

UMVUZO HEALTH 2026 CONTRIBUTIONS PER OPTION

ULTRA AFFORDABLE

THE ULTRA AFFORDABLE OPTION is the perfect entry point for young individuals, families just starting out, or those entering the medical aid market for the first time. It balances affordability with essential health cover, addressing the concern of being uninsured without overburdening the

It offers meaningful protection while keeping contributions manageable, making it ideal for people who want peace of mind and security at a price they can handle.

This option is designed to remove the barrier of cost while still opening the door to quality care, giving members confidence that even on a tight budget, their health needs won't be neglected.

INCOME BELOW R11 000

MAIN MEMBER:	R1 564.00
ADULT DEPENDANT:	R1 564.00
CHILD DEPENDANT:	R 758.00
INCOME ABOVE R11 000	

MAIN MEMBER:	R2 302.00
ADULT DEPENDANT:	R2 302.00
CHILD DEPENDANT:	R 919.00

STANDARD

THE STANDARD OPTION is well-suited for families who want a comprehensive level of cover across primary, secondary, and tertiary care needs.

It addresses the concern of not only day-to-day healthcare costs but also larger, unforeseen medical events. It strikes a balance between offering generous benefits that safeguard the whole family while maintaining flexibility through both virtual and in-person access to care.

It gives families a reliable plan that looks after everyone, providing reassurance that their health needs are well covered.

MAIN MEMBER:	R3 106.00
ADULT DEPENDANT:	R2 949.00
CHILD DEPENDANT:	R 942.00

ACTIVATOR

THE ACTIVATOR OPTION is a forward-thinking, value-for-money choice, designed for individuals and families who want more than just treatment, but want prevention and wellness as part of their cover.

It speaks to concerns about lifestyle diseases and long-term health risks by offering proactive health monitoring and personalised support. What sets it apart is its integration of technology and wellness through the "Healthy Me" programme, making it ideal for people who want to actively manage and improve their health.

This is a plan for the health-conscious, for those who want to stay ahead of illness and use innovation to unlock better living, rather than waiting until a crisis strikes

MAIN MEMBER:	R3 250.00
ADULT DEPENDANT:	R3 055.00
CHILD DEPENDANT:	R 977.00

SUPREME

THE SUPREME OPTION is our best-selling offering, appealing to members who want freedom of choice and flexibility.

It addresses concerns about access and quality of care by giving members a wide scope of cover and extensive family benefits.

Its standout feature is the combination of traditional fee-for-service freedom with strong safety nets, making it a great fit for households that value choice and robust protection.

This option is trusted by many because it delivers both freedom and structure, while ensuring reliable cover across a wide range of health needs.

MAIN MEMBER:	R3 727.00
ADULT DEPENDANT:	R3 503.00
CHILD DEPENDANT:	R1 119.00

EXTREME

THE EXTREME OPTION is the top-tier, most extensive cover available, best suited for those who want the reassurance of high limits and exclusive

It addresses the concerns of individuals and families who do not want to compromise on quality or access, especially when it comes to specialist and advanced healthcare needs.

What makes it stand out is its abundance that goes beyond traditional medical aid to offer elevated levels of cover, exclusive treatments, and wideranging protection for every stage of healthcare.

It is the choice for those who value absolute peace of mind, knowing that their healthcare plan goes the extra mile to anticipate, prepare for, and cover even the most demanding health scenarios.

MAIN MEMBER:	R4 883.00
ADULT DEPENDANT:	R4 590.00
CHILD DEPENDANT:	R1 490.00



UMVUZO'S ULTRA AFFORDABLE OPTION



THE ULTRA AFFORDABLE OPTION is the perfect entry point for young individuals, families just starting out, or those entering the medical aid market for the first time.

It balances affordability with essential health cover, addressing the concern of being uninsured without overburdening the budget.

It offers meaningful protection while keeping contributions manageable, making it ideal for people who want peace of mind and security at a price they can handle.

