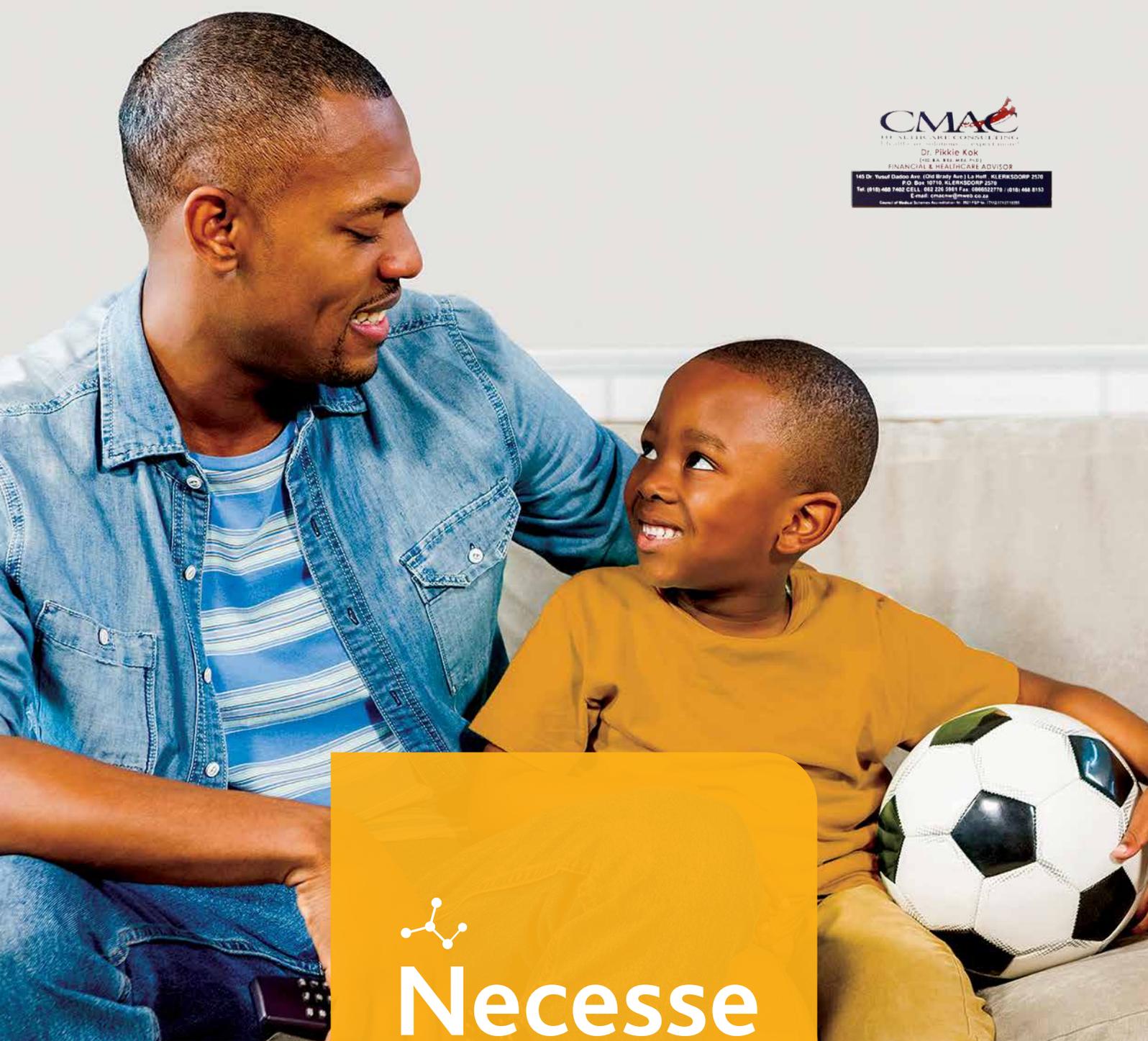


**CMAA**  
THE NETWORKABLE CONSULTANTS  
Financial solutions... expect more!

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Counsel of Medical Schemes Accredited by 2017/18/19



# Necesse

Income-based

2019



# medihelp

medical scheme



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### General disclaimer

This brochure is intended for marketing purposes and contains only a summary of Medihelp's benefits. On joining Medihelp, members will receive detailed information. 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. We encourage you to seek financial advice about your healthcare cover by speaking to your financial adviser.

# Why Medihelp

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

## Peace of mind

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### Stability

- Medihelp's **solvency level** is consistently well above the industry requirement
- Being self-administered allows for reduced administration costs and a hands-on approach
- Medihelp also has **more than a century's experience** in the medical schemes industry
- **AA- rating** for claims payment ability by Global Credit Rating for 9 consecutive years

### Sustainable risk pool

- Medihelp's customer base continues to grow at an **average age of 37 years**, contributing to a healthy risk pool
- **One of the five largest** open medical schemes in South Africa

## Always there for you

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There are various ways in which Medihelp ensures consistent interactive **engagement** and **service** delivery:

