



2024
STANDARD
BENEFIT GUIDE



UMVUZO
HEALTH
REWARDING LIFE

ABOUT THE STANDARD OPTION

THE STANDARD OPTION is a comprehensive option with generous benefits on all levels to suit the healthcare needs of the whole family. It is a very cost-effective option that is suitable for middle-income earners and families.

At a primary level, members on this option have access to a combination of virtual and face-to-face consultations with healthcare

providers. For any further medical interventions that may be required, the primary healthcare provider (GP) that the member consulted, will refer the member accordingly, for the appropriate secondary care.

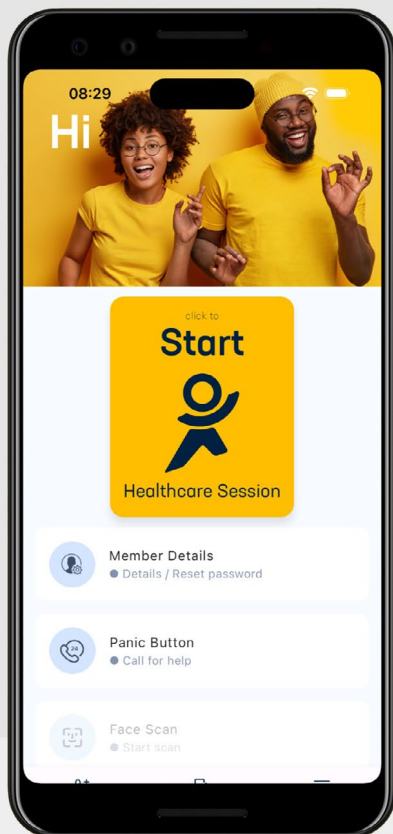
This is how we ensure an integrated and holistic approach to your health.

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 • MEMBERS MUST DOWNLOAD THE UMVUZO HEALTH APP TO ACCESS THE VIRTUAL CONSULTATION PLATFORM



GENERAL PRACTITIONERS

- » 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** un-authorised but managed consultations per beneficiary
- » After the 10th consultation, additional services can be accessed & authorised via the Umvuzo Digital Platform



OPTOMETRY

- » **R3 000** per beneficiary every 24 months (for lenses and frames)
- » 1 eye test per beneficiary every 24 months
- » 1 set of spectacles per beneficiary every 24 months
- » No sunglasses or tinted lenses



MALE HEALTH

- » PSA (for the screening of prostate cancer) once per year
- » Circumcision (boys up to the age of 12 will have procedure in hospital, and those over the age of 13 will have procedure in doctor's room)
- » Vasectomy

All procedures must be pre-authorized



FEMALE HEALTH

- » Oral contraceptives cover of up to **R180** 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



DENTAL CARE

Essential dentistry which includes the following:

- » **R4 400** 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
- » 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)



MEDICATION (FORMULARY)

- » **Self-medication (Over-The-Counter):**
- » Cover of **R850** per beneficiary per year, and a maximum of **R160** per event
- » **Prescribed Acute Medication:**
 - Acute medication as prescribed by treating GP
 - Unlimited and subject to the approved formulary
- » **Prescribed Chronic Medication:**

- Unlimited and subject to the approved formulary
- » Subject to 26 CDL PMB conditions as well as selective Hormone Replacement Therapy (HRT) and registration on the applicable Disease Management Programme
- » **In addition to the 26 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

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-authorization 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 400** 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

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) **R37 000**
- » Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses and slings) **R12 200**
- » Joint Replacements **R41 600**
- » Major Musculoskeletal Prosthesis and Spinal Procedures **R24 900**



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

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-authorization 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
R2 594.00



PER ADULT DEPENDANT
R2 463.00



PER CHILD DEPENDANT
R863.00

MONTHLY CONTRIBUTIONS

SINGLE MEMBER



CONTRIBUTION
R2 594.00

DUAL PARENT FAMILY



CONTRIBUTION

R5 057.00



R5 920.00



R6 783.00



R7 646.00

SINGLE PARENT FAMILY



CONTRIBUTION

R3 457.00



R4 320.00



R5 183.00



R6 046.00

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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