



2025
COMBINED
BENEFITS

 **UMVUZO**
HEALTH
REWARDING LIFE

UMVUZO HEALTH 2025 CONTRIBUTIONS PER OPTION

ULTRA AFFORDABLE VALUE

THE ULTRA AFFORDABLE VALUE OPTION is an entry benefit option specifically designed for the younger generation who embrace technology and innovation to improve access to healthcare. Members on this option access the primary care (such as GPs and nurses) through the Umvuzo Digital Platform. This app-based virtual consultation platform allows members to consult healthcare providers in the comfort of their homes or places of work. Only through the Umvuzo Digital Platform can the members be referred for in-person GP consultations when required.

For further medical interventions that may be required, the primary healthcare provider (GP) will refer the member to the appropriate specialisation.

These primary benefits are further topped by secondary and tertiary benefits for full healthcare coverage.

INCOME BELOW R10 500

MAIN MEMBER:	R1 402.00
ADULT DEPENDANT:	R1 402.00
CHILD DEPENDANT:	R 673.00

INCOME ABOVE R10 500

MAIN MEMBER:	R2 064.00
ADULT DEPENDANT:	R2 064.00
CHILD DEPENDANT:	R 814.00

ULTRA AFFORDABLE

THE ULTRA AFFORDABLE OPTION is our entry benefit option specifically designed for young people or those entering the medical aid market for the first time. It offers a good balance of essential health care services at an affordable price, making it an excellent choice for lower income earners.

At the primary level, members have access to healthcare services through a combination of virtual and face-to-face consultations with primary healthcare providers. For further medical interventions that may be required, the primary healthcare provider (GP) will refer the member to the appropriate specialisation.

These primary benefits are further topped by secondary and tertiary benefits for full healthcare coverage.

INCOME BELOW R10 500

MAIN MEMBER:	R1 436.00
ADULT DEPENDANT:	R1 436.00
CHILD DEPENDANT:	R 723.00

INCOME ABOVE R10 500

MAIN MEMBER:	R2 114.00
ADULT DEPENDANT:	R2 114.00
CHILD DEPENDANT:	R 876.00

STANDARD

THE STANDARD OPTION is a comprehensive Option with generous benefits on all levels to suit the healthcare needs of the entire family.

At the primary level, members have access to healthcare services through a combination of virtual and face-to-face consultations with primary healthcare providers. For further medical interventions that may be required, the primary healthcare provider (GP) will refer the member to the appropriate specialisation.

The Standard Option offers extensive secondary and tertiary benefits to ensure security for every family.

MAIN MEMBER:	R2 852.00
ADULT DEPENDANT:	R2 708.00
CHILD DEPENDANT:	R 898.00

ACTIVATOR

THE ACTIVATOR OPTION is our improved and reimagined, great value-for-money option that offers members rich day-to-day benefits for their primary healthcare needs.

In addition to offering traditional healthcare cover to members, this dynamic and innovative benefit option is our first option that boasts the **"HEALTHY ME" programme** that is aimed at keeping members healthy and well, preventing the risk of poor health, chronic illness and disease.

MAIN MEMBER:	R2 995.00
ADULT DEPENDANT:	R2 816.00
CHILD DEPENDANT:	R 935.00

SUPREME

THE SUPREME OPTION is our best-selling, 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 a generous family benefit amount, out of which these services are reimbursed.

Additionally, members enjoy a range of additional benefits such as 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.

MAIN MEMBER:	R3 435.00
ADULT DEPENDANT:	R3 229.00
CHILD DEPENDANT:	R1 071.00

EXTREME

THE EXTREME OPTION is an 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.

MAIN MEMBER:	R4 500.00
ADULT DEPENDANT:	R4 230.00
CHILD DEPENDANT:	R1 426.00

UMVUZO'S ULTRA AFFORDABLE OPTION



THE ULTRA AFFORDABLE OPTION is our entry benefit option specifically designed for young people or those entering the medical aid market for the first time. It offers a good balance of essential healthcare services at an affordable price, making it an excellent choice for lower income earners.

At the primary level, members have access to healthcare services through a combination of virtual and face-to-face consultations with primary healthcare providers.

