

Necesse is Medihelp's income-based network option which offers primary and hospital care at a network of private providers at a highly competitive rate.



necesse

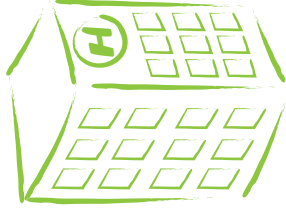
necesse (network option)

- This option has no overall annual limit and focuses on making private healthcare services more accessible.
- Contributions are based on income and a network of private healthcare professionals provides access to quality care.



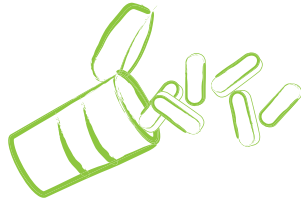
Day-to-day benefits

- Choose any doctor within the Necesse network of over 1,200 GPs nationwide. Visit our website at www.medihelp.co.za or dial *120*6364# on your cell phone for a list of network doctors.
- Authorised specialist visits on referral from your Necesse network doctor.
- Basic dental services provided by a network of over 1,000 dentists.
- Optometry benefits are provided by a nationwide network of more than 2,000 optometrists.
- Pathology services provided by a network of providers.



Hospitalisation

- Necesse offers a hospital network of over 120 private facilities nationwide.
- Your Necesse network doctor or specialist on referral should admit you to hospital.
- Hospital admissions require a referral from your Necesse doctor or specialist and must be pre-authorised. Emergency admissions can be authorised on the first workday after admission.
- Emergency transport services are provided by ER24.



Medicine

- Acute medicine on the approved Necesse medicine list (formulary) is available from your dispensing network doctor or on prescription from a Medihelp network pharmacy.
- Pre-authorised chronic medicine for CDL conditions included.



Income-based subscription

Necesse subscription is based on three income categories ranging from R7,500 or less to the highest category of R11,001 and more ensuring that low income-earners are also provided access to quality private healthcare.

GP visits, medicine and oxygen	
Description	Benefit
GENERAL PRACTITIONER SERVICES WITHIN THE NECESSE NETWORK <ul style="list-style-type: none"> Consultations 	100% of the scheme tariff Pre-authorisation from the 9th consultation per family per year onwards
ACUTE MEDICINE PRESCRIBED BY A NECESSE NETWORK DOCTOR	100% of the contracted tariff According to formulary Co-payments may apply
OVER-THE-COUNTER (OTC) MEDICINE	100% of the scheme tariff R200 per beneficiary per year, maximum R68 per event
AUTHORISED CHRONIC MEDICINE PRESCRIBED BY A NECESSE NETWORK DOCTOR – PMB MEDICINE ONLY	100% of the Necessé formulary Co-payments may apply
OXYGEN Services rendered not during hospitalisation	100% of the scheme tariff 20% co-payment if not pre-authorised
X-rays and blood tests	
BASIC RADIOLOGY (X-RAYS) REQUESTED BY A NECESSE NETWORK DOCTOR <ul style="list-style-type: none"> Black and white X-rays and soft-tissue ultrasounds 	100% of the scheme tariff Necessé formulary applies
BASIC PATHOLOGY (BLOOD TESTS) (LANGET OR PATHCARE)	100% of the contracted tariff Necessé formulary applies Co-payments apply if services are rendered by non-preferred providers
Pregnancy benefits	
PREGNANCY (SUBJECT TO PRE-AUTHORISATION AND TREATMENT GUIDELINES) <ul style="list-style-type: none"> Pre- and post-natal care provided by a Necessé network doctor Midwife services by a registered practising nurse 	100% of the scheme tariff
<ul style="list-style-type: none"> Gynaecologist services on referral by a Necessé network doctor Sonars (2D) on referral by a Necessé network doctor or specialist 	100% of the scheme tariff 2 consultations per beneficiary 20% co-payment if not on referral 100% of the scheme tariff 2 two-dimensional sonars per beneficiary

Maternity benefits	
Description	Benefit
MATERNITY (PMB cases) Subject to pre-authorisation and clinical protocols <ul style="list-style-type: none"> Hospitalisation Midwifery and confinement/delivery Gynaecologist and anaesthetist services 	100% of the contracted tariff Unlimited 20% co-payment per unauthorised non-emergency admission or services rendered by a non-network hospital
MATERNITY (non-PMB cases) Subject to pre-authorisation and clinical protocols <ul style="list-style-type: none"> Hospitalisation Midwifery and confinement/delivery Gynaecologist and anaesthetist services 	100% of the contracted tariff In the case of an elective caesarean section - R17,970 per confinement 20% co-payment per unauthorised non-emergency admission or services rendered by a non-network hospital
HOME DELIVERY Subject to pre-authorisation <ul style="list-style-type: none"> Professional nursing fee Equipment Material and medicine 	100% of the contracted/scheme tariff/medicine price R9,000 per event for home delivery
Eye test and spectacles or contact lenses	
OPTICAL SERVICES (PPN) Optometric examinations	Benefits are available per 2-year cycle 1 comprehensive consultation, including refraction test, tonometry and visual fields test
<ul style="list-style-type: none"> Spectacles or contact lenses Benefits are limited to either spectacles or contact lenses <ul style="list-style-type: none"> Spectacles Frame 	R150 (PPN frame)
<ul style="list-style-type: none"> Lenses One pair of standard high-quality clear lenses 	Clear single vision lenses or Clear Aquity bifocal lenses
<ul style="list-style-type: none"> Contact lenses 	R395 (only PPN optometrists)
Physiotherapy and occupational therapy	
PHYSIOTHERAPY AND OCCUPATIONAL THERAPY MUST BE REQUESTED BY A NECESSE NETWORK DOCTOR	100% of the scheme tariff R1,460 per member per year or R2,240 per family per year