This option is designed to remove the barrier of cost while still opening the door to quality care, giving members confidence that even on a tight budget, their health needs won't be neglected.

PRIMARY BENEFITS

NO PRE-AUTHORISATION REQUIRED • DOWNLOAD THE UMVUZO CARE APP TO ACCESS VIRTUAL CONSULTATIONS



GENERAL PRACTITIONERS & NURSES

- » Members have access to 8 in-person consultations per beneficiary at any GP
- Additional in-person consultations must be accessed through the Umvuzo Digital Platform
- » Unlimited virtual consultations using Umvuzo Care App



MALE HEALTH

- PSA (for the screening of prostate cancer)
- » Circumcision
- » Vasectomy

All procedures must be pre-authorised



FEMALE HEALTH

- » Oral contraceptives cover of up to R210 per registered female per month
- Pap smear
- » Mammogram*
- Laparoscopic Sterilisation*
- » HPV
- * These services must be pre-authorised



INVESTIGATIONS

These services are available as referred by treating healthcare provider as per protocol:

- » Basic Radiology (X-rays)
- » Soft Tissue Ultrasound
- » Pathology (blood tests)



DENTAL CARE

General dentistry which includes the following:

- » R4 100 per beneficiary per year
- » Benefit includes:
 - Dental Consultation
 - Extractions
 - Preventative & Fluoride TreatmentCleaning, Scaling & Polishing
 - Dental Fillings
 - Oral X-rays
 - Crowns & Bridges
 - Emergency Root Canal
- Wisdom Teeth Extraction (in the dentists' rooms)
- Dentures



PREVENTION & SCREENINGS

Members can access the screening and preventative benefits through any pharmacy that offers these services:

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



MATERNITY CARE PLAN

A basket of services consisting of the following 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
- » Maternity Bag

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



OPTOMETRY

Available every 24 months at PPN accredited network providers:

- » 1 consultation per beneficiary
- Frame limited to R1 050 per beneficiary
 100% of the costs of clear lenses (single/
- bi-focal/multi-focal)
 Contact lenses limited to **R1 880**

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.



MEDICATION (FORMULARY)

- » Self-Medication (Over-The-Counter):
 - Cover of R790 per beneficiary per year, and limited to a maximum of R165 per event
 - Prescribed Acute Medication
 - Acute medication as prescribed by treating nurse or GP
 - Unlimited and subject to the approved formulary
- » Prescribed Chronic Medication
- Unlimited and subject to the approved formulary
- Subject to 27 CDL PMB conditions as well as selective Hormone Replacement Therapy (HRT) and registration on the applicable Disease Management Programme

*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

SECONDARY BENEFITS

PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY



SPECIALIST VISITS

- » 7 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



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.



MEDICATION (FORMULARY)

- Acute medication prescribed by specialist will be covered in accordance to treatment guidelines
- Chronic medication will be covered as set out under CDL conditions



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)

- » R9 000 per family per year
 - · Back/leg/arm/neck support
 - Crutches
 - Surgical footwear post surgery
 - Diabetic and stoma aids continually essential for the medical treatment



EMERGENCY/AFTER HOUR VISITS

- 3 visits per family per year for incidents that occur at times when the treating GP is closed (in the evenings, after hours on weekends and public holidays)
- Medication prescribed will be sufficient for a 3-day supply
- An incident is defined as a condition not requiring hospitalisation or specialist intervention but clinically validates a consultation and/or a procedure room intervention and/or medication.



