## Health Platform Benefit

Email us (your broker) on medicalaid@wwfs.co.za or call us 0217700077 before using any of these free benefits to ensure that the correct codes are used & advise you on Rand limits

| Benefit   | Who?  | How often?                                 | Options |        |        |           |          |        |  |
|---|---|--|---------|--------|--------|-----------|----------|--------|--|
| Early detection tests   |   |  | Ingwe   | Evolve | Custom | Incentive | Extender | Summit |  |
| Health assessment<br>(pre-notification not required):<br>Blood pressure test, Cholesterol<br>and Blood sugar (finger prick<br>tests), height, weight and waist<br>circumference   | All principal members and adult beneficiaries | Once a year                                | •       | •      | •      | •         | •        | •      |  |
| Dental consultation<br>(incl. sterile tray and gloves)  | All beneficiaries                             | Once a year                                | •       | •      | •      | •         | •        | •      |  |
| Pap smear<br>(pathologist)  | Women 15 and older                            | Once a year                                | •       | •      | •      | •         | •        | •      |  |
| Pap smear consultation<br>(GP)  | Women 15 and older                            | Once a year                                | •       |        |        |           |          |        |  |
| Pap smear consultation<br>(GP* or gynaecologist)  | Women 15 and older                            | Once a year                                |         | •      | •      | •         | •        | •      |  |
| Mammogram   | Women 38 and older                            | Once every 2 years                         |         | •      | •      | •         | •        | •      |  |
| DEXA bone density scan<br>(radiologist, GP* or specialist)  | Beneficiaries 50 and older                    | Once every 3 years                         |         | •      | •      | •         | •        | •      |  |
| General physical examination<br>(GP* consultation)  | Beneficiaries 21 to 29                        | Once every 5 years                         | •       | •      | •      | •         | •        | •      |  |
|   | Beneficiaries 30 to 59                        | Once every 3 years                         | •       | •      | •      | •         | •        | •      |  |
|   | Beneficiaries 60 to 69                        | Once every 2 years                         | •       | •      | •      | •         | •        | •      |  |
|   | Beneficiaries 70 and older                    | Once a year                                | •       | •      | •      | •         | •        | •      |  |
| Prostate specific antigen   | Men 40 to 49                                  | Once every 5 years                         | •       | •      | •      | •         | •        | •      |  |
| (pathologist)   | Men 50 to 59                                  | Once every 3 years                         | •       | •      | •      | •         | •        | •      |  |
|   | Men 60 to 69                                  | Once every 2 years                         | •       | •      | •      | •         | •        | •      |  |
|   | Men 70 and older                              | Once a year                                | •       | •      | •      | •         | •        | •      |  |
| Cholesterol test<br>(pathologist)**   | Principal members<br>and adult beneficiaries  | Once a year                                | •       | •      | •      | •         | •        | •      |  |
| Blood sugar test<br>(pathologist)***  | Principal members<br>and adult beneficiaries  | Once a year                                | •       | •      | •      | •         | •        | •      |  |
| Glaucoma test   | Beneficiaries 40 to 49                        | Once every 2 years                         |         | •      | •      | •         | •        | •      |  |
|   | Beneficiaries 50 and older                    | Once a year                                |         | •      | •      | •         | •        | •      |  |
| HIV test<br>(pathologist)   | Beneficiaries 15 and older                    | Once every 5 years                         | •       | •      | •      | •         | •        | •      |  |
| Preventative care   |   |  | Ingwe   | Evolve | Custom | Incentive | Extender | Summit |  |
| Baby immunisations<br>(On Ingwe, baby immunisations<br>are covered in private facilities for<br>baby's first year, limited to<br>R2 500. Once the limit is reached,<br>immunisations are available at the<br>Department of Health baby clinics) | Children up to age 6                          | As required by the<br>Department of Health | •       | •      | •      | •         | •        | •      |  |
| Flu vaccines  | Children between 6 months and 5 years         | Once a year                                | •       | •      | •      | •         | •        | •      |  |
|   | Beneficiaries 60 and older                    | Once a year                                | •       | •      | •      | •         | •        | •      |  |
|   | High-risk beneficiaries                       | Once a year                                | •       | •      | •      | •         | •        | •      |  |
| Tetanus diphtheria injection  | All beneficiaries                             | As needed                                  | •       | •      | •      | •         | •        | •      |  |
| Pneumococcal vaccine  | Beneficiaries 60 and older                    | Once a year                                |         | •      | •      | •         | •        | •      |  |
|   | High-risk beneficiaries                       | Once a year                                |         | •      | •      | •         | •        | •      |  |

On the Custom, Incentive and Extender Options, if you choose Associated as your chronic provider, a 30% co-payment will apply if you do not use an Associated GP for the GP consultation
The cholesterol test is covered if health assessment results indicate a total cholesterol of 6 mmol/L and above

