

## **ABOUT THE ACTIVATOR OPTION**

**THE ACTIVATOR OPTION** is our **improved and reimagined, great value-for-money option** that offers members rich day-to-day benefits for their primary healthcare needs.

In addition to offering traditional healthcare cover to members, this **dynamic** and innovative benefit option is our first option that boasts the "HEALTHY ME" programme that is aimed at **keeping members healthy** and well, preventing the risk of poor health, chronic illness and disease.

## **UMVUZO HEALTH DIGITAL PLATFORM**

All Umvuzo Health members, regardless of benefit option, have access to our digital platform, where many of their healthcare needs can be met.

The availability of digital platforms and new healthcare technologies makes healthcare more accessible and provides an opportunity for us to offer our members several options to access primary healthcare services, specifically medical consultations and treatment for minor acute and management of chronic disease conditions. This is a significant step towards making healthcare even more accessible, especially for those who live long distances from the nearest healthcare provider, such as in rural and remote areas.

#### **USING THE PLATFORM**

Here are the options you have on the Umvuzo Digital Platform:

#### THE ONLINE SYMPTOM CHECKER

Imagine you had a tool that you could use when you are not feeling well. This tool would ask you questions about how you are feeling. For example, if you have a fever, a cough or any other symptom. It would be like having a conversation with an online friend. Based on the outcomes of the online symptom checker, you would be advised of the most appropriate level of care you need, ranging from a nurse to a doctor. This is what the Umvuzo Health Online Symptom Checker will assist you with.

#### **DIRECT VIRTUAL CONSULTATION**

This is an option you have on the Umvuzo Digital Platform to choose to consult directly with a healthcare expert. Selecting this option connects you with an available qualified healthcare provider who can assist you with your needs. As your safety remains a top priority, the online consulting healthcare provider may request more clinical information through a physical examination to ensure a good clinical outcome. Because virtual consultation has limitations and is not always suitable for all health conditions, you will be advised on the Umvuzo Digital Platform when you should consult face-to-face with your own healthcare provider.

#### **ACCESS FROM ANYWHERE**

The Umvuzo Digital Platform makes it possible for you and your registered beneficiaries to access healthcare services from the comfort of your homes, work or wherever else you may be, saving you time and money. Our on-site consultants and specialised contact centre offer support for any member who has difficulty accessing the virtual platform or prefers to be walked through the entire process.



- \*Subject to Registrar of Medical Schemes approval
- \* Please note that the Scheme Rules supersede information contained in this document. Our Scheme Rules can be obtained on www.umvuzohealth.co.za

## PRIMARY BENEFITS



#### **GENERAL PRACTITIONERS** (SUBJECT TO DAY-TO-DAY BENEFITS)

- Consultations
- Minor Procedures in the doctors' room
- Unlock access to additional primary benefits on the Umvuzo Digital Platform even if day-to-day benefits have been depleted



#### MALE HEALTH

PSA (for the screening of prostate cancer)

All procedures must be pre-authorised

- Circumcision
- Vasectomy



#### FEMALE HEALTH

- Oral contraceptives covered to R190 per registered female per month
- Pap smear
- Mammogram<sup>3</sup>
- Laparoscopic Sterilisation\*

\* These services must be pre-authorised



#### (STAND-ALONE BENEFIT)

Available every 24 months at PPN accredited network providers:

- 1 consultation per beneficiary
- Frame limited to R1 250 per beneficiary
- 100% of the costs of clear lenses (single/ bi-focal/multi-focal)
- Contact lenses limited to R2 025

Over 93% of optometrists are already on the PPN Network.

Using a non-network provider will result in reduced benefits for consultations, frames and lenses.



#### DENTAL CARE (STAND-ALONE BENEFIT)

- Cover of R5 400 per beneficiary per year,
  - Cleaning, Preventative &
  - Scaling & Polishing
  - Fillings
  - Wisdom Teeth Extraction

  - Crowns
  - Bridges



#### **PREVENTION & SCREENINGS**

Benefits available from selected pharmacies:

- Flu Vaccine
- Pap smear
- Glucose Test (finger prick)
- Cholesterol (finger prick)
- Blood Pressure
- BMI & Waist Circumference
- Rapid HIV Test
- HPV



#### INVESTIGATIONS (OUT OF HOSPITAL)

- Limited to R7 500 per family per year
- Radiology (X-rays and ultrasounds)
- · Pathology (blood tests)



#### \* MATERNITY CARE PLAN

A basket of services consisting of these additional benefits will be made available to the expectant mother upon registering on the plan.

- » 3 Visits to the GP or Gynaecologist
- » Additional blood and urine tests as required
- 2x 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

Benefits will be pro-rated/apportioned according to the stage of the pregnancy at the time of registration.