Emergency services		Description	Benefit
EMERGENCIES (PMB) Subject to the definition on p29			100% of the cost Unlimited
EMERGENCY VISITS (NON-PMB CASES) AND OUT-OF-NETWORK CONSULTATIONS		<ul style="list-style-type: none"> Outpatient and emergency consultations (non-PMB cases) Medicine and services rendered by a non-network general practitioner Pathology requested by a non-network general practitioner (Lancet or Pathcare) according to list of pathology codes Radiology Facility fee 	80% of the scheme tariff R780 per member per year R1,560 per family per year
EMERGENCY TRANSPORT SERVICES ARE PROVIDED AND PRE-AUTHORISED BY ER24		<ul style="list-style-type: none"> Emergency transport services by road/air within the borders of South Africa only 	100% of the contracted tariff/cost
24-HOUR HELPLINE (ER24)			Phone 084 124 for advice in a medical emergency
ER24 TRAUMA COUNSELLING			
Hospitalisation			
HOSPITALISATION		Subject to pre-registration, pre-authorisation, protocols and case management	
<ul style="list-style-type: none"> Intensive care units and high-care wards Ward accommodation Theatre costs Consultations by network general practitioners or specialists Treatment and ward medicine Surgery and anaesthesia 		100% of the contracted/scheme tariff/medicine price Unlimited 20% co-payment per unauthorised non-emergency admission or admission to a non-network hospital	
APPLICABLE MEDICINE DISPENSED AND CHARGED BY THE HOSPITAL ON THE DAY OF DISCHARGE FROM HOSPITAL (TTO)			100% of the medicine price R260 per admission
MAXILLOFACIAL SURGERY DUE TO TRAUMA-RELATED INJURIES – PMB ONLY		Subject to pre-authorisation and clinical protocols	100% of the cost
PHYSIOTHERAPY AND OCCUPATIONAL THERAPY		During hospitalisation	100% of the scheme tariff R6,740 per family per year

Basic dental services		Description	Benefit
BASIC CONSERVATIVE DENTAL SERVICES MUST BE PROVIDED BY A DENTIST IN THE DENTAL INFORMATION SYSTEMS (DENIS) NETWORK		Subject to clinical treatment guidelines and managed care interventions	100% of the Medihelp Dental Tariff 1 consultation per beneficiary per year
<ul style="list-style-type: none"> Routine check-ups (full mouth examination) Oral hygiene Fluoride treatments (Item codes: 8155/8159) and fissure sealants for children <16 only (Item code: 8161) Fillings (Item codes: 8341/8342/8343/8344/8351/8352/8353/8354) Root canal therapy and extractions Medicine prescribed by a dentist Plastic dentures Including associated laboratory costs 		100% of the Medihelp Dental Tariff 1 scale and polish treatment per beneficiary per year	100% of the Medihelp Dental Tariff 4 teeth per beneficiary, once per tooth in 365 days
<ul style="list-style-type: none"> Laughing gas in Denis network dentist's rooms Dental procedures under conscious sedation in the Denis network dentist's chair for extensive dental treatment only Subject to pre-authorisation X-rays: Intra-oral X-rays: Extra-oral 		100% of the Medihelp Dental Tariff 4 per beneficiary per year 1 per beneficiary in a 3-year period	100% of the Medihelp Dental Tariff Limited to 2 teeth per beneficiary per year For member's account 100% of the Medihelp Dental Tariff 1 set of plastic dentures (an upper and lower set) per family in a 24-month cycle for patients 21 years and older Co-payment of 20% on Medihelp Dental Tariff applies
Specialist care			
SPECIALIST CARE		<ul style="list-style-type: none"> Specialist consultations Surgical and non-surgical procedures Diagnostic endoscopic procedures performed in the specialist's rooms 	100% of the contracted/scheme tariff R2,240 per single member or R3,180 per family per year 20% co-payment on consultation if not referred by a Necesses network doctor Benefits are subject to pre-authorisation by Medihelp
ACUTE MEDICINE PRESCRIBED BY A SPECIALIST MUST BE OBTAINED FROM A NETWORK PHARMACY			
BASIC RADIOLOGY AND PATHOLOGY (LANCET OR PATHCARE)			
AUTHORISED CHRONIC PMB MEDICINE PRESCRIBED BY A SPECIALIST ON REFERRAL			100% of the Necesses formulary Co-payments may apply

Hospitalisation		Description	Benefit
	PATHOLOGY AND MEDICAL TECHNOLOGY During hospitalisation Pathology services should be rendered by Lancet or Pathcare		100% of the contracted/scheme tariff R20,780 per family per year
	BASIC RADIOLOGY During hospitalisation		100% of the scheme tariff/cost
	OXYGEN Services rendered during hospitalisation		100% of the scheme tariff R15,150 per family per year
	BLOOD TRANSFUSION SERVICES AND THE TRANSPORT OF BLOOD AND BLOOD PRODUCTS Services rendered during and not during hospitalisation		100% of the scheme tariff R15,150 per family per year
	CLINICAL TECHNOLOGIST SERVICES Services rendered during hospitalisation		100% of the scheme tariff R15,150 per family per year
Dental surgery			
	DENTAL SURGERY UNDER GENERAL ANAESTHESIA IN A HOSPITAL/DAY CLINIC ONLY Benefits are subject to pre-authorization, Denis clinical protocols, referral and rendered by a Denis network dentist. <ul style="list-style-type: none"> Trauma cases (PMB only) Extensive dental treatment for very young children only 		100% of the cost 20% co-payment per unauthorised non-emergency or services rendered by a non-network hospital
Specialised radiology			
	SPECIALISED RADIOLOGY REQUESTED BY A SPECIALIST ON REFERRAL Services rendered during and not during hospitalisation must be pre-authorised <ul style="list-style-type: none"> MRI and CT scans 		100% of the scheme tariff R11,230 per family per year
Sub-acute and private nursing services			
	SUB-ACUTE AND PRIVATE NURSING SERVICES AS AN ALTERNATIVE TO HOSPITALISATION Subject to pre-authorization and case management		100% of the contracted tariff R15,150 per family per year 20% co-payment per unauthorised admission to sub-acute care facilities General day-to-day care excluded (such as bathing)

