



transmed
MEDICAL FUND

2025 BENEFITS GUIDE

WORKING MEMBERS AND PENSIONERS



Welcome

to Transmed Medical Fund's 2025 benefits guide. This guide explains the different plans and benefits and how to access them in 2025. Please read the guide carefully and keep it safe for future reference. To make it easier for you to find what you are looking for in the guide, please follow our easy-to-read colour-codes.

The 2025 benefit and contribution changes come into effect once approved by the Council for Medical Schemes.

LINK
PLAN

SELECT
PLAN

PRIME
PLAN

FOR
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OUR
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This guide does not replace the rules. The registered rules are legally binding, always take precedence and are available on request or on the Transmed website at www.transmed.co.za.

2025 BENEFITS GUIDE



FOR
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HOW TO CHANGE YOUR PLAN FOR 2025

This guide provides the process to follow should you wish to change your plan for 2025. A plan selection form has been enclosed. The form also contains a section to update your personal and contact details, if indicated, which will enable the Fund to update our records and communicate effectively with you. This completed form must reach us by no later than **31 December 2024**.

You can change your benefit plan telephonically by calling **0800 450 010**. Remember to have your membership and ID numbers at hand to use this service. Should you need to update your personal details, you are welcome to complete the relevant sections and return the form to **membership@transmed.co.za**.

Plan changes may only be made once a year before 1 January and take effect at the start of each year. Members therefore need to carefully consider the information provided in this guide in order to choose an appropriate benefit plan.

The following are a few points to consider before choosing a benefit plan for 2025:

- Review your current and future medical needs and those of your registered dependants.
- Compare the different benefit plans in light of these medical needs to determine the most suitable plan.
- Consider if you want to remain on your current benefit plan or if you need to consider an alternative benefit plan.
- Consider both the affordability of the increased contribution for the next twelve months (in case of a plan upgrade) and the impact of more restricted benefits (in case of a plan downgrade).
- Complete and submit your plan selection form (if applicable) to reach the Fund by no later than **31 December 2024**.

Please note that you do not need to submit the plan selection form if you want to remain on your current benefit plan or have already changed it telephonically, except if you need to update your contact details.

KEY TO GENERAL TERMS USED IN THIS BENEFITS GUIDE

*	Transmed rate	The Transmed rate is the fee payable for a benefit year in respect of a specific tariff or service
*1	Day-to-day services	The day-to-day benefit covers all routine services received out of hospital, other than those covered from insured benefits in terms of an authorisation or other defined benefits or limits
*2	Benefit year	A benefit year is the 12-month period for which benefits are valid and runs from January to December
*3	Lifetime benefit	A lifetime benefit is the benefit amount allowed for a specific treatment per lifetime while registered as a beneficiary
*4	Medicine formulary	This is a list of medication that the Fund will cover in full (subject to applicable clinical protocols)
*5	Reference price	The reference price is the maximum price that the Fund will pay for a specific class of medication
*6	PMBs	Prescribed Minimum Benefits (PMBs) is a set of defined benefits to ensure that all medical scheme members have access to certain minimum health services, regardless of the benefit option they have selected
*7	Co-payment	A co-payment is a fee that is payable by a member directly to a service provider and is calculated as the difference between the price charged by the member's chosen service provider and the price negotiated with the designated/preferred service provider
*8	Fund exclusions	<p>Services, procedures and consumables that are not covered by Transmed:</p> <ul style="list-style-type: none"> - Accommodation in old age homes, frail care centres or similar institutions - All costs for operations, medicines, treatment and procedures for cosmetic or psychological purposes - All costs for operations, medicines, treatment and procedures related to weight reduction - Operations to reverse a sterilisation - Artificial insemination (GIFT or similar procedures) - Patent food, including baby food - Slimming preparations - Household remedies or preparations and herbal and natural remedies - Aphrodisiacs - Cosmetic soaps, shampoos and other topical applications - Sun screening and sun tanning agents - Cosmetic preparations, medicated or otherwise - Contact lens preparations - Holidays for recuperative purposes - Vitamin and mineral supplements
*9	UPFS	The uniform patient fee schedule is the tariff structure applicable to State hospital facilities
*10	OTC	Over-the-counter medicine can be prescribed and dispensed by your pharmacist without a doctor's prescription

SUMMARY OF NETWORKS AND DESIGNATED SERVICE PROVIDERS

*11	DSP	A designated service provider is contracted by the Fund to provide certain treatment or services to members at a negotiated/preferred tariff
*12	Transmed private hospital network	<p>The private hospital network consists of Netcare, Mediclinic, Life Healthcare and the National Hospital Network (NHN) groups; network list available at www.transmed.co.za</p> <p>Select plan: Transmed has negotiated a preferred rate with the private hospital network for specific admissions outlined in the benefit schedule</p> <p>Prime plan: Transmed has negotiated a preferred rate with the private hospital network for admissions outlined in the benefit schedule</p>
*13	Transmed pharmacy network	<p>A network of pharmacies that Transmed has negotiated preferred rates with:</p> <ul style="list-style-type: none"> - Clicks pharmacy group - Dis-Chem pharmacies - MediRite pharmacy group (pharmacies in Shoprite/Checkers stores) - Contracted independent pharmacies
*14	Universal Healthcare network	This is a network of providers that has been contracted to deliver a specific service to members on the Link plan
*15	ICON	The Independent Clinical Oncology Network is a network of oncologists that is the contracted DSP for cancer treatment
*16	DENIS	DENIS is contracted to manage dental benefits, including dental claims processing, on the Select plan
*17	PPN	Preferred Provider Negotiators is contracted to manage optical benefits, including optical claims processing, on the Select plan
*18	OMG	The Ophthalmology Management Group Limited is a network of ophthalmologists that is the contracted DSP for cataract surgery on all plans
*19	Universal Healthcare private hospital network	The private hospital network is contracted by Universal Healthcare for private hospital treatment for members on the Link plan

2025 BENEFITS GUIDE



DAY-TO-DAY BENEFITS

LINK PLAN

Members will receive their day-to-day services through the Universal Healthcare networks^{*14}. This includes all general practitioners (GPs) and pharmacies and dental and optical services.

You can find details of your nearest network provider by calling Universal on **0861 686 278**.

SELECT PLAN

Dental and optical services are paid for from the respective dental and optical benefits. All other day-to-day services (except for services covered on an authorised PMB[®] treatment plan), are paid for from the day-to-day limit. Members may use any registered healthcare or service provider of their choice, except for dental and optical services, which are managed by the contracted providers.

PRIME PLAN

Day-to-day services (except for services covered on an authorised PMB[®] treatment plan), are payable by the member.

HOSPITAL BENEFITS

LINK PLAN

This plan provides hospital benefits for PMB⁶ conditions at State hospitals, the DSP¹¹ for hospital services.

Members can utilise private facilities, subject to pre-authorisation, for the following admissions:

- admissions for emergency treatment in case of an accident or trauma
- admissions of children between the ages of one and 12 years for PMB⁶ conditions
- admissions for selected non-PMB conditions, e.g. functional endoscopic sinus surgery, tonsillectomies and adenoidectomies, sterilisations, strabismus (squint eye) repair and vasectomies.

SELECT PLAN

This plan provides hospital benefits for both PMB⁶ and non-PMB conditions at State hospitals, the DSP¹¹ for hospital services.

Members can utilise private facilities, subject to pre-authorisation, for the following admissions:

- admissions for maternity
- admissions for children under 12 years for PMB⁶ conditions
- admissions for medical emergencies, accidents or trauma
- admissions for psychiatric treatment
- admissions for certain dental procedures
- admissions for selected non-PMB conditions, e.g. functional endoscopic sinus surgery, tonsillectomies and adenoidectomies, grommets, sterilisations, strabismus (squint eye) repair and vasectomies
- admissions related to cancer treatment
- admissions for cataract surgery.

PRIME PLAN

This plan provides private hospital benefits for PMB⁶ conditions only, with the Transmed private hospital network¹² as DSP¹¹ for hospital services.

TRANSMED MEDICAL FUND RATE (TRANSMED RATE)

The Transmed rate* is the tariff that is payable in a benefit year in respect of a specific tariff or service. If a member uses a service provider outside the DSP¹¹ networks or who charges fees in excess of the Transmed rate*, the member may be responsible for making a co-payment⁷. It is therefore in a member's best interest to use network providers or to negotiate with non-contracted healthcare practitioners to charge the Transmed rate*.



