

2027
COMBINED
BENEFITS

 **UMVUZO**
HEALTH
REWARDING LIFE

UMVUZO HEALTH 2027 CONTRIBUTIONS PER OPTION

ULTRA AFFORDABLE

Quality healthcare shouldn't be out of reach. The **ULTRA AFFORDABLE OPTION** gives individuals and families access to everyday care and protection against the unexpected, with a contribution designed to remain affordable.

It gives individuals and families access to everyday healthcare, including unlimited virtual GP consultations, prescribed acute and chronic medication, dentistry, optometry, screenings, and hospital cover when it matters most.

Whether you're joining a medical scheme for the first time, starting a family, or simply looking for smarter value, Ultra Affordable offers meaningful protection without straining your budget.

It delivers value-for-money healthcare with real benefits, helping you look after your health today while protecting you against the unexpected.

INCOME BELOW R11 500

MAIN MEMBER:	R1 697.00
ADULT DEPENDANT:	R1 697.00
CHILD DEPENDANT:	R 822.00

INCOME ABOVE R11 500

MAIN MEMBER:	R2 498.00
ADULT DEPENDANT:	R2 498.00
CHILD DEPENDANT:	R 997.00

STANDARD

More cover for everyday health. More protection when life takes an unexpected turn. The **STANDARD OPTION** is designed for individuals and families who want dependable healthcare cover across day-to-day, chronic and more serious healthcare needs.

With access to in-person GP consultations, unlimited virtual consultations, unlimited formulary acute and chronic medication, dentistry, optometry, preventative screenings, and hospital cover, it gives you confidence at every stage of life.

Standard combines comprehensive benefits with convenient ways to access care, creating a strong balance between value and protection. It is reliable family healthcare that's there for the routine, the unexpected and everything in between.

MAIN MEMBER:	R3 370.00
ADULT DEPENDANT:	R3 200.00
CHILD DEPENDANT:	R1 022.00

ACTIVATOR

Don't just manage illness. Get ahead of your health. The **ACTIVATOR OPTION** combines comprehensive healthcare cover with a more proactive, personalised approach to wellbeing.

Alongside strong day-to-day and hospital benefits, members can access the Healthy Me Programme, which brings together genetic and lifestyle insights, personalised health guidance, supplement support and digital health tools, including the SAM wearable device.

It's healthcare designed to help you better understand your health, identify potential risks and make more informed choices before problems arise. For individuals and families who want their medical scheme to do more than pay claims, Activator turns healthcare into an active investment in healthier living.

MAIN MEMBER:	R3 526.00
ADULT DEPENDANT:	R3 315.00
CHILD DEPENDANT:	R 1 060.00

SUPREME

More choice. More flexibility. More freedom to access healthcare your way. As Umvuzo Health's best-selling option, the **SUPREME OPTION** is designed for individuals and families who want extensive cover without compromising choice.

It combines the flexibility of traditional fee-for-service with generous family benefits and strong protection for everyday and more complex healthcare needs.

Members have access to a broad range of healthcare services, supported by substantial benefit limits and the freedom to navigate their care more flexibly.

It's a trusted option for families who expect more from their healthcare cover — balancing choice, comprehensive protection and reassurance as health needs become more demanding.

MAIN MEMBER:	R4 044.00
ADULT DEPENDANT:	R3 801.00
CHILD DEPENDANT:	R1 214.00

EXTREME

When you want the highest level of cover Umvuzo Health offers, choose Extreme. Our top-tier **EXTREME OPTION** brings together our most extensive benefits, higher limits and enhanced cover for individuals and families seeking greater protection throughout their healthcare journey.

From everyday healthcare to specialist care, advanced treatment and complex medical needs; Extreme is designed to provide deeper financial protection and greater choice when the stakes are higher. It goes beyond conventional cover, offering enhanced benefits across a wide range of healthcare services.

For members who want fewer compromises and greater reassurance, Extreme represents the most comprehensive level of protection available from Umvuzo Health.

