

A photograph of a smiling African family. A woman on the left is laughing, a young boy in the middle is shouting joyfully, and a man on the right is smiling broadly. They are all wearing casual clothing. The image is overlaid with a dark green shape on the left and a white shape on the bottom right.

2025
EXTREME
BENEFIT GUIDE

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

UMVUZO
HEALTH
REWARDING LIFE

ABOUT THE EXTREME OPTION

THE EXTREME OPTION is a outstanding, traditional, fee-for-service option. Members have extensive freedom to choose any provider of choice for their everyday needs. For all these day-to-day needs, ranging from primary to secondary benefits, members are allocated an abundant family benefit, out of which these services are reimbursed.

Additionally members enjoy exclusive additional benefits such as eye surgery and lavish supplementary and tertiary benefits for full healthcare coverage.

The allocated family benefits do go a long way as members have unlimited access to Umvuzo Digital Platform and restricted acute medication.

UMVUZO HEALTH DIGITAL PLATFORM

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

The availability of digital platforms and new healthcare technologies makes healthcare more accessible and provides an opportunity for us to offer our members several options to access primary healthcare services, specifically medical consultations and treatment for minor acute and management of chronic disease conditions.

This is a significant step towards making healthcare even more accessible, especially for those who live long distances from the nearest healthcare provider, such as in rural and remote areas.

USING THE PLATFORM

Here is what options you have on the Umvuzo Digital Platform:

THE ONLINE SYMPTOM CHECKER

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

DIRECT VIRTUAL CONSULTATION

This is an option you have on the Umvuzo Digital Platform to choose to consult directly with a healthcare expert. Selecting this option connects you with an available qualified healthcare provider who can assist you with your needs.

As your safety remains a top priority, the online consulting healthcare provider may request more clinical information through a physical examination to ensure a good clinical outcome. Because virtual consultation has limitations and is not always suitable for all health conditions, you will be advised on the Umvuzo Digital Platform when you should consult face-to-face with your own healthcare provider.

ACCESS FROM ANYWHERE

The Umvuzo Digital Platform makes it possible for you and your registered beneficiaries to access healthcare services from the comfort of your homes, work or wherever else you may be, saving you time and money.

Our on-site consultants and specialised contact centre offer support for any member who has difficulty accessing the virtual platform or prefers to be walked through the entire process.

*Subject to Registrar of Medical Schemes approval

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

PRIMARY BENEFITS

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 additional primary benefits on the **Umvuzo Digital Platform**, even if Family Benefits have been depleted.

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



MALE HEALTH

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

All procedures must be pre-authorized



FEMALE HEALTH

- » Oral contraceptives limited to **R190** per registered female per month
- » Pap smear
- » Mammogram* once per year
- » HPV Vaccine (from the age of 9 years)
- » Laparoscopic Sterilisation*

* These services must be pre-authorized



OPTOMETRY (STAND-ALONE BENEFIT)

Available every 24 months at PPN accredited network providers:

- » 1 consultation per beneficiary
 - » Frame limited to **R1 750** per beneficiary
 - » 100% of the costs of clear lenses (single vision/bi-focal/multi-focal)
 - » Contact lenses limited to **R2 425**
- 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 (SUBJECT TO FAMILY BENEFITS)

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



PREVENTION & SCREENINGS (SUBJECT TO FAMILY BENEFITS)

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

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



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

- » Cover of **R270** per event.
- » Maximum of **R3 150** 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)

- » **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 (GORD)
 - Sjogren Disease
 - Celiac Disease
 - Tay-Sachs Disease
 - RP Isomerise Deficiency



* 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

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

SECONDARY BENEFITS

SCHEME RATES APPLY • STAND-ALONE BENEFITS



SUPPLEMENTARY BENEFITS

- » **R14 200** per family per year
 - Occupational Therapy
 - Dieticians
 - Speech Therapy & Audiology
 - Physiotherapy, Chiropractors and Biokinetics
 - Podiatry
 - Psychology
 - Homeopathy
 - Nurse visits covered up to **R170** per visit and **R84** for dispensed medicines or consumables
 - Social and Community Workers