SUPPLEMENTARY BENEFITS (NO PRE-AUTHORISATION REQUIRED)

- R4 100 per family per year
- Occupational Therapy
- Dieticians
- Speech Therapy & Audiology
- Physiotherapy, Chiropractors and Biokinetics
- Podiatry
- Psychology
- Homeopathy
- Nurse visits covered up to R200 per visit
- Social and Community Workers

Maximum 60 minutes per consultation



MENTAL WELLNESS (NO PRE-AUTHORISATION REQUIRED)

- 24/7 Hotline & WhatsApp Support for immediate mental health assistance
- Therapist Consultations online or in person (subject to available Supplementary Benefits)
- Group & Family Support for trauma, chronic illness, or major life changes
- Digital Wellness Tools including coping guides, resilience content, and meditations

HOSPITAL BENEFITS

UNLIMITED • 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



GENERAL

- Consultations (GPs and Specialists)
- 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) R32 400
- Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses, slings and hearing aids) R11 100
- Joint Replacements R35 800
- Major Musculoskeletal Prosthesis & Spinal Procedures R22 100



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)



(IN & OUT OF HOSPITAL)

- » 1 scan 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



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



TANDISA 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

UMVUZO'S STANDARD OPTION

THE STANDARD OPTION is well-suited for families who want a comprehensive level of cover across primary, secondary, and tertiary care needs.

It addresses the concerns of not only day-to-day healthcare costs but also larger, unforeseen medical events.

It strikes a balance between offering generous benefits that safeguard the whole family while maintaining flexibility through both virtual and in-person access to care.

It gives families a reliable plan that looks after everyone, providing reassurance that their health needs are well covered.

RIMARY BENEFITS

NO PRE-AUTHORISATION REQUIRED • DOWNLOAD THE UMVUZO CARE APP TO ACCESS VIRTUAL CONSULTATIONS



GENERAL PRACTITIONERS & NURSES

- Members have access to 10 in-person consultations per beneficiary at any GP
- Additional in-person consultations must be accessed through the Umvuzo Digital
- Unlimited virtual consultations using Umvuzo Care App



MALE HEALTH

- PSA (for the screening of prostate cancer)
- Circumcision
- Vasectomy



FEMALE HEALTH

Oral contraceptives cover of up to R210 per registered female per month

* These services must be pre-authorised

- Pap smear
- Mammogram*
- Laparoscopic Sterilisation*



INVESTIGATIONS

These services are available as referred by treating healthcare provider as per protocol:

- Basic Radiology (X-rays)
- Soft Tissue Ultrasound
- Pathology (blood tests)



DENTAL CARE

General dentistry which includes the following:

- R4 900 per beneficiary per year
- Benefit includes:
 - **Dental Consultation**
 - Extractions
 - Preventative & Fluoride Treatment
 - Cleaning, Scaling & Polishing
 - Dental Fillings
 - Oral X-rays
 - Crowns & Bridges
 - Emergency Root Canal
 - Wisdom Teeth Extraction (in the dentists' rooms)
 - Dentures



PREVENTION & SCREENINGS

All procedures must be pre-authorised

Members can access the screening and preventative benefits through any pharmacy that offers these services:

- Flu Vaccine
- Glucose Test (finger prick)
- Cholesterol (finger prick)
- Blood Pressure
- **BMI & Waist Circumference**
- » Rapid HIV Test



MATERNITY CARE PLAN

A basket of services consisting of the following 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
- Maternity Bag

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



Available every 24 months at PPN accredited network providers:

- 1 consultation per beneficiary
- Frame limited to R1 315 per beneficiary
- 100% of the costs of clear lenses (single/ bi-focal/multi-focal)
- Contact lenses limited to R2 085

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



MEDICATION (FORMULARY)

- Self-medication (Over-The-Counter):
 - Cover of R950 per beneficiary per year, and a maximum of R180 per event
- **Prescribed Acute Medication:**
 - Acute medication as prescribed by treating nurse or GP
 - · Unlimited and subject to the approved formulary
- **Prescribed Chronic Medication:**
- Unlimited and subject to the approved formulary
- Subject to 27 CDL PMB conditions as well as selective Hormone Replacement Therapy (HRT) and registration on the applicable Disease Management Programme
- In addition to the 27 CDL conditions, this option also provides cover for 6 additional chronic conditions, namely:
 - Severe Acne
 - Anaemia
 - Severe Eczema
 - Endometriosis
 - Gastro-Oesophageal Reflux Disease
 - Sjogren Disease

*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

ECONDARY BENEFIT

PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY



SPECIALIST VISITS

- 10 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 specialist will be covered in accordance to treatment guidelines
- Chronic Medication will be covered as set out under CDL conditions



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.