MAIN MEMBER:	R5 298.00
ADULT DEPENDANT:	R4 980.00
CHILD DEPENDANT:	R1 617.00



UMVUZO'S ULTRA AFFORDABLE OPTION



Quality healthcare shouldn't be out of reach. The **ULTRA AFFORDABLE OPTION** gives individuals and families access to everyday care and protection against the unexpected, with a contribution designed to remain affordable.

It gives individuals and families access to everyday healthcare, including unlimited virtual GP consultations, prescribed acute and chronic medication, dentistry, optometry, screenings, and hospital cover when it matters most.

Whether you're joining a medical scheme for the first time, starting a family, or simply looking for smarter value, Ultra Affordable offers meaningful protection without straining your budget.

It delivers value-for-money healthcare with real benefits, helping you look after your health today while protecting you against the unexpected.

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*

*** These services must be pre-authorized**



FEMALE HEALTH

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

*** These services must be pre-authorized**



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 260** 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

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 (both subject to scheme tariffs)
- » Additional blood and urine tests as required
- » 2 x 2D Ultrasound Scans
- » Prenatal supplements (iron, calcium and folic acid) for the duration of the pregnancy, subject to the formulary and a maximum value of **R300 per month**
- » Maternity Bag

Benefits will be prorated or 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 105** per beneficiary
- » 100% of the costs of clear lenses (single/bi-focal/multi-focal)
- » Contact lenses limited to **R1 935**

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 **R840** per beneficiary per year, and limited to a maximum of **R175** 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**

UMVUZO ABBREVIATION DICTIONARY

GP - General Practitioner • DSP - Designated Service Provider • CDL - Chronic Disease List • PMBs - Prescribed Minimum Benefits

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



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 360** per family per year
- Back/leg/arm/neck support
- Crutches
- Surgical footwear post surgery
- Diabetes and stoma aids continually essential to support medical treatment
- Wheelchairs- benefit available once every 5 years



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.



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 260** per family per year
- Occupational Therapy
- Dieticians
- Speech Therapy & Audiology
- Physiotherapy, Chiropractors and Biokinetics
- Podiatry
- Psychology
- Homeopathy
- Nurse visits covered up to **R210** 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 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) **R33 660**
- » Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses, slings and hearing aids*) **R11 532**
- » Joint Replacements **R37 200**
- » Major Musculoskeletal Prosthesis & Spinal Procedures **R22 980**

***Hearing aids are subject to a 3-year cycle per pair**



BLOOD TRANSFUSION

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



INVESTIGATIONS

- » Radiology (X-rays)
- » Pathology (blood tests)
- » Non-oncology Radiotherapy
- » Medical Technology (mammogram)



SCANS (IN & OUT OF HOSPITAL)

- » **1 scan per family per year**
- RT Scan
- MRI Scan
- CAT Scan



DISCHARGE MEDICATION

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



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 required 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 must be applied for by completing the prescribed form (available on www.umvuzohealth.co.za) 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



More cover for everyday health. More protection when life takes an unexpected turn. The **STANDARD OPTION** is designed for individuals and families who want dependable healthcare cover across day-to-day, chronic and more serious healthcare needs.

With access to in-person GP consultations, unlimited virtual consultations, unlimited formulary acute and chronic medication,

dentistry, optometry, preventative screenings, and hospital cover, it gives you confidence at every stage of life.

Standard combines comprehensive benefits with convenient ways to access care, creating a strong balance between value and protection. It is reliable family healthcare that's there for the routine, the unexpected and everything in between.