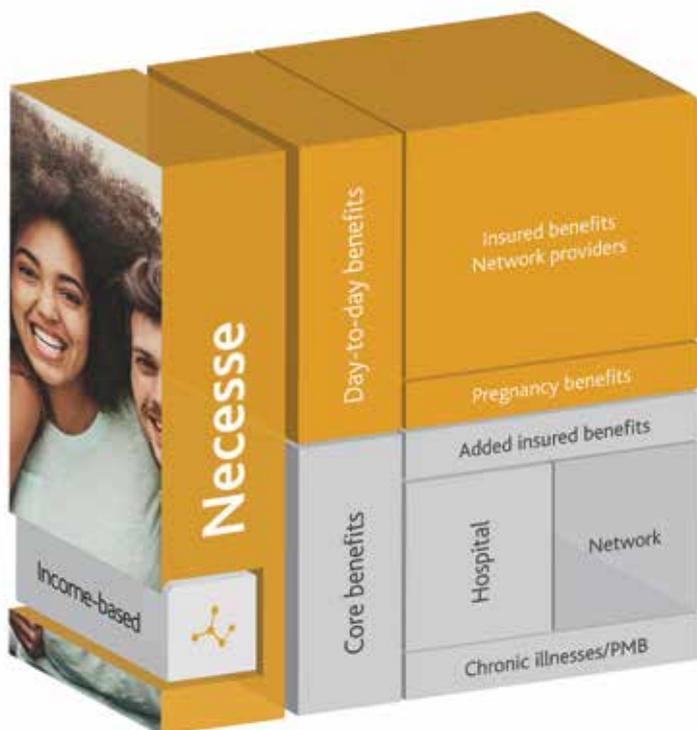
- **Phone** Medihelp's Customer Care centre
- **Email** or **write** to us
- Use the **live chat** feature on Medihelp's website to receive instant online support
- Get answers to Medihelp questions with our **Quick Answers** functionality on the website
- Make use of Medihelp's **digital service platforms**, where you can:
  - view and share your Medihelp e-membership card,
  - download your annual tax certificate,
  - update your contact details,
  - get hassle-free e-authorisation for hospitalisation,
  - submit and track claims,
  - monitor your available benefits,
  - access your health data and share it with a healthcare provider,
  - create and update your unique health profile, and
  - find a healthcare provider near you.

## Adding value to your Medihelp experience

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- HealthPrint is Medihelp's **free online wellness programme** which provides relevant health support and value
- **Wellness days** for corporate groups
- An **emergency app** that ensures you and your loved ones can be located in an emergency





# Necesses

## Income-based

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

## Contributions

		Gross monthly income		
		Full-time students R0 – R600	R601 – R11 000	R11 001 and more
Principal member	1 person icon	R529	R1 956	R2 280
Dependant	1 person icon	R529	R1 524	R1 782
Child dependant <21 years	1 person icon	R529	R858	R990
	2 person icon	R1 058	R3 480	R4 062
	2 person icon	R1 058	R2 814	R3 270
	3 person icon	R1 587	R3 672	R4 260
	3 person icon	R1 587	R4 338	R5 052
	4 person icon	R2 116	R5 196	R6 042
	5 person icon	R2 645	R6 054	R7 032

The contributions in this table are based on a family's composition. Late-joiner penalties or employer subsidies have not been taken into consideration. Please ask your accredited adviser for a more detailed quotation based on your information.

# HealthPrint

HealthPrint is a free online health and wellness education platform specifically designed for Medihelp members, to add value in a unique and individualised manner to members' Medihelp experience

## How to join

Any member of Medihelp may register via the Medihelp website to join HealthPrint.

After free registration you will be able to download the Medihelp member app which will also give you access to certain HealthPrint functionalities.

## What does HealthPrint offer?

Once you've joined, you will have access to the following functionalities and value:

### Run and cycle for FREE

HealthPrint members enjoy FREE participation in all Medihelp-sponsored running and cycling events.

### Access, update and share health data

Apart from enabling you to check your available benefits, HealthPrint also lets you view and forward a detailed record of your Medihelp claims history and results of screening tests to a healthcare provider. The programme also integrates with certain fitness devices and displays your activity updates online.

### Pregnancy and baby programme

- Once you've registered for the baby programme, you will receive a special gift for your baby.
- You will also receive vouchers and other value on reaching certain milestones, such as your HealthPrint Dis-Chem card with which you can earn double points on certain Dis-Chem purchases and double double points on selected clinic services. Once you've reached 30 weeks and earned enough points at Dis-Chem, you'll be spoiled with a baby bag filled with gifts and samples.
- Through HealthPrint you can also access information about your pregnancy benefits and the procedures to access benefits, as well as receive a regular newsletter.
- Children of members of Medihelp MultiSport get free membership of MultiSport and a kids' MultiSport T-shirt (under 12 years).

### Medihelp MultiSport

Runners/walkers in the Gauteng North area and cyclists nationwide may join Medihelp MultiSport and only pay R265 for their annual membership. You also get the following:

- A free club starter pack with goodies
- 50% discount on club cycling and running gear
- The club will support you at various events throughout the year with refreshments at the club gazebo
- Other club branded clothing items, such as jackets, are available at 25% discount

### Special offer on Planet Fitness gym membership

Planet Fitness also has a special membership offer for HealthPrint members. HealthPrint members have access to a special discount offer from Planet Fitness for gym membership, which includes one FREE Black Tag for any gym partner joining you for a gym session during your membership period.

### A healthy weight

If your BMI is 30 and higher, you can register on HealthPrint for a 12-week weight loss support programme, and HealthPrint will also assist you on your journey to a healthier weight in other ways:

- A special discounted rate of R200 per year and a free joining pack apply when members with a BMI of 30 and higher join Medihelp MultiSport for runners, walkers and cyclists.
- Participants in the healthy weight programme who haven't yet joined Planet Fitness and whose BMI is higher than 30, also get a free in-body assessment and a one-week free pass to the gym.
- You also qualify for a free Medihelp goodie bag after completing your 12-week programme to help you continue on your journey

### Gold status on Clicks ClubCard

HealthPrint members will automatically qualify for gold ClubCard status and earn double points at all Clicks stores on every purchase. Cashback is automatically loaded every two months on the member's ClubCard. Cashback can be spent on anything at Clicks and is valid for 12 months.

### Discount on complementary health products

HealthPrint has negotiated special discounts ranging between 30% and 10% on health-related products. These products include gap cover, a cancer policy, dental top-up and international travel insurance.