Prescribed Minimum Benefits (PMB)		Description	Benefit
	DIAGNOSIS, CARE AND TREATMENT OF 270 DTP AND MEDICINE FOR 26 CDL CONDITIONS (SUBJECT TO ALGORITHMS, PROTOCOLS AND PRE-AUTHORISATION)		100% of the cost Unlimited Co-payments may apply
	ONCOLOGY – PMB ONLY <ul style="list-style-type: none"> Chemotherapy and radiotherapy Surgery 		100% of the cost Unlimited Co-payments may apply Subject to registration on the management programme provided by ICON
	HIV/AIDS (Optipharm) <ul style="list-style-type: none"> Antiretroviral therapy and treatment by DSP 		100% of the cost Unlimited Co-payments may apply Subject to registration on the management programme provided by Optipharm
	BENEFITS FOR TRAUMA THAT NECESSITATES HOSPITALISATION		100% of the cost Unlimited Co-payments may apply
	POST-EXPOSURE PROPHYLAXIS (Provided by Optipharm)		100% of the cost Unlimited Co-payments may apply
	TREATMENT OF A MENTAL HEALTH CONDITION – PMB ONLY Subject to pre-registration, pre-authorization, protocols and case management <ul style="list-style-type: none"> Professional psychiatric services Ward accommodation Medicine and materials supplied or administered during hospitalisation Applicable medicine dispensed and charged by the hospital on the day of discharge from hospital 		100% of the contracted/scheme tariff/medicine price 20% co-payment applies to non-authorized and non-network hospital admissions 100% of the medicine price R260 per admission
	RENAL DIALYSIS – PMB ONLY (acute and chronic) <ul style="list-style-type: none"> Rendered by a designated service provider 		100% of the contracted tariff Subject to pre-authorization and enrolment on the dialysis management programme
	PROSTHESES – PMB ONLY <ul style="list-style-type: none"> Internally implanted prosthesis External prosthesis 		100% of the scheme tariff/cost 100% of the scheme tariff/cost R6,740 per family per year
	SURGICAL AND ORTHOPAEDIC APPLIANCES REQUIRED DURING HOSPITALISATION		100% of the scheme tariff/cost R6,740 per family per year

monthly contribution

Member	Subscription	
	*Gross monthly income of principal member	
	R7,500 or less	R11,001 and more
Principal member	R828	R1,182
Adult dependant	R654	R924
Child dependant < 21 years	R354	R510

* If the member's gross monthly income (before deductions) is more than R11,001, no proof of income is required.

proof of income

If no proof of income can be provided your subscription will be based on the highest income category.

Source	Acceptable proof of income
Full-time employment Basic salary, overtime, commission Bonuses (all types, e.g. 13th cheque, production bonus etc.) Allowances (all types, e.g. car/travelling, cell phone etc.) Fringe benefits (e.g. company car)	Past three months' official pay slips Latest tax assessment – ITA 34 IRP 5 of previous tax year Past three months' commission and bank statements*
Investments Interest Dividends Rental income	Letter of auditor/accountant/tax adviser Latest tax assessment – ITA 34 IT3(a) and past three months' bank statements* Rental income – rental agreement and past three months' bank statements* indicating deposits
Self-employment Income from vocation/profession Total income from business	Latest tax assessment – ITA 34 Letter of auditor/accountant/tax adviser Past three months' commission and bank statements*
Trusts Income from trusts	Latest tax assessment – ITA 34 Letter of auditor/accountant
Unemployment Individuals who earn no income from a vocation/profession/business	UIF payments and bank statements* Income of person paying the subscriptions
Pensions and annuities Income from pensions or annuities	Latest tax assessment – ITA 34 Past three months' bank statements* indicating the pension deposits Past three months' pension payment advices
Full-time students (Members without dependants)	Notice/letter on official letterhead of tertiary institution where registered A copy of relevant year's student card

* Only bank statements indicating the account holder's initials and surname will be accepted. Please indicate clearly which payment refers to your income.

This is a summary of the Necessse benefit option. In the case of a dispute, the registered Rules of Medihelp will apply, subject to approval by the Registrar of Medical Schemes. All limits are valid for one year, unless otherwise indicated. If a beneficiary joins during the course of a financial year, the benefits (limits) are calculated pro rata according to the remaining number of months per year.

more about necesse

Doctors' visits

You must choose a general practitioner (GP) in the Necesse network to visit. Your network doctor will refer you to a physiotherapist, specialist and other medical practitioners if required. You have to obtain pre-authorisation from Medihelp from your 9th consultation (the family's visits combined) onwards by sending an SMS to Medihelp.

Chronic medicine

Only chronic medicine prescribed for the treatment of diseases on the Chronic Diseases List (CDL) will qualify for benefits. Chronic medicine must be registered with Medihelp. Your network doctor will complete an application form to register the chronic medicine and you will receive a schedule of all authorised medicine. Authorised chronic medicine should be obtained from a pharmacy or courier pharmacy in the Medihelp Preferred Pharmacy Network.