SUPPLEMENTARY BENEFITS (NO PRE-AUTHORISATION REQUIRED)

- R8 200 per family per year
 - Occupational Therapy
 - Dieticians
- Speech Therapy & Audiology
- Physiotherapy, Chiropractors and Biokinetics
- Podiatry
- Psychology
- Homeopathy
- Nurse visits covered up to R200 per visit
- Social and Community Workers

Maximum 60 minutes per consultation



APPLIANCES SURGICAL/MEDICAL)

- R13 500 per family per year
 - Back/leg/arm/neck support
 - Crutches
 - Surgical footwear post surgery
 - Diabetic and stoma aids continually essential for the medical treatment



TERMINAL AND WOUND CARE

- R8 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



EMERGENCY/AFTER HOUR VISITS

- » 5 after-hour visits per family per year for incidents that occur at times when the treating GP is closed (in the evenings, after hours on weekends or public holidays)
- Medication prescribed will be sufficient for a 3-day supply
- An incident is defined as a condition not requiring hospitalisation or specialist intervention but clinically validates a consultation and/or a procedure room intervention and/or medication.



MENTAL WELLNESS (NO PRE-AUTHORISATION REQUIRED)

- 24/7 Hotline & WhatsApp Support for immediate mental health assistance
- Therapist Consultations online or in person (subject to available Supplementary Benefits)
- Group & Family Support for trauma, chronic illness, or major life changes
- Digital Wellness Tools including coping guides, resilience content, and meditations.

OSPITAL BENEFIT

UNLIMITED • 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



- 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) R40 800
- Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses and slings) R13 500
- Joint Replacements R45 700
- Major Musculoskeletal Prosthesis and Spinal Procedures R27 400



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



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



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

UMVUZO'S ACTIVATOR OPTION



THE ACTIVATOR OPTION is a forward-thinking, value-for-money choice, designed for individuals and families who want more than just treatment, but want prevention and wellness as part of their cover.

It speaks to concerns about lifestyle diseases and long-term health risks by offering proactive health monitoring and personalised support.

What sets it apart is its **integration of technology and wellness** through the **"Healthy Me" programme**, making it ideal for people who want to actively manage and improve their health.

This is a plan for the health-conscious, for those who want to stay ahead of illness and use innovation to unlock better living, rather than waiting until a crisis strikes.

PRIMARY BENEFITS

NO PRE-ALITHORISATION REQUIRED • SCHEME RATES APPLY



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 R210 per registered female per month
- » Pap smear
- » Mammogram
- » Laparoscopic Sterilisation*
- » HP
- * These services must be pre-authorised



OPTOMETRY (STAND-ALONE BENEFIT)

Available every 24 months at PPN accredited network providers:

- » 1 consultation per beneficiary
- » Frame limited to R1 315 per beneficiary
- » 100% of the costs of clear lenses (single/ bi-focal/multi-focal)
- Contact lenses limited to R2 025Over 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 700 per beneficiary per year, which includes:
 - Consultations
 - Cleaning, Preventative & Fluoride Treatment
 - Scaling & Polishing
 - Fillings
- Wisdom Teeth Extraction
- Dentures
- CrownsBridges



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



INVESTIGATIONS (OUT OF HOSPITAL)

- » Unlimited basic pathology (blood tests) and radiology (X-rays and ultrasounds)
- » Additional pathology and radiology services limited to R7 800 per family per year



* 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
- Maternity Bag

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



MEDICATION (ACUTE AND CHRONIC)

- 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 800 per beneficiary per year, and a maximum of R200 per event



EMERGENCY/AFTER HOUR VISITS (SUBJECT TO DAY-TO-DAY BENEFITS)

- » For incidents that occur at times when the treating GP is closed (in the evenings, after hours on weekends and public holidays)
- » An incident is defined as a condition not requiring hospitalisation or specialist intervention but clinically validates a consultation and/or a procedure room intervention and/or medication.