PRIMARY 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 Platform
- » Unlimited virtual consultations using Umvuzo Care App



MALE HEALTH

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

* These services must be pre-authorized



FEMALE HEALTH

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

* These services must be pre-authorized



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:

- » **R5 100** 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

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
- » 2 x 2D Ultrasound Scans
- » Prenatal supplements (iron, calcium and folic acid) for the duration of the pregnancy, subject to the formulary and a maximum value of **R300 per month**
- » Maternity Bag

Benefits will be prorated or 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 380** per beneficiary
- » 100% of the costs of clear lenses (single/bi-focal/multi-focal)
- » Contact lenses limited to **R2 150**

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

SECONDARY BENEFITS

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 520** per family per year
 - Occupational Therapy
 - Dieticians
 - Speech Therapy & Audiology
 - Physiotherapy, Chiropractors and Biokinetics
 - Podiatry
 - Psychology
 - Homeopathy
 - Nurse visits covered up to **R210** per visit
 - Social and Community Workers



APPLIANCES (ORTHOPAEDIC/ SURGICAL/MEDICAL)

- » **R14 040** per family per year
 - Back/leg/arm/neck support
 - Crutches
 - Surgical footwear post surgery
 - Diabetes and stoma aids continually essential to support the medical treatment
 - Wheelchairs- benefit available once every 5 years



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.

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 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) **R42 360**
- » Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses, slings and hearing aids*) **R14 040**
- » Joint Replacements **R47 460**
- » Major Musculoskeletal Prosthesis and Spinal Procedures **R28 500**

***Hearing aids are subject to a 3-year cycle per pair**



BLOOD TRANSFUSION

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



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



DISCHARGE MEDICATION

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



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 must be applied for by completing the prescribed form (available on www.umvuzohealth.co.za) 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 ACTIVATOR OPTION



Don't just manage illness. Get ahead of your health. The **ACTIVATOR OPTION** combines comprehensive healthcare cover with a more proactive, personalised approach to wellbeing.

Alongside strong day-to-day and hospital benefits, members can access the Healthy Me Programme, which brings together genetic and lifestyle insights, personalised health guidance, supplement support and digital health tools, including the SAM wearable device.

It's healthcare designed to help you better understand your health, identify potential risks and make more informed choices before problems arise.

For individuals and families who want their medical scheme to do more than pay claims, Activator turns healthcare into an active investment in healthier living.

PRIMARY BENEFITS

NO PRE-AUTHORISATION 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)
- » Circumcision*
- » Vasectomy*

All procedures must be pre-authorised



FEMALE HEALTH

- » Oral contraceptives covered to **R210** per registered female per month
- » Pap smear & HPV Screening
- » Mammogram
- » Laparoscopic Sterilisation*

* 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 380** per beneficiary
- » 100% of the costs of clear lenses (single/bi-focal/multi-focal)
- » Contact lenses limited to **R2 150**

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 700** per beneficiary per year, which includes:
 - Consultations
 - Cleaning, Preventative & Fluoride Treatment
 - Scaling & Polishing
 - Fillings
 - Wisdom Teeth Extraction
 - Dentures
 - 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



INVESTIGATIONS (OUT OF HOSPITAL)

- » Unlimited basic pathology (blood tests) and radiology (X-rays and ultrasounds)
- » Additional pathology and radiology services limited to **R8 100** per family per year



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 896** per beneficiary per year, and a maximum of **R210** 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.



* 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
- » 2 x 2D Ultrasound Scans
- » Prenatal supplements (iron, calcium and folic acid) for the duration of the pregnancy, subject to the formulary and a maximum value of **R300 per month**
- » The expectant mother must register on the maternity care plan to receive these additional benefits
- » Maternity Bag

Benefits will be prorated or apportioned according to the stage of the pregnancy at the time of registration.

*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

HEALTHY ME PROGRAMME



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:

1

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

2

Receive your wearable health device once testing is complete.