2025 BENEFITS GUIDE

2025 CONTRIBUTIONS

LINK PLAN

MONTHLY INCOME	R0 - R2 000	R2 001 - R3 000	R3 001 - R4 000	R4 001 - R5 000	R5 001 - R6 000	R6 001 - R8 000	R8 001- R10 000	R10 001 +
Member	1 243	1 310	1 375	1 443	1 509	1 576	1 642	1 708
Adult dependant**	1 057	1 115	1 169	1 226	1 283	1 340	1 396	1 451
Child dependant*	373	392	413	434	454	471	492	513

SELECT PLAN

MONTHLY INCOME	R0 - R2 000	R2 001 - R3 000	R3 001 - R4 000	R4 001 - R5 000	R5 001 - R6 000	R6 001 - R8 000	R8 001- R10 000	R10 001 +
Member	2 046	2 179	2 310	2 443	2 573	2 704	2 836	2 969
Adult dependant**	1 535	1 634	1 732	1 831	1 931	2 029	2 127	2 226
Child dependant*	615	654	694	732	772	811	852	890





PRIME PLAN

	TOTAL MONTHLY CONTRIBUTIONS (R)
Member	11 606
Adult dependant**	10 504
Child dependant*	3 495

NOTE THE FOLLOWING:




- * Child dependant contributions are payable for a maximum of four dependants.
- * Child dependants older than 21 who are studying full- or part-time and are financially dependent on the member will pay child dependant contributions until the age of 24 (proof of registration at an accredited institution will be required).
- ** Dependants older than 21 (or 24 in the case of studying children) who are financially dependent on the member will pay adult dependant contributions.

DAY-TO-DAY COVER

BENEFITS	LINK PLAN	SELECT PLAN	PRIME PLAN
Day-to-day limit 	Not applicable	Member without dependants: R8 000 Member with dependants: R10 940	Payable by member
All other day-to-day benefits 1 	Only PMB** conditions Obtain from the Universal Healthcare network ¹⁴ Paid at the Transmed rate* Please call 0861 686 278	Subject to the availability of funds in the day-to-day limit Paid at the Transmed rate*	Payable by member
General practitioner (GP) consultations 2 	Network providers Number of consultations per year: Member without dependants: 8 Member with 1 dependant: 12 Member with 2 dependants: 14 Member with 3 dependants: 15 Non-network providers 1 consultation at a non-network provider per beneficiary, up to a maximum of 2 consultations per family per year Limited to R1 340 per event Paid at the Transmed rate*	Subject to the availability of funds in the day-to-day limit Paid at the Transmed rate*	Payable by member Healthcare providers of own choice may be used
Specialist consultations 3 	3 specialist consultations per beneficiary per year, up to a maximum of 5 consultations per family per year, limited to a maximum amount of R4 040 for 1 beneficiary or R5 900 per family Pregnant beneficiaries are entitled to 2 additional specialist consultations per year Specialist consultations are subject to pre-authorisation and referral by a network GP A 30% co-payment ¹⁷ applies for voluntary consultations at specialists and consultations without pre-authorisation according to the agreed referral process Paid at the Transmed rate* Pre-authorisation required Please call 0861 686 278	Subject to the availability of funds in the day-to-day limit Paid at the Transmed rate*	Payable by member Healthcare providers of own choice may be used



DAY-TO-DAY COVER (CONTINUED)





BENEFITS	LINK PLAN	SELECT PLAN	PRIME PLAN
<p>Acute and over-the-counter (OTC) medication</p> <p>4 </p>	<p>Acute medicine benefit</p> <p>Unlimited if according to the Universal medicine formulary and obtained from accredited Universal pharmacies</p> <p>No benefit for medicine dispensed or prescribed by a specialist if the referral process was not adhered to, unless a specialist consultation was as a result of an involuntary PMB⁶ consultation</p> <p>Paid at the Transmed rate*</p> <p>Formulary reference pricing applies</p> <p>Over-the-counter (OTC)¹⁰ medicine benefit of R330 per family per year, with a maximum of R140 per event</p> <p>Medication must be dispensed by a Universal network pharmacy or accredited service provider</p>	<p>Acute medicine benefit</p> <p>Subject to the availability of funds in the day-to-day limit</p> <p>Paid at the Transmed rate*</p> <p>Formulary reference pricing applies</p> <p>Over-the-counter (OTC)¹⁰ medicine benefit of R1 500 per family per year, with a maximum of R280 per event</p> <p>The OTC benefit is subject to the availability of funds in the day-to-day benefit</p> <p>Medication to be obtained from the Transmed pharmacy network¹³ to avoid non-network co-payments</p>	<p>Payable by member</p>
<p>Pathology (out of hospital)</p> <p>5 </p>	<p>Unlimited, subject to Universal network codes</p> <p>Subject to referral by Universal network GP or accredited service provider</p> <p>No benefit for pathology requested by specialist if the specialist referral process was not adhered to, unless the specialist consultation was as a result of an involuntary PMB⁶ consultation</p> <p>Paid at the Transmed rate*</p>	<p>Subject to the availability of funds in the day-to-day limit</p> <p>Paid at the Transmed rate*</p>	<p>Payable by member</p>
<p>Out-of-hospital radiology</p> <p>6 </p>	<p>Unlimited, subject to Universal network codes</p> <p>Pregnant beneficiaries are entitled to 2 pregnancy scans per pregnancy</p> <p>Subject to referral by Universal network GP or accredited service provider</p> <p>No benefit for radiology requested by specialist if the specialist referral process was not adhered to, unless the specialist consultation was as a result of an involuntary PMB⁶ consultation</p> <p>Paid at the Transmed rate*</p>	<p>Subject to the availability of funds in the day-to-day limit</p> <p>For MRI and CT scans, refer to benefit 28 on page 16</p> <p>Paid at the Transmed rate*</p>	<p>Payable by member</p> <p>For MRI and CT scans, refer to benefit 28 on page 16</p>



DAY-TO-DAY COVER

BENEFITS	LINK PLAN	SELECT PLAN	PRIME PLAN
<p>Optical benefits</p> <p>7 </p>	<p>Obtained from the Universal Healthcare network^{*14}</p> <p>Examination Limited to 1 examination per beneficiary per year</p> <p>Frames/Spectacles/Lenses 1 pair of single-vision or bifocal lenses and specified frame per beneficiary every 24 months, according to Universal Healthcare network^{*14} criteria</p> <p>OR</p> <p>Contact lenses Limited to R920 per beneficiary per cycle</p> <p>Please call 0861 686 278</p>	<p>Benefit provided through PPN^{*17} protocols</p> <p>NETWORK BENEFIT Optical benefits are subject to authorisation by PPN^{*17} and clinical protocols/prescribed rules apply</p> <p>Beneficiaries can claim every 24 months</p> <p>Examination Limited to 1 consultation to the value of R890, including refraction, glaucoma screening, visual field screening and artificial intelligence for the detection of diabetic retinopathy</p> <p>Frames/Spectacles/Lenses R1 210 towards frame and/or lens enhancements, together with 1 pair of clear, single-vision lenses to the value of R215 or clear, bifocal lenses to the value of R460 or clear, multifocal lenses to the value of R860</p> <p>OR</p> <p>Contact lenses Limited to R1 565</p> <p>NON-NETWORK BENEFIT Services out of network will have a co-payment^{*7} for the member's own account</p> <p>Examination Limited to 1 consultation to the value of R400</p> <p>Frames/Spectacles/Lenses R968 towards frame and/or lens enhancements, together with 1 pair of clear, single-vision lenses to the value of R215 or clear, bifocal lenses to the value of R460 or clear, multifocal lenses to the value of R860</p> <p>OR</p> <p>Contact lenses Limited to R1 565</p> <p>Please call 0861 103 529</p>	<p>Payable by member</p>



DAY-TO-DAY COVER (CONTINUED)