# Added insured benefits

These benefits are provided in addition to other insured benefits, may be subject to available day-to-day benefits and must be requested by a Necesses network GP unless otherwise indicated.

## Women's health



Women have access to benefits for:

- A pap smear
- A mammogram for women 40 years and older
- Women over 50 years have access to one bone mineral density test
- One blood glucose and one cholesterol test

## Enhanced maternity benefits



- Free registration for and participation in the Medihelp HealthPrint pregnancy and baby programme with support and baby goodies
- Two consultations per beneficiary at a gynaecologist, if referred by a Necesses network GP and pre-authorized
- Two 2D ultrasound scans per beneficiary

## Routine screening and immunisation benefits



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

## Men's health



- A prostate test (PSA level) for men 40 years and older
- One blood glucose and one cholesterol test



## Supporting wellness



### An alternative to surgery

- Back treatment at a Document-Based Care facility for patients who qualify for this benefit

### Chronic Care programme

- People who suffer from high blood pressure, high cholesterol and diabetes simultaneously have access to Medihelp's Chronic Care programme, which will provide personal support through a care coordinator to assist in maintaining and optimising their well-being

# Chronic illness and PMB

We offer 100% cover for 270 conditions and the following 26 chronic diseases treated by designated service providers and networks according to treatment protocols:

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

# Core benefits

Core benefits include major medical benefits such as hospitalisation, emergency benefits and home care as an alternative to hospitalisation.

Description	Benefit
<b>CHRONIC ILLNESS AND PMB</b> Diagnosis, treatment and care costs of 270 PMB and 26 chronic conditions on the Chronic Diseases List (CDL) Subject to protocols, pre-authorisation and DSPs	100% of the cost* Unlimited
<b>TRAUMA</b> Benefits for major trauma that necessitates hospitalisation in the case of: <ul style="list-style-type: none"> <li>• Motor vehicle accidents</li> <li>• Stab wounds</li> <li>• Gunshot wounds</li> <li>• Head trauma</li> <li>• Burns</li> <li>• Near drowning</li> </ul> Subject to authorisation, PMB protocols and case management	100% of the cost* Unlimited
-----	
<b>POST-EXPOSURE PROPHYLAXIS (for HIV/Aids)</b>	
<b>EMERGENCY TRANSPORT SERVICES</b> Provided and pre-authorised by Netcare 911 Subject to pre-authorisation and protocols <b>Within the borders of South Africa</b> <ul style="list-style-type: none"> <li>• Transport by road</li> <li>• Transport by air</li> </ul>	100% of the MT Unlimited
<b>EMERGENCY UNITS AND NON-NETWORK CONSULTATIONS</b> PMB-related emergencies (see definition in "explanation of terms")	100% of the MT
<ul style="list-style-type: none"> <li>• Outpatient emergency unit services and non-network consultations</li> <li>• Medicine and services rendered by a non-network medical doctor</li> </ul>	M = R1 050 per year M+ = R2 150 per year 80% of the MT
<ul style="list-style-type: none"> <li>• Radiology services requested by a non-network medical doctor                Black and white X-rays and soft-tissue ultrasound scans as per the Scheme's clinical protocols and list of codes</li> </ul>	65% of the MT
<ul style="list-style-type: none"> <li>• Pathology requested by a medical doctor                Pathology codes and DSP (Lancet/PathCare) apply</li> </ul>	100% of the MT
<ul style="list-style-type: none"> <li>• Facility fee</li> </ul>	This benefit is not covered by the option
<b>HOSPITALISATION IN A NETWORK HOSPITAL</b> Subject to pre-authorisation, case management and clinical protocols <ul style="list-style-type: none"> <li>• Intensive care and high-care wards</li> <li>• Ward accommodation</li> <li>• Theatre fees</li> <li>• Treatment and ward medicine</li> <li>• Consultations, surgery and anaesthesia</li> </ul>	100% of the MT Unlimited

\* Contracted tariffs may apply

DSP – Designated service provider

M – Member

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

PMB – Prescribed minimum benefits

# Core benefits (continued)

Description	Benefit
<p><b>CONFINEMENT (childbirth)</b> Subject to pre-authorisation and clinical protocols. Services rendered by a specialist in the Necessé specialist network, on referral by a Necessé network GP</p> <p><b>Non-PMB cases</b></p> <ul style="list-style-type: none"> <li>• Hospitalisation</li> <li>• Midwifery and confinement/delivery</li> <li>• Gynaecologist and anaesthetist services</li> <li>• Post-natal services</li> </ul>	<p>100% of the MT R25 000 per confinement for an elective caesarean section</p>
<p><b>PMB cases</b></p> <ul style="list-style-type: none"> <li>• Hospitalisation</li> <li>• Midwifery and confinement/delivery</li> <li>• Gynaecologist and anaesthetist services</li> <li>• Post-natal services</li> </ul>	<p>100% of the MT Unlimited</p>
<p><b>HOME DELIVERY</b> Subject to pre-authorisation and clinical protocols</p> <ul style="list-style-type: none"> <li>• Professional nursing fees</li> <li>• Equipment</li> <li>• Material and medicine</li> </ul>	<p>100% of the MT R12 400 per event</p>
<p><b>STANDARD RADIOLOGY, PATHOLOGY AND MEDICAL TECHNOLOGIST SERVICES</b> In hospital</p> <ul style="list-style-type: none"> <li>• Interventional procedures performed by a radiologist, including material</li> <li>• Pathology DSP (Lancet/PathCare) applies</li> </ul>	<p>100% of the MT R29 000 per family per year</p>
<p><b>RADIOGRAPHY (services by radiographers)</b> In and out of hospital Subject to clinical protocols</p>	<p>100% of the MT R1 000 per family per year</p>
<p><b>SPECIALISED RADIOLOGY</b> In and out of hospital Only services requested by a specialist on referral by a Necessé network GP and subject to clinical protocols</p> <ul style="list-style-type: none"> <li>• MRI and CT imaging (subject to pre-authorisation)</li> <li>• Angiography</li> </ul>	<p>100% of the MT R15 700 per family per year</p>
<p><b>CLINICAL TECHNOLOGIST SERVICES</b> In hospital Services must be prescribed by a medical doctor/dentist</p>	<p>100% of the MT R21 200 per family per year</p>
<p><b>ORGAN TRANSPLANTS</b> Subject to pre-authorisation and clinical protocols</p> <p><b>PMB cases</b></p>	<p>100% of the cost Unlimited</p>
<p><b>Non-PMB cases</b></p> <ul style="list-style-type: none"> <li>• Cornea implants</li> </ul>	<p>100% of the MT R27 400 per implant per year</p>
<p><b>OCCUPATIONAL THERAPY</b> In hospital</p>	<p>100% of the MT</p>
<p><b>PHYSIOTHERAPY</b> In hospital, only on request by the attending medical doctor</p>	<p>R9 350 per family per year</p>
<p><b>OXYGEN</b> In hospital</p>	<p>100% of the MT</p>