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The **Healthy Me Programme** is designed to **put your health first** with tools and support that go beyond traditional medical aid. By joining, you unlock access to:

- Cutting-edge health insights including genetic and lifestyle assessments. Personalised wellness plans tailored advice, supplements, and solutions
- to help you live healthier.
- Digital health tools including the SAM wearable device to track and improve your well-being.
- Trusted healthcare experts ongoing guidance from reputable professionals with proven track records.

UNLOCK YOUR BENEFITS:



Do a simple genetic test to identify health and lifestyle risks.



Receive your wearable health device



Get personalised health advice based on your results and start your Healthy Me journey.

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



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.



MENTAL WELLNESS (NO PRE-AUTH REQUIRED)

- 24/7 Hotline & WhatsApp Support for immediate mental health assistance
- Therapist Consultations online or in person (subject to available Supplementary Benefits)
- Group & Family Support for trauma, chronic illness, or major life changes
- Digital Wellness Tools including coping guides, resilience content, and meditations



TERMINAL AND WOUND CARE

- R8 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



(ORTHOPAEDIC/SURGICAL/MEDICAL)

- R13 000 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



SUPPLEMENTARY BENEFITS (NO PRE-AUTHORISATION REQUIRED)

- R9 900 per family per year
- Occupational Therapy Dieticians
- Speech Therapy & Audiology
- Physiotherapy, Chiropractors and Biokinetics
- Podiatry
- Psychology
- Homeopathy
- Nurse visits covered up to R200 per visit
- Social and Community Workers

Maximum 60 minutes per consultation

HOSPITAL BENEFITS

UNLIMITED • 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) R46 900
- » Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses, slings and hearing aids) R15 600
- Joint Replacements R48 900
- Major Musculoskeletal Prosthesis & Spinal Procedures R29 200



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

- - RT 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



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.



(IN & OUT OF HOSPITAL)

- » 2 scans per family per year

 - MRI Scan

UMVUZO'S SUPREME OPTION





THE SUPREME OPTION is our best-selling offering, appealing to members who want freedom of choice and flexibility.

It addresses concerns about access and quality of care by giving members a wide scope of cover and extensive family benefits. Its standout feature is the combination of traditional fee-for-service freedom with strong safety nets, making it a great fit for households that value choice and robust protection.

This option is trusted by many because it delivers both freedom and structure, while ensuring reliable cover across a wide range of health needs.

PRIMARY BENEFITS

NO PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY



GENERAL PRACTITIONER & SPECIALIST VISITS (SUBJECT TO FAMILY BENEFITS)

- Consultations
- Minor Procedures in the doctors' room
- Unlock access to unlimited virtual consultations though the Umvuzo Care App- even if your family benefits are depleted

Specialists are paid up to 125% of Scheme tariffs for non-PMBs



DENTAL CARE (SUBJECT TO FAMILY BENEFITS)

- Consultations
- Cleaning, Preventative & Fluoride Treatment
- Scaling & Polishing
- Fillings
- Wisdom Teeth Extraction
- Dentures
- Crowns
- Bridges



Members can access the screening and preventative benefits through any pharmacy that offers these services:

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



MALE HEALTH

- PSA (for the screening of prostate cancer)
- Circumcision
- Vasectomy

All procedures must be pre-authorised



FEMALE HEALTH

- Oral contraceptives cover of up to R210 per registered female per month
- Pap smear
- Mammogram'
- Laparoscopic Sterilisation*
- HPV
- * These services must be pre-authorised