BENEFITS	LINK PLAN	SELECT PLAN	PRIME PLAN
Basic dentistry 	<p>1 consultation, preventative treatment and general examination per year through a Universal Healthcare network¹⁴ DSP</p> <p>Fillings, extractions and dental X-rays are subject to Universal protocols and applicable Universal dental codes</p> <p>Paid at the Transmed rate*</p> <p>Please call 0861 686 278</p>	<p>Benefit provided through DENIS¹⁶</p> <p>Subject to protocols and limitations</p> <p>No annual limits, but only stated codes are covered</p> <p>Root canal limited to 1 per beneficiary per year</p> <p>Paid at the Transmed rate*</p> <p>Please call 0860 104 941</p>	<p>Payable by member</p>
Specialised dentistry 	<p>No benefit</p>	<p>Benefit provided through DENIS¹⁶</p> <p>Subject to protocols and limitations</p> <p>Limited to R5 676 per family per year</p> <p>Crowns Limited to 1 per family every 2 years for beneficiaries 16 years and older</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required for all specialised procedures</p> <p>Please call 0860 104 941</p>	<p>Payable by member</p>
Orthodontics 	<p>No benefit</p>	<p>Benefit provided through DENIS¹⁶</p> <p>Subject to protocols and limitations</p> <p>Limited to R11 278 per beneficiary younger than 18, once in a lifetime³</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0860 104 941</p>	<p>Payable by member</p>
Dentures 	<p>1 set of acrylic or plastic dentures per family every 2 years</p> <p>Limited to R4 710 per partial or full set of dentures</p> <p>Paid at the Transmed rate*</p> <p>Please call 0861 686 278</p>	<p>Benefit provided through DENIS¹⁶</p> <p>Subject to protocols and limitations</p> <p>Subject to availability of funds in the specialised dentistry limit of R5 676 per family per year</p> <p>1 set of dentures per beneficiary older than 21 every 4 years</p> <p>1 set of chrome cobalt-frame dentures per beneficiary 21 years and older every 5 years</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0860 104 941</p>	<p>Payable by member</p>





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DAY-TO-DAY COVER

BENEFITS	LINK PLAN	SELECT PLAN	PRIME PLAN
Physiotherapy, occupational and remedial therapy and audiology 	<p>Obtained from the Universal Healthcare network¹⁴</p> <p>Only PMB⁶ conditions</p> <p>Paid at the Transmed rate*</p> <p>Please call 0861 686 278</p>	<p>Subject to the availability of funds in the day-to-day limit</p> <p>Paid at the Transmed rate*</p>	<p>Payable by member</p>
Traditional healers 	<p>R1 810 per family per year, limited to R900 per event</p> <p>Applicable to healers registered with the Traditional Healer Council</p> <p>Members are liable for the upfront payment of practitioners; claim forms can be obtained from 0861 686 278 and submitted with receipts for refunds</p> <p>Paid at the Transmed rate*</p>	<p>No benefit</p>	<p>Payable by member</p>

CHRONIC MEDICATION



Chronic medication (refer to chronic conditions covered on page 29) 	<p>Paid at the Transmed rate* according to the network medicine formulary, formulary reference pricing and protocols</p> <p>Only Universal network pharmacies</p> <p>Subject to pre-authorisation and registration on the Universal chronic medicine programme</p> <p>Please call 0861 686 278</p>	<p>Paid at the Transmed rate* according to the PMB medicine formulary⁴</p> <p>Reference pricing⁵ applies</p> <p>Subject to pre-authorisation and registration on the chronic medicine management programme</p> <p>Please call 0800 225 151</p>	<p>Paid at the Transmed rate* according to the PMB medicine formulary⁴</p> <p>Reference pricing⁵ applies</p> <p>Subject to pre-authorisation and registration on the chronic medicine management programme</p> <p>Please call 0800 225 151</p>
Pharmacies 	<p>Universal network pharmacies</p> <p>Please call 0861 686 278</p>	<p>Transmed pharmacy network¹³</p> <p>Members may be liable for a co-payment⁷ if a pharmacy outside the Transmed pharmacy network¹³ is used</p>	<p>Transmed pharmacy network¹³</p> <p>Members may be liable for a co-payment⁷ if a pharmacy outside the Transmed pharmacy network¹³ is used</p>

MAJOR MEDICAL COVER




BENEFITS	LINK PLAN	SELECT PLAN	PRIME PLAN
Admissions to private hospitals for accidents/trauma 	<p>Emergency admissions related to accidents or trauma (motor vehicle, bike or pedestrian) will be covered in a Universal Healthcare private hospital network¹⁹ hospital, subject to authorisation within 48 hours of the accident</p> <p>Note: Refer to the definition of an emergency below, as per the Medical Schemes Act</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0861 686 278</p>	<p>Admissions for medical emergencies, accidents or trauma will be covered in a Transmed private hospital network¹² hospital</p> <p>Note: Refer to the definition of an emergency below, as per the Medical Schemes Act</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0800 225 151</p>	<p>Admissions for medical emergencies, accidents or trauma will be covered in a Transmed private hospital network¹² hospital</p> <p>Note: Refer to the definition of an emergency below, as per the Medical Schemes Act</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0800 225 151</p>
<p><i>An emergency is defined in terms of the Medical Schemes Act and the rules as the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place a person's life in serious jeopardy.</i></p>			
Admissions to private hospitals for maternity 	<p>100% cover at a State hospital</p> <p>Benefit provided through Universal Healthcare network¹⁴</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0861 686 278</p> <p>Online antenatal course: www.bellybabies.co.za</p> <p>Refer to page 26 for more information</p>	<p>Transmed private hospital network¹² is the DSP¹¹</p> <p>Paid at the Transmed rate*</p> <p>Members with confirmed pregnancies must call 0800 225 151 to access the benefit</p> <p>Pre-authorisation required Please call 0800 225 151</p> <p>Online antenatal course: www.bellybabies.co.za</p> <p>Refer to page 26 for more information</p>	<p>Transmed private hospital network¹² is the DSP¹¹</p> <p>Paid at the Transmed rate*</p> <p>A 30% co-payment⁷ applies for the voluntary use of a non-network hospital and is payable on the hospital claim</p> <p>Members with confirmed pregnancies must call 0800 225 151 to access the benefit</p> <p>Pre-authorisation required Please call 0800 225 151</p> <p>Online antenatal course: www.bellybabies.co.za</p> <p>Refer to page 26 for more information</p>
PMB-related admissions to private hospitals for children 	<p>PMB⁶-related admissions for children between 1 and 12 years old will be covered in a Universal Healthcare private hospital network¹⁹ hospital</p> <p>Paid at the Transmed rate*</p> <p>The co-payment⁷ for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP¹¹ (State hospital)</p> <p>Pre-authorisation required Please call 0861 686 278</p>	<p>PMB⁶-related admissions for children who are under 12 years old will be covered in a Transmed private hospital network¹² hospital</p> <p>Paid at the Transmed rate*</p> <p>A 30% co-payment⁷ applies for the voluntary use of a non-network hospital and is payable on the hospital claim</p> <p>Pre-authorisation required Please call 0800 225 151</p>	<p>PMB⁶-related admissions for major medical events are covered</p> <p>Transmed private hospital network¹² is the DSP¹¹</p> <p>Paid at the Transmed rate*</p> <p>A 30% co-payment⁷ applies for the voluntary use of a non-network hospital and is payable on the hospital claim</p> <p>Pre-authorisation required Please call 0800 225 151</p>



MAJOR MEDICAL COVER




BENEFITS	LINK PLAN	SELECT PLAN	PRIME PLAN
<p>Admissions to private hospitals for in-hospital dentistry</p> <p>19 </p>	<p>No benefit</p>	<p>Transmed private hospital network¹² is the DSP¹¹</p> <p>Admission protocols apply</p> <p>Removal of impacted teeth</p> <p>Extensive conservative treatment for children under 6</p> <p>Certain surgical procedures (fistula closure)</p> <p>Dental/Surgical procedures are subject to the availability of funds in the specialised dentistry limit</p> <p>The fee for the hospitalisation and anaesthetist is paid from major medical benefit if procedure is approved</p> <p>A 30% co-payment⁷ applies for the voluntary use of a non-network hospital and is payable on the hospital claim</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0800 225 151</p>	<p>Transmed private hospital network¹² is the DSP¹¹</p> <p>Admission protocols apply</p> <p>Removal of impacted teeth</p> <p>Extensive conservative treatment for children under 6</p> <p>Certain surgical procedures (fistula closure)</p> <p>Dental/Surgical procedures are payable by the member</p> <p>The fee for the hospitalisation and anaesthetist is paid from major medical benefit if procedure is approved</p> <p>A 30% co-payment⁷ applies for the voluntary use of a non-network hospital and is payable on the hospital claim</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0800 225 151</p>
<p>Admissions to private hospitals related to non-PMB procedures</p> <p>20 </p>	<p>The following non-PMB-related procedures will be covered in a Universal Healthcare private hospital network¹⁹ hospital:</p> <ul style="list-style-type: none"> • functional endoscopic sinus surgery • tonsillectomies and adenoidectomies • sterilisations • vasectomies • strabismus (squint eye) repair <p>Paid at the Transmed rate*</p> <p>The co-payment⁷ for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP¹¹ (State hospital)</p> <p>Pre-authorisation required Please call 0861 686 278</p>	<p>The following non-PMB-related procedures will be covered in a Transmed private hospital network¹² hospital:</p> <ul style="list-style-type: none"> • functional endoscopic sinus surgery • tonsillectomies and adenoidectomies • grommets • sterilisations • vasectomies • strabismus (squint eye) repair <p>Paid at the Transmed rate*</p> <p>A 30% co-payment⁷ applies for the voluntary use of a non-network hospital and is payable on the hospital claim</p> <p>Pre-authorisation required Please call 0800 225 151</p>	<p>No benefit for non-PMB conditions in private hospitals</p> <p>Members admitted for any non-PMB condition must be admitted as private patients and members will be personally liable for the payment of the account</p>