For further medical interventions that may be required, the primary healthcare provider (GP) will refer the member to the appropriate specialisation.

These primary benefits are further topped by secondary and tertiary benefits for full healthcare coverage.

PRIMARY BENEFITS

NO PRE-AUTHORISATION REQUIRED • MEMBERS MUST DOWNLOAD THE UMVUZO HEALTH APP TO ACCESS THE UMVUZO DIGITAL PLATFORM



GENERAL PRACTITIONERS & NURSES

- » Umvuzo Health promotes access to primary care and related services through the preferred Umvuzo Digital Platform which guides beneficiaries towards appropriate and reasonable levels of care.
- » Members have access to **8** consultations per beneficiary at any GP (no authorisation required)
- » After the 8th consultation with either a nurse or GP, additional services can be accessed via the Umvuzo Digital Platform



MALE HEALTH

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

All procedures must be pre-authorized



FEMALE HEALTH

- » Oral contraceptives cover of up to **R190** per registered female per month
- » Pap smear
- » Mammogram* (must be pre-authorized and referred to the radiologist) once per year
- » Laparoscopic Sterilisation*

* These services must be pre-authorized



OPTOMETRY

Available every 24 months at PPN accredited network providers:

- » 1 consultation per beneficiary
 - » Frame limited to **R1 000** per beneficiary
 - » 100% of the costs of clear lenses (single/bi-focal/multi-focal)
 - » Contact lenses limited to **R1 825**
- 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

General dentistry which includes the following:

- » **R3 900** per beneficiary per year
- » **Benefit includes:**
 - Dental Consultation
 - Extractions
 - Cleaning
 - Preventative & Fluoride Treatment
 - Scaling & Polishing
 - Dental Fillings
 - Oral X-rays
 - Crowns
 - Bridges
 - Emergency Root Canal
 - Wisdom Teeth Extraction (in the dentists' rooms)



PREVENTION & SCREENINGS

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



* MATERNITY CARE PLAN

A basket of services consisting of the following benefits will be made available to the expectant mother upon registering on the plan.

- » 3 visits to the GP or Gynaecologist
- » Additional blood and urine tests as required
- » 2x 2D Ultrasound Scans
- » Prenatal Vitamins (iron, calcium and folic acid) for the duration of the pregnancy – according to formulary

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



INVESTIGATIONS

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

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



MEDICATION (FORMULARY)

» Self-Medication (Over-The-Counter):

- Cover of **R750** per beneficiary per year, and limited to a maximum of **R155** per event

» Prescribed Acute Medication

- Acute medication as prescribed by treating nurse or GP
- Unlimited and subject to the approved formulary

» Prescribed Chronic Medication

- Unlimited and subject to the approved formulary
- Subject to 27 CDL PMB conditions as well as selective Hormone Replacement Therapy (HRT) and registration on the applicable Disease Management Programme

*Subject to Registrar of Medical Schemes approval

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

SECONDARY BENEFITS

PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY



SPECIALIST VISITS

- » **7 visits per family per year**
 - Must be referred by the treating GP and be clinically necessary
 - Pre-authorisation is required before accessing the specialist
 - Services covered include consultation and special investigations
 - Follow-up visits must be pre-authorized



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



AFTER-HOUR VISIT

- » **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 or public holidays)
- » Medication prescribed will be sufficient for a 3-day supply



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.



APPLIANCES (ORTHOPAEDIC/ SURGICAL/MEDICAL)

- » **R8 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



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



SUPPLEMENTARY BENEFITS (NO PRE-AUTHORISATION REQUIRED)

- » **R3 900** 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

HOSPITAL BENEFITS

UNLIMITED • PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY • ACCESS TO ALL HOSPITAL GROUPS



HOSPITAL ADMISSION

- » All admissions to hospital must be pre-authorized
- » 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) **R31 000**
- » Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses and slings) **R10 600**
- » Joint Replacements **R34 200**
- » Major Musculoskeletal Prosthesis & Spinal Procedures **R21 100**



BLOOD TRANSFUSION

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



DISCHARGE MEDICATION

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



INVESTIGATIONS

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



SCANS (IN & OUT OF HOSPITAL)

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



MENTAL HEALTH

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



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

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

UMVUZO'S ULTRA AFFORDABLE VALUE OPTION





THE ULTRA AFFORDABLE VALUE OPTION is an entry benefit option specifically designed for the younger generation who embrace technology and innovation to improve access to healthcare. Members on this option access the primary care (such as GPs and nurses) through the Umvuzo Digital Platform. This app-based virtual consultation platform allows members to consult healthcare providers in the comfort of their homes or places of work.