3

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



APPLIANCES (ORTHOPAEDIC/SURGICAL/MEDICAL)

- » **R13 500** per family per year
 - Back/leg/arm/neck support
 - Crutches after surgery
 - Surgical footwear post surgery
 - Respiratory oxygen, diabetes-and stoma aids continually essential to support the medical treatment
 - Wheelchairs- benefit available once every 5 years



SUPPLEMENTARY BENEFITS (NO PRE-AUTHORISATION REQUIRED)

- » **R10 284** per family per year
 - Occupational Therapy
 - Dieticians
 - Speech Therapy & Audiology
 - Physiotherapy, Chiropractors and Biokinetics
- Podiatry
- Psychology
- Homeopathy
- Nurse visits covered up to **R210** 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) R48 720 » Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses, slings and hearing aids*) R16 200 » Joint Replacements R50 760 » Major Musculoskeletal Prosthesis & Spinal Procedures R30 360
 BLOOD TRANSFUSION » 100% of the cost, including the cost of: • Blood • Apparatus • Operator's Fee	 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	*Hearing aids are subject to a 3-year cycle per pair  DISCHARGE MEDICATION » 7 days' supply of acute or chronic medication
 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 required 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 must be applied for by completing the prescribed form (available on www.umvuzohealth.co.za) 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.
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Please note: This is not a gap cover and excludes primary care benefits and any other services.

UMVUZO'S SUPREME OPTION



More choice. More flexibility. More freedom to access healthcare your way. As Umvuzo Health's best-selling option, the **SUPREME OPTION** is designed for individuals and families who want extensive cover without compromising choice.

It combines the flexibility of traditional fee-for-service with generous family benefits and strong protection for everyday and more complex healthcare needs.

Members have access to a broad range of healthcare services, supported by substantial benefit limits and the freedom to navigate their care more flexibly.

It's a trusted option for families who expect more from their healthcare cover — balancing choice, comprehensive protection and reassurance as health needs become more demanding.

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 through 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)

- » **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

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*

* These services must be pre-authorized



FEMALE HEALTH

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

* These services must be pre-authorized



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 supplements (iron, calcium and folic acid) for the duration of the pregnancy, subject to the formulary and a maximum value of **R300 per month**
- » The Expectant Mother must register on the Maternity Care Plan to receive these additional benefits
- » Maternity Bag

Benefits will be prorated or apportioned according to the stage of the pregnancy at the time of registration.



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

- » Cover of **R230** per event, per beneficiary
- » Maximum of **R2 760** 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 product

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 655** per beneficiary
- » 100% of the costs of clear lenses (single/bi-focal/multi-focal)
- » Contact lenses limited to **R2 360**

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.
- The claim may not be paid if pre-authorisation is not obtained.

UMVUZO ABBREVIATION DICTIONARY

GP - General Practitioner • DSP - Designated Service Provider • CDL - Chronic Disease List • PMBs - Prescribed Minimum Benefits

SECONDARY BENEFITS

SCHEME RATES APPLY • STAND-ALONE BENEFITS



SUPPLEMENTARY BENEFITS

- » **R12 600** per family per year
 - Occupational Therapy
 - Dieticians
 - Speech Therapy & Audiology
 - Physiotherapy, Chiropractors and Biokinetics
 - Podiatry
 - Psychology
 - Homeopathy
 - Nurse visits covered up to **R210** 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.



SPECIALISED DENTISTRY

- » **R7 800** per beneficiary per year
 - Orthodontic, Periodontic and Prosthodontic Treatment
 - Metal Base Dentures
 - Ceramic/Laminated Inlays
 - Gold Inlays



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 services

These services must be pre-authorised



APPLIANCES (ORTHOPAEDIC/SURGICAL/MEDICAL)

- » **R14 160** per family per year
 - Back/leg/arm/neck support
 - Crutches
 - Surgical footwear post surgery
 - Diabetes and stoma aids continually essential to support the medical treatment
 - Wheelchairs- benefit available once every 5 years

These services must be pre-authorised



INVESTIGATIONS (OUT OF HOSPITAL)

- » Unlimited basic pathology (blood tests) and radiology (X-rays and ultrasounds)
- » Additional pathology and radiology services limited to **R13 920** per family per year



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.

These services must be pre-authorised

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) **R54 840**
- » Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses, slings and hearing aids*) **R19 560**
- » Joint Replacements **R54 840**
- » Major Musculoskeletal Prosthesis & Spinal Procedures **R32 820**

*Hearing aids are subject to a 3-year cycle per pair



BLOOD TRANSFUSION

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



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



DISCHARGE MEDICATION

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



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.