Claims

The Necesse network doctor and other medical practitioners will submit claims directly to Medihelp. If you have paid the account yourself, you can submit qualifying claims to Medihelp for a refund.

Specialists

Your network GP will refer you to a specialist if required. This entails that your network doctor completes a specialist referral form which will be used to obtain pre-authorisation for the specialist visit from Medihelp.

Emergencies

Please remember that only emergencies which meet the definition of an emergency on this brochure (see "Explanation of terms") will qualify for Prescribed Minimum Benefits (PMB) and must be registered as such with Medihelp.

Other referrals

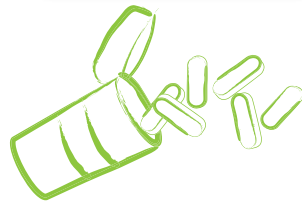
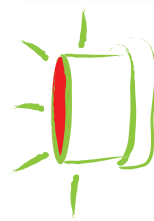
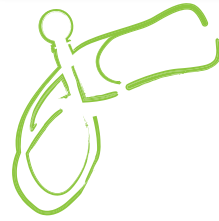
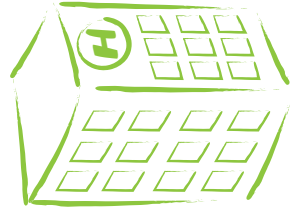
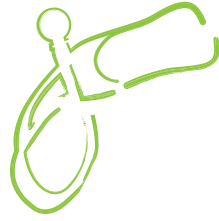
Your network doctor or the specialist you've been referred to must refer you to a physiotherapist, occupational therapist, pathologist, radiologist or other medical practitioner if required.

Acute medicine

Should you require medicine, your network GP will provide you with the medicine if he/she is a dispensing doctor, or he/she will provide you with a prescription for medicine listed on the Necesse formulary. Medicine on prescription must be obtained from a pharmacy in the Medihelp Preferred Pharmacy Network.

Hospitalisation

If referred you may only be admitted to a Necesse network hospital. If not, a 20% co-payment on the hospital account will apply. All hospital admissions, including for psychiatric admissions, must be pre-authorised (and emergency admissions on the first workday following the admission).





need to know more...

more about our partners

Dental Information Systems (Denis)

Dental Information Systems (Denis) is South Africa's leading dental benefit management company. Medihelp's dental benefits are managed by Denis and granted in accordance with Denis protocols, while Medihelp members obtain services from their regular dentists. In certain cases (particularly for specialised dentistry), benefits are subject to approval by Denis.

Tel: 086 0104 941
Fax: 086 6770 336
medihelpenq@denis.co.za

Medihelp Preferred Pharmacy Network

Medihelp Preferred Pharmacy Network refers to pharmacies offering Medihelp the most cost-effective professional fee structure for prescribed medicine. While standard co-payments on medicine still apply as set out in the rules of the benefit options, members who make use of network pharmacies will not have to pay any excess amounts in respect of higher professional fees charged by pharmacies to dispense medicine items.

Optipharm

Optipharm is the preferred provider for the rendering of HIV/Aids-related services and post-exposure prophylaxis in the case of sexual assault or accidental exposure to HIV.

Tel: 086 0906 090
Emergencies: 083 564 9978
Fax: 086 0064 762
medihelp@optipharm.co.za

PPN

The Preferred Provider Negotiators (PPN) optical providers manage Medihelp's optical benefits. More than 2,000 optometrists across South Africa are part of the PPN network. Although Medihelp members may visit any optometrist, benefits will be paid according to the PPN tariffs and a co-payment may be applicable should the costs exceed the benefit amount.

Tel: 086 0103 529 or
086 1101 477
www.ppn.co.za

SAOC

The SAOC is the South African Oncology Consortium, the professional affiliation of South African oncologists who determine the guidelines according to which patients receive cancer treatment.

Tel: 086 0100 678
Fax: 086 0064 762
oncology@medihelp.co.za

ER24

Our partner providing all emergency medical services is ER24. They offer emergency medical transport, assistance and trauma counselling to Medihelp members.

Tel: 084 124

DBC

Document-based Care (DBC) offers a back treatment programme as prerequisite for spinal column surgery to members who qualify, and if there is a DBC clinic in their vicinity. This programme is developed by a multi-disciplinary medical team according to the patient's clinical profile.

ICON (Necesse)

ICON is the Independent Clinical Oncology Network that determines clinical protocols according to which patients of the Necesse benefit option receive cancer treatment from ICON network doctors.

Necesse Doctor Network

Members of the Necesse benefit option can visit one of the more than 1,200 general practitioners (GPs) located nationwide for quality primary healthcare. Please visit our website at www.medihelp.co.za for a full list of network doctors. Alternatively you can dial *120*6364# on your cell phone to locate a network GP near you.

Necesse Hospital Network

This network of more than 120 facilities offers Necesse members access to tertiary (hospital) care. The network has a national footprint and consists mainly of Netcare, Life and MediClinic hospitals. Please visit our website for a full list of network hospitals.

Dimension Prime Hospital Network

This countrywide network must be used by members of the Dimension Prime Network benefit options when they need to have planned procedures performed in hospital. Members pay a lower monthly fee when they opt to make use of this network. The hospital network consists mainly of Netcare, Life and MediClinic hospitals and a complete list is available on our website.

more about dental benefits

All benefits are subject to Denis protocols, and pre-authorisation in the case of specialised dentistry.