MAJOR MEDICAL COVER (CONTINUED)






BENEFITS	LINK PLAN	SELECT PLAN	PRIME PLAN
Admissions to psychiatric/ mental institutions (including treatment for alcohol and substance abuse) 	PMB*⁶ conditions are covered Limited to 21 days per beneficiary per year Paid at the Transmed rate* Pre-authorisation required Please call 0861 686 278	PMB*⁶ conditions are covered Limited to 21 days per beneficiary per year Paid at the Transmed rate* Pre-authorisation required Please call 0800 225 151	PMB*⁶ conditions are covered Limited to 21 days per beneficiary per year Paid at the Transmed rate* Pre-authorisation required Please call 0800 225 151
Admissions related to cancer treatment 	State hospitals are the DSPs ¹¹ If a State hospital is not accessible in terms of the set criteria, authorisation will be considered for admission to a hospital on the Universal Healthcare private hospital network ¹⁹ as the secondary DSP ¹¹ Paid at the Transmed rate* The co-payment ⁷ for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP ¹¹ (State hospital) Pre-authorisation required Please call 0861 686 278	Transmed private hospital network ¹² is the DSP ¹¹ Paid at the Transmed rate* Pre-authorisation required Please call 0800 225 151	Transmed private hospital network ¹² is the DSP ¹¹ Paid at the Transmed rate* Pre-authorisation required Please call 0800 225 151
Cataract surgery 	The OMG ¹⁸ network and State hospitals are DSPs ¹¹ The co-payment ⁷ for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP ¹¹ (State hospital) Paid at the Transmed rate* Pre-authorisation required Please call 0861 686 278	The OMG ¹⁸ network and State hospitals are DSPs ¹¹ A 20% co-payment ⁷ on the total hospital and associated provider costs applies for using a provider other than an OMG ¹⁸ network provider or the State In addition to cataract surgery, the following services will be covered, subject to pre-authorisation: <ul style="list-style-type: none"> the consultation during which the diagnosis is made and confirmed the related tests performed to make the diagnosis as per the applicable algorithm medication administered as part of the procedure, as per the applicable algorithm any other indicated services, as per applicable algorithm Paid at the Transmed rate* Pre-authorisation required Please call 0800 225 151	The OMG ¹⁸ network is the DSP ¹¹ A 20% co-payment ⁷ on the total hospital and associated provider costs applies for using a provider other than an OMG ¹⁸ network provider In addition to cataract surgery, the following services will be covered, subject to pre-authorisation: <ul style="list-style-type: none"> the consultation during which the diagnosis is made and confirmed the related tests performed to make the diagnosis as per the applicable algorithm medication administered as part of the procedure, as per the applicable algorithm any other indicated services, as per applicable algorithm Paid at the Transmed rate* Pre-authorisation required Please call 0800 225 151





MAJOR MEDICAL COVER

BENEFITS	LINK PLAN	SELECT PLAN	PRIME PLAN
<p>Private hospital admissions not listed above</p> <p>24 </p>	<p>Only PMB⁶ conditions for major medical events are covered</p> <p>State hospitals are the DSPs¹¹</p> <p>If a State hospital is not accessible in terms of the set criteria, authorisation will be considered for admission to a hospital on the Universal Healthcare private hospital network¹⁹ as the secondary DSP¹¹</p> <p>Paid at the Transmed rate*</p> <p>The co-payment⁷ for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP¹¹ (State hospital)</p> <p>Pre-authorisation required Please call 0861 686 278</p>	<p>Only PMB⁶ conditions for major medical events are covered</p> <p>State hospitals are the DSPs¹¹</p> <p>If a State hospital is not accessible in terms of the set criteria, authorisation will be considered for admission to a hospital on the Transmed private hospital network¹² as the secondary DSP¹¹</p> <p>Paid at the Transmed rate*</p> <p>The co-payment⁷ for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP¹¹ (State hospital)</p> <p>Pre-authorisation required Please call 0800 225 151</p>	<p>Only PMB⁶ conditions for major medical events are covered</p> <p>Transmed private hospital network¹² is the DSP¹¹</p> <p>Paid at the Transmed rate*</p> <p>A 30% co-payment⁷ applies for the voluntary use of a non-network hospital and is payable on the hospital claim</p> <p>Pre-authorisation required Please call 0800 225 151</p>
<p>State hospital admissions</p> <p>25 </p>	<p>State hospitals are the DSPs¹¹</p> <p>100% cover according to the UPFS⁹ rate at a State hospital for PMB⁶ admissions only</p> <p>Note: Members using a State hospital for any non-PMB condition must be admitted as private patients and members will be personally liable for the payment of the account</p> <p>Please call 0861 686 278</p>	<p>State hospitals are the DSPs¹¹</p> <p>100% cover according to the UPFS⁹ rate at a State hospital for PMB⁶ and non-PMB admissions</p> <p>Please call 0800 225 151</p>	<p>100% cover according to the UPFS⁹ rate at a State hospital for PMB⁶ admissions only</p> <p>Note: Members using a State hospital for any non-PMB condition must be admitted as private patients and members will be personally liable for the payment of the account</p> <p>Please call 0800 225 151</p>
<p>Emergency treatment (Including consultations and procedures, in an emergency room or casualty facility for children under 12 years of age)</p> <p>26 </p>	<p>Refer to benefit 27</p>	<p>Paid at the Transmed rate*</p> <p>Authorisation required within 1 working day of the emergency treatment</p> <p>If no authorisation is obtained, services will be paid from the day-to-day benefit, subject to the availability of funds</p> <p>Pre-authorisation required Please call 0800 225 151</p>	<p>Refer to benefit 27</p>




MAJOR MEDICAL COVER (CONTINUED)

BENEFITS	LINK PLAN	SELECT PLAN	PRIME PLAN
Emergency treatment (Including consultations and procedures, in hospital casualties) 27 	Paid at the Transmed rate* if life-threatening Authorisation required within 1 working day of the emergency treatment If no authorisation is obtained, the GP consultation and medicine will be paid as per the out-of-network benefit; the facility fee will not be covered Please call 0861 686 278	Paid at the Transmed rate* if life-threatening Authorisation required within 1 working day of the emergency treatment If no authorisation is obtained, services will be paid from the day-to-day benefit, subject to the availability of funds Please call 0800 225 151	Paid at the Transmed rate* if life-threatening Authorisation required within 1 working day of the emergency treatment If no authorisation is obtained, services will be paid for by the member Please call 0800 225 151
In-hospital radiology 28 	Only PMB*⁶ conditions Basic radiology (X-rays) Subject to case management and clinical protocols Universal formulary applicable Limited to R10 100 per family per year in hospital Advanced radiology (MRI, CT and PET scans) Limited to R29 470 per family per year in and out of hospital Paid at the Transmed rate* Pre-authorisation required Please call 0861 686 278	Only PMB*⁶ conditions Basic radiology (X-rays) Subject to case management and clinical protocols Advanced radiology (MRI and CT scans) In and out of hospital Paid at the Transmed rate* Pre-authorisation required Please call 0800 225 151	Only PMB*⁶ conditions Basic radiology (X-rays) Subject to case management and clinical protocols Advanced radiology (MRI and CT scans) In and out of hospital Paid at the Transmed rate* Pre-authorisation required Please call 0800 225 151
Prostheses 29 	Only PMB*⁶ conditions Subject to case management, clinical protocols and individual prostheses limits Refer to annexure C on page 23 Pre-authorisation required Please call 0861 686 278	Only PMB*⁶ conditions Subject to case management, clinical protocols and individual prostheses limits Refer to annexure C on page 23 Pre-authorisation required Please call 0800 225 151	Only PMB*⁶ conditions Subject to case management, clinical protocols and individual prostheses limits Refer to annexure C on page 23 Pre-authorisation required Please call 0800 225 151
Orthopaedic, surgical and medical appliances 30 	Subject to case management, clinical protocols and individual appliances limits Refer to annexure B on page 22 Pre-authorisation required Please call 0861 686 278	Subject to case management, clinical protocols and individual appliances limits Refer to annexure B on page 22 Pre-authorisation required Please call 0800 225 151	Subject to case management, clinical protocols and individual appliances limits Refer to annexure B on page 22 Pre-authorisation required Please call 0800 225 151
Organ transplants 31 	Subject to case management and clinical protocols Harvesting cost of organs (both live and cadavers) is subject to PMB*⁶ legislation International donors The cost of an international donor search and harvesting will be limited to R225 000 (irrespective of the rand/dollar/euro exchange rate)	Subject to case management and clinical protocols Harvesting cost of organs (both live and cadavers) is subject to PMB*⁶ legislation International donors The cost of an international donor search and harvesting will be limited to R225 000 (irrespective of the rand/dollar/euro exchange rate)	Subject to case management and clinical protocols Harvesting cost of organs (both live and cadavers) is subject to PMB*⁶ legislation International donors The cost of an international donor search and harvesting will be limited to R225 000 (irrespective of the rand/dollar/euro exchange rate)