Only through the Umvuzo Digital Platform can the members be referred for in-person GP consultations when required. For further medical interventions that may be required, the primary healthcare provider (GP) will refer the member to the appropriate specialisation. These primary benefits are further topped by secondary and tertiary benefits for full healthcare coverage.

PRIMARY BENEFITS

NO PRE-AUTHORISATION REQUIRED • MEMBERS MUST DOWNLOAD THE UMVUZO HEALTH APP TO ACCESS THE UMVUZO DIGITAL PLATFORM

 <p>GENERAL PRACTITIONERS & NURSES</p> <ul style="list-style-type: none"> » Umvuzo Health promotes access to primary care and related services through the preferred Umvuzo Digital Platform which guides beneficiaries towards appropriate and reasonable levels of care » Services on this option can only be accessed and authorised via the Umvuzo Digital Platform and be channelled to the appropriate levels of care » Benefits include consultations, treatments small procedures and injections 	 <p>MALE HEALTH</p> <ul style="list-style-type: none"> » PSA (for the screening of prostate cancer) once per year » Circumcision » Vasectomy <p>All procedures must be pre-authorized</p>	 <p>FEMALE HEALTH</p> <ul style="list-style-type: none"> » Oral contraceptives cover of up to R190 per registered female per month » Pap smear » Mammogram* (must be pre-authorized and referred to the radiologist) once per year » Laparoscopic Sterilisation* <p>* These services must be pre-authorized</p>	 <p>OPTOMETRY</p> <p>Available every 24 months at PPN accredited network providers:</p> <ul style="list-style-type: none"> » 1 consultation per beneficiary » Frame limited to R1 000 per beneficiary » 100% of the costs of clear lenses (single/bi-focal/multi-focal) » Contact lenses limited to R1 825 <p>Over 93% of optometrists are already on the PPN Network.</p> <p>Using a non-network provider will result in reduced benefits for consultations, frames and lenses.</p>
 <p>DENTAL CARE</p> <p>General dentistry which includes the following:</p> <ul style="list-style-type: none"> » R3 900 per beneficiary per year » Benefit includes: <ul style="list-style-type: none"> • Extractions • Preventative & Fluoride Treatment • Cleaning, Scaling & Polishing • Dental Fillings • Oral X-rays • Crowns • Bridges • Emergency Root Canal • Wisdom Teeth Extraction (in the dentists' rooms) 	 <p>PREVENTION & SCREENINGS</p> <p>Members can access the screening and preventative benefits through any pharmacy that offers these services:</p> <ul style="list-style-type: none"> » Flu Vaccine » Pap smear » Glucose Test (finger prick) » Cholesterol (finger prick) » Blood Pressure » BMI & Waist Circumference » Rapid HIV Test » HPV 	 <p>* MATERNITY CARE PLAN</p> <p>A basket of services consisting of the following benefits will be made available to the expectant mother upon registering on the plan:</p> <ul style="list-style-type: none"> » 3 visits to the GP or Gynaecologist » Additional blood and urine tests as required » 2x 2D Ultrasound Scans » Prenatal Vitamins (iron, calcium and folic acid) for the duration of the pregnancy – according to formulary <p>Benefits will be pro-rated/apportioned according to the stage of the pregnancy at the time of registration.</p>	 <p>INVESTIGATIONS</p> <p>These services are available as referred by the treating healthcare provider as per protocol:</p> <ul style="list-style-type: none"> » Basic Radiology (X-rays) » Soft Tissue Ultrasound » Pathology (blood tests)



MEDICATION (FORMULARY)

