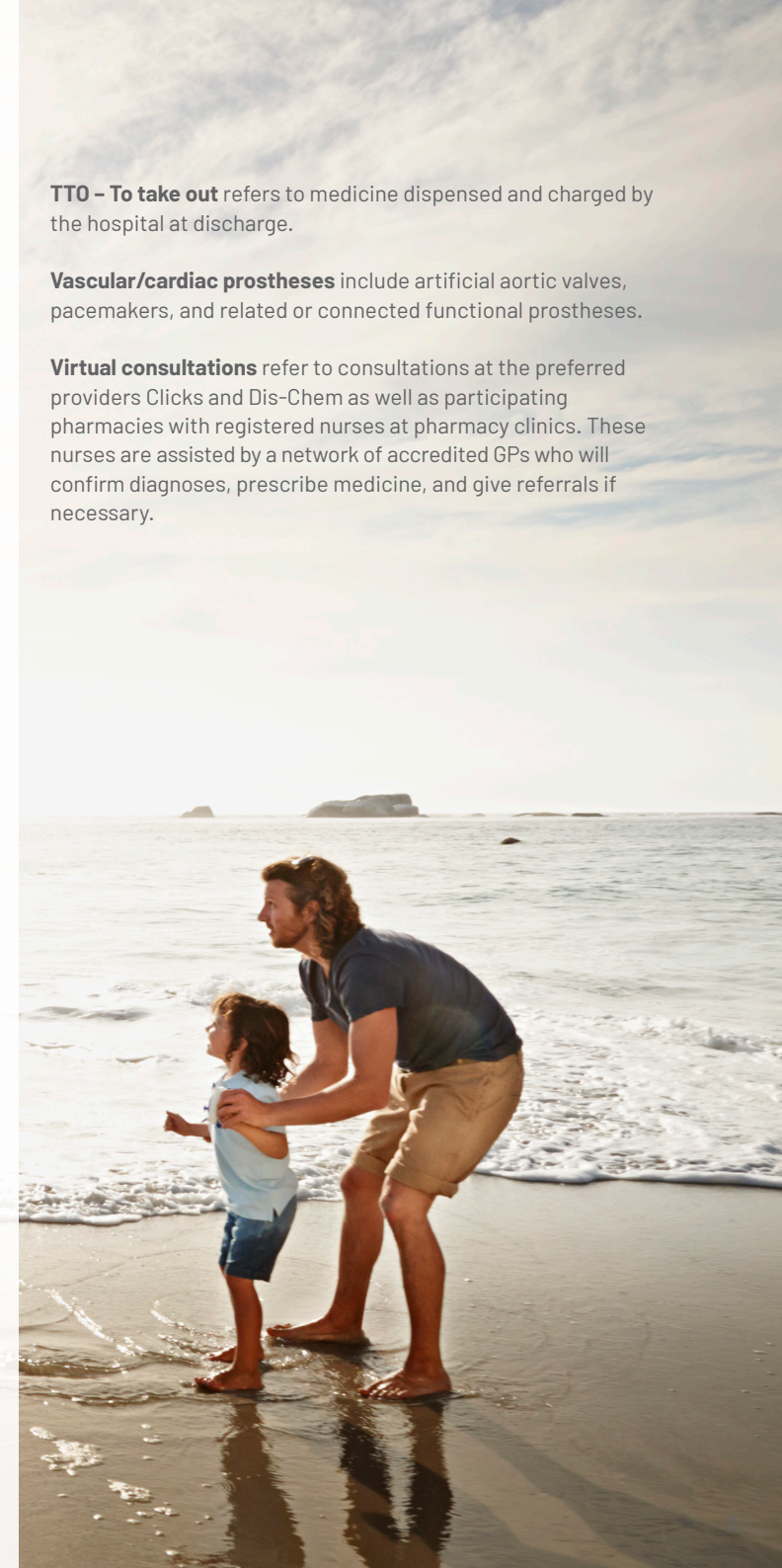
**Self-medication** is medicine which is not prescribed and is available to buy over the counter at pharmacies. Claims for self-medication must have valid NAPPI codes to be processed.

**Telemedicine** entails the use of technology - computers, phone, video calls, and messaging - to consult with healthcare practitioners.

**TTO – To take out** refers to medicine dispensed and charged by the hospital at discharge.

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

**Virtual consultations** refer to consultations at the preferred providers Clicks and Dis-Chem as well as participating pharmacies with registered nurses at pharmacy clinics. These nurses are assisted by a network of accredited GPs who will confirm diagnoses, prescribe medicine, and give referrals if necessary.





# Medical Aid *in Action*

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