Description	Necesse	Dimension Prime 1	Dimension Prime 2	Dimension Prime 3	Dimension Elite
<ul style="list-style-type: none"> Routine examinations (check-ups) Oral hygiene Fillings A treatment plan and X-rays may be required for multiple fillings Tooth extractions and root canal treatment in the dentist's chair Plastic dentures (including professional and dental laboratory fees) Partial metal frame dentures Crown and bridge work Orthodontic treatment Fixed braces – only one beneficiary per family may begin orthodontic treatment per calendar year Periodontal treatment Subject to registration on the Perio Programme X-rays <ul style="list-style-type: none"> Intra-oral Extra oral Dental procedures under conscious sedation in the dentist's chair (sedation cost) Dentist's account Dental surgery under general anaesthesia in a hospital/day clinic only Removal of impacted teeth under general anaesthesia in a hospital/day clinic only Laughing gas (in the dentist's chair) Maxillofacial surgery and oral pathology Surgery in the dentist's chair <ul style="list-style-type: none"> Benefits for temporomandibular joint (TMJ) therapy is limited to non-surgical interventions/treatment 	<p>100% of the MDT 1 per beneficiary per year</p> <p>100% of the MDT 1 scale and polish treatment and fissure sealants for beneficiaries <16 Limited to Denis item codes</p> <p>100% of the MDT 4 teeth per beneficiary, once per tooth in 365 days Limited to Denis item codes</p> <p>100% of the MDT 2 teeth per beneficiary per year</p> <p>100% of the MDT 1 set (upper and lower jaw) per family in a 24-month cycle for patients >21 years Co-payment of 20% on total cost applies</p> <p>For member's account</p> <p>4 per beneficiary per year</p> <p>1 per beneficiary in a 3-year period</p> <p>100% of the MDT Extensive dental treatment only</p> <p>100% of the MDT Trauma cases (PMB only)</p> <p>For member's account</p> <p>100% of the MDT</p> <p>For member's account</p>	<p>For member's account</p> <p>100% of the MDT Removal of impacted teeth only</p> <p>For member's account</p> <p>100% of the MDT R2,300 co-payment per admission</p> <p>For member's account</p>	<p>100% of the MDT Savings account</p> <p>100% of the MDT Removal of impacted teeth and extensive dental treatment only</p> <p>100% of the MDT Savings account</p> <p>100% of the MDT R1,500 co-payment per admission</p> <p>100% of the MDT Savings account</p>	<p>100% of the MDT 2 per beneficiary per year</p> <p>100% of the MDT 2 scale and polish treatments per beneficiary per year</p> <p>100% of the MDT 1 filling per tooth in 365 days</p> <p>100% of the MDT</p> <p>100% of the MDT 1 set (upper and lower jaw) per beneficiary every 4 year period</p> <p>100% of the MDT 1 partial frame (upper or lower jaw) per beneficiary every 5 year period</p> <p>100% of the MDT 1 crown per family per year, once per tooth every 5 year period</p> <p>100% of the MDT R6,000 per beneficiary younger than 18 years per lifetime</p> <p>100% of the MDT</p> <p>100% of the MDT</p> <p>1 per beneficiary in a 3-year period</p> <p>100% of the MDT Extensive dental treatment only</p> <p>100% of the MDT R650 co-payment per admission</p> <p>100% of the MDT R640 co-payment per admission</p> <p>100% of the MDT</p>	<p>100% of the MDT 2 per beneficiary per year</p> <p>100% of the MDT 2 scale and polish treatments per beneficiary per year</p> <p>100% of the MDT 1 filling per tooth in 365 days</p> <p>100% of the MDT</p> <p>100% of the MDT 1 set (upper and lower jaw) per beneficiary every 4 year period</p> <p>100% of the MDT 2 partial frames (upper and lower jaw) per beneficiary every 5 year period</p> <p>100% of the MDT 2 crowns per family per year, once per tooth every 5 year period</p> <p>100% of the MDT R8,000 per beneficiary younger than 18 years per lifetime</p> <p>100% of the MDT</p> <p>100% of the MDT</p> <p>100% of the MDT R640 co-payment per admission</p> <p>100% of the MDT</p>

dental exclusions

Oral hygiene

- Oral hygiene instruction and evaluation.
- Professionally applied adult fluoride.
- Dental bleaching.
- Nutritional and tobacco counselling.
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments.
- Fissure sealants on patients 16 years and older.

Fillings/restorations

- Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis.
- Resin bonding for restorations charged as a separate procedure to the restoration.
- Polishing of restorations.
- Gold foil restorations.
- Ozone therapy.
- Replacement of amalgam (silver) fillings with composite (white) fillings.
- Tooth-coloured fillings on molars and premolars (**Necessse**).

Root canal therapy and extractions

- Root canal therapy on primary (milk) teeth.
- Direct and indirect pulp capping procedures.

Plastic dentures/snoring appliances/mouth guards

- Diagnostic dentures and the associated laboratory costs.
- Snoring appliances and the associated laboratory costs.
- Provisional dentures and associated laboratory costs.
- The clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures. (The laboratory fee will be covered at the Medihelp Dental Tariff where managed care protocols apply.)
- The laboratory cost associated with mouth guards. (The clinical fee will be covered at the Medihelp Dental Tariff where managed care protocols apply.)
- High impact acrylic.
- Cost of gold, precious metal, semi-precious metal and platinum foil.
- Laboratory delivery fees.

Partial metal frame dentures

- Metal base to full dentures, including the laboratory cost.
- High impact acrylic.
- Cost of gold, precious metal, semi-precious metal and platinum foil.
- Laboratory delivery fees.