CT – Computerised tomography  
 DSP – Designated service provider  
 GP – General practitioner  
 MRI – Magnetic resonance imaging

MT – Medihelp tariff paid by Medihelp for benefits which can include a contracted tariff or the single exit price  
 PMB – Prescribed minimum benefits

# Core benefits (continued)

Description	Benefit
<b>RENAL DIALYSIS</b> <b>PMB cases</b> Subject to pre-authorisation and clinical protocols In and out of hospital <ul style="list-style-type: none"> <li>Acute dialysis</li> <li>Chronic/peritoneal dialysis</li> </ul>	100% of the cost
<b>APPLICABLE PRESCRIPTION MEDICINE DISPENSED AND CHARGED BY THE HOSPITAL ON DISCHARGE FROM HOSPITAL (TTO)</b> (Excluding PMB chronic medicine)	100% of the MT R340 per admission
<b>HIV/AIDS</b> Register with LifeSense Antiretroviral therapy and treatment by a DSP (Dis-Chem Direct and Medipost)	100% of the cost
<b>PSYCHIATRIC TREATMENT OF A MENTAL HEALTH CONDITION</b> <b>PMB cases only</b> Subject to pre-authorisation and protocols Services must be rendered in an approved network hospital/facility and must be requested by a Necesses network GP or a specialist on referral by a Necesses network GP <ul style="list-style-type: none"> <li>Professional services rendered by a psychiatrist in and out of hospital (specialist consultations and follow-up consultations on referral by a Necesses network GP)</li> <li>General ward accommodation</li> <li>Medicine supplied during the period of treatment in the facility</li> <li>Outpatient consultations</li> </ul>	100% of the cost
<b>ONCOLOGY</b> <b>PMB cases only</b> Subject to pre-authorisation, DSP, protocols and registration on the Medihelp Oncology Management Programme <ul style="list-style-type: none"> <li>Radiotherapy</li> <li>Brachytherapy</li> <li>Chemotherapy and associated adjuvant medicine (medicine subject to the MORP)</li> <li>Bone marrow/stem cell transplants (subject to PMB legislation)</li> </ul>	100% of the cost
<b>SUB-ACUTE CARE AND PRIVATE NURSING SERVICES AS AN ALTERNATIVE TO HOSPITALISATION</b> Subject to pre-authorisation, and services prescribed by a medical doctor (Excluding general day-to-day care)	100% of the MT R21 200 per family per year
<b>APPENDECTOMY</b> Subject to pre-authorisation <ul style="list-style-type: none"> <li>Conventional or laparoscopic procedure</li> </ul>	100% of the MT Unlimited
<b>PROSTATECTOMY</b> Subject to pre-authorisation <ul style="list-style-type: none"> <li>Conventional or laparoscopic procedure</li> </ul>	100% of the MT Unlimited
<ul style="list-style-type: none"> <li>Robotic assisted laparoscopic procedure</li> </ul>	100% of the MT Hospitalisation: R105 400 per beneficiary

DSP – Designated service provider

GP – General practitioner

MORP – Medihelp Oncology Reference Price

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

PMB – Prescribed minimum benefits

TTO – To take out (medicine)

# Core benefits (continued)

Description	Benefit
<b>DENTAL SERVICES</b> <ul style="list-style-type: none"> <li>Maxillofacial surgery due to trauma-related injuries (PMB only) In and out of a network hospital Subject to pre-authorisation and clinical protocols</li> </ul>	100% of the cost
<ul style="list-style-type: none"> <li>Dental procedures under general anaesthesia In a network hospital and prescribed by a dentist in the DSP network Subject to pre-authorisation and the DSP's managed care protocols</li> </ul>	100% of the MT Only PMB services and extensive dental treatment for children younger than 5 years – once per lifetime
<b>PROSTHESES</b> In hospital Subject to pre-authorisation and clinical protocols The member is liable for the difference in cost should PMB prostheses not be obtained from the DSP <ul style="list-style-type: none"> <li>Internally implanted prostheses (non-PMB)               <ul style="list-style-type: none"> <li>EVARS prosthesis</li> <li>Vascular/cardiac prosthesis</li> <li>Health-essential functional prosthesis</li> </ul> </li> </ul>	100% of the MT R21 900 per beneficiary per year
<ul style="list-style-type: none"> <li>Intra-ocular lenses</li> </ul>	
<ul style="list-style-type: none"> <li>Prosthesis with reconstructive or restorative surgery</li> </ul>	100% of the cost PMB cases
<ul style="list-style-type: none"> <li>External breast prostheses (in and out of hospital)</li> </ul>	