MAJOR MEDICAL COVER

BENEFITS	LINK PLAN	SELECT PLAN	PRIME PLAN
Organ transplants (continued) <div>31</div>	<p>In all cases, special approval is required from the Principal Officer or his delegate before an international donor search can be funded and a confirmation of the non-availability of a suitable local donor is required</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0861 686 278</p>	<p>In all cases, special approval is required from the Principal Officer or his delegate before an international donor search can be funded and a confirmation of the non-availability of a suitable local donor is required</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0800 225 151</p>	<p>In all cases, special approval is required from the Principal Officer or his delegate before an international donor search can be funded and a confirmation of the non-availability of a suitable local donor is required</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0800 225 151</p>
Dialysis <div>32</div> 	<p>Unlimited at a State hospital</p> <p>If a State hospital is not accessible in terms of the set criteria, authorisation can be obtained for involuntary admission to a hospital on the Universal Healthcare private hospital network¹⁹ or approved dialysis centres</p> <p>Paid at the Transmed rate*</p> <p>The co-payment⁷ for using a non-DSP voluntarily will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services and the cost that would have been payable to the DSP¹¹ (State hospital)</p> <p>Pre-authorisation required Please call 0861 686 278</p>	<p>100% at a State hospital or Transmed private hospital network¹² hospital or approved dialysis centre</p> <p>Paid at the Transmed rate*</p> <p>The co-payment⁷ for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP¹¹ (State hospital)</p> <p>Pre-authorisation required Please call 0800 225 151</p>	<p>Transmed private hospital network¹² hospital or approved dialysis centre</p> <p>Paid at the Transmed rate*</p> <p>A 30% co-payment⁷ applies for the voluntary use of a non-network hospital and is payable on the hospital claim</p> <p>Pre-authorisation required Please call 0800 225 151</p>
Oncology (cancer) treatment <div>33</div> 	<p>Paid at the agreed rate at a State hospital or through the Independent Clinical Oncology Network (ICON)¹⁵</p> <p>Unlimited benefit for treatment falling within tier 1 of the South African Oncology Consortium (SAOC) guidelines</p> <p>Limited to 1 PET scan per beneficiary per year and subject to the overall radiology limit</p> <p>A 20% co-payment⁷ applies for using a provider other than an ICON¹⁵ service provider or the State</p> <p>Oncology (cancer) medication to be obtained through the Universal oncology network</p>	<p>Paid at the Transmed rate* at a State hospital or through the Independent Clinical Oncology Network (ICON)¹⁵</p> <p>Unlimited benefit for treatment falling within tier 1 of the South African Oncology Consortium (SAOC) guidelines</p> <p>Limited to 1 PET scan per beneficiary per year</p> <p>A 20% co-payment⁷ applies for using a provider other than an ICON¹⁵ service provider or the State</p> <p>Oncology (cancer) medication to be obtained through the Transmed oncology network</p> <p>Reference pricing¹⁵ is applicable to oncology (cancer) medication</p>	<p>Paid at the Transmed rate* at a State hospital or through the Independent Clinical Oncology Network (ICON)¹⁵</p> <p>Unlimited benefit for treatment falling within tier 1 of the South African Oncology Consortium (SAOC) guidelines</p> <p>Limited to 1 PET scan per beneficiary per year</p> <p>A 20% co-payment⁷ applies for using a provider other than an ICON¹⁵ service provider or the State</p> <p>Oncology (cancer) medication to be obtained through the Transmed oncology network</p> <p>Reference pricing¹⁵ is applicable to oncology (cancer) medication</p>

MAJOR MEDICAL COVER (CONTINUED)

BENEFITS	LINK PLAN	SELECT PLAN	PRIME PLAN
Oncology (cancer) treatment (continued) 33	<p>A 20% co-payment*⁷ applies for obtaining oncology (cancer) medication from a non-oncology network service provider</p> <p>Subject to evidence-based clinical protocols</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0861 686 278</p>	<p>Subject to evidence-based clinical protocols</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0800 225 151</p>	<p>Subject to evidence-based clinical protocols</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0800 225 151</p>
Terminal care benefit 34 	<p>PMB*⁶ level of care</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0861 686 278</p>	<p>Subject to pre-authorisation (home assessment if indicated)</p> <p>Once-off limit of R25 000 per beneficiary; this is an additional benefit and the financial limit is not applicable to any services rendered that qualify for payment in terms of PMB*⁶ legislation</p> <p>Applicable for treatment provided in an accredited facility (hospice/sub-acute/homecare by a registered nurse)</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0800 225 151</p>	<p>Subject to pre-authorisation (home assessment if indicated)</p> <p>Once-off limit of R25 000 per beneficiary; this is an additional benefit and the financial limit is not applicable to any services rendered that qualify for payment in terms of PMB*⁶ legislation</p> <p>Applicable for treatment provided in an accredited facility (hospice/sub-acute/homecare by a registered nurse)</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0800 225 151</p>
HIV and AIDS benefit 35 	<p>Paid at 100% of cost if obtained from a DSP*¹¹</p> <p>Members will be liable for a 20% co-payment*⁷ if a pharmacy outside the Universal network is used</p> <p>Treatment is subject to compliance with clinical protocols</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0861 686 278</p>	<p>Members are encouraged to register on the HIV YourLife programme</p> <p>Obtain medicine from a Transmed pharmacy network*¹³ or courier pharmacy as per enrolment</p> <p>Members may be liable for a co-payment*⁷ if a pharmacy outside the Transmed pharmacy network*¹³ is used</p> <p>Reference pricing*⁵ applies</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0860 109 793</p>	<p>Members are encouraged to register on the HIV YourLife programme</p> <p>Obtain medicine from a Transmed pharmacy network*¹³ or courier pharmacy as per enrolment</p> <p>Members may be liable for a co-payment*⁷ if a pharmacy outside the Transmed pharmacy network*¹³ is used</p> <p>Reference pricing*⁵ applies</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0860 109 793</p>
Ambulance services 36 	<p>Only PMB*⁶ conditions Transfer protocols apply</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0800 115 750</p>	<p>Transfer protocols apply</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0800 115 750</p>	<p>Only PMB*⁶ conditions Transfer protocols apply</p> <p>Paid at the Transmed rate*</p> <p>Pre-authorisation required Please call 0800 115 750</p>