MATERNITY CARE PLAN

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

- » 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
- Maternity Bag

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



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

- » Cover of R220 per event, per beneficiary
- » Maximum of R2 650 per beneficiary per year



MEDICATION

- Prescribed: Restricted acute formulary medication paid out of risk benefits (not out of Family Benefits)
- Medicine outside of the restricted acute formulary will be paid out of Family Benefits
- 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

ADDITIONAL CHRONIC MEDICATION (FORMULARY)

(SUBJECT TO FAMILY BENEFITS)

- Scripted: 9 additional chronic conditions subject to available funds in the Family Benefit and Disease Management Programme registration
- Severe Acne
- Anaemia
- Severe Eczema **Endometriosis**
- Gastro-Oesophageal Reflux Disease
- Sjogren Disease
- Celiac Disease
- Tay-Sachs Disease
- RP Isomerise Deficiency



OPTOMETRY (STAND-ALONE BENEFIT)

Available every 24 months at PPN accredited network providers:

- 1 consultation per beneficiary Frame limited to R1 575 per
- beneficiary 100% of the costs of clear lenses
- (single/bi-focal/multi-focal) Contact lenses limited to R2 290
- 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.



EMERGENCY/ AFTER HOURS VISIT (SUBJECT TO FAMILY BENEFITS)

- For incidents that occur at times when the treating GP is closed (in the evenings, after hours on weekends and public holidays)
- An incident is defined as a condition not requiring hospitalisation or specialist intervention but clinically validates a consultation and/or a procedure room intervention and/or medication.

*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

KINDLY NOTE

- Penalties may apply if authorisation is obtained after treatment.

SECONDARY BENEFITS

HEME RATES APPLY • STAND-ALONE BENEFITS



SUPPLEMENTARY BENEFITS

- R12 100 per family per year
- Occupational Therapy
- Dieticians
- Speech Therapy & Audiology
- Physiotherapy, Chiropractors and Biokinetics
- Podiatry
- Psychology
- Homeopathy
- Nurse visits covered up to R200 per visit

Maximum 60 minutes per consultation

Social and Community Workers



MENTAL WELLNESS (NO PRE-AUTHORISATION REQUIRED)

- 24/7 Hotline & WhatsApp Support for immediate mental health assistance
- Therapist Consultations online or in person (subject to available Supplementary Benefits)
- Group & Family Support for trauma, chronic illness, or major life changes
- Digital Wellness Tools including coping guides, resilience content, and meditations.



SPECIALISED DENTISTRY

- R7 800 per beneficiary per year
- Orthodontic, Periodontic and Prosthodontic Treatment
- Ceramic/Laminated Inlays
- Gold Inlays



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

* These services must be pre-authorised

(ORTHOPAEDIC/SURGICAL/MEDICAL)

APPLIANCES

Surgical footwear post surgery

Diabetic and stoma aids continually

essential for the medical treatment

* These services must be pre-authorised

R13 600 per family per year Back/leg/arm/neck support

Crutches

INVESTIGATIONS (OUT OF HOSPITAL)

- Unlimited basic pathology (blood tests) and radiology (X-rays and ultrasounds)
- Additional pathology and radiology services limited to R13 400 per family per year



EMERGENCY MEDICAL SERVICES

- Netcare 911
- Medical and Hospital Logistics Services
- Emergency Road and Air Evacuation
- Medicine Bag per family upon joining
 Medicine Bag Refill per year

It is important to call only Netcare 911 for emergency medical services to avoid out-of-pocket expenses.