DSP – Designated service provider  
EVARS – Endovascular aortic replacement surgery  
PMB – Prescribed minimum benefits

# Day-to-day benefits

Description	Benefit
<b>GP SERVICES WITHIN THE NECESSE NETWORK</b> <ul style="list-style-type: none"> <li>Consultations</li> <li>Medical and surgical services as well as anaesthesia</li> <li>Material and discretionary medicine used during services</li> </ul>	100% of the MT 9 consultations per beneficiary per year
<b>PREGNANCY</b> <ul style="list-style-type: none"> <li>Pre- and post-natal care provided by a Necesses network GP</li> </ul>	
<ul style="list-style-type: none"> <li>Midwife services provided by a registered nursing practitioner for pre- and post-natal care, subject to pre-authorisation</li> </ul>	100% of the MT Unlimited
<b>SPECIALIST CARE</b> Subject to referral by a Necesses network GP, clinical protocols and pre-authorisation, which includes one follow-up consultation: <ul style="list-style-type: none"> <li>Specialist consultations</li> <li>Surgical and non-surgical procedures</li> <li>Diagnostic endoscopic procedures performed in the specialist's rooms</li> <li>Standard radiology</li> <li>Pathology (at Lancet/PathCare) requested by a specialist</li> <li>Interventional procedures performed by radiologists</li> <li>Acute medicine administered or dispensed by a specialist</li> <li>Acute medicine prescribed by a specialist and obtained from a network pharmacy</li> </ul>	100% of the MT M = R3 050 per year M+ = R4 300 per year

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

# Day-to-day benefits (continued)

Description	Benefit
<ul style="list-style-type: none"> <li>Authorised PMB chronic medicine prescribed by a specialist on referral by a Necesses network GP – subject to pre-authorisation and obtained from a network pharmacy</li> </ul>	100% according to the Necesses PMB formulary
<b>MEDICINE</b> <ul style="list-style-type: none"> <li>Acute medicine and vaccines <ul style="list-style-type: none"> <li>Dispensed by a dispensing Necesses network GP (included in the consultation fee)</li> </ul> </li> </ul>	100% of the MT
<ul style="list-style-type: none"> <li>Formulary medicine obtained from a network pharmacy and prescribed by a Necesses network GP or a dentist in the DSP network</li> </ul>	100% of the MMAP according to the Necesses acute medicine/dental formularies
<ul style="list-style-type: none"> <li>Self-medication obtained from a network pharmacy</li> </ul>	100% of the MMAP R100 per event R280 per beneficiary per year
<ul style="list-style-type: none"> <li>Authorised PMB chronic medicine Subject to pre-authorisation, protocols, formulary and obtained from a network pharmacy or dispensing Necesses network GP</li> </ul>	100% of the MHRP according to the Necesses PMB chronic medicine formulary Unlimited
<b>PHYSIOTHERAPY AND OCCUPATIONAL THERAPY</b> Out of hospital Must be requested by a Necesses network GP	100% of the MT M = R1 950 per year M+ = R3 050 per year
<b>OXYGEN</b> Out of hospital Prescribed by a medical doctor and subject to pre-authorisation and clinical protocols	100% of the MT
<b>STANDARD RADIOLOGY (X-RAYS)</b> Subject to Scheme-approved codes and referred by a Necesses network GP <ul style="list-style-type: none"> <li>Black and white X-rays and soft-tissue ultrasound scans only as per the Scheme's clinical protocols</li> </ul>	100% of the MT
<b>PATHOLOGY</b> Subject to a list of pathology codes and tests only, done by Lancet/PathCare on request of a Necesses network GP	100% of the MT
<b>MEDICAL APPLIANCES</b> Services in and out of hospital, prescribed by a medical doctor	
<b>PMB cases</b> Back, leg, arm and neck supports, crutches, orthopaedic footwear, elastic stockings, peakflow meters, nebulisers	100% of the MT
<b>Non-PMB cases</b> <ul style="list-style-type: none"> <li>Wheelchairs</li> </ul>	100% of the MT R4 500 per family in a 3-year cycle
<ul style="list-style-type: none"> <li>CPAP apparatus</li> </ul>	100% of the MT R9 250 per beneficiary in a 24-month cycle
<b>OPTOMETRY</b> Services must be pre-authorised by PPN and rendered by a PPN optometrist <ul style="list-style-type: none"> <li>Optometric examinations 1 composite consultation, including refraction test, tonometry and visual field test</li> </ul>	100% of the MT 1 composite examination per beneficiary per 24-month cycle

