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 (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.

Please visit our website at www.medihelp.co.za for lists of network providers.
<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GP visits, medicine and oxygen</strong></td>
<td></td>
</tr>
<tr>
<td><strong>GENERAL PRACTITIONER SERVICES WITHIN THE NECESSE NETWORK</strong></td>
<td>100% of the scheme tariff</td>
</tr>
<tr>
<td>• Consultations</td>
<td>Pre-authorisation from the 9th consultation per family per year onwards</td>
</tr>
<tr>
<td><strong>ACUTE MEDICINE PRESCRIBED BY A NECESSE NETWORK DOCTOR</strong></td>
<td>100% of the contracted tariff</td>
</tr>
<tr>
<td>According to formulary</td>
<td>Co-payments may apply</td>
</tr>
<tr>
<td><strong>OVER-THE-COUNTER (OTC) MEDICINE</strong></td>
<td>100% of the scheme tariff</td>
</tr>
<tr>
<td></td>
<td>Maximum R 68 per event</td>
</tr>
<tr>
<td><strong>AUTHORISED CHRONIC MEDICINE PRESCRIBED BY A NECESSE NETWORK DOCTOR – PMB MEDICINE ONLY</strong></td>
<td>100% of the Necesse formulary</td>
</tr>
<tr>
<td>Co-payments may apply</td>
<td></td>
</tr>
<tr>
<td><strong>OXYGEN</strong></td>
<td>100% of the scheme tariff</td>
</tr>
<tr>
<td>Services rendered not during hospitalisation</td>
<td>20% co-payment if not pre-authorised</td>
</tr>
<tr>
<td><strong>X-rays and blood tests</strong></td>
<td>100% of the scheme tariff</td>
</tr>
<tr>
<td><strong>BASIC RADIOLOGY (X-RAYS) REQUESTED BY A NECESSE NETWORK DOCTOR</strong></td>
<td>Necessity formulary applies</td>
</tr>
<tr>
<td>• Black and white X-rays and soft-tissue ultrasounds</td>
<td></td>
</tr>
<tr>
<td><strong>BASIC PATHOLOGY (BLOOD TESTS) (LANCET OR PATHCARE)</strong></td>
<td>100% of the contracted tariff</td>
</tr>
<tr>
<td>Necessity formulary applies</td>
<td>Co-payments may apply if services are rendered by non-preferred providers</td>
</tr>
<tr>
<td><strong>Maternity benefits</strong></td>
<td>100% of the contracted tariff</td>
</tr>
<tr>
<td><strong>MATERNITY (PMB cases)</strong></td>
<td>20% co-payment per unauthorised non-emergency admission or services rendered by a non-network hospital</td>
</tr>
<tr>
<td>Subject to pre-authorisation and clinical protocols</td>
<td></td>
</tr>
<tr>
<td>• Hospitalisation</td>
<td></td>
</tr>
<tr>
<td>• Midwifery and confinement/delivery</td>
<td></td>
</tr>
<tr>
<td>• Gynaecologist and anaesthetist services</td>
<td></td>
</tr>
<tr>
<td><strong>MATERNITY (non-PMB cases)</strong></td>
<td>100% of the contracted tariff</td>
</tr>
<tr>
<td>Subject to pre-authorisation and clinical protocols</td>
<td>In the case of an elective caesarean section - R17,970 per confinement</td>
</tr>
<tr>
<td>• Hospitalisation</td>
<td>20% co-payment per unauthorised non-emergency admission or services rendered by a non-network hospital</td>
</tr>
<tr>
<td>• Midwifery and confinement/delivery</td>
<td></td>
</tr>
<tr>
<td>• Gynaecologist and anaesthetist services</td>
<td></td>
</tr>
<tr>
<td><strong>HOME DELIVERY</strong></td>
<td>100% of the contracted/scheme tariff/medicine price</td>
</tr>
<tr>
<td>Subject to pre-authorisation</td>
<td>R9,000 per event for home delivery</td>
</tr>
<tr>
<td>• Professional nursing fee</td>
<td></td>
</tr>
<tr>
<td>• Equipment</td>
<td></td>
</tr>
<tr>
<td>• Material and medicine</td>
<td></td>
</tr>
<tr>
<td><strong>Eye test and spectacles or contact lenses</strong></td>