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 must be applied for by completing the prescribed form (available on www.umvuzohealth.co.za) 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 EXTREME OPTION



When you want the highest level of cover Umvuzo Health offers, choose **Extreme**. Our top-tier **EXTREME OPTION** brings together our most extensive benefits, higher limits and enhanced cover for individuals and families seeking greater protection throughout their healthcare journey.

From everyday healthcare to specialist care, advanced treatment and complex medical needs; Extreme is designed to provide deeper financial

protection and greater choice when the stakes are higher. It goes beyond conventional cover, offering enhanced benefits across a wide range of healthcare services.

For members who want fewer compromises and greater reassurance, Extreme represents the most comprehensive level of protection available from Umvuzo Health.

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 through 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)

- » **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

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*

* These services must be pre-authorized



FEMALE HEALTH

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

* These services must be pre-authorized



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 supplements (iron, calcium and folic acid) for the duration of the pregnancy, subject to the formulary and a maximum value of **R300 per month**
- » The Expectant Mother must register on the Maternity Care Plan to receive these additional benefits
- » Maternity Bag

Benefits will be prorated or apportioned according to the stage of the pregnancy at the time of registration.



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

- » Cover of **R300** per event.
- » Maximum of **R3 480** 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 product

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 930** per beneficiary
- » 100% of the costs of clear lenses (single vision/bi-focal/multi-focal)
- » Contact lenses limited to **R2 575**

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

SECONDARY BENEFITS

SCHEME RATES APPLY • STAND-ALONE BENEFITS



SUPPLEMENTARY BENEFITS

- » **R15 480** per family per year
 - Occupational Therapy
 - Dieticians
 - Speech Therapy & Audiology
 - Physiotherapy, Chiropractors and Biokinetics
 - Podiatry
 - Psychology
 - Homeopathy
 - Nurse visits covered up to **R210** 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

- » **R16 320** per beneficiary per year
 - Orthodontic, Periodontic and Prosthodontic Treatment
 - Metal Base Dentures
 - Ceramic/Laminated Inlays
 - Gold Inlays



INVESTIGATIONS (OUT OF HOSPITAL)

- » Unlimited basic pathology (blood tests) and radiology (X-rays and ultrasounds)
- » Additional pathology and radiology services limited to **R18 120** per family per year



APPLIANCES (ORTHOPAEDIC/SURGICAL/MEDICAL)

- » **R16 140** per family per year
 - Back/leg/arm/neck support
 - Crutches
 - Surgical footwear post surgery
 - Diabetes and stoma aids continually essential to support the medical treatment
 - Wheelchairs- benefit available once every 5 years

These services must be pre-authorised



EYE SURGERY

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

All procedures 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

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



BLOOD TRANSFUSION

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



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



INVESTIGATIONS

- » Radiology (X-rays)
- » Pathology (blood tests)
- » Non-oncology Radiotherapy
- » Medical Technology (mammogram)



ACCOMMODATION

- » General Ward
- » High Care
- » Intensive Care Unit (ICU)



SCANS (IN & OUT OF HOSPITAL)

- » **3 scans per family per year**
 - RT Scan
 - MRI Scan
 - CAT Scan



INTERNAL MEDICAL AND SURGICAL PROSTHESES

- » Vascular Prosthesis (valve replacements, pacemakers, stents and grafts) **R70 920**
- » Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses, slings and hearing aids) **R25 260**
- » Joint Replacements **R70 920**
- » Major Musculoskeletal Prosthesis & Spinal Procedures **R42 780**

*Hearing aids are subject to a 3-year cycle per pair



DISCHARGE MEDICATION

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



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 must be applied for by completing the prescribed form (available on www.umvuzohealth.co.za) 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.

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THINKING ABOUT JOINING UMVUZO?

HERE ARE REASONS WHY YOU SHOULD!



