

ABOUT THE 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.

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!







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 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

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 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 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 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

SECONDARY BENEFITS

SCHEME 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
 - Social and Community Workers

Maximum 60 minutes per consultation



MENTAL WELLNESS

- 24/7 Hotline & WhatsApp Support for immediate mental health assistance
- Therapist Consultations online or in person (subject to available Supplementary
- 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)

- R13 600 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



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
 - 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) 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)



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 vear 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.

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

We cover treatment and medication for the following

- 27 CDL PMB conditions: Chronic Renal Disease
- Addison's Disease
- Asthma
- Bronchiectasis
- Cardiac Failure
- Cardiomyopathy Chronic Obstructive Pulmonary Disorder
- Coronary Artery Disease
- Diabetes Insipidus
- Crohn's Disease

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

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

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

WHAT IS THE MONTHLY COST?



MAIN MEMBER R3 727.00



PER ADULT DEPENDANT

R3 503.00

PER CHILD DEPENDANT

R1 119.00

MONTHLY CONTRIBUTIONS

SINGLE MEMBER



CONTRIBUTION R3 727.00

DUAL PARENT FAMILY



R7 230.00



R8 349.00



R9 468.00



R10 587.00

SINGLE PARENT FAMILY

CONTRIBUTION

CONTRIBUTION



R4 846.00



R5 965.00



R7 084.00



R8 203.00

FAMILY BENEFIT BREAKDOWN

Ŕ			222	2222
MAIN MEMBER	MAIN MEMBER + ADULT DEPENDANT + CHILD DEPENDANT x 1		MAIN MEMBER + ADULT DEPENDANT + CHILD DEPENDANT x 2	MAIN MEMBER + ADULT DEPENDANT + CHILD DEPENDANT x 3
R12 360	R22 320	R27 420	R32 520	R37 620

	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT X 1	CHILD DEPENDANT X 2	CHILD DEPENDANT X 3	TOTAL FAMILY BENEFIT
М	R12 360					R12 360
M + A	R22 320	R9 960				R22 320
M + A + 1C	R27 420	R9 960	R5 100			R27 420
M + A + 2C	R32 520	R9 960	R5 100	R5 100		R32 520
M + A + 3C	R37 620	R9 960	R5 100	R5 100	R5 100	R37 620

IMPORTANT CONTACT INFORMATION

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

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

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

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

www.umvuzohealth.co.za

HOW DO I GET A PRE-AUTHORISATION NUMBER?

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

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

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

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

Once your request has been processed and approved, you will then be sent your authorisation number on your mobile by SMS and email where applicable. Administrative and Client services are attended to during business hours from:

MONDAYS TO FRIDAYS

08:00 - 17:30 **SATURDAYS** 08:00 - 13:00

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

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

 Client Service Call Centre:
 0861 083 084

 Client Service Please Call Me:
 060 070 2095

 WhatsApp:
 060 070 2094

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

COUNCIL FOR MEDICAL SCHEMES

Fel: 0861 123 267
E-mail: support@medicalschemes.com
complaints@medicalschemes.com

Website: www.medicalschemes.com



Find us on Facebook: Umvuzo Health