<td>Benefits are available per 2-year cycle</td>
</tr>
<tr>
<td><strong>OPTICAL SERVICES (PPN)</strong></td>
<td></td>
</tr>
<tr>
<td>Optometric examinations</td>
<td></td>
</tr>
<tr>
<td>• Spectacles or contact lenses</td>
<td></td>
</tr>
<tr>
<td>Benefits are limited to either spectacles or contact lenses</td>
<td>R150 (PPN frame)</td>
</tr>
<tr>
<td>• Spectacles</td>
<td></td>
</tr>
<tr>
<td>• Frame</td>
<td>Clear single vision lenses or</td>
</tr>
<tr>
<td></td>
<td>Clear Aquity bifocal lenses</td>
</tr>
<tr>
<td>• Lenses</td>
<td></td>
</tr>
<tr>
<td>One pair of standard high-quality clear lenses</td>
<td>R395 (only PPN optometrists)</td>
</tr>
<tr>
<td>• Contact lenses</td>
<td></td>
</tr>
<tr>
<td><strong>Physiotherapy and occupational therapy</strong></td>
<td>100% of the scheme tariff</td>
</tr>
<tr>
<td><strong>PHYSIOTHERAPY AND OCCUPATIONAL THERAPY MUST BE REQUESTED BY A NECESSE NETWORK DOCTOR</strong></td>
<td>R1,460 per member per year or</td>
</tr>
<tr>
<td></td>
<td>R2,240 per family per year</td>
</tr>
<tr>
<td>2 consultations per beneficiary</td>
<td>20% co-payment if not on referral</td>
</tr>
<tr>
<td>2 two-dimensional sonars per beneficiary</td>
<td></td>
</tr>
<tr>
<td>20% co-payment if not on referral</td>
<td></td>
</tr>
<tr>
<td>100% of the scheme tariff</td>
<td></td>
</tr>
<tr>
<td>1 comprehensive consultation, including refraction test, tonometry and visual fields test</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>Benefit</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Basic dental services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Basic conservative dental services (Denis)</strong></td>
<td>100% of the Medihelp Dental Tariff</td>
</tr>
<tr>
<td><strong>Routine check-ups</strong></td>
<td>1 consultation per beneficiary per year</td>
</tr>
<tr>
<td><strong>Oral hygiene</strong></td>
<td>1 scale and polish treatment per beneficiary per year</td>
</tr>
<tr>
<td><strong>Fillings</strong></td>
<td>4 teeth per beneficiary per year</td>
</tr>
<tr>
<td><strong>Tooth extraction</strong></td>
<td>Limited to 2 teeth per beneficiary per year</td>
</tr>
<tr>
<td><strong>Medicine prescribed by a dentist</strong></td>
<td>For member’s account</td>
</tr>
<tr>
<td><strong>Plastic dentures</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Laughing gas in Denis network dentist’s rooms</strong></td>
<td>4 per beneficiary in a 2-year period</td>
</tr>
<tr>
<td><strong>Specialist care</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Acute medicine prescribed by a specialist</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
<tr>
<td><strong>Maxillofacial surgery due to trauma-related injuries</strong></td>
<td>100% of the cost</td>
</tr>
<tr>
<td><strong>Physiotherapy and occupational therapy</strong></td>
<td>20% of the scheme tariff/medicine price apply</td>
</tr>
<tr>
<td><strong>Specialist consultation</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
<tr>
<td><strong>Diagnostic endoscopic procedures performed in the specialist’s rooms</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
<tr>
<td><strong>Basic radiology and pathology</strong></td>
<td>100% of the scheme tariff/medicine price apply</td>
</tr>
<tr>
<td><strong>Acute medicine prescribed by a specialist on referral</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
</tbody>
</table>