OVER 20 YEARS OF EXPERIENCE

We care about our members and know what we're doing!



NATIONWIDE PRIVATE HOSPITAL ACCESS

All members can access private hospitals all over South Africa.



FREE MEDICINE BAG & REFILL

Join and get a complimentary medicine bag for your family and a refill every year. After 5 years of uninterrupted membership, receive a new one!



FREE ACCIDENT COVER

Get cash benefits in case of an accident and accidental death on the Mahala Plan for all main members!



UNLIMITED DIGITAL CONSULTATIONS

Members on all options can consult online from anywhere, plus get plan-specific GP visits.



AFFORDABLE DEPENDANT RATES

Children enjoy child-dependant rates up to the age of 25, whether studying or not.



NO CO-PAYMENT POLICY

This ensures you're never out of pocket for your healthcare needs.



24/7/365 SUPPORT

Our 24-hour call centre is available 365 days a year for authorisations and clinical support.



WEEKLY CLAIM PAYOUTS

We pay medical claims weekly, focused on serving you!



DEDICATED KEY ACCOUNT MANAGER

You'll have a dedicated Key Account Manager to assist with your day-to-day queries.



**TALK TO ONE OF OUR CONSULTANTS TODAY AND
FIND THE BEST OPTION THAT SUITS YOUR NEEDS!**

DIGITAL HEALTH MADE SIMPLE WITH UMVUZO HEALTH

Healthcare should fit into your life, not the other way around. Umvuzo Health's digital platforms make it easier to access care, manage your membership and stay connected wherever you are. Whether consulting a healthcare professional, checking your benefits or keeping up with important Scheme information, the support you need is right at your fingertips.

UMVUZO CARE APP

Your doctor's room — in your pocket.

Get professional healthcare advice wherever life takes you. The Umvuzo Care App connects you with healthcare professionals for convenient virtual consultations from home, at work or while travelling.

Whether you need help with a minor health concern, follow-up advice, or guidance on what to do next, quality care is just a few taps away. With unlimited virtual consultations available across Umvuzo Health options, accessing care is easier, faster, and more convenient, without unnecessary travel or waiting in waiting rooms.

Download the Umvuzo Care App and take healthcare with you.



UMVUZO WHATSAPP CHANNEL

Stay connected. Stay informed.

Health information should be easy to find and even easier to understand. The Umvuzo WhatsApp Channel keeps important Scheme information and healthcare updates within reach on the platform you already use daily.

Stay up to date with important announcements, benefit information, reminders, health tips and other useful updates from Umvuzo Health.

It's simple, familiar and designed to keep you connected to the information that helps you get more from your membership.

**Scan the QR code to join
the Umvuzo WhatsApp
Channel today.**



UMVUZO HEALTH MEMBER APP

Your membership. Your benefits. Your control.

Place the everyday management of your healthcare in your hands. The Umvuzo Health Member App provides you with convenient, secure access to your membership information whenever you need it.

View your membership card and benefit balances, track claims, request authorisations, and manage your important health information, all in one place. No unnecessary paperwork. No searching for information when you need it most.

It's a simpler way to understand your cover, manage your membership and make the most of your Umvuzo Health benefits.

Download the Umvuzo Health Member App and stay in control.



Head Office Physical Address:

Alenti Office Park, Building D
457 Witherite Road,
The Willows, 0040

Postal Address:

PO Box 1463, Faerie Glen, 0043
Email address: info@umvuzohealth.co.za
Fax Number: 0866 700 242

Regional Offices:

Northern Cape

SIOC Community Development Trust
Office Park, Block A, 1st Floor,
Cnr Hendrik van Eck and
Kameeldoring Road,
Kathu, 8446

Kwazulu-Natal

303 Anton Lambede Street,
Office no 531, Durban Club Place,
5th Floor Regus
Durban Central
4001

North West

2 Heystek Street,
Cnr Bethlehem Road,
Rustenburg,
0299

Free State

358 Stateway
Welkom
9459

www.umvuzohealth.co.za