

ABOUT THE ULTRA AFFORDABLE OPTION

THE ULTRA AFFORDABLE OPTION is a network Option that is specifically designed for younger people entering the medical aid market for the first time. It is ideal for single and young couples with healthy lifestyles.

This Option provides the most cost effective healthcare cover at contracted primary care service providers available countrywide.

It is important that you 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 our way of ensuring that we give you an integrated approach and look at your healthcare needs holistically.

PRIMARY BENEFITS

NO PRE-AUTHORISATION REQUIRED • UNIVERSAL HEALTH CONTRACTED PROVIDERS ONLY



GENERAL PRACTITIONER

- » Unlimited but managed consultations
 - After the 8th visit in a 12 month period the member must choose one GP for better management
 - Minor procedures in the doctor's rooms



OPTOMETRY

(Subject to Universal Health provider and clinical entry criteria)

- » 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



MALE HEALTH

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





FEMALE HEALTH

- » Oral contraceptives limited to 1 supply per registered female per month
- » Pap smear
- » Mammogram
- » Laparoscopic sterilisation *
- * These services must be pre-authorised



OUT OF NETWORK

- 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 068** per event. This limit 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

- 1 consultation per beneficiary per vear
- » 1 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)



PREVENTION & SCREENINGS

The following benefits are available from selected network pharmacies:

- » 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

* Registration required

» Prenatal vitamins (iron, calcium and folic acid) for the duration of the pregnancy – according to formulary

Benefits will be pro-rated according to the stage of the pregnancy



MEDICATION (FORMULARY)

- » Scripted: acute medication unlimited
- Scripted: chronic medication unlimited
 (Subject to 26 CDL PMB conditions as well as selective Hormone
 Replacement Therapy (HRT) and Disease Management
 Programme registration)
- Medicine for minor ailments (OTC): Subject to the formulary list of covered medicines, dispensed by an approved pharmacy. Limited to 3 events per year, and a maximum of R110 per event per beneficiary per year



INVESTIGATIONS

- » X-ray
- » Soft tissue ultrasound
- » Pathology (blood tests)
- * These services are available on referral by the network GP

* Pre-authorisation is required before accessing these benefits

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.

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



MEDICATION (FORMULARY)

- Acute medication prescribed by specialist will be covered in accordance to treatment guidelines
- Chronic medication prescribed is subject to 26 CDL PMB conditions, formularies and Disease Management Programme registration



APPLIANCES (ORTHOPAEDIC/SURGICAL/ MEDICAL)

- R7 400 per family per year
- Back/leg/arm/neck support
- Crutches post surgery
- Surgical footwear
- Respiratory oxygen



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



AFTER-HOUR VISITS

» 3 visits per family per year



SUPPLEMENTARY BENEFITS

- R3 300 per family per year Occupational therapy
 - Dieticians
 - Speech therapy and audiology
- Physiotherapy
- Podiatry
- Psychology



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

HOSPITAL BENEFITS

UNLIMITED • PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY THIS OPTION MAKES USE OF ALL HOSPITAL GROUPS



GENERAL

- Consultations (GPs and specialists)
- Treatment
- Surgical procedures
- Non-surgical procedures
- Anaesthesia



ACCOMMODATION

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



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



SCANS (IN & OUT OF HOSPITAL)

- 1 scan per family per year
- RT scan
- MRI scan
- CAT scan



OVERALL PROSTHESES

- R44 900 overall per family per year The following sub-limits are applicable:
 - Vascular prosthesis R26 600
 - Joint replacements R29 400
 - Functional prosthesis R9 100
 - Major musculoskeletal prosthesis R18 100



INVESTIGATIONS

- Radiology (X-rays)
- » Pathology (blood tests)

- » Medical technology

KINDLY NOTE

- · All specialist visits must be referred by the network GP and pre-authorised through the Umvuzo call centre.
- Penalties may apply if authorisation is obtained after treatment.
- The claim may not be paid if pre-authorisation is not obtained.

DISEASE MANAGEMENT



ACTIVE DISEASE MANAGEMENT PROGRAMMES

Our Active Disease Management Programmes enable us to plan and co-ordinate the healthcare of members living with chronic medical conditions, in order to give them the best possible outcomes.

All 26 diseases on the CDL (Chronic Disease List) are covered as part of your PMB (Prescribed Minimum Benefits).

Registration on these Disease Management Programmes is necessary to access full benefits:

- HIV/Aids
- Oncology
- Diabetes
- Musculoskeletal
- Renal Hypertension
- Hyperlipidaemia (high cholesterol)
- Asthma/COPD/Bronchiectasis

A total treatment plan for each member includes:

- » Confidentiality
- » Ongoing member support and education
- » Individualised treatment plan
- » Ongoing counselling and health monitoring

All Prescribed Minimum Benefits are covered according to Scheme rules, protocols and formularies.

WHAT IS THE MONTHLY COST?

INCOME BELOW R6 550



PER MAIN MEMBER R1 095.00



ADULT DEPENDANT R1 095.00



PER
CHILD DEPENDANT
R695.00

CONTRIBUTION: FULL DEAL

SINGLE MEMBER



CONTRIBUTION R1 095.00

DUAL PARENT FAMILY

CONTRIBUTION

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AAB R2 885.00 R3 580.00

225.00 R4 275.00

SINGLE PARENT FAMILY

CONTRIBUTION

2	38
R1	790.00

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INCOME ABOVE R6 550



PER MAIN MEMBER R1 612.00



PER ADULT DEPENDANT R1 612.00



PER CHILD DEPENDANT R842.00

CONTRIBUTION: FULL DEAL

SINGLE MEMBER



CONTRIBUTION R1 612.00

DUAL PARENT FAMILY

CONTRIBUTION

QQ R3 224.00 228 R4 066.00 R4 908.00

R5 750.00

SINGLE PARENT FAMILY

CONTRIBUTION

88 888 454.00 R3 296.00 鲁<mark>吕</mark>鲁88 R4 980.00

IMPORTANT CONTACT INFORMATION

Alenti Office Park, Building D, 457 Witherite Road, The Willows, Pretoria, 0040 PO Box 1463, Faerie Glen, 0043

24 Hour Call Centre and Authorisations: 0861 083 084

Please Call Me: 060 070 2095 - Client Services 060 070 2352 - Hospital, Specialist, Chronic Medication

Tel: 012 845 0000 Fax: 086 670 0242 E-mail: info@umvuzohealth.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 CALLING UMVUZO HEALTH

- » Umvuzo Health membership number
- » Surname
- » South African ID number
- Passport number (if you are from a neighbouring country)

Administrative services are attended to during business hours from:

MONDAYS TO FRIDAYS

08:00 - 17:30 **SATURDAYS** 08:00 - 13:00

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