**Emergency services**

<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency visits (non-PMB cases)</strong></td>
<td>100% of the cost</td>
</tr>
<tr>
<td><strong>Out-of-network consultations</strong></td>
<td>80% of the scheme tariff/medicine price apply</td>
</tr>
<tr>
<td><strong>Internal and emergency consultations</strong></td>
<td>80% of the scheme tariff/medicine price apply</td>
</tr>
<tr>
<td><strong>Emergency transport services are provided and pre-authorised by ER24</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
<tr>
<td><strong>ER24 Trauma Counselling</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
<tr>
<td><strong>ER24 Telephone Counselling</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
<tr>
<td><strong>24-hour Telephone Counselling</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
<tr>
<td><strong>Hospitalisation</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
<tr>
<td><strong>Medicine prescribed by a specialist on referral</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
<tr>
<td><strong>Maxillofacial surgery due to trauma-related injuries</strong></td>
<td>100% of the cost</td>
</tr>
<tr>
<td><strong>Physiotherapy and occupational therapy</strong></td>
<td>20% of the scheme tariff/medicine price apply</td>
</tr>
<tr>
<td><strong>Specialist consultation</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
<tr>
<td><strong>Diagnostic endoscopic procedures performed in the specialist’s rooms</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
<tr>
<td><strong>Basic radiology and pathology</strong></td>
<td>100% of the scheme tariff/medicine price apply</td>
</tr>
<tr>
<td><strong>Acute medicine prescribed by a specialist on referral</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
<tr>
<td><strong>Physiotherapy and occupational therapy</strong></td>
<td>20% of the scheme tariff/medicine price apply</td>
</tr>
</tbody>
</table>

**Hospitalisation**

<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicine prescribed by a specialist on referral</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
<tr>
<td><strong>Maxillofacial surgery due to trauma-related injuries</strong></td>
<td>100% of the cost</td>
</tr>
<tr>
<td><strong>Physiotherapy and occupational therapy</strong></td>
<td>20% of the scheme tariff/medicine price apply</td>
</tr>
<tr>
<td><strong>Specialist consultation</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
<tr>
<td><strong>Diagnostic endoscopic procedures performed in the specialist’s rooms</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
<tr>
<td><strong>Basic radiology and pathology</strong></td>
<td>100% of the scheme tariff/medicine price apply</td>
</tr>
<tr>
<td><strong>Acute medicine prescribed by a specialist on referral</strong></td>
<td>100% of the contracted scheme tariff/medicine price</td>
</tr>
<tr>
<td><strong>Physiotherapy and occupational therapy</strong></td>
<td>20% of the scheme tariff/medicine price apply</td>
</tr>
</tbody>
</table>
### Hospitalisation

<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PATHOLOGY AND MEDICAL TECHNOLOGY</strong>&lt;br&gt;During hospitalisation&lt;br&gt;Pathology services should be rendered by Lancet or Pathcare</td>
<td>100% of the contracted/scheme tariff R20,780 per family per year</td>
</tr>
<tr>
<td><strong>BASIC RADIOLOGY</strong>&lt;br&gt;During hospitalisation</td>
<td></td>
</tr>
<tr>
<td><strong>OXYGEN</strong>&lt;br&gt;Services rendered during hospitalisation</td>
<td>100% of the scheme tariff/cost</td>
</tr>
<tr>
<td><strong>BLOOD TRANSFUSION SERVICES AND THE TRANSPORT OF BLOOD AND BLOOD PRODUCTS</strong>&lt;br&gt;Services rendered during and not during hospitalisation</td>
<td>100% of the scheme tariff R15,150 per family per year</td>
</tr>
<tr>
<td><strong>CLINICAL TECHNOLOGIST SERVICES</strong>&lt;br&gt;Services rendered during hospitalisation</td>
<td>100% of the scheme tariff R15,150 per family per year</td>
</tr>
</tbody>
</table>