PREVENTATIVE CARE

BENEFITS	LINK PLAN	SELECT PLAN	PRIME PLAN
Contraceptive benefit 	Subject to Universal protocols and guidelines Please call 0861 686 278	Only applicable to female beneficiaries Transmed pharmacy network ^{*13} is the DSP ^{*11} Paid at the Transmed rate* Limited to medicine used primarily for contraception	Only applicable to female beneficiaries Transmed pharmacy network ^{*13} is the DSP ^{*11} Paid at the Transmed rate* Limited to medicine used primarily for contraception
Flu vaccinations 	Subject to Universal protocols and guidelines Please call 0861 686 278	Available to all beneficiaries Transmed pharmacy network ^{*13} is the DSP ^{*11} Paid at the Transmed rate* Subject to the flu vaccination formulary ^{*4} Limited to one vaccination per beneficiary per year	Available to all beneficiaries Transmed pharmacy network ^{*13} is the DSP ^{*11} Paid at the Transmed rate* Subject to the flu vaccination formulary ^{*4} Limited to one vaccination per beneficiary per year
Human papillomavirus (HPV vaccination) 	All beneficiaries between the ages of 9 and 26 Subject to the applicable formulary ^{*4} Please call 0861 686 278	Once-off benefit for all beneficiaries between the ages of 9 and 26 Transmed pharmacy network ^{*13} is the DSP ^{*11} Paid at the Transmed rate* Subject to the applicable formulary ^{*4}	Once-off benefit for all beneficiaries between the ages of 9 and 26 Transmed pharmacy network ^{*13} is the DSP ^{*11} Paid at the Transmed rate* Subject to the applicable formulary ^{*4}
Pneumococcal vaccination 	Subject to Universal protocols and guidelines Please call 0861 686 278	Available to high-risk beneficiaries and children younger than 6 Subject to an approved treatment plan Transmed pharmacy network ^{*13} is the DSP ^{*11} Paid at the Transmed rate* Subject to the applicable formulary ^{*4}	Available to high-risk beneficiaries and children younger than 6 Subject to an approved treatment plan Transmed pharmacy network ^{*13} is the DSP ^{*11} Paid at the Transmed rate* Subject to the applicable formulary ^{*4}
Childhood immunisation 	Subject to Universal protocols and guidelines Please call 0861 686 278	Transmed pharmacy network ^{*13} is the DSP ^{*11} Paid at the Transmed rate* Subject to the vaccination schedule of the Department of Health Subject to the applicable formulary ^{*4}	Transmed pharmacy network ^{*13} is the DSP ^{*11} Paid at the Transmed rate* Subject to the vaccination schedule of the Department of Health Subject to the applicable formulary ^{*4}
Circumcision (out of hospital/ in doctor's rooms) 	Subject to Universal protocols and guidelines Please call 0861 686 278	Limited to R2 800 per case No pre-authorisation required	Limited to R2 800 per case No pre-authorisation required

2025 BENEFITS GUIDE

FOR
ALL
OUR
PEOPLE



PRESCRIBED MINIMUM BENEFITS (PMBs)

LINK PLAN	SELECT PLAN	PRIME PLAN
<p>Hospitalisation Paid at UPFS⁹ rate at a State hospital</p> <p>In the case of an emergency or if a State hospital is not accessible in terms of the set criteria, authorisation will be considered for admission to a hospital on the Universal Healthcare private hospital network¹⁹ as the secondary DSP¹¹ and paid at the Transmed rate*</p> <p>The co-payment⁷ for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP¹¹ (State hospital)</p> <p>Pre-authorisation required Please call 0861 686 278</p> <p>Treatment plan services No benefit</p>	<p>Hospitalisation Paid at UPFS⁹ rate at a State hospital</p> <p>In the case of an emergency or if a State hospital is not accessible in terms of the set criteria, authorisation will be considered for admission to a hospital on the Transmed private hospital network¹² as the secondary DSP¹¹ and paid at the Transmed rate*</p> <p>The co-payment⁷ for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP¹¹ (State hospital)</p> <p>Pre-authorisation required Please call 0800 225 151</p> <p>Treatment plan services Paid at the Transmed rate* or at cost; healthcare providers of own choice may be used</p> <p>Other services Paid at 100% at a State hospital</p> <p>Pre-authorisation required Please call 0800 225 151</p>	<p>Hospitalisation Paid at the Transmed rate*</p> <p>Transmed private hospital network¹² is the DSP¹¹</p> <p>A 30% co-payment⁷ applies for the voluntary use of a non-network hospital and is payable on the hospital claim</p> <p>Pre-authorisation required Please call 0800 225 151</p> <p>Treatment plan services Paid at the Transmed rate* or at cost; healthcare providers of own choice may be used</p> <p>Other services Paid at 100% at a State hospital</p> <p>Pre-authorisation required Please call 0800 225 151</p>

ADDITIONAL BENEFIT

LINK PLAN

SELECT PLAN

PRIME PLAN

Free access to Hello Doctor, a mobile phone-based service that gives you access to doctors 24 hours a day, 7 days a week.

You can get expert health advice from qualified South African medical doctors through your phone, tablet or computer, at absolutely no cost to you!

Just download the app, request a call and the doctor will phone you back within an hour.

Refer to page 27 for more information.



2025 BENEFITS GUIDE

LINK PLAN

SELECT PLAN

PRIME PLAN

ANNEXURE A: EARLY DETECTION BENEFIT

SCREENING TEST	RELATED CONDITION	FREQUENCY
Health-check benefit*: • Cholesterol (finger prick) • Glucose (finger prick) • Blood pressure • Body mass index	Cholesterol Diabetes mellitus Blood pressure	One test for all beneficiaries over the age of 25 per year
Total cholesterol (lipogram)	High cholesterol	One test for all beneficiaries over the age of 25 per year
Glucose (finger prick)	Diabetes mellitus	One test for all beneficiaries over the age of 25 per year
Prostate-specific antigen (PSA) level	Prostate cancer	One test for males over the age of 45 per year
Pap smear	Cervical cancer	One test for females over the age of 18 per year
Mammogram	Breast cancer	One test for females over the age of 40 every two years
Faecal occult blood test (FOBT)	Colon cancer	One test for all beneficiaries over the age of 50 per year
Quantitative polymerase chain reaction (qPCR)	HIV – newborns	Once in a lifetime

* Available at DSP pharmacies providing clinic services

ANNEXURE B: ORTHOPAEDIC, SURGICAL AND MEDICAL APPLIANCES

APPLIANCES	LIMITS (PER BENEFICIARY)
1. Wheelchairs (subject to clinical criteria) Non-motorised wheelchair OR Motorised wheelchair	R9 900 (once every five years)
2. Hand prosthesis	R10 000 (once every two years)
3. Arm prosthesis – below elbow	R26 000 (once every two years)
4. Arm prosthesis – above elbow	R120 000 (once every two years)
5. Above knee prosthesis	R150 000 (once every two years)
6. Below knee prosthesis	R120 000 (once every two years)
7. Silicone sleeve replacements for all artificial limbs	R20 000 (once every year)
8. Back brace following surgical procedures	R25 000 (once every year)
9. Walking aids	R2 660 (once every year)

ANNEXURE C: INTERNAL PROSTHESES

PROSTHESIS	SUB-LIMIT	COMBINED ANNUAL SUB-LIMIT
1. Cardiac stents (per stent) up to a maximum of three	R25 650	R77 000 per beneficiary per year
2. Cardiac valves (per valve)	R37 500	
3. Grafts (per graft)	R28 500	
4. Hernia mesh	R11 000	
5. Partial hip replacement	R30 000	
6. Total hip replacement	R67 760	
7. Hip revision	R50 000	
8. Total knee replacement	R51 150	
9. Knee revision	R45 000	
10. Partial knee replacement	R30 000	
11. Pacemaker and leads	R44 000	
12. Total shoulder replacement	R57 200	
13. Cervical and lumbar disc replacements	R30 000	
14. Spinal fusion (per procedure)	R55 660	
15. Non-specified items	R25 000	
16. Brain stimulator	R180 000	Per beneficiary per year
17. Endovascular aneurysm repair (EVAR), Anaconda and equivalents	R280 000	Per beneficiary per year
18. Pacemaker plus defibrillator	R280 000	Per beneficiary per year
19. Pacemaker (double chamber)	R120 000	Per beneficiary per year
20. Transcatheter aortic valve implantation (TAVI)	R280 000	Per beneficiary per year

Please note: These prostheses are only reimbursed for **PMB⁶ conditions** on ALL benefit plans

EX GRATIA

Ex gratia is an additional financial benefit that members can apply for when they experience financial hardship related to unforeseen medical expenses.

What you need to know about the application process

- The submission of an ex gratia application is not a guarantee that assistance will be granted.
- The committee won't consider any advance payment of medical treatment.
- Members are requested to provide full details of the financial assistance required, including cost involved and motivation for the necessity of expenses.
- The ex gratia committee meets once a month.

- A reply to your application could take up to 30 days and the decision will be issued in writing.
- The decision of the committee is final and no further correspondence regarding the application will be considered once the decision has been announced.

An application form can be obtained from **www.transmed.co.za** or from the customer service department on **0800 450 010**.