# Day-to-day benefits (continued)

Description	Benefit
<ul style="list-style-type: none"> <li>Spectacles or contact lenses</li> </ul> <p>Benefits are limited to either spectacles or contact lenses:</p> <ul style="list-style-type: none"> <li>Spectacles                             <ul style="list-style-type: none"> <li>Frames and/or lens enhancements</li> </ul> </li> </ul>	R550 per beneficiary per 24-month cycle
<ul style="list-style-type: none"> <li>Lenses (one pair of standard clear Aquity lenses)</li> </ul>	Single vision or bifocal lenses per beneficiary per 24-month cycle (multifocal lenses paid at the cost of bifocal lenses)
<ul style="list-style-type: none"> <li>Contact lenses</li> </ul>	R730 per beneficiary per 24-month cycle
<p><b>DENTAL SERVICES*</b></p> <p>Subject to DSP's managed care protocols and services rendered by a dentist in the DSP network</p> <p>Conservative services</p> <ul style="list-style-type: none"> <li>Routine check-ups</li> </ul>	100% of the MT 1 per beneficiary per year
<ul style="list-style-type: none"> <li>Fillings (X-rays and treatment plans may be requested for multiple fillings)</li> </ul>	100% of the MT 4 fillings per beneficiary per year, 1 filling per tooth in 365 days Amalgam fillings and resin restorations in anterior teeth (item codes apply)
<ul style="list-style-type: none"> <li>Oral hygiene                             <ul style="list-style-type: none"> <li>Scale and/or polish treatment</li> </ul> </li> </ul>	100% of the MT 1 treatment per beneficiary per year (item codes apply)
<ul style="list-style-type: none"> <li>Fluoride treatment</li> </ul>	1 treatment per beneficiary per year for children >5 and <13 years
<ul style="list-style-type: none"> <li>Fissure sealants (only on permanent teeth) for children &lt;16 years</li> </ul>	100% of the MT
<ul style="list-style-type: none"> <li>Tooth extractions (more than 4 extractions must be pre-authorized)</li> </ul>	100% of the MT
<ul style="list-style-type: none"> <li>Root canal treatment in the dentist's chair (only on permanent teeth)</li> </ul>	100% of the MT 2 teeth per beneficiary per year
<ul style="list-style-type: none"> <li>Plastic dentures, including associated laboratory costs</li> </ul>	80% of the MT 1 set per family (21 years and older) in a 2-year period
<ul style="list-style-type: none"> <li>Laughing gas (in the dentist's chair)</li> </ul>	100% of the MT
<ul style="list-style-type: none"> <li>Dental procedures under conscious sedation in the dentist's chair (sedation cost), subject to pre-authorization</li> </ul>	100% of the MT Extensive dental treatment only for children younger than 12 years
<ul style="list-style-type: none"> <li>X-rays                             <ul style="list-style-type: none"> <li>Intra-oral</li> </ul> </li> </ul>	100% of the MT 4 per beneficiary per year
<ul style="list-style-type: none"> <li>Extra-oral</li> </ul>	100% of the MT 1 per beneficiary in a 3-year period
<ul style="list-style-type: none"> <li>Medicine</li> </ul> <p>Only formulary medicine obtained from a network pharmacy and prescribed by a dentist in the DSP network</p>	100% of the MMAP according to the acute medicine/dental formularies

\* Benefits for the retreatment of a tooth are subject to managed care protocols, and specific item codes may apply.

DSP – Designated service provider

MMAP – Maximum Medical Aid Price

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

# Deductibles

Visiting the Necesses network service providers, following the correct pre-authorization process, and using the Necesses formularies are just some of the ways in which you can manage or reduce out-of-pocket medical expenses.

## Pre-authorization, formularies and referrals are important

100% of the Medihelp tariff will apply if the following services or procedures are pre-authorized and/or patients are referred by a Necesses network GP, protocols are followed and DSPs are used. Should the services not be pre-authorized or the correct procedures not be followed, an 80% or 65% benefit will apply or you may be responsible for payment of the account:

- All planned hospital admissions in a Necesses network hospital (protocols and case management apply)
- Oxygen for out-of-hospital use (protocols and case management apply)
- Extensive dental treatment under general anaesthesia for children younger than five years – once per lifetime (DSP's managed care protocols and PMB apply)
- Dental procedures under conscious sedation in the dentist's chair (extensive dental treatment only for children younger than 12 years)
- Midwife services, pre-and post-natal care
- Specialist care, subject to referral by a Necesses network GP
- PMB oncology at ICON
- PMB chronic medicine

## Optometry

Deductibles may apply if services are not rendered by a PPN network optometrist.

## Emergency transport services

Emergency transport services (Netcare 911) by road and air in the RSA must be pre-authorized to qualify for the applicable benefit. If not pre-authorized, a 50% benefit will apply, except in the case of emergency medical conditions.

## Formularies (acute, dental and PMB chronic medicine)

100% of the MT will apply when using the Necesses formularies. If you deviate from the Necesses formularies, you will be responsible for payment.

## Pathology and radiology

100% of the MT is paid according to the Medihelp-approved lists of pathology and radiology codes, as well as for services rendered by the DSP (Lancet/PathCare) in the case of pathology. If you receive services not included on the lists, or do not make use of the services of Lancet or Pathcare, you will be responsible for payment. A 35% deductible applies to radiology services requested by a non-network general practitioner.

## Referrals

100% of the MT will apply if you are referred to a specialist by your Necesses network GP. If you are not referred, a 35% deductible will apply.

## Use of network hospitals

100% of the MT will apply when using network hospitals. Should you choose not to use a network hospital, a 35% deductible will be applicable for non-network hospital admissions.

DSP	–	Designated service provider
GP	–	General practitioner
ICON	–	Independent Clinical Oncology Network
MT	–	Medihelp tariff paid by Medihelp for benefits which can include a contracted tariff or the single exit price
PMB	–	Prescribed minimum benefits
PPN	–	Preferred Provider Negotiators

# Necesse private hospital network

You have access to 123 private hospitals and day clinics countrywide. Before you select the Necesse option, please ensure that there is a network hospital near you that will provide services for your specific healthcare needs.

## Specialist network

Certain specialists only admit patients to the hospital where they have their consultation rooms, so you'll have to make sure that your specialist operates at a network hospital. You should make use of a specialist in the Necesse network for PMB services to contain deductibles. Our website lists all the network hospitals at [www.medihelp.co.za](http://www.medihelp.co.za) and you can also find the information on our Medihelp member app, which you can download for iOS, Android and Windows devices.

