

A photograph of a man with short dark hair and a beard, wearing a white t-shirt, smiling warmly as he holds a young child. The child is also wearing a white long-sleeved shirt and looking directly at the camera. The background is a soft-focus indoor setting. The image is overlaid with a white diagonal shape in the bottom right corner containing the company logo and text, and a dark olive green shape on the left containing the title text.

2023
EXTREME
BENEFIT GUIDE

The logo for Umvuzo Health, featuring a stylized human figure in blue and yellow.

UMVUZO
HEALTH
REWARDING LIFE










ABOUT THE EXTREME OPTION

THE EXTREME OPTION is a traditional, fee-for-service Option. Members have the freedom to choose any provider of choice for their every day needs. For all these day to day needs members are allocated a generous family benefit.






All secondary and hospital benefits must be pre-authorized beforehand. This Option is well suited for those individuals and families with extensive needs, looking for comprehensive cover while still enjoying freedom of choice.

PRIMARY BENEFITS

NO PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY

 <p>GENERAL PRACTITIONER & SPECIALIST VISITS (SUBJECT TO FAMILY BENEFITS)</p> <ul style="list-style-type: none"> » Consultations » Minor procedures in the doctors' rooms 	 <p>OPTOMETRY (STAND-ALONE BENEFIT)</p> <ul style="list-style-type: none"> » Cover of R4 250 per beneficiary every 24 months » Eye test » Frames/lenses per beneficiary every 24 months 	 <p>MALE HEALTH</p> <ul style="list-style-type: none"> » PSA (for the screening of prostate cancer) » Circumcision * (boys up to the age of 12 in-hospital and over 13 in doctors' rooms only) » Vasectomy * 	 <p>FEMALE HEALTH</p> <ul style="list-style-type: none"> » Oral contraceptives limited to R170 per registered female per month » Pap smear » Mammogram » HPV vaccine (from the age of 9 years) » Laparoscopic sterilisation *
 <p>MEDICATION (SUBJECT TO FAMILY BENEFITS)</p> <ul style="list-style-type: none"> » Prescribed: acute medication as prescribed » Prescribed: chronic medication unlimited (Subject to 27 CDL PMB conditions as well as selective Hormone Replacement Therapy (HRT) and Disease Management Programme registration) » Members will be liable for the difference in price between the formulary product and own choice product, except in the case for PMB's 	 <p>OVER THE COUNTER MEDICATION (STAND-ALONE BENEFIT)</p> <ul style="list-style-type: none"> » Cover of R240 per event, per beneficiary. Maximum of R2 880 per beneficiary per year 	 <p>PREVENTION & SCREENINGS (SUBJECT TO FAMILY BENEFITS)</p> <p>Benefits available from selected pharmacies:</p> <ul style="list-style-type: none"> » HIV test » Glucose test » Lipogram test » Breast exam » Childhood vaccines 	 <p>* MATERNITY CARE PLAN</p> <p>A basket of services consisting of these additional benefits will be made available to the expectant mother upon registering on the plan.</p> <ul style="list-style-type: none"> » 5 visits to the GP or gynaecologist » Additional blood and urine tests as required » 3 x 2D ultrasound scans » Prenatal vitamins (iron, calcium and folic acid) for the duration of the pregnancy – according to formulary » The expectant mother must register on the maternity care plan to receive these additional benefits
<p>ADDITIONAL CHRONIC MEDICATION (FORMULARY)</p> <ul style="list-style-type: none"> » Scripted: 9 additional chronic conditions subject to available funds in the family benefit and Disease Management Programme registration <ul style="list-style-type: none"> • Severe acne • Anaemia • Severe eczema • Endometriosis • Gastro-oesophageal reflux disease (GORD) • Sjorgen syndrome • Celiac Disease • Tay-sachs disease • RP isomerise deficiency 	 <p>DENTAL CARE (SUBJECT TO FAMILY BENEFITS)</p> <ul style="list-style-type: none"> » Consultations » Cleaning, fluoride treatment, scaling, polishing » Fillings » Wisdom teeth extraction (in the dentists' rooms) » Dentures » Crowns » Bridges 		<p>Benefits will be apportioned according to the stage of the pregnancy at the time of registration.</p>