### Dental surgery

<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DENTAL SURGERY UNDER GENERAL ANAESTHESIA IN A HOSPITAL/DAY CLINIC ONLY</strong>&lt;br&gt;Benefits are subject to pre-authorisation, Denis clinical protocols, referral and rendered by a Denis network dentist.&lt;br&gt;• Trauma cases (PMB only)&lt;br&gt;• Extensive dental treatment for very young children only</td>
<td>100% of the cost&lt;br&gt;20% co-payment per unauthorised non-emergency or services rendered by a non-network hospital</td>
</tr>
</tbody>
</table>

### Specialised radiology

<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPECIALISED RADIOLOGY REQUESTED BY A SPECIALIST ON REFERRAL</strong>&lt;br&gt;Services rendered during and not during hospitalisation must be pre-authorised&lt;br&gt;• MRI and CT scans</td>
<td>100% of the scheme tariff R11,230 per family per year</td>
</tr>
</tbody>
</table>

### Sub-acute and private nursing services

<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUB-ACUTE AND PRIVATE NURSING SERVICES AS AN ALTERNATIVE TO HOSPITALISATION</strong>&lt;br&gt;Subject to pre-authorisation and case management</td>
<td>100% of the contracted tariff&lt;br&gt;R15,150 per family per year&lt;br&gt;20% co-payment per unauthorised admission to sub-acute care facilities&lt;br&gt;General day-to-day care excluded (such as bathing)</td>
</tr>
</tbody>
</table>

### Prescribed Minimum Benefits (PMB)

<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIAGNOSIS, CARE AND TREATMENT OF 270 DTP AND MEDICINE FOR 26 CDL CONDITIONS (SUBJECT TO ALGORITHMS, PROTOCOLS AND PRE-AUTHORISATION)</strong></td>
<td>100% of the cost&lt;br&gt;Unlimited&lt;br&gt;Co-payments may apply</td>
</tr>
<tr>
<td><strong>ONCOLOGY – PMB ONLY</strong>&lt;br&gt;• Chemotherapy and radiotherapy&lt;br&gt;• Surgery</td>
<td>100% of the cost&lt;br&gt;Unlimited&lt;br&gt;Co-payments may apply&lt;br&gt;Subject to registration on the management programme provided by ICON</td>
</tr>
<tr>
<td><strong>HIV/AIDS (Optipharm)</strong>&lt;br&gt;• Antiretroviral therapy and treatment by DSP</td>
<td>100% of the cost&lt;br&gt;Unlimited&lt;br&gt;Co-payments may apply&lt;br&gt;Subject to registration on the management programme provided by Optipharm</td>
</tr>
<tr>
<td><strong>BENEFITS FOR TRAUMA THAT NECESSITATES HOSPITALISATION</strong></td>
<td>100% of the cost&lt;br&gt;Unlimited&lt;br&gt;Co-payments may apply</td>
</tr>
<tr>
<td><strong>POST-EXPOSURE PROPHYLAXIS</strong>&lt;br&gt;(Provided by Optipharm)</td>
<td></td>
</tr>
<tr>
<td><strong>TREATMENT OF A MENTAL HEALTH CONDITION – PMB ONLY</strong>&lt;br&gt;Subject to pre-registration, pre-authorisation, protocols and case management&lt;br&gt;• Professional psychiatric services&lt;br&gt;• Ward accommodation&lt;br&gt;• Medicine and materials supplied or administered during hospitalisation&lt;br&gt;• Applicable medicine dispensed and charged by the hospital on the day of discharge from hospital</td>
<td>100% of the contracted/scheme tariff/medicine price&lt;br&gt;20% co-payment applies to non-authorised and non-network hospital admissions&lt;br&gt;100% of the medicine price R260 per admission</td>
</tr>
<tr>
<td><strong>RENAL DIALYSIS – PMB ONLY</strong>&lt;br&gt;(acute and chronic)&lt;br&gt;• Rendered by a designated service provider</td>
<td>100% of the contracted tariff&lt;br&gt;Subject to pre-authorisation and enrolment on the dialysis management programme</td>
</tr>
<tr>
<td><strong>PROSTHESES – PMB ONLY</strong>&lt;br&gt;• Internally implanted prosthesis</td>
<td>100% of the scheme tariff/cost</td>
</tr>
<tr>
<td>• External prosthesis</td>
<td></td>
</tr>
<tr>
<td><strong>SURGICAL AND ORTHOPAEDIC APPLIANCES REQUIRED DURING HOSPITALISATION</strong></td>
<td>100% of the scheme tariff/cost R6,740 per family per year</td>
</tr>
</tbody>
</table>
### monthly contribution