How to submit your application

Email: exgratia@transmed.co.za

Post: Ex Gratia Committee
PO Box 2269
Bellville
7535

HOSPITALISATION

LINK PLAN

All management and authorisations will be provided by Universal Healthcare. Major medical cover is unlimited for PMB⁶ admissions when obtained from a State hospital. Admissions for non-PMB conditions, even at a State facility, will be treated as a private admission for the member's own account.

All hospitalisation is provided through State hospitals. **The co-payment⁷ for the voluntary use of a non-DSP hospital is the amount equal to the difference between the total cost incurred in respect of the hospital admission, including all related medical services, and the cost that would have been payable to the DSP¹¹ (State hospital).** If a State hospital is not accessible in terms of the set criteria, authorisation will be considered for admission to a hospital on the Universal Healthcare private hospital network¹⁹ as the secondary DSP¹¹.

Members on the **Link plan** can use a private hospital in the following situations, subject to pre-authorisation:

- In case of a medical emergency or when immediate medical or surgical treatment for a PMB⁶ condition was required and could not reasonably be obtained from the DSP¹¹ (State hospital). An emergency is defined in terms of the Medical Scheme's Act and the rules as the sudden and, at the time, unexpected onset of

a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place a person's life in serious jeopardy or trauma.

- In cases where the required service or procedure is covered by the Fund at the DSP¹¹ (State hospital), but is not reasonably available at the time or could not be provided without an unreasonable delay. In such cases, members should use hospitals that form part of the Universal Healthcare private hospital network¹⁹.
- Emergency admissions related to accidents or trauma (motor vehicle/bike/pedestrian) will be covered in the Universal Healthcare private hospital network¹⁹, subject to authorisation within 48 hours of the accident or trauma.
- PMB⁶-related admissions for children between the ages of one and 12 will be covered in Universal private hospital network¹⁹ hospitals.
- The following non-PMB-related procedures in Universal Healthcare private hospital network¹⁹ hospitals will be covered:
 - functional endoscopic sinus surgery
 - tonsillectomies and adenoidectomies
 - sterilisations
 - strabismus (squint eye) repair
 - vasectomies.

SELECT PLAN

Major medical cover is unlimited for PMB⁶ and non-PMB-related admissions when obtained from a State hospital.

Private hospitalisation is limited to certain PMB⁶ conditions and procedures where the State cannot provide the service or where the Fund has contracted a private provider to deliver the service. Such admissions must be pre-authorised in order to confirm the availability of benefits.

All hospitalisation is provided through State hospitals. **The co-payment⁷ for the voluntary use of a non-DSP hospital is the amount equal to the difference between the total cost incurred in respect of the hospital admission, including all related medical services, and the cost that would have been payable to the DSP¹¹ (State hospital).** If a State hospital is not accessible in

terms of the set criteria, authorisation will be considered for admission to a hospital on the Transmed private hospital network¹² as the secondary DSP¹¹.

Members on the **Select plan** can use a private hospital in the following situations, subject to pre-authorisation:

- Maternity
- In case of a medical emergency or when immediate medical or surgical treatment for a PMB⁶ condition was required and could not reasonably be obtained from the DSP¹¹ (State hospital). An emergency is defined in terms of the Medical Scheme's Act and the rules as the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical

- treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place a person's life in serious jeopardy.
- In cases where the required service or procedure is covered by the Fund at the DSP¹¹ (State hospital), but is not reasonably available at the time or could not be provided without an unreasonable delay. In such cases, members should use hospitals that form part of the Transmed private hospital network¹².
 - PMB⁶-related admissions for children under 12 will be covered in Transmed private hospital network¹² hospitals.
 - Admissions for medical emergencies, accidents or trauma will be covered in Transmed private hospital network¹² hospitals.
 - Certain admissions for dental procedures.
 - Admissions for the following non-PMB-related procedures in Transmed private hospital network¹² hospitals will be covered:
 - functional endoscopic sinus surgery
 - grommets
 - tonsillectomies and adenoidectomies
 - sterilisations
 - vasectomies
 - strabismus (squint eye) repair.
 - Admissions for psychiatric treatment.
 - Admissions for cataract surgery.
 - Admissions related to cancer treatment.

When will members on the Link and Select plans be liable for the cost of using a private hospital?

- When the service or procedure is not covered by the Fund, the member will be liable for the full account.
- When the member opts to use a private hospital for a service or procedure that is available at the DSP¹¹ (State hospital), the member will be liable for a co-payment⁷ equal to the difference between the fees charged and the equivalent cost that would have been payable to the DSP¹¹ (State hospital).

Co-payment⁷ for the voluntary use of a non-DSP hospital

The co-payment⁷ for using a private hospital (non-DSP) could be very high. Contact the

care managers, who will gladly guide you to an appropriate hospital that will assist you in keeping your portion of the cost as low as possible.

The following is an example of the impact the cost of using a private facility voluntarily can have on members.

FACILITY	TOTAL ADMISSION COST
State hospitals	R15 000
Transmed private hospital network ¹² or Universal Healthcare private hospital network ¹⁹ facilities	R28 000
Other private hospitals	R32 000

Based on the table above, the impact on the member will be as follows:

- If a member uses a State hospital, the total admission cost of R15 000 will be covered by the Fund.
- If a member voluntarily uses a private hospital for a service or procedure that was available at a State hospital, cover for this type of admission is limited to R15 000 and the member will be liable for payment of any shortfalls directly to the hospital and other providers.
- If a member uses a Transmed private hospital network¹² or Universal Healthcare private hospital network¹⁹ facility on a voluntary basis, the member will be liable for a co-payment⁷ equal to the difference between the total admission cost at a State hospital and at a Transmed private hospital network¹² or Universal Healthcare private hospital network¹⁹ facility (R28 000 – R15 000 = R13 000).
- If a member uses any other private hospital on a voluntary basis, the member will be liable for a co-payment⁷ equal to the difference between the total admission cost at a State hospital and any other private hospital (R32 000 – R15 000 = R17 000).

Please note that the above is only an example of the calculation of a co-payment⁷ and is not based on a specific case or an indication of the difference in cost in an actual case.

PRIME PLAN

Members have access to the Transmed private hospital network¹² for PMB⁶-related admissions. Visit **www.transmed.co.za** to view a list of Transmed private hospital network¹² facilities.

2025 BENEFITS GUIDE

FOR
ALL
OUR
PEOPLE



LINK PLAN

SELECT PLAN

PRIME PLAN

Major medical benefits at private facilities for the Link and Select plans

The following services may be obtained at private facilities, subject to compliance with certain criteria:

- dialysis
- cancer treatment
- radiation therapy
- PMB⁶-related services that some State hospitals are unable to provide.

The following criterion applies:

- Pre-authorisation must be obtained for the services above:
 - Select plan: **0800 225 151**
 - Link plan: **0861 686 278**.

The following benefit limit applies:

- Oncology (cancer) benefits are restricted to tier 1 of the South African Oncology Consortium (SAOC) guidelines.

Belly Babies for all plans

Belly Babies antenatal course

Belly Babies is an online antenatal course made up of over 50 concise educational videos. Their goal is to provide expecting parents with expert antenatal and post-natal support while in the comfort of your own home. Consultants will help you quickly and conveniently prepare for a happy pregnancy, a safe birth and a wonderful time bonding with your newborn. Keep a lookout for the email with your login details to access the course.

Video-based Belly Babies Lactation Consultations

Belly Babies Lactation Consultations are here to help you and your baby thrive during your time breastfeeding. Experienced consultants can meet you on an online video platform to assist you with your specific challenges in establishing and maintaining a happy breastfeeding routine. Whether you are struggling to produce enough milk, have painful nipples or are worried about returning to work, skilled consultants are ready to assist. Let them assist you in giving your baby the best start in life!

To access this consultation, please visit www.bellybabies.co.za, select 'book lactation consult', follow the steps and enter your voucher code to make a booking.



Health advisor – Hello Doctor for all plans

Talk to a doctor on your phone, anytime, anywhere – for free.

As a Transmed member, you get free access to Hello Doctor, a mobile phone-based service that gives you access to a doctor 24 hours a day, seven days a week. You can get expert health advice from qualified South African medical doctors through your phone, tablet or computer, at absolutely no cost to you! Just download the app, request a call and the doctor will phone you back within an hour.

The following Hello Doctor platforms are available to access this service:

The website: www.hellodocor.co.za

You can log in to your personal profile on the Hello Doctor website using your access details and request a call back or simply send a text message to a doctor.

