

ABOUT THE 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.

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!







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



PRIMARY BENEFITS

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

Specialists are paid up to 150% 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



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

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 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 (STAND-ALONE BENEFIT)

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

HEME RATES APPLY • STAND-ALONE BENEF



SUPPLEMENTARY BENEFITS

- R14 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



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

Prosthodontic Treatment

Ceramic/Laminated Inlays

Metal Base Dentures

Gold Inlays

Orthodontic, Periodontic and



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 vear



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

- » 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



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)



SCANS (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 UMVUZO BENEFIT



The Yandisa Benefit is a:

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

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

DISEASE MANAGEMENT



ACTIVE DISEASE MANAGEMENT PROGRAMME

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

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

- Chronic Renal Disease
- » Addison's Disease
- » Addison» Asthma
- » Bronchiectasis
- » Cardiac Failure
- » Cardiomyopathy
- » Chronic Obstructive Pulmonary Disorder
- » Coronary Artery Disease
- » Crohn's Disease
- » Diabetes Insipidus

- » Diabetes Mellitus Types 1 & 2
- » Dysrhythmias
- » Epilepsy
- » Bipolar Mood Disorder
- » Hypothyroidism
- » Hypertension
- » HÍV
- » Glaucoma
- » Haemophilia» Ulcerative Colitis
- » Systemic lupus Erythematosus
- » Schizophrenia

- » Rheumatoid Arthritis
- Parkinson's Disease
- » Hyperlipidaemia
- » Multiple Sclerosis

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

WHAT IS THE **MONTHLY** COST?



MAIN MEMBER R4 883.00

PER ADULT DEPENDANT

R4 590.00

PER CHILD DEPENDANT

R1 490.00

MONTHLY CONTRIBUTIONS

SINGLE MEMBER



CONTRIBUTION R4 883.00

DUAL PARENT FAMILY



R9 473.00







R13 943.00

SINGLE PARENT FAMILY

CONTRIBUTION









FAMILY BENEFIT BREAKDOWN

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CONTRIBUTION

MAIN MEMBER

R14 220

MAIN MEMBER + ADULT DEPENDANT

R25 680



ADULT DEPENDANT + CHILD DEPENDANT x 1

R31 380



MAIN MEMBER + ADULT DEPENDANT + **CHILD DEPENDANT x 2**

R37 080

MAIN MEMBER +

ADULT DEPENDANT + **CHILD DEPENDANT x 3**

R42 780

	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT X 1	CHILD DEPENDANT X 2	CHILD DEPENDANT X 3	TOTAL FAMILY BENEFIT
М	R14 220					R14 220
M + A	R25 680	R11 460				R25 680
M + A + 1C	R31 380	R11 460	R5 700			R31 380
M + A + 2C	R37 080	R11 460	R5 700	R5 700		R37 080
M + A + 3C	R42 780	R11 460	R5 700	R5 700	R5 700	R42 780

IMPORTANT CONTACT INFORMATION

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

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

Medical emergency services (Netcare 911): 24-hour Pre-authorisation Call Centre: Hospital and Specialist Please Call Me: Preauthorisation email address: Chronic Disease registration: Maternity Care Plan registration:

082 911 0861 083 084 060 070 2352 auth@rxhealth.co.za chronic@rxhealth.co.za maternity@rxhealth.co.za

www.umvuzohealth.co.za

- HOW DO I GET A PRE-AUTHORISATION NUMBER?

 » Call us on 0861 083 084

 » E-mail: auth@rxhealth.co.za

 » We will access your medical history immediately and assist you with obtaining any information you may need

PLEASE BE READY TO SUPPLY THE FOLLOWING INFORMATION WHEN REQUESTING PRE-AUTHORISATION To ensure there are no delays to your request, please ensure you have on hand the following: » Your membership number, » The referral letter from the doctor, » ICD 10 code (in other words the diagnosis code), » The name and practice number of your referring doctor, » The name and practice number of the specialist to whom you are referred, and » Any other related documents as may be required.

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

MONDAYS TO FRIDAYS

SATURDAYS

PLEASE BE READY TO SUPPLY THE FOLLOWING INFORMATION WHEN CALLING UMVUZO HEALTH » Umvuzo Health membership number

- » Surname » South African ID number

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

Head Office Tel: **012 845 0000** 086 670 0242 info@umvuzohealth.co.za

COUNCIL FOR MEDICAL SCHEMES

0861 123 267 support@medicalschemes.com complaints@medicalschemes.com

www.medicalschemes.com