<table>
<thead>
<tr>
<th>Member</th>
<th>Subscription</th>
<th><em>Gross monthly income of principal member</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>R7,500 or less</td>
<td>R7,501 to R11,000</td>
</tr>
<tr>
<td>Principal member</td>
<td>R828</td>
<td>R1,020</td>
</tr>
<tr>
<td>Adult dependant</td>
<td>R654</td>
<td>R798</td>
</tr>
<tr>
<td>Child dependant &lt; 21 years</td>
<td>R354</td>
<td>R444</td>
</tr>
</tbody>
</table>

* 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.

<table>
<thead>
<tr>
<th>Source</th>
<th>Acceptable proof of income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time employment</td>
<td>Past three months’ official pay slips</td>
</tr>
<tr>
<td></td>
<td>Latest tax assessment – ITA 34</td>
</tr>
<tr>
<td></td>
<td>IRP 5 of previous tax year</td>
</tr>
<tr>
<td></td>
<td>Past three months’ commission and bank statements*</td>
</tr>
<tr>
<td>Investments</td>
<td>Letter of auditor/accountant/tax adviser</td>
</tr>
<tr>
<td></td>
<td>Latest tax assessment – ITA 34</td>
</tr>
<tr>
<td></td>
<td>IT3(a) and past three months’ bank statements*</td>
</tr>
<tr>
<td></td>
<td>Rental income – rental agreement and past three months’ bank statements* indicating deposits</td>
</tr>
<tr>
<td>Self-employment</td>
<td>Latest tax assessment – ITA 34</td>
</tr>
<tr>
<td></td>
<td>Letter of auditor/accountant/tax adviser</td>
</tr>
<tr>
<td></td>
<td>Past three months’ commission and bank statements*</td>
</tr>
<tr>
<td>Trusts</td>
<td>Latest tax assessment – ITA 34</td>
</tr>
<tr>
<td></td>
<td>Letter of auditor/accountant</td>
</tr>
<tr>
<td>Unemployment</td>
<td>UIF payments and bank statements*</td>
</tr>
<tr>
<td></td>
<td>Income of person paying the subscriptions</td>
</tr>
<tr>
<td>Pensions and annuities</td>
<td>Latest tax assessment – ITA 34</td>
</tr>
<tr>
<td></td>
<td>Past three months’ bank statements* indicating the pension deposits</td>
</tr>
<tr>
<td></td>
<td>Past three months’ pension payment advices</td>
</tr>
<tr>
<td>Full-time students</td>
<td>Notice/letter on official letterhead of tertiary institution where registered</td>
</tr>
<tr>
<td>(Members without dependants)</td>
<td>A copy of relevant year’s student card</td>
</tr>
</tbody>
</table>

* 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 Necesse 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.

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.

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.

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.

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.

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.

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.

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 (Necesses)

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

Necesses Doctor Network

Members of the Necesses 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.