FAMILY BENEFIT BREAKDOWN

				
MAIN MEMBER	MAIN MEMBER + ADULT DEPENDANT	MAIN MEMBER + ADULT DEPENDANT + CHILD DEPENDANT x 1	MAIN MEMBER + ADULT DEPENDANT + CHILD DEPENDANT x 2	MAIN MEMBER + ADULT DEPENDANT + CHILD DEPENDANT x 3
R12 840.00	R23 220.00	R28 320.00	R33 420.00	R38 520.00

	Main member	Adult dependant	Child dependant x 1	Child dependant x 2	Child dependant x 3	TOTAL FAMILY BENEFIT
M	R12 840					R12 840
M + A	R12 840	R10 380				R23 220
M + A + 1C	R12 840	R10 380	R5 100			R28 320
M + A + 2C	R12 840	R10 380	R5 100	R5 100		R33 420
M + A + 3C	R12 840	R10 380	R5 100	R5 100	R5 100	R38 520

M Main member A Adult dependant 1C Child dependant x 1 2C Child dependant x 2 3C Child dependant x 3

* Please note that the Scheme Rules supersede information contained in this document. Our Scheme rules can be obtained on www.umvuzohealth.co.za

SECONDARY BENEFITS

NO PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY • STAND-ALONE BENEFITS



SUPPLEMENTARY BENEFITS

- » **R12 800** per family per year
 - Occupational therapy
 - Dieticians
 - Speech therapy & audiology
 - Physiotherapy, chiropractors and biokinetics
 - Podiatry
 - Psychology
 - Homeopathy
 - Nurse visits covered up to **R155** per visit and **R75** for dispensed medicines or consumables.
 - Social and community workers



SPECIALISED DENTISTRY

- » **R9 700** per family per year
 - Orthodontic and prosthodontic treatment
 - Metal base dentures
 - Ceramic/laminated inlays
 - Gold inlays



INVESTIGATIONS (OUT OF HOSPITAL)

- » Limited to **R15 000** per family per year
 - Radiology (X-rays)
 - Pathology (blood tests)



EYE SURGERY

- » Radial keratotomy/excimer laser once **every 2 years**
- » Set protocols apply



APPLIANCES (ORTHOPAEDIC/SURGICAL/MEDICAL)

- » **R13 400** per family per year
 - Back/leg/arm/neck support
 - Crutches after surgery
 - Surgical footwear post surgery
 - Respiratory oxygen, diabetic-and stoma aids continually essential for the medical treatment



TERMINAL AND WOUND CARE

- » **R10 000** per family per year
 - The cost for all services related to care for a terminal condition that do not conform to acute admission or service



EMERGENCY MEDICAL SERVICES

- » Netcare 911
- » Medical and hospital logistics services
- » Emergency road and air evacuation
- » 1 medicine bag per family upon joining
- » 1 medicine bag refill per year

It is important to call only Netcare 911 for emergency medical services

HOSPITAL BENEFITS

UNLIMITED • PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY • ACCESS TO ALL HOSPITAL GROUPS



HOSPITAL ADMISSION

- » All admissions to hospital must be pre-authorized
- » In the case of a proven, life threatening emergency, admission will automatically be granted for an initial period of 24 hours



GENERAL

- » Consultations (GPs and specialists)
- » Treatment
- » Surgical procedures and operations
- » Non-surgical procedures
- » Anaesthesia for surgical procedures
- » Medication administered during a hospital stay
- » Hospital apparatus



ACCOMMODATION

- » General ward
- » High care
- » Intensive care unit (ICU)



INTERNAL MEDICAL AND SURGICAL PROSTHESES

- » Vascular prosthesis (valve replacements, pacemakers, stents and grafts) **R59 200**
- » Functional items and recuperative prosthesis (K-wires, plates, screws, lenses and slings) **R21 000**
- » Joint replacements **R59 200**
- » Major musculoskeletal prosthesis spinal procedures **R35 700**



BLOOD TRANSFUSION

- » **100% of the cost**, including the cost of:
 - Blood
 - Apparatus
 - Operator's fee