Crown and bridge work

- Crown and bridge procedures for cosmetic reasons and the associated laboratory costs.
- Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs.
- Full mouth rehabilitations and the associated laboratory costs.
- Provisional crowns and the associated laboratory costs.
- Porcelain veneers, inlays and the associated laboratory costs.
- Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs.
- Cost of gold, precious metal, semi-precious metal and platinum foil.
- Laboratory delivery fees.

Implants

- Dolder bars and associated abutments on implants, including the laboratory cost.
- Laboratory delivery fees.

Orthodontics

- Orthodontic treatment for cosmetic reasons and associated laboratory costs.
- Orthodontic treatment for persons 18 years and older.
- Orthodontic re-treatment and the associated laboratory costs.
- Cost of invisible retainer material.
- Laboratory delivery fees.

Periodontics

- Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemisection of a tooth.
- Perio chip placement.

Maxillofacial surgery and oral pathology

- Orthognathic (jaw correction) surgery and any related hospital cost and laboratory costs.
- Bone augmentations.
- Bone and other tissue regeneration procedures.
- Cost of bone regeneration material.
- The auto-transplantation of teeth.
- Sinus lift procedures.
- The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8943 and 8945).

Hospitalisation (general anaesthetic)

- Where the reason for admission to hospital is dental fear or anxiety.
- Multiple hospital admissions.
- Where the only reason for admission to hospital is to acquire a sterile facility.
- The cost of dental materials for procedures performed under general anaesthesia.
- The hospital and anaesthetist claims for the following procedures will not be covered when performed under general anaesthesia:
 - Apicectomies.
 - Dentectomies.
 - Frenectomies.
 - Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for adults.
 - Professional oral hygiene procedures.
 - Implantology and associated surgical procedures.
 - Surgical tooth exposure for orthodontic reasons.
 - Removal of impacted teeth in hospital (**Necessse**).

Additional Scheme exclusions

- Special reports.
- Dental testimony, including dento-legal fees.
- Behaviour management.
- Intramuscular and subcutaneous injections.
- Procedures that are defined as unusual circumstances and unlisted procedures.
- Appointments not kept.
- Treatment plan completed (code 8120).
- Electrographographic recordings, pantographic recordings and other such electronic analyses.
- Caries susceptibility and microbiological tests.
- Pulp tests.
- Cost of mineral trioxide.
- Enamel microabrasion.
- Medicine prescribed by a dentist (**Necessse**).
- Specialised dentistry: crowns and bridges, implants, orthodontics, periodontics and maxillofacial surgery (**Necessse**).

general exclusions

dimension range and necesse

General

- Services which are not mentioned in the Rules as well as services which in the opinion of the Board of Trustees, are not aimed at the generally accepted medical treatment of an actual or a suspected medical condition or handicap, which is harmful or threatening to necessary bodily functions (the process of ageing is not considered to be a suspected medical condition or handicap).
- Travelling and accommodation/lodging costs, including meals as well as administration costs of a beneficiary and/or service provider.
- Aptitude, intelligence/IQ and similar tests as well as the treatment of learning problems.
- Operations, treatments and procedures –
 - of own choice;
 - for cosmetic purposes; and
 - for the treatment of obesity, with the exception of the treatment of obesity which is motivated by a medical specialist as life-threatening and approved beforehand by Medihelp.
- Treatment of wilfully self-inflicted injuries, unless it is a prescribed minimum benefit.
- Services which are claimable from the Compensation Commissioner, an employer or any other party, subject to the stipulations of rule 15.4.
- The completion of medical and other questionnaires/certificates not requested by Medihelp and the services related thereto.
- Costs for evidence in a lawsuit.
- Costs exceeding the scheme tariff for a service or the maximum benefit to which a member is entitled, subject to Annexure 2.
- Facility fees.
- Services rendered to beneficiaries outside the Medihelp network or if voluntarily obtained from a non-designated service provider in the case of a PMB condition ([Necesse](#)).
- Injuries sustained during participation in a strike, unlawful demonstration, unrest or violent conduct, except in the case of a prescribed minimum benefit ([Necesse](#)).
- Services rendered outside the borders of the Republic of South Africa ([Necesse](#)).

Medical conditions

- The treatment of infertility, other than that stipulated in the Regulations to the Medical Schemes Act, 1998.
- Treatment of alcoholism and drug abuse as well as services rendered by institutions which are registered in terms of the Prevention of and Treatment for Substance Abuse Act, 2008 (Act No 70 of 2008) or other institutions whose services are of a similar nature, other than stipulated in the Regulations to the Medical Schemes Act, 1998.
- Treatment of impotence.
- Treatment of occupational diseases.
- Hymenectomy (Dimension Prime 1 and [Necesse](#)).
- Back and neck fusion procedures, subject to PMB ([Necesse](#)).
- Circumcision ([Necesse](#)).

Procedures and services

- The artificial insemination of a person as defined in the National Health Act, 2003 (Act No 61 of 2003).
- Immunisation (including immunisation procedures and material) which is required by an employer, excluding flu immunisations and standard child immunisations.
- Standard immunisation ([Necesse](#)).
- Exercise, guidance and rehabilitation programmes.
- Services rendered by social workers.
- Costs of visits at home and home programmes.
- When only accommodation is provided and/or general care services rendered.
- The cost of transport with an ambulance/emergency vehicle –
 - from a hospital/other institution to a residence;
 - in the event of a self-inflicted injury, unless it is a prescribed minimum benefit;
 - in the event of a visit to friends/family; and
 - to the rooms of a medical practitioner when the objective of the visit/consultation/treatment does not pertain to admission in a hospital.
- The cost of harvesting and/or preserving human tissues, including, but not limited to, stem cells, for future use thereof to treat a medical condition which has not yet been diagnosed in a beneficiary.
- Pathology services requested by a person other than a medical practitioner.
- Radiology services requested by a person other than a medical practitioner, with the exception of a chiropractor who may request black and white X-rays.
- Breast augmentation.
- Breast reduction.
- Gastroplasty.
- Gender reversal operations.
- Lipectomy.
- Epilation.
- Otoplasty/reconstruction of the ear.
- Refractive procedures.
- Sclerotherapy.
- Hip, knee and shoulder replacements ([Necesse](#)).

