



2024
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.

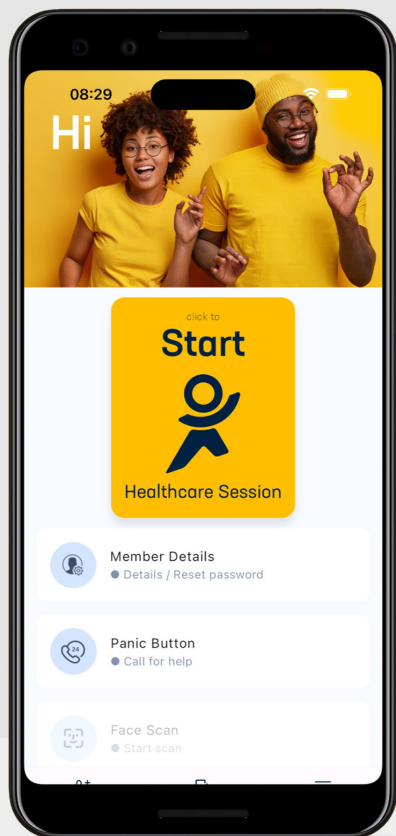
All secondary and hospital benefits must be pre-authorized beforehand. This option is well suited for those individuals and families with extensive needs looking for comprehensive cover, while still enjoying freedom of choice.

UMVUZO HEALTH DIGITAL PLATFORM

From 1 January 2024, all Umvuzo Health members, regardless of benefit option, will have access to our digital platform, where they can have many of their healthcare needs met.

The availability of digital platforms and new healthcare technologies has made healthcare more accessible and provides an opportunity for us to offer our members several options to access primary healthcare services, specifically medical consultations and/or treatment for minor acute and chronic disease conditions. This is a significant step towards making healthcare even more accessible to you and your registered beneficiaries, especially those who live long distances from the nearest healthcare provider, such as in rural and remote areas.

The use of this service is provided Data Free if you access it through the Umvuzo App.



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 our members with.

You can choose how to consult with the healthcare provider on the virtual platform:

- » Either by SMS or WhatsApp
- » By voice call, or
- » By video consultation.

This means you and your registered beneficiaries can now access healthcare services from the comfort of your homes, work or wherever else you may be, saving you time and money.

Our onsite consultants and our specialised contact centre will offer support for any member who has difficulty accessing the virtual platform, or prefer to be walked through the entire process.

Rest assured that the digital platform will by no means replace face-to-face consultations with healthcare providers. All members who need an in-person healthcare evaluation will be assisted and an appointment with the nearest or chosen healthcare practitioner will be facilitated.

*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)

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

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



OPTOMETRY (STAND-ALONE BENEFIT)

- » Cover of **R4 500** per beneficiary every 24 months
- » Eye Test
- » Frames/Lenses per beneficiary every 24 months



MALE HEALTH

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

All procedures must be pre-authorized



FEMALE HEALTH

- » Oral contraceptives limited to **R180** 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



MEDICATION (SUBJECT TO FAMILY BENEFITS)

- » **Prescribed:** Acute Medication as prescribed
- » **Prescribed:** Chronic Medication unlimited (Subject to 26 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



OVER THE COUNTER MEDICATION (STAND-ALONE BENEFIT)

- » Cover of **R255** per event. Maximum of **R3 000** per beneficiary per year



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 the 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 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

- » **R13 500** per family per year
 - Occupational Therapy
 - Dieticians
 - Speech Therapy & Audiology
 - Physiotherapy, Chiropractors and Biokinetics
 - Podiatry
 - Psychology
 - Homeopathy
 - Nurse visits covered up to **R163** per visit and **R80** for dispensed medicines or consumables.
 - Social and Community Workers



SPECIALISED DENTISTRY

- » **R10 200** per family per year
 - Orthodontic, Periodontic and Prosthodontic Treatment
 - Metal Base Dentures
 - Ceramic/Laminated Inlays
 - Gold Inlays



INVESTIGATIONS (OUT OF HOSPITAL)

- » Limited to **R15 800** 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 (ORTHOPAEDIC/SURGICAL/MEDICAL)

- » **R14 100** 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



TERMINAL AND WOUND CARE

- » **R10 000** per family per year
 - The cost for all services related to care for a terminal condition that do not conform to acute admission or service

* These services must be pre-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

 <p>HOSPITAL ADMISSION</p> <ul style="list-style-type: none"> » 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 	 <p>GENERAL</p> <ul style="list-style-type: none"> » Consultations (GPs and Specialists) Treatment » Surgical Procedures and Operations » Non-surgical Procedures » Anaesthesia for Surgical Procedures » Medication administered during a hospital stay » Hospital Apparatus 	 <p>ACCOMMODATION</p> <ul style="list-style-type: none"> » General Ward » High Care » Intensive Care Unit (ICU) 	 <p>INTERNAL MEDICAL AND SURGICAL PROSTHESES</p> <ul style="list-style-type: none"> » Vascular Prosthesis (valve replacements, pacemakers, stents and grafts) R62 200 » Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses and slings) R22 100 » Joint Replacements R62 200 » Major Musculoskeletal Prosthesis & Spinal Procedures R37 500
 <p>BLOOD TRANSFUSION</p> <ul style="list-style-type: none"> » 100% of the cost, including the cost of: <ul style="list-style-type: none"> • Blood • Apparatus • Operator's Fee 	 <p>DISCHARGE MEDICATION</p> <ul style="list-style-type: none"> » 7 days' supply of acute or chronic medication 	 <p>INVESTIGATIONS</p> <ul style="list-style-type: none"> » Radiology (X-rays) » Pathology (blood tests) » Non-oncology Radiotherapy » Medical Technology (mammogram) 	 <p>SCANS (IN & OUT OF HOSPITAL)</p> <ul style="list-style-type: none"> » 3 scans per family per year <ul style="list-style-type: none"> • RT Scan • MRI Scan • CAT Scan
 <p>MENTAL HEALTH</p> <ul style="list-style-type: none"> » Subject to PMBs » Hospital-Based Mental Health Management has up to 3 weeks cover per year OR » 15 Outpatient Psychotherapy contacts per year 	 <p>EMERGENCIES</p> <ul style="list-style-type: none"> » Unlimited cover provided the emergency episode meets the requirements of an emergency medical condition » Authorisation for the visit must be obtained within 24 hours 	 <p>ONCOLOGY (CANCER)</p> <ul style="list-style-type: none"> » 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 	

NEW BENEFIT: YANDISA UMVUZO BENEFIT



We are proud to introduce this new benefit, which is aimed at further reducing out-of-pocket healthcare expenses for our members, due to depletion of benefits or uncovered benefits

BENEFIT AMOUNT OF UP TO R50 000 PER FAMILY PER YEAR

- » This is a benefit that provides enhanced cover for benefits that are not already covered
- » Where existing benefits have already been exhausted
- » This benefit is subject to Scheme funding guidelines, pre-authorisation and protocols.

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 26 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 093.00



PER ADULT DEPENDANT
R3 847.00



PER CHILD DEPENDANT
R1 371.00

MONTHLY CONTRIBUTIONS

SINGLE MEMBER



CONTRIBUTION
R4 093.00

DUAL PARENT FAMILY



CONTRIBUTION

R7 940.00



R9 311.00



R10 682.00



R12 053.00

SINGLE PARENT FAMILY



CONTRIBUTION

R5 464.00



R6 835.00



R8 206.00



R9 577.00

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



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