

# Interchange between benefit options 2020



**medihelp**  
medical scheme

Please complete this form in print and email it to [membership@medihelp.co.za](mailto:membership@medihelp.co.za) or fax it to 012 336 9532

- You should complete this form only if you want to change to another benefit option with effect from 1 January 2020.
- The cut-off date for interchange between benefit options is 30 November 2019 for civil servants (Persal) and 16 December 2019 for other members.
- Late requests will NOT be considered.

## 1. Details of member

Please complete your details in full.

Initials and surname	_____	Tel No. (W)	Code _____	No. _____
Email address	_____	Tel No. (H)	Code _____	No. _____
Lidnommer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax No.	Code _____	No. _____
ID/passport No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cell No.	_____	
Residential address	_____			
Postal address	_____			

## 2. Choice of benefit option

NB: Please select **only one** option.

<input type="checkbox"/> Plus   Comprehensive	<input type="checkbox"/> Elite   Comprehensive	<input type="checkbox"/> Prime 1   Hospital plan
<input type="checkbox"/> Prime 3   Comprehensive	<input type="checkbox"/> Prime 2   Savings	<input type="checkbox"/> Prime 1 Network   Hospital plan
<input type="checkbox"/> Prime 3 Network   Comprehensive	<input type="checkbox"/> Prime 2 Network   Savings	

## 3. Utilisation of savings account funds (Prime 2 and Prime 2 Network)

Please indicate your preference. If you do not select an option, Medihelp will pay all qualifying medical expenses from your savings account.

- Pay all qualifying medical expenses from my savings account.
- Pay only selective qualifying medical expenses from my savings account, excluding certain in-hospital expenses (e.g. tariff reductions, co-payments, amounts exceeding available benefits).

## 4 Declaration by members who change to a network option

I confirm that I am aware of the following:

1. I will be liable for co-payments if I do not use Medihelp's hospital network, designated service providers (DSPs) and formulary medicine.
2. I must register my prescribed minimum benefit (PMB) condition with Medihelp and my PMB chronic medicine must be pre-authorized by Medihelp. Medihelp uses a DSP for PMB chronic medicine and a formulary applies. I will be responsible for a co-payment\* on my PMB chronic medicine should I fail to obtain this medicine from the DSP or deviate from the formulary for my benefit option.
3. My treating specialists should form part of Medihelp's DSP specialist network in order to prevent co-payments on PMB treatments.
4. I must use Medihelp's hospital network for all planned hospital admissions. If there is no network hospital available near my place of residence, I will need to travel to the nearest network hospital to obtain medical services. If I use a non-network hospital instead, I will be liable for a co-payment\*.

\* Please refer to your benefit option's guide/brochure for all applicable co-payments.

Member's signature

Date

 2  0  y  y  m  m  d  d