Medicines, consumables and other products

- Bandages, cotton wool dressings and plasters on prescription that are not used by a supplier of service during a treatment/procedure.
- Food substitutes, food supplements and patent food, including baby food.
- Multivitamin and multi-mineral supplements alone or in combination with stimulants (tonics).
- Slimming remedies, provided that benefits shall be considered if motivated by a medical specialist as life-essential to be used for a limited period, and if approved beforehand by the Principal Officer.

explanation of terms

- All patent substances, suntan lotions, anabolic steroids, contact lens solutions as well as substances not registered by the South African Medicines Control Council, except medicine items approved by Medihelp in the following instances –
- medicine items with patient-specific exemptions in terms of section 21 of the Medicines and Related Substances Control Act, 1965 (Act No 101 of 1965) as amended;
- homeopathic and naturopathic medicine items that have valid NAPP1 codes; and
- where well-documented, sound evidence-based proof exists of efficacy and cost-effectiveness.
- All biological and other medicine items as per Medihelp's medicine exclusion list.
- High technology treatment modalities, surgical devices and medication.
- Combination analgesic medicine claimed from acute medicine benefits exceeding 360 units per beneficiary per year.
- Non-steroidal anti-inflammatory medicine claimed from acute medicine benefits exceeding 180 units per beneficiary per year.
- Roaccutane and Retin A, or any skin-lightening agents (**Necesse**).
- Homeopathic and herbal medicine, as well as household remedies or any other miscellaneous household product of a medicinal nature (**Necesse**).
- Oral contraceptives and contraceptive intra-uterine devices (**Necesse**).
- Medicine used in the treatment of a non-PMB/CDL chronic condition (**Necesse**).
- Vaccines administered by specialists (**Necesse**).

Appliances

- Blood pressure and peak flow measurement apparatus.
- Motorised mobility aids/devices.
- Commode.
- Toilet seat raiser.
- Hospital beds for use at home.
- Devices to improve sight, other than spectacles and contact lenses.
- Mattresses and pillows.
- Bras without external breast prostheses.
- Insulin pumps and consumables (available only on **Dimension Elite**).
- Hearing aids and services rendered by audiologists and acousticians (**Necesse**).

The **back treatment programme** is a non-surgical intervention in lieu of surgery for the management of spinal column disease/conditions/abnormalities. This approach to the treatment of back and neck pain is used as an alternative to back surgery, and involves an inter-disciplinary team handling the rehabilitation programme, which is individualised for each patient based on the patient's needs and clinical diagnosis. The programme is not available on the Necesses network option.

Chronic medicine is medicine used for the long-term treatment (three months or longer) of a chronic condition, and which meets the following requirements:

- It must be used to prevent and treat a serious medical condition;
- It must be used for an uninterrupted period of three months or longer;
- It must be used to sustain life, to delay the progress of a disease, and to repair natural physiology;
- It must be registered in South Africa for the treatment of the medical condition for which it is prescribed; and
- It must be the accepted treatment according to local and international treatment protocols and algorithms.

MEDICHRON (Medihelp's medicine management division) considers benefits for all chronic medicine.

Contracted tariff is the tariff as approved by the Board of Trustees and contractually agreed with service providers, which includes per diem, fixed and global fees.

Co-payments are the difference between the cover provided by Medihelp and the cost/tariff charged for the medical service, and are payable directly to the service provider. Members must make co-payments in the following cases:

- When doctors and other providers of medical services charge fees which exceed Medihelp's scheme tariffs, the member is responsible for paying the difference between the amount charged and the amount which Medihelp pays;
- When Medihelp's benefit allocation is not 100% (e.g. for acute medicine), or where the cost exceeds the limit available for the service (e.g. for medical, surgical and orthopaedic appliances); and
- When the member chooses not to obtain services from a designated service provider (e.g. the SAOC network in the case of oncology) or when a pre-determined co-payment is applicable to a specific benefit as indicated per benefit option.

An **emergency medical condition** means any sudden and unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide such treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy. An emergency medical condition must be certified as such by a medical practitioner. Emergencies qualify for PMB and must therefore also be registered for PMB (see also "PMB").

DTP is Diagnosis Treatment Pairs

EVARS prostheses shall only be considered where the patient suffers from an abdominal aortic aneurysm with an accompanying high risk for anaesthesia.

explanation of terms

A **formulary** can consist of, inter alia, a scientifically compiled list of medicine, e.g. for the treatment of the 26 conditions on the Chronic Diseases List (CDL), or a list of pathology tests or appropriate radiology tests, depending on the discipline.

Health-essential functional prostheses necessarily replace a part of the body or a component thereof, or perform an essential function of the body.

HIV rapid testing should take place in a controlled clinical environment to determine HIV status and should include pre- and post-testing counselling. This test may be followed by pathology tests according to Scheme protocols.