Necesses Hospital Network

This network of more than 120 facilities offers Necesses 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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Necesse</th>
<th>Dimension Prime 1</th>
<th>Dimension Prime 2</th>
<th>Dimension Prime 3</th>
<th>Dimension Elite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine examinations (check-ups)</td>
<td>100% of the MDT</td>
<td>1 per beneficiary per year</td>
<td>100% of the MDT</td>
<td>2 per beneficiary per year</td>
<td>100% of the MDT</td>
</tr>
<tr>
<td>Oral hygiene</td>
<td>100% of the MDT</td>
<td>1 scale and polish treatment and fissure sealants for beneficiaries &lt;16</td>
<td>Limited to Denis item codes</td>
<td>2 scale and polish treatments per beneficiary in 365 days</td>
<td>1 filling per tooth in 365 days</td>
</tr>
<tr>
<td>Fillings</td>
<td>4 teeth per beneficiary, once per tooth in 365 days</td>
<td>Limited to Denis item codes</td>
<td>100% of the MDT</td>
<td>1 filling per tooth in 365 days</td>
<td>100% of the MDT</td>
</tr>
<tr>
<td>Plastic dentures (including professional and dental laboratory fees)</td>
<td>100% of the MDT</td>
<td>1 set (upper and lower jaw) per family in a 24-month cycle for patients ≥7 years</td>
<td>Co-payment of 20% on total cost applies</td>
<td>100% of the MDT</td>
<td>1 set (upper and lower jaw) per beneficiary every 4 year period</td>
</tr>
<tr>
<td>Partial metal frame dentures</td>
<td>For member’s account</td>
<td>100% of the MDT</td>
<td>1 partial frame (upper or lower jaw) per beneficiary every 5 year period</td>
<td>100% of the MDT</td>
<td>2 partial frames (upper and lower jaw) per beneficiary every 5 year period</td>
</tr>
<tr>
<td>Crown and bridge work</td>
<td>For member’s account</td>
<td>100% of the MDT</td>
<td>1 crown per family per year, once per tooth every 5 year period</td>
<td>100% of the MDT</td>
<td>2 crowns per family per year, once per tooth every 5 year period</td>
</tr>
<tr>
<td>Orthodontic treatment</td>
<td>Fixed braces – only one beneficiary per family may begin orthodontic treatment per calendar year</td>
<td>For member’s account</td>
<td>100% of the MDT</td>
<td>100% of the MDT</td>
<td>100% of the MDT</td>
</tr>
<tr>
<td>Periodontal treatment</td>
<td>Subject to registration on the Perio Programme</td>
<td>4 per beneficiary per year</td>
<td>Extensive dental treatment only</td>
<td>R6,000 per beneficiary younger than 18 years per lifetime</td>
<td>R8,000 per beneficiary younger than 18 years per lifetime</td>
</tr>
<tr>
<td>X-rays</td>
<td>1 per beneficiary in a 3-year period</td>
<td>Extensive dental treatment only</td>
<td>Removal of impacted teeth only</td>
<td>100% of the MDT</td>
<td>100% of the MDT</td>
</tr>
<tr>
<td>Dental surgery under general anaesthesia in a hospital/day clinic only</td>
<td>100% of the MDT</td>
<td>Removal of impacted teeth and extensive dental treatment only</td>
<td>Extensive dental treatment only</td>
<td>100% of the MDT</td>
<td>100% of the MDT</td>
</tr>
<tr>
<td>Trauma cases (PMB only)</td>
<td>1 per beneficiary in a 3-year period</td>
<td>100% of the MDT</td>
<td>100% of the MDT</td>
<td>100% of the MDT</td>
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</tr>
<tr>
<td>Removal of impacted teeth under general anaesthesia in a hospital/day clinic only</td>
<td>For member’s account</td>
<td>100% of the MDT</td>
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</tr>
<tr>
<td>Maxillofacial surgery and oral pathology</td>
<td>For member’s account</td>
<td>100% of the MDT</td>
<td>100% of the MDT</td>
<td>100% of the MDT</td>
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</tr>
</tbody>
</table>

MDT = Medihelp Dental Tariff

Please refer to dental exclusions and protocols per option.
dental exclusions

Orthodontics
Orthodontic treatment for cosmetic reasons and associated laboratory costs.
Orthodontic treatment for persons 18 years and older.
Cost of invisible retainers.
Laboratory delivery fees.