- » **Self-medication (Over-The-Counter):**
- » Cover of **R750** per beneficiary per year, and a maximum of **R155** per event
- » **Prescribed Acute Medication:**
 - Acute medication as prescribed by treating nurse or GP
 - Unlimited and subject to the approved formulary
- » **Prescribed Chronic Medication:**
 - Unlimited and subject to the approved formulary
 - Subject to 27 CDL PMB conditions as well as selective Hormone Replacement Therapy (HRT) and registration on the applicable Disease Management Programme

*Subject to Registrar of Medical Schemes approval

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

SECONDARY BENEFITS

PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY



SPECIALIST VISITS

- » **7 visits per family per year**
 - Must be referred by the treating GP and be clinically necessary. Pre-authorisation is required before accessing the specialist
 - Services covered include consultation and special investigations
 - Follow-up visits must be pre-authorized



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



AFTER-HOUR VISIT

- » **3 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



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.



APPLIANCES (ORTHOAEDIC/ SURGICAL/MEDICAL)

- » **R8 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
 - Elastic stockings



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



SUPPLEMENTARY BENEFITS (NO PRE-AUTHORISATION REQUIRED)

- » **R3 900** 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

HOSPITAL BENEFITS

UNLIMITED • PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY • ACCESS TO ALL HOSPITAL GROUPS



HOSPITAL ADMISSION

- » All admissions to hospital must be pre-authorized
- » 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) **R31 000**
- » Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses and slings) **R10 600**
- » Joint Replacements **R34 200**
- » Major Musculoskeletal Prosthesis & Spinal Procedures **R21 100**



BLOOD TRANSFUSION

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



DISCHARGE MEDICATION

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



INVESTIGATIONS

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



SCANS (IN & OUT OF HOSPITAL)

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



MENTAL HEALTH

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



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

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

The Yandisa Benefit is a:

- » A pre-authorized 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.



UMVUZO'S STANDARD OPTION



THE STANDARD OPTION is a comprehensive option with generous benefits on all levels to suit the healthcare needs of the entire family.

At the primary level, members have access to healthcare services through a combination of virtual and face-to-face consultations with primary healthcare providers.

For further medical interventions that may be required, the primary healthcare provider (GP) will refer the member to the appropriate specialisation. The Standard Option offers extensive secondary and tertiary benefits to ensure security for every family.

PRIMARY BENEFITS

NO PRE-AUTHORISATION REQUIRED • MEMBERS MUST DOWNLOAD THE UMVUZO HEALTH APP TO ACCESS THE UMVUZO DIGITAL PLATFORM



GENERAL PRACTITIONERS & NURSES

- » Umvuzo Health promotes access to primary care and related services through the preferred Umvuzo Digital Platform which guides beneficiaries towards appropriate and reasonable levels of care.
- » Members have access to **10** consultations per beneficiary at any GP (no authorisation required)
- » After the 10th consultation additional services can be accessed via the Umvuzo Digital Platform



MALE HEALTH

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

All procedures must be pre-authorized



FEMALE HEALTH

- » Oral contraceptives cover of up to **R190** per registered female per month
- » Pap smear
- » Mammogram* (must be pre-authorized and referred to the radiologist) once per year
- » Laparoscopic Sterilisation*

* These services must be pre-authorized



OPTOMETRY

Available every 24 months at PPN accredited network providers:

- » **1 consultation** per beneficiary
- » Frame limited to **R1 250** per beneficiary
- » 100% of the costs of clear lenses (single/bi-focal/multi-focal)
- » Contact lenses limited to **R2 025**

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



DENTAL CARE

General dentistry which includes the following:

- » **R4 650** 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 for beneficiaries over 21



PREVENTION & SCREENINGS

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



* MATERNITY CARE PLAN

A basket of services consisting of the following benefits will be made available to the expectant mother upon registering on the plan.

- » 3 Visits to the GP or Gynaecologist
- » Additional blood and urine tests as required
- » 2x 2D Ultrasound Scans
- » Prenatal Vitamins (iron, calcium and folic acid) for the duration of the pregnancy – according to formulary

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



INVESTIGATIONS

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

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

Using a non-network provider will result in reduced benefits for consultations, frames and lenses.



MEDICATION (FORMULARY)

- » **Self-medication (Over-The-Counter):**
 - » Cover of **R900** per beneficiary per year, and a maximum of **R170** 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 (GORD)
 - Sjogren Disease

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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-authorized



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



AFTER-HOUR VISIT

- » **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



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.