DISCHARGE MEDICATION

- » **7 days' supply** of acute or chronic medication



INVESTIGATIONS

- » Radiology (X-rays)
- » Pathology (blood tests)
- » Non-oncology radiotherapy
- » Medical technology(mammogram)



SCANS (IN & OUT OF HOSPITAL)

- » **2 scans per family per year**
 - RT scan
 - MRI scan
 - CAT scan



MENTAL HEALTH

- » Subject to PMB's
- » Hospital based mental health management has up to 3 weeks cover per year or
- » 15 outpatient psychotherapy contacts per year



EMERGENCIES

- » Unlimited cover provided the emergency episode meets the requirements of an emergency medical condition
- » Authorisation for the visit must be obtained within 24 hours



ONCOLOGY (CANCER)

- » Members are encouraged to register with the Cancer Management Programme
- » A total treatment plan benefit will be allocated based on Scheme treatment guidelines. Treatment must be obtained at Designated service providers (DSP's) and will be funded at negotiated tariffs according to the treatment protocols

DISEASE MANAGEMENT



ACTIVE DISEASE MANAGEMENT PROGRAMMES

- » Our disease management programmes are structured treatment plans that aim to help our members diagnosed with chronic conditions better manage their disease, maintain and improve quality of life.
- » The main aim of our programmes is to reduce the symptoms associated with a chronic disease and keep them from getting worse. Through these programmes we also aim to improve cooperation between the various specialists and institutions that provide care for our members, such as family and specialist doctors, hospitals and rehabilitation centers. This is meant to ensure that the individual treatment steps are well coordinated.

We cover treatment and medication for the following 27 CDL PMB conditions:

- » Chronic renal disease
- » Addison's disease
- » Asthma
- » Bronchiectasis
- » Cardiac failure
- » Cardiomyopathy
- » Chronic obstructive pulmonary disorder
- » Coronary artery disease
- » Crohn's disease
- » Diabetes insipidus
- » Diabetes mellitus types 1 & 2
- » Dysrhythmias
- » Epilepsy
- » Bipolar mood disorder
- » Hypothyroidism
- » Hypertension
- » HIV
- » Glaucoma
- » Haemophilia
- » Ulcerative colitis
- » Systemic lupus erythematosus
- » Schizophrenia
- » Rheumatoid arthritis
- » Parkinson's disease
- » Hyperlipidaemia
- » Multiple sclerosis

We encourage all our members living with a chronic condition to register on the relevant disease management programme to benefit from this coordinated care, personalised attention and ongoing support.

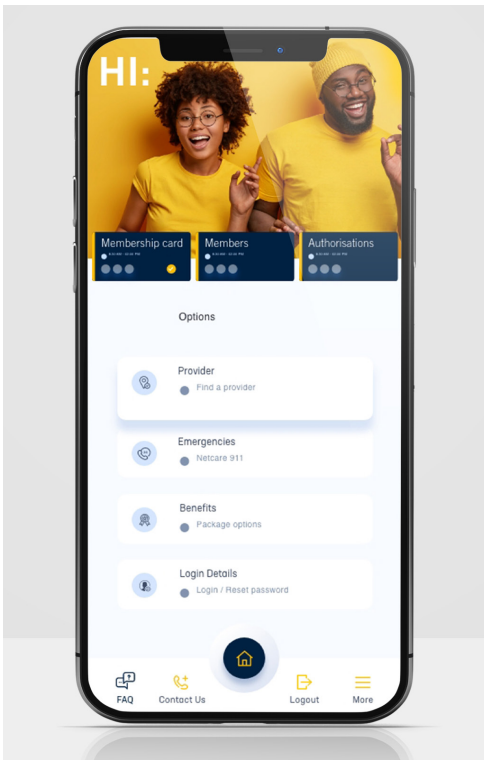
All Prescribed Minimum benefits (PMB) are covered according to Scheme rules, protocols and formularies.

CONSIDERING JOINING UMVUZO HEALTH?

We would love to have you join us on the Umvuzo Health journey. For the last 18 years, we have been looking after the health of members and their families just like you. We have a national footprint, with members in every province in South Africa. This means, no matter where in the country you are, you and your family will have access health services.