- Fluoride Treatment

- Dentures



- Prescribed: Restricted acute formulary medication paid out of risk benefits (not out of day-to-day benefits)
- Medicine outside of the restricted acute formulary will be paid out of day-to-day benefits
- Prescribed: Chronic Medication unlimited\*
- Subject to 27 CDL PMB conditions as well as selective Hormone Replacement Therapy (HRT)



#### **OVER THE COUNTER MEDICATION** (STAND-ALONE BENEFIT)

Cover of R1 700 per beneficiary per year, and a maximum of R190 per event

## SECONDARY BENEFITS

PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY



#### SPECIALIST VISITS

- » 12 visits per family per year
  - Must be referred by the treating GP and be clinically necessary. Pre-authorisation is required before accessing the specialist
  - Services covered include consultation and special investigations
  - Follow-up visits must be pre-authorised



#### **MEDICATION (FORMULARY)**

- Acute Medication prescribed by a specialist will be covered in accordance to treatment guidelines
- Chronic Medication is subject to 27 CDL PMB Conditions, Formularies and Disease Management Programme registration



#### SUPPLEMENTARY BENEFITS (NO PRE-AUTHORISATION REQUIRED)

- R9 500 per family per year
  - Occupational Therapy
  - Dieticians
  - Speech Therapy & Audiology
  - Physiotherapy, Chiropractors and Biokinetics
  - Podiatry
- Psychology
- Homeopathy
- Nurse visits covered up to R170 per visit and R84 for dispensed medicines or consumables
- Social and Community Workers



#### **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 to avoid out-of-pocket expenses.



#### TERMINAL AND WOUND CARE

- » R5 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 services



#### **APPLIANCES** (ORTHOPAEDIC/SURGICAL/MEDICAL)

- » R12 500 per family per year • Back/leg/arm/neck support
  - Crutches after surgery
  - Respiratory oxygen, diabetic-and



Surgical footwear post surgery

stoma aids continually essential for the medical treatment

Maximum 60 minutes per consultation

## **HOSPITAL BENEFITS**

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



#### **HOSPITAL ADMISSION**

- All admissions to hospital must be pre-authorised
- 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) R45 000
- Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses and slings) R15 000
- Joint Replacements R47 000
- Major Musculoskeletal Prosthesis & Spinal Procedures R28 000



#### **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 PMBs
- Hospital-Based Mental Health Management has up to 3 weeks cover per year OR
- Up to 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 (DSPs) and will be funded at negotiated tariffs according to the treatment protocols

## YANDISA UMVUZO BENEFIT



The Yandisa Benefit is a:

- » A pre-authorised benefit extender for specific items (not services).
- That can extend cover for certain items under exceptional circumstances.
- Factors taken into account in the granting of this benefit will include but are not limited to clinical, functional and financial factors and intended purpose.
- The benefit has to be applied for by completing the prescribed form and submitting relevant substantiated documentation to be reviewed by the Clinical committee and then authorised, if approved
- » The benefit is limited to R50 000 per family per year

Please note: This is not a gap cover and excludes primary care benefits and any other services.

## 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, and 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
- 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.

# WHAT IS THE MONTHLY COST?



MAIN MEMBER R2 995.00



PER ADULT DEPENDANT

R2 816.00

23

PER CHILD DEPENDANT

R935.00

## MONTHLY CONTRIBUTIONS

CONTRIBUTION

**CONTRIBUTION** 



CONTRIBUTION R2 995.00

R5 811.00



R6 746.00



R7 681.00



R8 616.00

R3 930.00

282

R4 865.00

2822

R5 800.00



R6 735.00

## **DAY-TO-DAY BENEFIT BREAKDOWN**

			222	2222
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
P5 160	P8 640	P11 040	P12 440	P15 940

	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT X 1	CHILD DEPENDANT X 2	CHILD DEPENDANT X 3	TOTAL FAMILY BENEFIT
М	R5 160					R5 160
M + A	R5 160	R3 480				R8 640
M + A + 1C	R5 160	R3 480	R2 400			R11 040
M + A + 2C	R5 160	R3 480	R2 400	R2 400		R13 440
M + A + 3C	R5 160	R3 480	R2 400	R2 400	R2 400	R15 840

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

2C Child dependant x 2

3C Child dependant x 3

#### 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): 24-hour Pre-authorisation Call Centre: Hospital and Specialist Please Call Me: Pre-authorisation email address: Chronic Disease registration: Maternity Care Plan registration:

082 911 0861 083 084 060 070 2352 auth@rxhealth.co.za chronic@rxhealth.co.za 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: +1 (240) 702-1954

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