\*\*\* The blood sugar test is covered if health assessment results indicate blood sugar levels are 11 mmol/L and above

| Ber  | efit   | Who?   | How often?  | Options |        |        |           |          |          |  |
|--|--|--|---|---------|--------|--------|-----------|----------|----------|--|
|  |  | egistration on the Maternity manage                                    |   | -       | Ú.     |        |           | e        | <b>c</b> |  |
| pro  | gramme between 8 and 20 week   | s of pregnancy)  |   | Ingwe   | Evolve | Custom | Incentive | Extender | Summ     |  |
| Dou  | ıla benefit  | Women registered<br>on the programme                                   | 2 visits per pregnancy  |         | •      | •      | •         | •        | •        |  |
| Antenatal visits<br>(Midwives, GP* or gynaecologist)   |  | Women registered<br>on the programme                                   | 7 visits  | •       |        |        |           |          |          |  |
| (Midwives, GP <sup>*</sup> or gynaecologist)   |  | on the programme   | 12 visits   |         | •      | •      | •         | •        | •        |  |
| Online antenatal and postnatal classes   |  | Women registered<br>on the programme                                   | 18-month subscription   |         |        |        | •         | •        | •        |  |
|  | ine video consultation with  | Women registered   | Initial consultation  |         |        |        | •         |          |          |  |
| lactation specialist   |  | on the programme   | Initial consultation plus<br>follow up  |         |        |        |           | •        | •        |  |
| Nurse home visit   |  | Women registered on the programme                                      | Day after return from<br>hospital   | •       | •      | •      | •         | •        | •        |  |
|  |  |  | 2 weeks after initial visit   |         | •      | •      | •         | •        | •        |  |
|  |  |  | 6 weeks after initial visit   |         |        |        | •         | •        | •        |  |
| Urine tests (dipstick)   |  | Women registered<br>on the programme                                   | Included in antenatal visits  | •       | •      | •      | •         | •        | •        |  |
|  | Antiglobin, platelet count<br>and Rubella antibody   | Women registered on the<br>programme                                   | 1 test  |         |        |        | •         | •        | •        |  |
|  | Blood group, full blood count<br>and Rhesus factor   |  | 1 test  | •       | •      | •      | •         | •        | •        |  |
|  | Creatinine   |  | 1 test  |         | •      | •      | •         | •        | •        |  |
| sts  |  |  | 1 test  | _       | •      | •      |           |          |          |  |
| sy te:   | Glucose strip  |  | 2 tests   |         |        |        | •         | •        | •        |  |
| Pathology tests  | Unantitation and in a distantion   |  | 1 test  | •       | •      | •      |           |          |          |  |
| Patl   | Haemoglobin estimation   |  | 2 tests   |         |        |        | •         | •        | •        |  |
|  | Urinalysis   |  | 7 tests   | •       |        |        |           |          |          |  |
|  | Officiallysis  |  | 12 tests  |         | •      | •      | •         | •        | •        |  |
|  | Urine tests (microscopic exams,<br>antibiotic susceptibility and<br>culture)   |  | As indicated  | •       | •      | •      | •         | •        | •        |  |
| Scans<br>Paediatrician visits  |  | Women registered on the programme<br>Babies up to 12 months registered | 2 pregnancy scans   | •       |        |        |           |          |          |  |
|  |  |  | 2 pregnancy scans<br>3D and 4D scans covered<br>up to the rate we pay for<br>2D scans |         | •      | •      | •         | •        | •        |  |
|  |  |  | 1 visit in baby's first year  | •       |        |        |           |          |          |  |
|  |  | on the programme   | 2 visits in baby's first year   |         | •      | •      | •         | •        | •        |  |
| Health management programmes   |  | (subject to registration on the relevar                                | nt programme)   | Ingwe   | Evolve | Custom | Incentive | Extender | Sum      |  |
| Cholesterol, Chronic renal<br>failure, Diabetes, Drug and<br>alcohol rehabilitation, HIV/Aids,<br>Hypertension, Mental health,<br>Oncology and Organ transplants |  | All beneficiaries registered on the appropriate programme              | As needed   | •       | •      | •      | •         | •        | •        |  |
| Hea  | alth line  |  |   | Ingwe   | Evolve | Custom | Incentive | Extender | Sumr     |  |
| 24-hour emergency health advice All beneficiaries  |  | As needed  | •   | •       | •      | •      | •         | •        |          |  |
|  | ergency evacuation   |  |   | Ingwe   | Evolve | Custom | Incentive | Extender | Sumr     |  |
| Eme  | ergency evacuation in South  | All beneficiaries  | In an emergency   | •       | •      | •      | •         | •        | •        |  |
|  | ca by Netcare 911<br>rnational evacuation by ISOS  | All beneficiaries  | In an emergency   |         | •      | •      | •         | •        | •        |  |
| Inte   | ernational emergency cover by I  | 1505   |   | Ingwe   | Evolve | Custom | Incentive | Extender | Sumr     |  |
| Ingv<br>Evo<br>Cus<br>Ince<br>Exte<br>Sun<br>This  | ve: Not covered<br>Ive: R5 million<br>tom: R7.66 million<br>entive: R8 million<br>ender: R8.22 million<br>mit: R9.01 million<br>benefit includes R15 500 for<br>argency optometry, R15 500 for | Per beneficiary per 90-day<br>journey                                  | In an emergency   |         | •      | ·      | •         | ·        | •        |  |
| eme<br>R76<br>opti<br>co-j   | ergency optometry, RIS 500 for<br>ergency dentistry and<br>5 000 terrorism cover, on all<br>ons, except Ingwe. A R1 850<br>payment applies per<br>patient claim                                |  |   |         |        |        |           |          |          |  |