



2023
EXTREME
BENEFIT GUIDE



UMVUZO
HEALTH
REWARDING LIFE

ABOUT THE EXTREME OPTION

THE EXTREME OPTION is a traditional, fee-for-service Option. Members have the freedom to choose any provider of choice for their every day needs. For all these day to day needs members are allocated a generous family benefit.

All secondary and hospital benefits must be pre-authorized beforehand.

This Option is well suited for those individuals and families with extensive needs, looking for comprehensive cover while still enjoying freedom of choice.

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-authorization Call Centre:	0861 083 084
Hospital and Specialist Please Call Me:	060 070 2352
Preauthorization 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

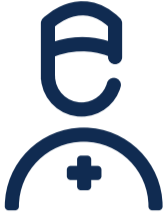
Tel:	0861 123 267
E-mail:	support@medicalschemes.com complaints@medicalschemes.com
Website:	www.medicalschemes.com



Find us on Facebook: **Umvuzo Health**

PRIMARY BENEFITS

NO PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY



GENERAL PRACTITIONER & SPECIALIST VISITS (SUBJECT TO FAMILY BENEFITS)

- » Consultations
- » Minor procedures in the doctors' rooms



MEDICATION (SUBJECT TO FAMILY BENEFITS)

- » **Prescribed:** acute medication as prescribed
- » **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, except in the case for PMB's

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)
 - Sjorgen syndrome
 - Celiac Disease
 - Tay-sachs disease
 - RP isomerise deficiency



OPTOMETRY (STAND-ALONE BENEFIT)

- » Cover of **R4 250** per beneficiary every 24 months
- » Eye test
- » Frames/lenses per beneficiary every 24 months



OVER THE COUNTER MEDICATION (STAND-ALONE BENEFIT)

- » Cover of **R240** per event, per beneficiary. Maximum of **R2 880** per beneficiary per year



DENTAL CARE (SUBJECT TO FAMILY BENEFITS)

- » Consultations
- » Cleaning, fluoride treatment, scaling, polishing
- » Fillings
- » Wisdom teeth extraction (in the dentists' rooms)
- » Dentures
- » Crowns
- » Bridges

PRIMARY BENEFITS

NO PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY



MALE HEALTH

- » PSA (for the screening of prostate cancer)
- » Circumcision * (boys up to the age of 12 in-hospital and over 13 in doctors' rooms only)
- » Vasectomy *



FEMALE HEALTH

- » Oral contraceptives limited to **R170** per registered female per month
- » Pap smear
- » Mammogram
- » HPV vaccine (from the age of 9 years)
- » Laparoscopic sterilisation *



PREVENTION & SCREENINGS (SUBJECT TO FAMILY BENEFITS)

Benefits available from selected pharmacies:

- » HIV test
- » Glucose test
- » Lipogram test
- » Breast exam
- » Childhood vaccines



* 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 apportioned according to the stage of the pregnancy at the time of registration.

SECONDARY BENEFITS

NO PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY • STAND-ALONE BENEFITS



SUPPLEMENTARY BENEFITS

- » R12 800 per family per year
 - Occupational therapy
 - Dieticians
 - Speech therapy & audiology
 - Physiotherapy, chiropractors and biokinetics
 - Podiatry
 - Psychology
 - Homeopathy
 - Nurse visits covered up to R155 per visit and R75 for dispensed medicines or consumables.
 - Social and community workers



SPECIALISED DENTISTRY

- » R9 700 per family per year
 - Orthodontic and prosthodontic treatment
 - Metal base dentures
 - Ceramic/laminated inlays
 - Gold inlays
 - Crowns and bridges



APPLIANCES (ORTHOPAEDIC/SURGICAL/MEDICAL)

- » R13 400 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



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



INVESTIGATIONS (OUT OF HOSPITAL)

- » Limited to R15 000 per family per year
 - Radiology (X-rays)
 - Pathology (blood tests)



EYE SURGERY

- » Radial keratotomy/excimer laser once every 2 years
- » Set protocols apply

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



INTERNAL MEDICAL AND SURGICAL PROSTHESES

- » Vascular prosthesis (valve replacements, pacemakers, stents and grafts) **R59 200**
- » Functional items and recuperative prosthesis (K-wires, plates, screws, lenses and slings) **R21 000**
- » Joint replacements **R59 200**
- » Major musculoskeletal prosthesis spinal procedures **R35 700**



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



DISCHARGE MEDICATION

- » 7 days' supply of acute or chronic medication



BLOOD TRANSFUSION

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

HOSPITAL BENEFITS

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



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 (DSP's) and will be funded at negotiated tariffs according to the treatment protocols



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



MENTAL HEALTH

- » Subject to PMB's
- » Hospital based mental health management has up to 3 weeks cover per year or
- » 15 outpatient psychotherapy contacts per year



ACCOMMODATION

- » General ward
- » High care
- » Intensive care unit (ICU)

DISEASE MANAGEMENT



ACTIVE DISEASE MANAGEMENT PROGRAMMES

- » Our disease management programmes 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 | » Bipolar mood disorder |
| » Addison's disease | » Hypothyroidism |
| » Asthma | » Hypertension |
| » Bronchiectasis | » HIV |
| » Cardiac failure | » Glaucoma |
| » Cardiomyopathy | » Haemophilia |
| » Chronic obstructive pulmonary disorder | » Ulcerative colitis |
| » Coronary artery disease | » Systemic lupus erythematosus |
| » Crohn's disease | » Schizophrenia |
| » Diabetes insipidus | » Rheumatoid arthritis |
| » Diabetes mellitus types 1 & 2 | » Parkinson's disease |
| » Dysrhythmias | » Hyperlipidaemia |
| » Epilepsy | » 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 (PMB) are covered according to Scheme rules, protocols and formularies.

FAMILY BENEFIT BREAKDOWN

	MAIN MEMBER	R12 840.00
	MAIN MEMBER + ADULT DEPENDANT	R23 220.00
	MAIN MEMBER + ADULT DEPENDANT + CHILD DEPENDANT x 1	R28 320.00
	MAIN MEMBER + ADULT DEPENDANT + CHILD DEPENDANT x 2	R33 420.00
	MAIN MEMBER + ADULT DEPENDANT + CHILD DEPENDANT x 3	R38 520.00

	M	M + A	M + A + 1C	M + A + 2C	M + A + 3C
Main member	R12 840	R12 840	R12 840	R12 840	R12 840
Adult dependant	R10 380	R10 380	R10 380	R10 380	R10 380
Child dependant x1			R5 100	R5 100	R5 100
Child dependant x2				R5 100	R5 100
Child dependant x3					R5 100
TOTAL FAMILY BENEFIT	R12 840	R23 220	R28 320	R33 420	R38 520

M Main member

A Adult dependant

1C Child dependant x 1

2C Child dependant x 2

3C Child dependant x 3

WHAT IS THE MONTHLY COST?



PER
MAIN MEMBER
R3 825.00



PER
ADULT DEPENDANT
R3 595.00



PER
CHILD DEPENDANT
R1 281.00

MONTHLY CONTRIBUTIONS

SINGLE MEMBER



CONTRIBUTION
R3 825.00

DUAL PARENT FAMILY



CONTRIBUTION R7 420.00



R8 701.00



R9 982.00



R11 263.00

SINGLE PARENT FAMILY



CONTRIBUTION R5 106.00



R6 387.00



R7 668.00



R8 949.00