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## **Benefit option choice 2023**

## ${\bf Please\ complete\ this\ form\ in\ print\ and\ email\ it\ to\ membership@medihelp.co.za}$

- You should complete this form only if you want to change to another option with effect from 1 January 2023.
- The cut-off date to inform us of your new benefit option is 30 November 2022 for civil servants (Persal) and 15 December 2022 for other members.
- Late requests will NOT be considered.

1	Valle	information									
		e complete your o	details in full.								
	Initial	s and surname					Tel No. (W)	Code	No		
	Email	address					Tel No. (H)	Code	_ No		
	Memb	er number									
ID/p	ID/pa	assport number					Cell phone number				
	Resid	ential address									
	Posta	l address									
2.	Your	benefit option 1	or 2023								
		lease select <b>only</b> (									
	Basio	options		Savings opti	ons	Com	prehensive opti	ons			
		MedVital		MedAdd			MedPrime		Med	Elite	
		MedVital Elect		MedAdd I	Elect		MedPrime Elect		Med	Plus	
				MedSave	r		MedElect				
3.	Utilis	ation of savings	s account fu	nds							
3.	3.1										
		Please indicate your preference. If you do not select an option, Medihelp will pay all qualifying medical expenses from you							om your sav	ings account:	
		Pay all qualifying day-to-day and hospital related medical expenses from my savings account.									
			selective quali s such as co-pa		medical expenses from	my savi	ngs account (exclu	uding certain in-	hospital		
	3.2	MedPrime Elect,	MedPrime and	l MedElite							
	3.2.1				Elite, all qualifying day- umulate and will be avail					ings account. Any	
	3.2.2		your cumulati	ve medical saving	or MedSaver to MedPrings account on MedPrime						
3.:	3.2.3	2.3 Should you have accumulated savings account funds available in the future, please indicate your choice. If you do not select an option will pay all qualifying medical expenses from your cumulative savings account:									
		Pay all qualifying day-to-day and hospital related medical expenses from my cumulative savings account.									
		, ,		fying day-to-day ch as co-paymer	medical expenses from nts).	my cum	ulative savings ac	count (excluding	g certain		

## 4. Declaration by members who change to a network option (MedVital Elect, MedAdd Elect, MedElect, MedPrime Elect)

## I confirm that I am aware that the following may apply, depending on my benefit option:

- 1. I will be liable for co-payments if I do not use Medihelp's network facility, designated service providers (DSPs) and formulary medicine.
- 2. I'm responsible for registering my prescribed minimum benefit (PMB) conditions with Medihelp and my PMB chronic medicine must be pre-authorised by Medihelp. Medihelp uses a DSP for PMB chronic medicine and a formulary applies. I will be responsible for a co-payment\* on my PMB chronic medicine should I fail to obtain this medicine from the DSP or deviate from the formulary for my benefit option.
- 3. My treating specialists should form part of Medihelp's DSP specialist network in order to prevent co-payments on PMB treatments.
- 4. I must use Medihelp's network facility for all planned admissions. If there is no network facility available near my place of residence, I will need to travel to the nearest network facility to obtain medical services. If I use a non-network facility instead, I will be liable for a co-payment\*, unless the treatment required is in respect of an an emergency medical condition\*\* which warrants the involuntary use of a non-network facility. I further note that in an emergency medical situation, authorisation for the network facility admission should be obtained on the first workday after the admission if I am unable to obtain the authorisation on the day of admission.
- \* Please refer to your benefit option's guide/brochure for all applicable co-payments.
- \*\* Please refer to your benefit option's guide/brochure for the definition of an emergency medical condition.

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