* These services must be pre-authorised

- Metal Base Dentures

HOSPITAL BENEFITS

LIMITED • 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) R52 800
- Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses, slings and hearing aids) R18 800
- Joint Replacements R52 800
- Major Musculoskeletal Prosthesis & Spinal Procedures R31 600



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)



(IN & OUT OF HOSPITAL)

- 2 scans per family per year
 - RT Scan

SCANS

- MRI Scan CAT Scan



MENTAL HEALTH

- Subject to PMBs
- Hospital-Based Mental Health Management has up to 3 weeks cover per year OR
- 15 Outpatient Psychotherapy contacts per year



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

KINDLY NOTE

- Penalties may apply if authorisation is obtained after treatment.
- The claim may not be paid if pre-authorisation is not obtained.

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



The Yandisa Benefit is a:

A pre-authorised benefit extender for specific items (not services).

ANDISA UMVUZO BENEFIT

- 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.

UMVUZO'S EXTREME OPTION



THE EXTREME OPTION is the top-tier, most extensive cover available, best suited for those who want the reassurance of high limits and exclusive benefits.

It addresses the concerns of individuals and families who do not want to compromise on quality or access, especially when it comes to specialist and advanced healthcare needs.

What makes it stand out is its abundance that goes beyond traditional medical aid to offer elevated levels of cover, exclusive treatments, and wide-ranging protection for every stage of healthcare.

It is the choice for those who value absolute peace of mind, knowing that their healthcare plan goes the extra mile to anticipate, prepare for, and cover even the most demanding health scenarios.

PRIMARY BENEFITS

NO PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY



GENERAL PRACTITIONER & SPECIALIST VISITS (SUBJECT TO FAMILY BENEFITS)

- » Consultations
- Minor Procedures in the doctors' room
- Unlock access to unlimited virtual consultations though the Umvuzo Care App- even if your family benefits are depleted

Specialists are paid up to 150% of Scheme tariffs for non-PMBs



DENTAL CARE (SUBJECT TO FAMILY BENEFITS)

- Cleaning, Preventative &
- Fluoride Treatment Scaling & Polishing
- Fillings
- Wisdom Teeth Extraction
- Dentures
- Crowns Bridges



Members can access the screening and preventative benefits through any pharmacy that offers these services:

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



MALE HEALTH

- PSA (for the screening of prostate cancer)
- Vasectomy

All procedures must be pre-authorised



FEMALE HEALTH

- Oral contraceptives cover of up to R210 per registered female per month
- Pap smear
- Mammogram*
- Laparoscopic Sterilisation*

* These services must be pre-authorised



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.

- 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
- Maternity Bag

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



OVER-THE-COUNTER MEDICATION

- Cover of R285 per event.
- » Maximum of R3 330 per beneficiary per vear



MEDICATION

- Prescribed: Restricted acute formulary medication paid out of risk benefits (not out of Family Benefits)
- Medicine outside of the restricted acute formulary will be paid out of Family Benefits
- 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

ADDITIONAL CHRONIC MEDICATION (FORMULARY)

(SUBJECT TO FAMILY BENEFITS)

- Scripted: 9 additional chronic conditions subject to available funds in the Family Benefit and Disease Management Programme registration
- Severe Acne
- Anaemia
- Severe Eczema
- Endometriosis
- Gastro-Oesophageal Reflux Disease
- Sjogren Disease
- Celiac Disease
- Tay-Sachs Disease
- RP Isomerise Deficiency



OPTOMETRY (STAND-ALONE BENEFIT)

Available every 24 months at PPN accredited network providers:

- 1 consultation per beneficiary
- Frame limited to R1 840 per beneficiary
- 100% of the costs of clear lenses (single vision/bi-focal/multi-focal)
- Contact lenses limited to R2 500

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.



EMERGENCY/ AFTER HOURS VISIT (SUBJECT TO FAMILY BENEFITS)

- For incidents that occur at times when the treating GP is closed (in the evenings, after hours on weekends and public holidays)
- An incident is defined as a condition not requiring hospitalisation or specialist intervention but clinically validates a consultation and/or a procedure room intervention and/or medication.

