

# Plan choice 2024

**For prompt service, please complete the online interchange form on the Member Zone >Membership >Plan/option interchange or email the form to [membership@medihelp.co.za](mailto:membership@medihelp.co.za).**

- You should complete this form only if you want to change to another plan with effect from 1 January 2024.
- The cut-off date to inform us of your new plan is 30 November 2023 for civil servants (Persal) and 15 December 2023 for other members.
- Late requests will NOT be considered.

## 1. Your information

Please complete your details in full.

Initials and surname _____	Telephone number (W) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email address _____	Telephone number (H) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Member number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ID/passport number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cell phone number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Is your postal and residential address the same? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Residential address

House/unit number and building name _____	House/building number and street name _____
Suburb _____	City _____
Province _____	Postal code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### Postal address

House/unit number and building/organisation name _____	PO Box/house/building number and street name _____
Suburb _____	City _____
Province _____	Postal code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 2. Your plan for 2024

**NB:** Please select **only one** plan.

Basic plans	Savings plans	Comprehensive plans	
<input type="checkbox"/> MedVital	<input type="checkbox"/> MedAdd	<input type="checkbox"/> MedPrime	<input type="checkbox"/> MedElite
<input type="checkbox"/> MedVital Elect	<input type="checkbox"/> MedAdd Elect	<input type="checkbox"/> MedPrime Elect	<input type="checkbox"/> MedPlus
	<input type="checkbox"/> MedSaver	<input type="checkbox"/> MedElect	

## 3. Utilisation of savings account funds

### 3.1 MedAdd Elect, MedAdd, and MedSaver

Please indicate your preference. If you do not select an option, Medihelp will pay all qualifying medical expenses from your savings account.

- Do you prefer that Medihelp pays all in-hospital co-payments from your savings account?  Yes  No

### 3.2 MedPrime Elect, MedPrime and MedElite

- 3.2.1 If you choose MedPrime Elect, MedPrime or MedElite, all qualifying day-to-day medical services will first be paid from your savings account. Any savings account funds not used in 2024 will accumulate and will be available for the payment of medical expenses.
- 3.2.2 Should you change from MedAdd Elect, MedAdd or MedSaver to MedPrime Elect, MedPrime or MedElite, all accumulated savings account funds will be transferred to your cumulative medical savings account on MedPrime Elect, MedPrime or MedElite. The cumulative savings account funds will be available annually from January.
- 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, Medihelp will pay all qualifying medical expenses from your cumulative savings account:

<ul style="list-style-type: none"> <li>• Pay all qualifying day-to-day and hospital related medical expenses from my cumulative savings account.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Pay only selective qualifying day-to-day medical expenses from my cumulative savings account (excluding certain in-hospital expenses such as co-payments).</li> </ul>	<input type="checkbox"/>

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

**I confirm that I am aware of the following:**

1. I will be liable for co-payments if I do not use Medihelp’s network facilities, designated service providers (DSPs), and formulary medicine.
2. I must register my prescribed minimum benefit (PMB) conditions with Medihelp. Medihelp must pre-authorise my PMB chronic medicine. 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 get this medicine from the DSP or deviate from the formulary for my plan.
3. My treating specialists should form part of Medihelp’s DSP specialist network to prevent co-payments on PMB treatments.
4. I must use Medihelp’s network facilities for all planned hospital admissions. If there is no network facility available near my place of residence, I will need to travel to the nearest network facility for medical services. If I use a non-network facility instead, I will be liable for a co-payment\*, unless the treatment required is for an emergency medical condition\*\* which warrants the involuntary use of a non-network facility. I further note that in an medical emergency, authorisation for the network facility admission should be obtained on the first workday after the admission if I am unable to get the authorisation on the day of admission.

\* Please refer to your plan’s guide/brochure for all applicable co-payments.

\*\* Please refer to your plan’s guide/brochure for the definition of an emergency medical condition.

Member’s signature		Date	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">m</td> <td style="width: 20px; text-align: center;">m</td> <td style="width: 20px; text-align: center;">d</td> <td style="width: 20px; text-align: center;">d</td> </tr> </table>	2	0	y	y	m	m	d	d
2	0	y	y	m	m	d	d				