Hospital benefits refer to benefits for services rendered by a hospital during a patient's stay in hospital. Services include ward accommodation and ward medicine, general radiology and pathology, physiotherapy and other supplementary services rendered during hospitalisation. Hospital benefits are subject to pre-registration and a 20% co-payment will be applicable to the hospital account if the admission is not pre-registered. A 30% co-payment is also applicable to the Dimension Prime Network range should the patient be admitted to a non-network hospital, and a 20% co-payment in the case of Necesses. Emergency admissions must be registered on the first workday following the admission (see also "emergency medical condition"). Procedure-specific co-payments may apply.

Standard **immunisations** are child immunisations in accordance with the guidelines set by the Department of Health on the standard immunisation chart.

A **limit** is the maximum benefit amount which is paid for a specific service, apparatus or appliance, for example in the case of prostheses.

Major medical benefits include benefits for hospitalisation, PMB, trauma recovery and benefits that complement care when patients need to recover. Co-payments and sub-limits may be applicable in some cases.

Maxillofacial surgery means services pertaining to the jaws and face, particularly with reference to specialised surgery in this region.

Medicine means a substance or mixture of substances which is accepted as being ethical by medical science and which is registered with the South African Medicines Control Council, to be administered or applied for the prevention, treatment or healing of an illness (see also "chronic medicine").

Medicine price refers to:

- The **Maximum Medical Aid Price (MMAP)** which is the reference price used by Medihelp to determine benefits for acute and chronic medicine. The MMAP is the average price of all the available generic equivalents for an ethical patented medicine item; or
- The **Medihelp Reference Price (MHRP)** which is applicable to all pre-authorised PMB medicine. The

price is determined according to the most cost-effective treatment based on evidence-based principles. The MHRP will differ for the different benefit options and is subject to change (e.g. when new generic equivalents are introduced to the market). Please visit Medihelp's website at www.medihelp.co.za for the latest MHRP. Members are advised to consult their doctor when using PMB medicine to make sure they use medicine on the MHRP where possible and so prevent or reduce co-payments.

Medihelp Dental Tariff means the benefits for dentistry in accordance with the dental schedule of the Scheme as agreed between Medihelp and Denis.

Network benefit options offer benefits to members in collaboration with a medical provider network. Members must make use of the network to qualify for benefits and prevent co-payments.

Per year means from 1 January to 31 December of a year. Should a beneficiary enrol within a financial year, benefit amounts will be pro-rated according to the remaining number of months of the year. All limits are valid for a year unless otherwise indicated.

Pre-authorisation means benefits for a service must be authorised before it is rendered.

Prescribed Minimum Benefits (PMB) are paid for 26 chronic conditions on the CDL and 270 diagnoses with their treatments as published in the Regulations of the Medical Schemes Act, 1998 (Act No. 131 of 1998). In terms of these Regulations, medical schemes are compelled to grant benefits for the diagnosis, treatment and care costs of any of these conditions as well as emergency medical conditions (that meet the published definition) without imposing any limits. PMB are subject to pre-authorisation, protocols, and the utilisation of designated service providers, where applicable, e.g. the SAOC, (or ICON in case of Necesses) for cancer treatment.

Private nursing is a service rendered to patients at their home as an alternative to hospitalisation only. Benefits for private nursing are subject to pre-authorisation by Medihelp and exclude general day-to-day services such as bathing and general care.

Protocols are clinical guidelines compiled by experts in the field of a specific medical condition for the treatment of that condition based on best practice principles.

Scheme tariff is the tariff for medical services as approved by the Board of Trustees.

Unlimited means that no overall annual limit (benefit amount) or period (e.g. a 3-year cycle) applies to the specific service/procedure. This does not refer to the number of days spent in hospital or the number of procedures applicable.

Vascular/cardiac prostheses include artificial aortic valves, pacemakers and related or connected functional appliances.

contact us

HIV/Aids programme (All information will be treated confidentially)

OneHealth/Optipharm
Tel: 086 0906 090
Emergencies: 083 564 9978
Fax: 086 0064 762
medihelp@optipharm.co.za

Medical procedures (not emergencies) obtained abroad

Medihelp
Tel: 086 0100 678
Fax: 012 336 9540
medihelp@medihelp.co.za

Prescribed Minimum Benefits (PMB)

Medihelp
Tel: 086 0100 678
Fax: 012 336 9523 (Necesse)
Fax: 086 0064 762 (All other benefit options)
necesse@medihelp.co.za (Necesse)
pmb@medihelp.co.za (All other benefit options)

Chronic and PMB medicine and more than 30 days' medicine supply

Medihelp
Tel: 086 0100 678
Fax: 012 334 2466 (chronic and PMB medicine)
Fax: 012 334 2425 (more than 30 days' supply)
medicineapp@medihelp.co.za

Medihelp Customer Care Centre

Tel: 086 0100 678
Fax: 012 336 9540
www.medihelp.co.za
medihelp@medihelp.co.za

Chronic renal dialysis & oxygen administered at home

Tel: 086 0100 678
Fax: 012 336 9540
medihelp@medihelp.co.za

Private nursing, hospice and sub-acute care facilities

Tel: 086 0100 678
Fax: 012 336 9523
hmanagement@medihelp.co.za

Oncology

Tel: 086 0100 678
Fax: 086 0064 762
oncology@medihelp.co.za

Hospital admissions (All hospital admissions must be pre-registered)

Tel: 086 0200 678

MRI and CT scans, prostheses and PMB services (during hospitalisation)

Tel: 086 0100 678
Fax: 012 336 9540
medihelp@medihelp.co.za

Council for Medical Schemes

Tel: 086 1123 267
complaints@medicalschemes.com
www.medicalschemes.com

Medihelp fraudline and compliance department

Tel: 012 334 2428
Fax: 012 336 9538
fraud@medihelp.co.za



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