Maximum 60 minutes per consultation



SPECIALISED DENTISTRY

- » **R15 000** per beneficiary per year
 - Orthodontic, Periodontic and Prosthodontic Treatment
 - Metal Base Dentures
 - Ceramic/Laminated Inlays
 - Gold Inlays



APPLIANCES (ORTHOPAEDIC/SURGICAL/MEDICAL)

- » **R14 800** 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-authorized



INVESTIGATIONS (OUT OF HOSPITAL)

- » Limited to **R16 600** per family per year
 - Radiology (X-rays)
 - Pathology (blood tests)

* These services must be pre-authorized



EYE SURGERY

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

All procedures must be pre-authorized



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-authorized

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) **R65 300**
- » Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses and slings) **R23 200**
- » Joint Replacements **R65 300**
- » Major Musculoskeletal Prosthesis & Spinal Procedures **R39 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)

- » **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



EMERGENCIES

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



ONCOLOGY (CANCER)

- » Members are encouraged to register with the Cancer Management Programme
- » A total treatment plan benefit will be allocated based on Scheme Treatment Guidelines. Treatment must be obtained at Designated Service Providers (DSPs) and will be funded at negotiated tariffs according to the treatment protocols

YANDISA UMVUZO BENEFIT



The Yandisa Benefit is a:

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

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

DISEASE MANAGEMENT



ACTIVE DISEASE MANAGEMENT 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
- » Asthma
- » Bronchiectasis
- » Cardiac Failure
- » Cardiomyopathy
- » Chronic Obstructive Pulmonary Disorder
- » Coronary Artery Disease
- » Crohn's Disease
- » Diabetes Insipidus

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

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

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

All Prescribed Minimum Benefits (PMBs) are covered according to Scheme Rules, Protocols and Formularies.

WHAT IS THE MONTHLY COST?



MAIN MEMBER

R4 482.00



PER ADULT DEPENDANT

R4 212.00



PER CHILD DEPENDANT

R1 426.00

MONTHLY CONTRIBUTIONS

SINGLE MEMBER



CONTRIBUTION
R4 482.00

DUAL PARENT FAMILY



CONTRIBUTION
R8 694.00



R10 120.00



R11 546.00



R12 972.00

SINGLE PARENT FAMILY



CONTRIBUTION
R5 908.00



R7 334.00



R8 760.00



R10 186.00

FAMILY BENEFIT BREAKDOWN



MAIN MEMBER

R13 500



MAIN MEMBER + ADULT DEPENDANT

R24 420



MAIN MEMBER + ADULT DEPENDANT + CHILD DEPENDANT x 1

R29 820



MAIN MEMBER + ADULT DEPENDANT + CHILD DEPENDANT x 2

R35 220



MAIN MEMBER + ADULT DEPENDANT + CHILD DEPENDANT x 3

R40 620

	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT X 1	CHILD DEPENDANT X 2	CHILD DEPENDANT X 3	TOTAL FAMILY BENEFIT
M	R13 500					R13 500
M + A	R13 500	R10 920				R24 420
M + A + 1C	R13 500	R10 920	R5 400			R29 820
M + A + 2C	R13 500	R10 920	R5 400	R5 400		R35 220
M + A + 3C	R13 500	R10 920	R5 400	R5 400	R5 400	R40 620

M

Main member

A

Adult dependant

1C

Child dependant x 1

2C

Child dependant x 2

3C

Child dependant x 3

IMPORTANT CONTACT INFORMATION

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

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

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

www.umvuzohealth.co.za

HOW DO I GET A PRE-AUTHORISATION NUMBER?

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

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

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

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

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

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

MONDAYS TO FRIDAYS

08:00 - 17:30

SATURDAYS

08:00 - 13:00

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

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

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

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

COUNCIL FOR MEDICAL SCHEMES

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