SECONDARY BENEFITS

SCHEME RATES APPLY • STAND-ALONE BENEFITS



SUPPLEMENTARY **BENEFITS**

- R14 900 per family per year
- Occupational Therapy
- Dieticians
- Speech Therapy & Audiology
- Physiotherapy, Chiropractors and Biokinetics
- Podiatry
- Psvchology
- Homeopathy
- Nurse visits covered up to R200 per visit
- Social and Community Workers

Maximum 60 minutes per consultation



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

* These services must be pre-authorised



MENTAL WELLNESS (NO PRE-AUTHORISATION REQUIRED)

- 24/7 Hotline & WhatsApp Support for immediate mental health assistance
- Therapist Consultations online or in person (subject to available Supplementary Benefits)
- Group & Family Support for trauma, chronic illness, or major life changes
- Digital Wellness Tools including coping guides, resilience content, and meditations.



SPECIALISED DENTISTRY

- R15 700 per beneficiary per year
- Orthodontic, Periodontic and Prosthodontic Treatment
- Metal Base Dentures
- Ceramic/Laminated Inlays
- · Gold Inlavs



INVESTIGATIONS (OUT OF HOSPITAL)

- Unlimited basic pathology (blood tests) and radiology (X-rays and ultrasounds)
- Additional pathology and radiology services limited to R17 400 per family per year



EYE SURGERY

- » Radial Keratotomy/Excimer Laser once every 2 years
- Set protocols apply

All procedures must be pre-authorised



APPLIANCES (ORTHOPAEDIC/SURGICAL/MEDICAL)

- R15 500 per family per year
- Back/leg/arm/neck support
- Crutches
- Surgical footwear post surgery
- Diabetic and stoma aids continually essential for the medical treatment

* These services must be pre-authorised



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

* These services must be pre-authorised

OSPITAL BENEFITS

ILIMITED • 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) R68 300
- Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses, slings and hearing aids) R24 300
- Joint Replacements R68 300
- Major Musculoskeletal Prosthesis & Spinal Procedures R41 200



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)



(IN & OUT OF HOSPITAL)

- » 3 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



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 VUZO 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.

DIGITAL HEALTH MADE SIMPLE WITH UMVUZO HEALTH

At Umvuzo Health, we make it easy for members to connect, access care, and stay informed — anytime, anywhere. Our digital platforms put your healthcare in your hands, giving you more choice, greater convenience, and the confidence of knowing support is always within reach.

UMVUZO CARE APP (VIRTUAL CONSULTATION PLATFORM)

Your doctor's room — in your pocket.

With the Care App, members can connect directly with healthcare professionals for consultations from the comfort of home, at work, or while travelling. It saves time, reduces costs, and ensures you receive trusted guidance without unnecessary delays.

Whether it's a quick check-in for a minor concern or professional advice for ongoing health, the Care App makes quality care accessible whenever you need it most.

Download the Umvuzo Care App Today!

UMVUZO HEALTH MEMBER APP

All your benefits, in your pocket.

Our member app is your all-in-one health companion. It gives you convenient access to your membership card, membership details, and available balances at a glance. You can request authorisations, track claims, and manage your health information easily and securely — empowering you to take control of your healthcare journey.

With everything at your fingertips, the App simplifies your healthcare experience and helps you make the most of your benefits without the stress of paperwork or long calls.

Download the Umvuzo Health Member App Today!







UMVUZO WHATSAPP CHANNEL

Healthcare updates, at your fingertips.

Simple, fast, and familiar. Our WhatsApp channel offers a direct line for updates, support, and quick access to Scheme information. Members can engage with us on a platform they already use daily, making healthcare communication as easy as chatting with a friend.

From reminders, important announcements and health tips to quick answers about your membership, WhatsApp keeps you connected to Umvuzo Health in a way that fits seamlessly into your everyday life.

Scan the QR code to join Umvuzo's WhatsApp Channel!





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