



2024
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.

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

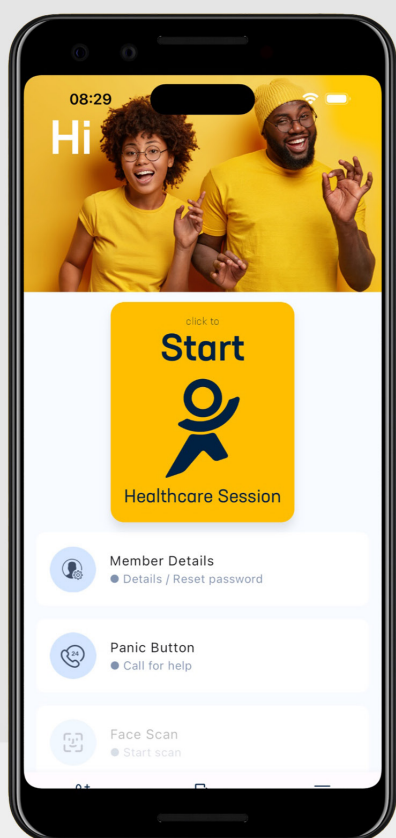
Members have access to all private hospital groups countrywide, ensuring cover wherever you may be.

UMVUZU 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



NOMINATED GENERAL PRACTITIONER

- » 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
- Beneficiaries must nominate one (1) GP of choice**
- » Unlimited Consultations
- » Minor Procedures in the doctors' rooms



OPTOMETRY (STAND-ALONE BENEFIT)

- » Cover of **R2 400** per beneficiary every 24 months
 - Eye Test every 24 months
 - Frames/Lenses: every 24 months
 - No sunglasses or tinted lenses



DENTAL CARE (STAND-ALONE BENEFIT)

- » Cover of **R3 700** per beneficiary per year, which includes:
 - Consultations
 - Cleaning, Fluoride Treatment, Scaling, Polishing
 - Simple Extractions
 - Fillings
 - Crowns & Bridges



INVESTIGATIONS

- » Unlimited cover when referred by nominated GP:
 - Radiology: (X-rays and Ultrasounds)
 - Pathology (blood tests)



MEDICATION

- » **Prescribed:** Acute Medication unlimited as prescribed by nominated GP
- » **Prescribed:** Chronic Medication unlimited*
- » Subject to 26 CDL PMB conditions as well as selective Hormone Replacement Therapy (HRT)



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

All procedures must be pre-authorized



FEMALE HEALTH

- » Oral contraceptives covered to **R180** per registered female per month
- » Pap smear
- » Mammogram*
- » Laparoscopic Sterilisation* (must be pre-authorized)

* These services must be pre-authorized



OVER THE COUNTER MEDICATION (STAND-ALONE BENEFIT)

- » Cover of **R710** per beneficiary per year, and a maximum of **R145** per event



* 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
- » 2x 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.

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



EMERGENCY & AFTER HOURS

- » Non-nominated GP Consultations
- » After-hour GP Consultations
- » Radiology / Pathology referred by non-nominated GP



MEDICATION

- » **Scripted:** Acute Medication as prescribed by non-nominated GP



PREVENTION & SCREENINGS

- Benefits available from selected pharmacies:
- » Flu Vaccine
 - » Pap smear
 - » Glucose Test (finger prick)
 - » Cholesterol (finger prick)
 - » Blood Pressure
 - » BMI & Waist Circumference
 - » Rapid HIV Test
 - » HPV

SECONDARY BENEFITS

PRE-AUTHORISATION REQUIRED • SCHEME RATES APPLY



SPECIALIST VISITS

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



APPLIANCES (ORTHOPAEDIC/SURGICAL/MEDICAL)

- » **R8 200** 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



SUPPLEMENTARY BENEFITS (NO PRE-AUTHORISATION REQUIRED)

- » **R3 700** 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



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













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

 <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) R29 500 » Functional Items and Recuperative Prosthesis (K-wires, plates, screws, lenses and slings) R10 100 » Joint Replacements R32 600 » Major Musculoskeletal Prosthesis & Spinal Procedures R20 100
 <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"> » 2 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

R1 917.00



PER ADULT DEPENDANT

R1 917.00



PER CHILD DEPENDANT

R838.00

MONTHLY CONTRIBUTIONS



CONTRIBUTION
R1 917.00



R3 834.00



R4 672.00



R5 510.00



R6 348.00

CONTRIBUTION



R2 755.00



R3 593.00



R4 431.00



R5 269.00

CONTRIBUTION

DAY-TO-DAY BENEFIT BREAKDOWN



MAIN MEMBER

R2 040



MAIN MEMBER +
ADULT DEPENDANT

R3 960



MAIN MEMBER +
ADULT DEPENDANT +
CHILD DEPENDANT x 1

R5 280



MAIN MEMBER +
ADULT DEPENDANT +
CHILD DEPENDANT x 2

R6 600



MAIN MEMBER +
ADULT DEPENDANT +
CHILD DEPENDANT x 3

R7 920

	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT X 1	CHILD DEPENDANT X 2	CHILD DEPENDANT X 3	TOTAL FAMILY BENEFIT
M	R2 040					R2 040
M + A	R2 040	R1 920				R3 960
M + A + 1C	R2 040	R1 920	R1 320			R5 280
M + A + 2C	R2 040	R1 920	R1 320	R1 320		R6 600
M + A + 3C	R2 040	R1 920	R1 320	R1 320	R1 320	R7 920

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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