### Gauteng

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

### Northern Cape

Kathu	Lenmed Health Kathu Private Hospital
Kimberley	Mediclinic Kimberley
Upington	Mediclinic Upington

### Western Cape

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

### Eastern Cape

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

# Necesse private hospital network (continued)

## KwaZulu-Natal

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Amanzimtoti	Kingsway Hospital
Ballito	Alberlito Hospital
Durban	Chatsmed Garden Hospital Bluff Medical & Dental Centre St Augustine's Hospital Parklands Hospital Malvern Medical & Dental Centre
Empangeni	Empangeni Garden Clinic
Howick	Mediclinic Howick
Kokstad	Kokstad Private Hospital
Margate	Margate Private Hospital
Newcastle	Mediclinic Newcastle
Nongoma	Nongoma Private Hospital
Pietermaritzburg	Mediclinic Pietermaritzburg
Pinetown	Pinetown Medicross Theatre
Pongola	Pongola Hospital
Port Shepstone	Hibiscus Hospital
Richards Bay	The Bay Hospital
Shelly Beach	Shelly Beach Day Clinic
Tongaat	Victoria Hospital
Umhlanga	Umhlanga Hospital

## Limpopo

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Bela Bela	St Vincent's Hospital
Lephalale	Mediclinic Lephalale
Makhado	Zoutpansberg Private Hospital
Polokwane	Mediclinic Limpopo Mediclinic Limpopo Day Clinic
Thabazimbi	Mediclinic Thabazimbi
Tzaneen	Mediclinic Tzaneen

## North West

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

## Mpumalanga

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

## Free State

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

Medihelp may change the information contained in this list from time to time and will publish any changes on our website at [www.medihelp.co.za](http://www.medihelp.co.za).

# Our healthcare partners

We partner with preferred providers and networks to give you access to affordable, quality care.



## Dental Risk Company

Dental Risk Company (DRC) specialises in offering effective dental managed care solutions and provides Medihelp's dental benefits in partnership with more than 2 200 dentists across South Africa. Necesses members must obtain services in the DRC network. In certain cases (particularly for specialised dentistry), benefits are subject to prior approval by DRC. Benefits are managed by DRC and granted in accordance with DRC protocols.



## Medihelp Preferred Pharmacy Network

Medihelp's Preferred Pharmacy Network consists of more than 1 900 pharmacies who offer Medihelp members the most cost-effective professional fee structure for prescribed medicine. This means that members who visit network pharmacies will not have to pay any excess amounts for higher professional fees which non-network pharmacies charge to dispense medicine items.



## LifeSense, Dis-Chem Direct and Medipost

LifeSense Disease Management is the managed healthcare partner for HIV/Aids-related services and post-exposure prophylaxis, while Dis-Chem Direct and Medipost are the designated service providers (DSPs) for HIV/Aids medicine.



## DBC

Medihelp's back treatment programme is offered in cooperation with Document-Based Care (DBC). Each programme is developed by an inter-disciplinary medical team according to the individual's clinical profile.



## Preferred Provider Negotiators

PPN (optometry network) provides Medihelp's optical benefits in partnership with more than 2 700 optometrists across South Africa. Medihelp members may visit any optometrist and benefits are paid according to PPN tariffs, with non-network benefits which apply to services obtained from non-PPN providers.



## Specialist network

A specialist network effectively manages any specialist care that you may require, especially for PMB services, while reducing your out-of-pocket expenses. A specific specialist network also ensures streamlined care between the specialist and the network hospital. Find a Necesses network specialist by visiting [www.medihelp.co.za](http://www.medihelp.co.za).



## Netcare 911

Netcare 911 is our partner in providing emergency medical transport.



## ICON

ICON is the Independent Clinical Oncology Network to which more than 80% of the country's oncologists belong. They provide the highest quality cancer care through a countrywide footprint of high-tech chemotherapy and radiotherapy facilities. ICON is Medihelp's designated service provider for oncology treatment.

# Explanation of terms

The **back treatment programme** provided by Document-Based Care (DBC) is a non-surgical intervention in lieu of surgery for the management of spinal column disease/conditions/abnormalities. This approach to the treatment of back and neck pain involves an inter-disciplinary team handling the rehabilitation programme, which is individualised for each patient based on the patient's needs and clinical diagnosis. Patients are assessed to ascertain if they are eligible to participate in the programme.

The **Chronic Care programme** provides members who suffer from a combination of high blood pressure, diabetes and high cholesterol with the support they need to contribute to their optimum health. Participation in the programme entails support by a registered nurse who coordinates the member's care to ensure optimal utilisation of medicine and consultations within available benefits, with the objective of improving members' lifestyle and well-being.

**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.

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

**Deductibles** 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. Deductibles 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%, or where the cost exceeds the limit available for the service; and
- When the member chooses not to obtain services from a designated service provider (e.g. ICON in the case of oncology).

# Explanation of terms (continued)

An **emergency medical condition** means any sudden and unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide such treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy. An emergency medical condition must be certified as such by a medical practitioner. Emergencies qualify for PMB and must therefore also be registered for PMB (see also "PMB").

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

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

**Hospital benefits** refer to benefits for services rendered by a hospital during a patient's stay in hospital. Services include ward accommodation and ward medicine, standard radiology, pathology and consultations during hospitalisation. Hospital benefits are subject to pre-authorisation and Medihelp pays 80% of the hospital account if the admission is not pre-authorized. 65% benefits are paid in case of a voluntary admission to a non-network hospital. Emergency admissions must be registered on the first workday following the admission (see also "emergency medical condition").

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

**MHRP** – The **Medihelp Reference Price** is applicable to all pre-authorized PMB medicine. The price is determined according to the most cost-effective treatment based on evidence-based principles. The MHRP will differ for the different benefit options and is subject to change (e.g. when new generic equivalents are introduced to the market). Please visit Medihelp's website at [www.medihelp.co.za](http://www.medihelp.co.za) (secured website 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 deductibles.

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

**Network benefit options** offer benefits to members in collaboration with a medical provider network. Members on these options must make use of the network to qualify for benefits and prevent deductibles. Please visit [www.medihelp.co.za](http://www.medihelp.co.za) for network providers for Necesses benefit option.

