



2023
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. This is a cost-effective option that is suitable for middle income earners.

At the primary level, this Option, makes use of the **Universal Network of Health Providers**. It is therefore important that you first consult

your contracted GP for all ailments and let your GP be the one to refer you for other medical interventions, if and when necessary. This is how we ensure an integrated and holistic approach to your health.

This network of health providers is available countrywide to ensure nationwide access for our members and their families. Members also have access to all private hospital groups, ensuring you cover wherever you may be in the country.

PRIMARY BENEFITS

NO PRE-AUTHORISATION REQUIRED • UNIVERSAL HEALTH CONTRACTED PROVIDERS ONLY



GENERAL PRACTITIONER

- » Unlimited but managed consultations
 - After the 10th visit in a 12 month cycle, the member must choose one GP from the network for further health management
 - Minor procedures in the doctors' rooms



OPTOMETRY

- » 1 eye test per beneficiary every 24 months
- » 1 set of spectacles per beneficiary every 24 months
- » Selection from a specified range of frames and lenses

(Subject to Universal Health provider and clinical entry criteria)



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 *

* These services must be pre-authorized



FEMALE HEALTH

- » Oral contraceptives cover for 1 supply per registered female per month
- » Pap smear
- » Mammogram
- » Laparoscopic sterilisation *

* These services must be pre-authorized



OUT OF NETWORK

- » 1 out-of-network visit per beneficiary or 2 per family per year are available. Universal will pay the health provider directly on receipt of a valid claim to a maximum of **R1 130** per event. This cover includes GP consultation and all related costs such as radiology, pathology and acute medicines
- » Unlimited if the visit is for an Emergency Medical Condition, as defined in the Medical Schemes Act



DENTAL CARE

Essential dentistry which includes the following:

- » 1 dental consultation per beneficiary per year
- » 1 dental follow-up per beneficiary per year
- » Cleaning, fluoride treatment, scaling, polishing
- » Fillings
- » Oral X-rays
- » Emergency root canal
- » Wisdom teeth extraction (in the dentists' rooms)
- » 1 set of plastic dentures per family every 24 months with a cover of **R4 190**. Minimum age of 21 years applies



PREVENTION & SCREENINGS

The following benefits are available once a year per beneficiary, from selected network pharmacies or a network GP:

- » Flu vaccine
- » Glucose test (finger prick)
- » Lipogram
- » Rapid HIV test
- » Childhood vaccines (according to the Department of Health, childhood immunisation and formularies)



* 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
- » 2 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.



MEDICATION (FORMULARY)

- » **Self-medication (Over-The-Counter):** Subject to the medicine formulary list of covered medicines, dispensed by an approved pharmacy.
- » Cover of **R770** per year, and a maximum of **R150** per event per beneficiary per year
- » **Prescribed:** acute medication unlimited
- » **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
- » **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)
 - Sjorgen Syndrome



INVESTIGATIONS

These services are available on referral by the network GP:

- » Basic Radiology (X-rays)
- » Soft tissue ultrasound
- » Pathology (blood tests)



HEALTH CHECK

- » 1 health check cover of **R200** per beneficiary over the age of 18 years per year
 - The benefit includes:
 - Blood pressure
 - Blood sugar
 - Cholesterol checks
 - BMI and waist circumference measurements.
- » **Available at participating DSP pharmacies only**

IMPORTANT NOTE TO REMEMBER

Only a contracted network GP can refer you for other medical interventions. Make sure that your GP is part of the Universal Health network and avoid out of pocket expenses

* 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

- » **10 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-authorised



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
- » All medication prescribed by the specialist must be obtained via the network pharmacies



AFTER-HOUR VISIT

- » **5 after hour visits per family** per year for incidents that occur at times when the network 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



APPLIANCES (ORTHOAEDIC/SURGICAL/MEDICAL)

- » **R11 600** 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

- » **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 000** 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

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) **R35 200**
- » Functional items and recuperative prosthesis (K-wires, plates, screws, lenses and slings) **R11 600**
- » Joint replacements **R39 600**
- » Major musculoskeletal prosthesis spinal procedures **R23 700**



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 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.

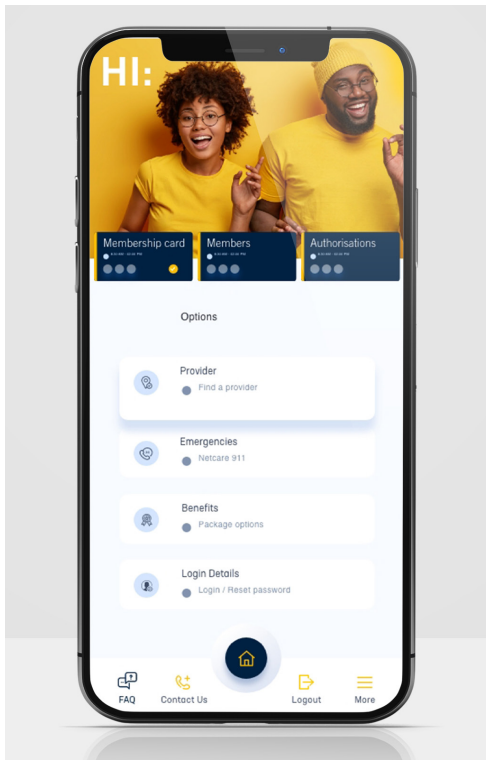
All Prescribed Minimum benefits (PMB) are covered according to Scheme rules, protocols and formularies.

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

R2 391.00



PER
ADULT DEPENDANT

R2 270.00



PER
CHILD DEPENDANT

R863.00

MONTHLY CONTRIBUTIONS

SINGLE MEMBER



CONTRIBUTION
R2 391.00

DUAL PARENT FAMILY



R4 661.00



R5 524.00



R6 387.00



R7 250.00

CONTRIBUTION

SINGLE PARENT FAMILY



R3 254.00



R4 117.00



R4 980.00



R5 843.00

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):	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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