APPLIANCES (ORTHOPAEDIC/ SURGICAL/MEDICAL)

- » **R12 200** per family per year
 - Back/leg/arm/neck support
 - Crutches
 - Surgical footwear post surgery
 - Diabetic and stoma aids continually essential for the medical treatment



TERMINAL AND WOUND CARE

- » **R8 000** per family per year
 - The cost for all services related to care for a terminal condition that do not conform to acute admission or services



SUPPLEMENTARY BENEFITS (NO PRE-AUTHORISATION REQUIRED)

- » **R7 800** 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

HOSPITAL BENEFITS

UNLIMITED • PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY • ACCESS TO ALL HOSPITAL GROUPS



HOSPITAL ADMISSION

- » All admissions to hospital must be pre-authorized
- » 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) **R38 900**
- » Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses and slings) **R12 800**
- » Joint Replacements **R43 700**
- » Major Musculoskeletal Prosthesis and Spinal Procedures **R26 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)

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



MENTAL HEALTH

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



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 UMOVUZO BENEFIT

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



The Yandisa Benefit is a:

- » A pre-authorized 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.

UMVUZO'S ACTIVATOR OPTION



THE ACTIVATOR OPTION is our **improved and reimagined, great value-for-money option** that offers members rich day-to-day benefits for their primary healthcare needs.

In addition to offering traditional healthcare cover to members, this **dynamic and innovative benefit option** is our first option that boasts the **"HEALTHY ME"** programme that is aimed at **keeping members healthy** and well, preventing the risk of poor health, chronic illness and disease.

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-authorized



FEMALE HEALTH

- » Oral contraceptives covered to **R190** per registered female per month
- » Pap smear
- » Mammogram*
- » 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 250** per beneficiary
 - » 100% of the costs of clear lenses (single/bi-focal/multi-focal)
 - » Contact lenses limited to **R2 025**
- 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 400** 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
- » HPV



INVESTIGATIONS (OUT OF HOSPITAL)

- » Limited to **R7 500** per family per year
 - Radiology (X-rays and ultrasounds)
 - Pathology (blood tests)



* MATERNITY CARE PLAN

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

- » 3 Visits to the GP or Gynaecologist
- » Additional blood and urine tests as required
- » 2x 2D Ultrasound Scans
- » Prenatal Vitamins (iron, calcium and folic acid) for the duration of the pregnancy – according to formulary
- » The expectant mother must register on the maternity care plan to receive these additional benefits

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



MEDICATION (ACUTE AND CHRONIC)

- » **Prescribed:** Restricted acute formulary medication paid out of risk benefits (not out of day-to-day benefits)
- » Medicine outside of the restricted acute formulary will be paid out of day-to-day benefits
- » **Prescribed:** Chronic Medication unlimited*
- » Subject to 27 CDL PMB conditions as well as selective Hormone Replacement Therapy (HRT)



OVER THE COUNTER MEDICATION (STAND-ALONE BENEFIT)

- » Cover of **R1 700** per beneficiary per year, and a maximum of **R190** per event

*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** offers our members **personalised support, guidance and information** to access their unique preventive care pathway through use of health technologies.

TO UNLOCK THE PROGRAMME BENEFITS, MEMBERS ON THIS OPTION WILL:

- 1** Do a **genetic test** which identifies **health and lifestyle risks**.
- 2** Upon completion of the genetic test, the member will **receive a wearable medical device**.
- 3** With the test results, members will receive **personalised health advice tailored to their genetics**.

ABOUT THE WEARABLE MEDICAL DEVICE

- » The device is used for **health monitoring** and real-time data transfers to **empower** members, doctors and programme care coordinators.
- » Through the **intelligence gathered**, members will receive **appropriate additional benefits** aligned to their individual needs.
- » The device allows for monitoring of multiple vital signs such as **blood pressure, oxygen levels, heart rate variability and stress levels**.
- » **24/7 heart rate and temperature monitoring** with real-time updates and alerts to any abnormalities before they become serious or life-threatening.
- » It offers **painless and non-invasive** monitoring, that is safe and convenient.
- » It is highly **accurate and reliable**.

