



2023  
**ACTIVATOR**  
BENEFIT GUIDE

 **UMVUZO**  
HEALTH  
REWARDING LIFE

# ABOUT THE ACTIVATOR OPTION

**THE ACTIVATOR OPTION** is a hybrid option designed for younger people entering the medical aid market for the first time. It is ideal for single people as well as young couples with healthy lifestyles.

It provides cost-effective healthcare cover at a member's nominated GP of choice. This member-nominated GP must be consulted for all ailments and must be the one to make referrals for other medical interventions,










if and when necessary, by the member.

This is how we ensure better and coordinated healthcare outcomes for our members and the Option's continued affordability.




Members have access to all private hospital groups countrywide, ensuring cover wherever you may be.

## PRIMARY BENEFITS

NO PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY






 <p><b>NOMINATED GENERAL PRACTITIONER</b></p> <p><b>Beneficiaries must nominate one (1) GP of choice</b></p> <ul style="list-style-type: none"> <li>» Unlimited consultations</li> <li>» Minor procedures in the doctors' rooms</li> </ul>	 <p><b>OPTOMETRY (STAND-ALONE BENEFIT)</b></p> <ul style="list-style-type: none"> <li>» Cover of <b>R2 300</b> per beneficiary every 24 months             <ul style="list-style-type: none"> <li>• Eye test every 24 months</li> <li>• Frames/lenses: every 24 months</li> </ul> </li> </ul>	 <p><b>DENTAL CARE (STAND-ALONE BENEFIT)</b></p> <ul style="list-style-type: none"> <li>» Up to R3 500 cover per beneficiary per year, which includes:             <ul style="list-style-type: none"> <li>• Consultations</li> <li>• Cleaning, fluoride treatment, scaling, polishing</li> <li>• Simple extractions</li> <li>• Fillings</li> </ul> </li> </ul>	 <p><b>INVESTIGATIONS</b></p> <ul style="list-style-type: none"> <li>» Unlimited cover when referred by nominated GP:             <ul style="list-style-type: none"> <li>• Radiology: (X-rays and ultrasounds)</li> <li>• Pathology (blood tests)</li> </ul> </li> </ul>
 <p><b>MEDICATION</b></p> <ul style="list-style-type: none"> <li>» <b>Prescribed:</b> acute medication unlimited as prescribed by nominated GP</li> <li>» <b>Prescribed:</b> chronic medication unlimited* (Subject to 27 CDL PMB conditions as well as selective Hormone Replacement Therapy (HRT))</li> </ul>	 <p><b>MALE HEALTH</b></p> <ul style="list-style-type: none"> <li>» PSA (for the screening of prostate cancer)</li> <li>» Circumcision * (boys up to the age of 12 in-hospital and over 13 in doctors' rooms only)</li> <li>» Vasectomy *</li> </ul> <p>All these services must be pre-authorized</p>	 <p><b>FEMALE HEALTH</b></p> <ul style="list-style-type: none"> <li>» Oral contraceptives covered to <b>R170</b> per registered female per month</li> <li>» Pap smear</li> <li>» Mammogram</li> <li>» Laparoscopic sterilisation *(must be pre-authorized)</li> </ul>	 <p><b>* MATERNITY CARE PLAN</b></p> <p><b>A basket of services consisting of these additional benefits will be made available to the expectant mother upon registering on the plan.</b></p> <ul style="list-style-type: none"> <li>» 3 visits to the GP or gynaecologist</li> <li>» Additional blood and urine tests as required</li> <li>» 2 x 2D ultrasound scans</li> <li>» Prenatal vitamins (iron, calcium and folic acid) for the duration of the pregnancy – according to formulary</li> <li>» The expectant mother must register on the maternity care plan to receive these additional benefits</li> </ul>
 <p><b>OVER THE COUNTER MEDICATION (STAND-ALONE BENEFIT)</b></p> <ul style="list-style-type: none"> <li>» Cover of <b>R135</b> per event, per beneficiary. Maximum of <b>R675</b> per beneficiary per year</li> </ul>			

### ONLY THE FOLLOWING BENEFITS ARE PAID OUT OF THE DAY-TO-DAY BENEFITS

 <p><b>EMERGENCY &amp; AFTER HOURS</b></p> <ul style="list-style-type: none"> <li>» Non-nominated GP consultation</li> <li>» After hour GP consultation</li> </ul>	 <p><b>MEDICATION</b></p> <ul style="list-style-type: none"> <li>» <b>Scripted:</b> acute medication as prescribed by non-nominated GP</li> </ul>	 <p><b>PREVENTION &amp; SCREENINGS</b></p> <p>Benefits available from selected pharmacies:</p> <ul style="list-style-type: none"> <li>» HIV test</li> <li>» Glucose test</li> <li>» Lipogram test</li> <li>» Breast exam</li> <li>» Childhood vaccines</li> </ul>
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Benefits will be apportioned according to the stage of the pregnancy at the time of registration.