**Oncology:** 98% of all oncology cases qualify for prescribed minimum benefits (PMB), which Medihelp will cover at 100% of the cost in accordance with the protocols as set out in the Regulations published under the Act, provided that oncology is rendered by oncologists within the Independent Clinical Oncology Network (ICON). All oncology treatments will be evaluated on an individual basis according to ICON's protocols and must adhere to ICON's oncology treatment programmes. Medihelp covers PMB bone marrow/stem cell transplants subject to the applicable PMB legislation. Oncology received outside ICON or that deviates from the protocols is subject to deductibles.

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

**PMB – Prescribed minimum benefits** are paid for 26 chronic conditions on the CDL and 270 diagnoses with their treatments as published in the Regulations under the Medical Schemes Act 131 of 1998. In terms of these Regulations, medical schemes are compelled to grant benefits for the diagnosis, treatment and care costs of any of these conditions as well as emergency medical conditions (that meet the published definition) without imposing any limits. PMB are subject to pre-authorisation, protocols, and the utilisation of designated service providers, where applicable, e.g. the ICON network for cancer treatment. Benefits for PMB services are first funded from the related benefit limits.

**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.

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

# Summary of exclusions

A complete list of all services excluded from benefits is available in Medihelp's Rules. The following are examples of what we consider to be excluded from benefits with the exception of services which qualify for PMB and authorised by Medihelp:

- Services which are not mentioned in the Rules as well as services which in the opinion of the Board of Trustees, are not aimed at the generally accepted medical treatment of an actual or a suspected medical condition or handicap, which is harmful or threatening to necessary bodily functions (the process of ageing is not considered to be a suspected medical condition or handicap).
- Travelling and accommodation/lodging costs, including meals as well as administration costs of a beneficiary and/or service provider.
- Operations, treatments and procedures of own choice, for cosmetic purposes, and obesity related treatment, with the exception of services which qualify for PMB and are approved beforehand by Medihelp.
- Costs exceeding the Medihelp tariff for a service or the maximum benefit to which a member is entitled, subject to PMB.
- Appointments not kept.
- Treatment of infertility, other than that stipulated in the Regulations under the Medical Schemes Act, 1998.
- Treatment of alcoholism and drug abuse as well as services rendered by institutions which are registered in terms of the Prevention of and Treatment for Substance Abuse Act 70 of 2008 or other institutions whose services are of a similar nature, other than stipulated in the Regulations under the Medical Schemes Act, 1998.
- The cost of transport with an ambulance/emergency vehicle from a hospital/other institution to a residence/medical doctor if the visit does not pertain to a hospital admission.
- Emergency room facility fees.
- In-hospital physiotherapy services not referred by the attending medical doctor.

# Contact us

## Medihelp

### Medihelp Customer Care centre

Tel: 086 0100 678

Fax: 012 336 9540

enquiries@medihelp.co.za

www.medihelp.co.za

### Application forms (new business)

newbusiness@medihelp.co.za

### Membership enquiries

Fax: 012 336 9532

membership@medihelp.co.za

### Subscriptions enquiries

subscriptions@medihelp.co.za

### E-services

Access the secured site for members via [www.medihelp.co.za](http://www.medihelp.co.za)

Download the member app from iStore/Google Play store

### Submission of claims

Fax: 012 336 9556

claims@medihelp.co.za

### Hospital admissions (all hospital admissions must be pre-authorised)

Electronic pre-authorisations: [www.medihelp.co.za](http://www.medihelp.co.za) (members' secured site)

Tel: 086 0200 678

Fax: 012 336 9535

hospitalauth@medihelp.co.za

### PMB chronic medicine and more than 30 days' medicine supply

Tel: 086 0100 678

Fax: 012 334 2466 (chronic and PMB medicine)

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

medicineapp@medihelp.co.za

### Prescribed minimum benefits (PMB)

Tel: 086 0100 678

Fax: 086 0064 762

enquiries@medihelp.co.za

### MRI and CT imaging

Tel: 086 0200 678

### Oncology

Tel: 086 0100 678

Fax: 086 0064 762

oncology@medihelp.co.za

### Private nursing, hospice and sub-acute care facilities

Tel: 086 0100 678

Fax: 012 336 9523

hmanagement@medihelp.co.za

### Chronic renal dialysis & oxygen administered at home

Tel: 086 0100 678

Fax: 012 336 9540

preauth@medihelp.co.za

### Medihelp fraudline

Tel: 012 334 2428

Fax: 012 336 9538

fraud@medihelp.co.za

## Partners

### Netcare 911 (emergency medical transport)

Tel: 082 911

### DRC (dental services)

Tel: 012 741 5143

Fax: 086 6871 285

enquiries@dentalrisk.com

claims@dentalrisk.com

auth@dentalrisk.com

www.dentalrisk.com

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

#### Disease management programme

#### LifeSense

Tel: 0860 50 60 80

SMS: 31271 for a call back

Fax: 0860 80 49 60

Enquiries: enquiry@lifesense.co.za

Scripts & pathology: results@lifesense.co.za

www.lifesensedm.co.za

#### Medicine

#### Dis-Chem Direct

Tel: 011 589 2788

Fax: 086 6418 311

direct@dischem.co.za

or

#### Medipost

Tel: 012 426 4000

Fax: 086 6889 867

life@medipost.co.za

### PPN (optometry)

Tel: 086 1103 529 or 086 1101 477

info@ppn.co.za

www.ppn.co.za

### Council for Medical Schemes

Tel: 086 1123 267

complaints@medicalschemes.com

www.medicalschemes.com



086 0100 678  
[www.medihelp.co.za](http://www.medihelp.co.za)



**medihelp**

medical scheme

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