Oral hygiene
Professionally applied adult fluoride.
Nutritional and tobacco counselling.
Erosion and fluorosis.

Maxillofacial surgery and oral pathology
Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemostasis.
Periodontal curettage.

Hospitalisation (general anesthetic)
When the reason for admission to hospital is dental fear or anxiety.
Multiple hospital admissions.
The hospital and anaesthetist claims for the following procedures will not be covered when performed for the following procedures will not be covered:

Root canal therapy and extractions
Surgical tooth exposure for orthodontic reasons.

Plastic dentures
Dental testimony, including dento-legal fees.

Restorative dentistry
Crown and bridge procedures.
Caries susceptibility and microbiological tests.
Caries susceptibility and microbiological tests.

Surgical tooth exposure
Dento-legal fees.

Additional Scheme exclusions
Special reports.

Implants
Surgical tooth exposure.

Cosmetic surgery
Specialised dentistry: crowns and bridges, implants, orthodontics, periodontics and maxillofacial surgery.

Fissure sealants
The closure of an oral-antral opening.

Periodontics
Surgical periodontics, which includes gingivectomy, periodontal flap surgery, tissue grafting and hemostasis.

Additional Scheme exclusions

Fillings
Filling to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis.

Fillings/restorations
Filling to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis.
Filling to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis.

Labial porcelain veneers
Application of porcelain veneers.

Tooth-coloured fillings
Tooth-coloured fillings.

Crowns/bridges
Crowns and bridges.

Root canal therapy
Root canal therapy.

Preventive dentistry
Preventive dentistry.

Caries susceptibility testing
Caries susceptibility testing.

Oral prophylaxis
Oral prophylaxis.

Gum health
Gum health.

Full mouth rehabilitation
Full mouth rehabilitation.

Fissure sealants
Fissure sealants.

Partial metal frame dentures
Partial metal frame dentures.

Caries susceptibility testing
Caries susceptibility testing.

Extractions
Extractions.

Conservative tooth extractions
Conservative tooth extractions.

High impact acrylic
High impact acrylic.

Hemisection of a tooth
Hemisection of a tooth.

Cost of gold, precious metal, semi-precious metal and platinum foil.

Tooth-coloured fillings
Tooth-coloured fillings.

Enamel microabrasion
Enamel microabrasion.

Cost of gold, precious metal, semi-precious metal and platinum foil.

Cost of gold, precious metal, semi-precious metal and platinum foil.

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Laboratory delivery fees.

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Procedures and services

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).
- 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).
- Costs for evidence in a lawsuit.
- Costs exceeding the scheme tariff for a service or the maximum benefit to which a member is entitled, except in the case of a prescribed minimum benefit (Necesse).
- Services rendered outside the borders of the Republic of South Africa (Necesse).

Medical conditions

- 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 Dimension Prime and (Necesse).
- Circumcision (Necesse).
- Treatment of occupational diseases.
- Treatment of impotence.
- Pregnancy assessment procedures to either terminate or continue pregnancy.
- Medical treatment for HIV and AIDS.
- Otoplasty/reconstruction of the ear.
- Refractive procedures.
- Male sex reassignment surgery.
- Transsexual surgery.
- Full and partial mastectomy.
- Amputation.
- Breast augmentation.
- Breast reduction.
- Gastroplasty.
- Liposuction.
- Lipolysis/construction of the ear.
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- Lipolysis/construction of the ear.
- Otoplasty/reconstruction of the ear.
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 NAPPI 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).

**Explanation of terms**

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 Necesse 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 counseling. 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 limits are valid for a year unless otherwise indicated.

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

**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.

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

**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. The MMAP is applicable to all pre-authorized PMB medicine.
- The **Medihelp Reference Price (MHRP)** which is applicable to the following:
  - the 26 conditions on the Chronic Diseases List (CDL), or a list of pathology tests or appropriate radiology tests depending on the discipline.
**contact us**

HIV/Aids programme (All information will be treated confidentially)
OneHealth/Optipharm  
Tel: 086 090 6 090  
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