## DAY-TO-DAY BENEFIT BREAKDOWN

						
	MAIN MEMBER	MAIN MEMBER + ADULT DEPENDANT	MAIN MEMBER + ADULT DEPENDANT + CHILD DEPENDANT x 1	MAIN MEMBER + ADULT DEPENDANT + CHILD DEPENDANT x 2	MAIN MEMBER + ADULT DEPENDANT + CHILD DEPENDANT x 3	
	R1 920	R3 720	R4 960	R6 240	R7 500	
	Main member	Adult dependant	Child dependant x 1	Child dependant x 2	Child dependant x 3	TOTAL DAY TO DAY BENEFIT
M	R1 920					R1 920
M + A	R1 920	R1 800				R3 720
M + A + 1C	R1 920	R1 800	R1 260			R4 980
M + A + 2C	R1 920	R1 800	R1 260	R1 260		R6 240
M + A + 3C	R1 920	R1 800	R1 260	R1 260	R1 260	R7 500

M Main member

A Adult dependant

1C Child dependant x 1

2C Child dependant x 2

3C Child dependant x 3

\* Please note that the Scheme Rules supersede information contained in this document. Our Scheme rules can be obtained on [www.umvuzohealth.co.za](http://www.umvuzohealth.co.za)



# SECONDARY BENEFITS

PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY



## SPECIALIST VISITS

- » **5 visits per family per year**
  - Must be referred by the network 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 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)

- » **R3 500** 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



## 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**



## APPLIANCES (ORTHOPAEDIC/SURGICAL/MEDICAL)

- » **R7 800** 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

- » **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

# 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) **R28 100**
- » Functional items and recuperative prosthesis (K-wires, plates, screws, lenses and slings) **R9 600**
- » Joint replacements **R31 000**
- » Major musculoskeletal prosthesis spinal procedures **R19 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 scans per family per year**
  - RT scan
  - MRI scan
  - CAT scan



## 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



## 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 (DSP's) and will be funded at negotiated tariffs according to the treatment 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 27 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.

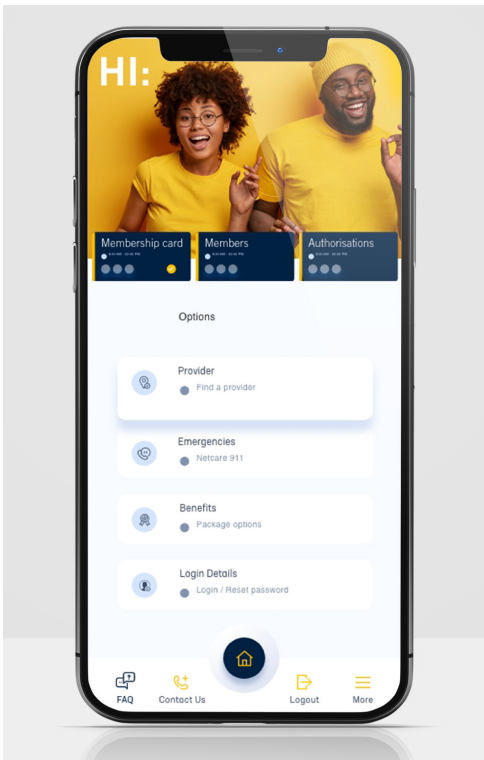
All Prescribed Minimum benefits (PMB) are covered according to Scheme rules, protocols and formularies.

## CONSIDERING JOINING UMVUZO HEALTH?

We would love to have you join us on the Umvuzo Health journey. For the last 18 years, we have been looking after the health of members and their families just like you. We have a national footprint, with members in every province in South Africa. This means, no matter where in the country you are, you and your family will have access health services.

Our benefits are especially designed to meet your ever-changing healthcare needs. We take care to offer our members comprehensive health cover on all levels, to minimize the need for you to pay any additional costs from your own pockets. We have put processes in place to ensure that your experience with Umvuzo Health is a pleasant one. We offer our members 24-hour support call centre line to ensure we are accessible to you whenever there is a need. We also bring our client service support directly to your workplace, when you need face-to-face interaction.

We pride ourselves in our excellent claims' payment track record. We pay claims directly with healthcare service providers to ensure our members are not out of pocket.



When you are ready to join Umvuzo Health or would like more information, you can simply contact us through the various platforms as listed at the back of this brochure.

Once you have completed the application form and selected the Option that best suits your needs, kindly hand it in at your HR/broker office. The HR/broker office will complete all the necessary administrative requirements and send your application form to us.

Once you are a member, you will receive an SMS from us with your membership number. While you wait for your physical card to arrive, you can download the Umvuzo Health Mobile App and have access to your digital membership card right away, that you can use at healthcare providers.

The Mobile App puts the power in your hands to manage your medical aid in the palm of your hand. Through the Mobile App, you can do the following:

- Digital membership card
- View your statements
- View your claims history
- Submit claims
- Request authorisation
- View your remaining benefits
- Download your tax certificate

Do not hesitate to call on us for any further information you may need to make an informed decision about your medical aid.

**We look forward to welcome you to Umvuzo Health!**

# WHAT IS THE MONTHLY COST?



PER  
MAIN MEMBER

R1 767.00



PER  
ADULT DEPENDANT

R1 767.00



PER  
CHILD DEPENDANT

R838.00

## MONTHLY CONTRIBUTIONS

### SINGLE MEMBER



CONTRIBUTION  
R1 767.00

### DUAL PARENT FAMILY



R3 534.00



R4 372.00



R5 210.00



R6 048.00

CONTRIBUTION

### SINGLE PARENT FAMILY



R2 605.00



R3 443.00



R4 281.00



R5 119.00

CONTRIBUTION

## 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):	<b>082 911</b>
24-hour Pre-authorisation Call Centre:	<b>0861 083 084</b>
Hospital and Specialist Please Call Me:	<b>060 070 2352</b>
Preauthorisation email address:	<b>auth@rxhealth.co.za</b>
Chronic Disease registration:	<b>chronic@rxhealth.co.za</b>
Maternity Care Plan registration:	<b>maternity@rxhealth.co.za</b>

[www.umvuzohealth.co.za](http://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:	<b>0861 083 084</b>
Client Service Please Call Me:	<b>060 070 2095</b>
WhatsApp:	<b>060 070 2094</b>

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

## COUNCIL FOR MEDICAL SCHEMES

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



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