Whether members are managing chronic health conditions or looking to enhance their fitness journey, this wearable medical device that comes with the **HEALTHY ME PROGRAMME**, offers a seamless experience that puts their health in their hands.

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



SUPPLEMENTARY BENEFITS (NO PRE-AUTHORISATION REQUIRED)

- » **R9 500** 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



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.



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)

- » **R12 500** per family per year
 - Back/leg/arm/neck support
 - Crutches after surgery
 - Surgical footwear post surgery
 - Respiratory oxygen, diabetic-and stoma aids continually essential for the medical treatment

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) **R45 000**
- » Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses and slings) **R15 000**
- » Joint Replacements **R47 000**
- » Major Musculoskeletal Prosthesis & Spinal Procedures **R28 000**



BLOOD TRANSFUSION

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



DISCHARGE MEDICATION

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



INVESTIGATIONS

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



SCANS (IN & OUT OF HOSPITAL)

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



MENTAL HEALTH

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



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.

UMVUZO'S SUPREME OPTION



THE SUPREME OPTION is our best-selling, 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 healthcare providers and specialist services, members are allocated a generous family benefit amount, out of which these services are reimbursed.

Additionally, members enjoy a range of additional benefits such as 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.

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 125% 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 cover of up to **R190** per registered female per month
- » Pap smear
- » Mammogram* (must be pre-authorized and referred to the radiologist) once per year
- » 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 500** per beneficiary
 - » 100% of the costs of clear lenses (single/bi-focal/multi-focal)
 - » Contact lenses limited to **R2 225**
- Over 93% of optometrists are already on the PPN Network.



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 **R210** per event, per beneficiary
- » Maximum of **R2 500** per beneficiary per year

Using a non-network provider will result in reduced benefits for consultations, frames and lenses.



* 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.



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

*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-authorization 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

- » **R11 500** 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



SPECIALISED DENTISTRY

- » **R7 500** per beneficiary per year
 - Orthodontic, Periodontic and Prosthodontic Treatment
 - Metal Base Dentures
 - Ceramic/Laminated Inlays
 - Gold Inlays



INVESTIGATIONS (OUT OF HOSPITAL)

- » Limited to **R12 800** per family per year
 - Radiology (X-rays and ultrasounds)
 - Pathology (blood tests)



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.



APPLIANCES (ORTHOPAEDIC/SURGICAL/MEDICAL)

- » **R13 000** per family per year
 - Back/leg/arm/neck support
 - Crutches
 - Surgical footwear post surgery
 - Diabetic and stoma aids continually essential for the medical treatment



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

Maximum 60 minutes per consultation

* These services must be pre-authorized

* These services must be pre-authorized

* 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-authorized
- » 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) **R50 500**
- » Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses and slings) **R17 900**
- » Joint Replacements **R50 500**
- » Major Musculoskeletal Prosthesis & Spinal Procedures **R30 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)

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



MENTAL HEALTH

- » Subject to PMBs
- » Hospital-Based Mental Health Management has up to 3 weeks cover per year OR
- » 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

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



The Yandisa Benefit is a:

- » A pre-authorized 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.

UMVUZO'S EXTREME OPTION



THE EXTREME OPTION is an 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.

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



* 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.



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

*Subject to Registrar of Medical Schemes approval

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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



SPECIALISED DENTISTRY

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



INVESTIGATIONS (OUT OF HOSPITAL)

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



EYE SURGERY

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

All procedures must be pre-authorized



APPLIANCES (ORTHOAEDIC/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



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



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**

Maximum 60 minutes per consultation

* These services must be pre-authorized

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* 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-authorized
- » 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

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



The Yandisa Benefit is a:

- » A pre-authorized 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

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.

HOW TO ACCESS THE UMVUZO CARE APP



1 DOWNLOAD THE APP:
Search 'Umvuzo Care' on your mobile phone's app store to download.

2 SET UP YOUR PROFILE:
Use your Umvuzo Health membership number and create a password.

3 GET STARTED:
Click 'Start Healthcare Session', select the family member who needs the consultation, and begin your consult.

Download the **Umvuzo Digital App** today!



USING THE PLATFORM

Here are the 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.

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