Our benefits are especially designed to meet your ever-changing healthcare needs. We take care to offer our members comprehensive health cover on all levels, to minimize the need for you to pay any additional costs from your own pockets. We have put processes in place to ensure that your experience with Umvuzo Health is a pleasant one. We offer our members 24-hour support call centre line to ensure we are accessible to you whenever there is a need. We also bring our client service support directly to your workplace, when you need face-to-face interaction.

We pride ourselves in our excellent claims' payment track record. We pay claims directly with healthcare service providers to ensure our members are not out of pocket.



When you are ready to join Umvuzo Health or would like more information, you can simply contact us through the various platforms as listed at the back of this brochure.

Once you have completed the application form and selected the Option that best suits your needs, kindly hand it in at your HR/broker office. The HR/broker office will complete all the necessary administrative requirements and send your application form to us.

Once you are a member, you will receive an SMS from us with your membership number. While you wait for your physical card to arrive, you can download the Umvuzo Health Mobile App and have access to your digital membership card right away, that you can use at healthcare providers.

The Mobile App puts the power in your hands to manage your medical aid in the palm of your hand. Through the Mobile App, you can do the following:

- Digital membership card
- View your statements
- View your claims history
- Submit claims
- Request authorisation
- View your remaining benefits
- Download your tax certificate

Do not hesitate to call on us for any further information you may need to make an informed decision about your medical aid.

We look forward to welcome you to Umvuzo Health!

WHAT IS THE MONTHLY COST?



PER
MAIN MEMBER

R3 825.00



PER
ADULT DEPENDANT

R3 595.00



PER
CHILD DEPENDANT

R1 281.00

MONTHLY CONTRIBUTIONS

SINGLE MEMBER



CONTRIBUTION
R3 825.00

DUAL PARENT FAMILY



R7 420.00



R8 701.00



R9 982.00



R11 263.00

CONTRIBUTION

SINGLE PARENT FAMILY



R5 106.00



R6 387.00



R7 668.00



R8 949.00

CONTRIBUTION

IMPORTANT CONTACT INFORMATION

Alenti Office Park, Building D, 457 Witherite Road,
The Willows, Pretoria, 0040
PO Box 1463, Faerie Glen, 0043

24/7/365 Authorisation Call Centre: **0861 083 084**

Medical emergency services (Netcare 911):	082 911
24-hour Pre-authorisation Call Centre:	0861 083 084
Hospital and Specialist Please Call Me:	060 070 2352
Preauthorisation email address:	auth@rxhealth.co.za
Chronic Disease registration:	chronic@rxhealth.co.za
Maternity Care Plan registration:	maternity@rxhealth.co.za

www.umvuzohealth.co.za

HOW DO I GET A PRE-AUTHORISATION NUMBER?

- » Call us on **0861 083 084**
- » E-mail: **auth@rxhealth.co.za**
- » We will access your medical history immediately and assist you with obtaining any information you may need

PLEASE BE READY TO SUPPLY THE FOLLOWING INFORMATION WHEN REQUESTING PRE-AUTHORISATION

To ensure there are no delays to your request, please ensure you have on hand the following:

- » Your membership number,
- » The referral letter from the doctor,
- » ICD 10 code (in other words the diagnosis code),
- » The name and practice number of your referring doctor,
- » The name and practice number of the specialist to whom you are referred, and
- » Any other related documents as may be required.

Once your request has been processed and approved, you will then be sent your authorisation number on your mobile by SMS and email where applicable.

Administrative and Client services are attended to during business hours from:

MONDAYS TO FRIDAYS

08:00 - 17:30

SATURDAYS

08:00 - 13:00

PLEASE BE READY TO SUPPLY THE FOLLOWING INFORMATION WHEN CALLING UMVUZO HEALTH

- » Umvuzo Health membership number
- » Surname
- » South African ID number
- » Passport number (if you are from a neighbouring country)

Client Service Call Centre:	0861 083 084
Client Service Please Call Me:	060 070 2095
WhatsApp:	060 070 2094

Head Office Tel:	012 845 0000
Fax:	086 670 0242
E-mail:	info@umvuzohealth.co.za

COUNCIL FOR MEDICAL SCHEMES

Tel:	0861 123 267
E-mail:	support@medicalschemes.com complaints@medicalschemes.com
Website:	www.medicalschemes.com



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