The app: Download the Hello Doctor app by visiting the Apple App or Google Play stores. You can sign in using your access details and request a call back or send a text message to a doctor.

USSD (unstructured supplementary service data): You can dial *120*1019# from your mobile phone and follow the menu prompts to request a call back from a doctor or send a text message to the number that they provide.

Oncology (cancer) treatment for the Select and Prime plans

The DSP¹¹ for oncology (cancer) treatment is the Independent Clinical Oncology Network (ICON¹⁵) of private oncologists. Should a member consult an oncologist outside this network, a 20% co-payment⁷ will be applicable to all services received from the non-network oncologist. The Transmed oncology network is the contracted DSP for oncology (cancer) medication.

Pre-authorisation must be obtained for these services on **0800 225 151**. Please note that reference pricing⁵ is applicable to oncology (cancer) medication.

Link plan members must please contact Universal on **0861 686 278** for benefit information.

Cataract surgery for all plans

The Fund has a contract with the Ophthalmology Management Group (OMG¹⁸) Limited for cataract surgery. The Fund reimburses the providers with a global fee for cataract surgery.

The global fee covers the following:

- the procedure, surgeon and anaesthetist's fees, equipment hire and hospital account; and
- the related post-operation consultation (within one month of the procedure).

Select and Prime plans

If an OMG¹⁸ provider is accessible and the member voluntarily uses another provider at a private facility, the member will be liable for a 20% co-payment⁷ on the total cost of the procedure. In addition to cataract surgery, the following services will be covered, subject to pre-authorisation:

- the consultation during which the diagnosis is made and confirmed
- the relevant tests performed to make the diagnosis, as per the applicable algorithm
- medication administered as part of the procedure, as per the applicable algorithm
- any other indicated services, as per the applicable algorithm.

Link plan

If an OMG¹⁸ provider is accessible and the member voluntarily uses a non-DSP, the member will be liable for a co-payment⁷. The co-payment⁷ will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP¹¹ (State hospital).

2025 BENEFITS GUIDE



PRESCRIBED MINIMUM BENEFITS (PMBs)

In terms of healthcare legislation, all medical schemes must provide benefits for certain conditions within prescribed guidelines. These benefits are known as PMBs and consist of the following:

- **The 270 diagnosis and treatment pairs (DTPs) PMBs – Hospital PMBs**
These are conditions for which schemes need to provide a benefit in hospital, as well as out-of-hospital diagnosis and treatment.
- **The 26 chronic disease list (CDL) PMBs – Chronic PMBs**
These are conditions for which schemes need to provide chronic condition treatment.

CHRONIC MEDICATION

What is a chronic condition?

A chronic condition is a disease that requires life-sustaining medication to be taken continuously for extended periods – normally for longer than three months. Examples of chronic conditions include: diabetes, asthma, high blood pressure (hypertension), epilepsy, cardiac failure, high cholesterol (hyperlipidaemia), Parkinson's disease, thyroid dysfunction and rheumatoid arthritis.

What is a chronic medication formulary?

A chronic medication formulary is a list of medication for chronic conditions that is approved by the Fund. The list is compiled to ensure that you receive the most appropriate, cost-effective and safest treatment for your chronic condition.

What is the chronic disease list (CDL)?

The CDL includes 26 common chronic conditions and medical schemes have to provide cover for the diagnosis, treatment and care of these conditions.

CHRONIC CONDITIONS COVERED

PMB CHRONIC DISEASE LIST (CDL)

Chronic PMBs covered on all plans

Addison's disease
Asthma
Bipolar mood disorder
Bronchiectasis
Cardiac (heart) failure
Cardiac (heart) dysrhythmias
Cardiomyopathy disease
Chronic obstructive lung disease
Chronic renal disease
Coronary artery disease
Crohn's disease
Diabetes insipidus
Diabetes mellitus type I
Diabetes mellitus type II
Epilepsy
Glaucoma
Haemophilia
Hyperlipidaemia (cholesterol)
Hypertension
Hypothyroidism
Multiple sclerosis
Parkinson's disease
Rheumatoid arthritis
Schizophrenia
Systemic lupus erythematosus
Ulcerative colitis

Additional benefits for medical management of CDL conditions will be provided through a generic treatment plan for Select and Prime plan members.

PMB DIAGNOSIS AND TREATMENT PAIRS (DTPs)

Hospital PMBs with chronic component covered on all plans

Aplastic anaemia
Benign prostatic hypertrophy
Cardiac arrhythmias
Cerebrovascular disorders (stroke)
Cushing's disease
Delusional disorders
Depressive mood disorder
Endometriosis
Glomerular disease
HIV/AIDS
Hyperthyroidism
Hyperparathyroidism/Hypoparathyroidism
Menopausal syndrome
Motor neuron disease
Muscular dystrophy
Pancarditis
Paraplegia/Quadriplegia
Pemphigus
Peripheral arteriosclerotic disease
Pituitary adenoma
Polycystic ovarian disease (PCOS)
Polyarteritis nodosa
Pulmonary hypertension
Sarcoidosis
Thromboangiitis obliterans (TAO)
Thrombocytopenia purpura
Tuberculosis
Valvular heart disease
Venous thromboembolism

SUMMARY OF DESIGNATED SERVICE PROVIDERS (DSPs) FOR CHRONIC AND ONCOLOGY MEDICATION AND FORMULARIES

BENEFITS	LINK PLAN	SELECT PLAN	PRIME PLAN
Chronic medication DSPs	Universal pharmacy network <ul style="list-style-type: none"> Clicks pharmacy group Dis-Chem pharmacies MediRite pharmacy group (pharmacies in Shoprite/Checkers stores) Contracted independent pharmacies 	Transmed pharmacy network ¹³ <ul style="list-style-type: none"> Clicks pharmacy group Dis-Chem pharmacies MediRite pharmacy group (pharmacies in Shoprite/Checkers stores) Contracted independent pharmacies 	Transmed pharmacy network ¹³ <ul style="list-style-type: none"> Clicks pharmacy group Dis-Chem pharmacies MediRite pharmacy group (pharmacies in Shoprite/Checkers stores) Contracted independent pharmacies
Oncology (cancer) medication DSPs	Universal oncology medicine network	Transmed oncology network	Transmed oncology network
Chronic medication formulary	Universal chronic condition list and formulary ⁴ This formulary ⁴ only covers PMB ⁶ CDL conditions listed	PMB ⁶ condition list and medicine formulary ⁴ This formulary ⁴ only covers PMB ⁶ conditions	PMB ⁶ condition list and medicine formulary ⁴ This formulary ⁴ only covers PMB ⁶ conditions

MEMBERSHIP

Transmed Medical Fund is a medical scheme that is open to employees and pensioners of the Transnet Group, its subsidiaries and former subsidiaries.

DEPENDANTS

In terms of the Fund's rules, the following persons may be registered as dependants, provided that they are not a member or a registered dependant of a member of any other medical scheme.

YOUR SPOUSE

This refers to a member's wife, husband or partner. If you are divorced, your former spouse cannot be registered as a dependant.

YOUR IMMEDIATE FAMILY / SPOUSE'S IMMEDIATE FAMILY

This refers to a parent, brother or sister in respect of whom the member/spouse is liable for family care and support.

YOUR CHILDREN

This refers to a member's natural child, stepchild, a legally adopted child, an illegitimate child, a child in the process of being legally adopted or placed in foster care, a child for whom the member has a duty of support or a child placed in the custody of the member or his/her spouse or partner.

Note the following:

- Child dependant contributions are payable for a maximum of four dependants.
- Child dependants older than 21 who are studying full- or part-time and are financially dependent on the member will pay child dependant contributions until the age of 24 (proof of registration at an accredited institution will be required).
- Dependants older than 21 (or 24 in the case of studying children) who are financially dependent on the member will pay adult dependant contributions.

DEPENDANTS OF DECEASED MEMBERS

The dependants of a deceased member, who are registered with the Fund as dependants at the time of the member's death, will be entitled to membership of the Fund without any new restrictions, limitations or waiting periods.

MEMBERSHIP AMENDMENTS

A member must complete a membership amendment form and submit it to the Fund within 30 days of the change in the following instances:

- when you register/cancel the membership of dependants
- when a member divorces his/her spouse
- when registered dependants no longer qualify as dependants
- when there are any changes to a member's residential and/or postal address, email address, cell phone number or other telephone numbers and banking details.

CONTINUATION OF MEMBERSHIP

Members will retain their membership of the Fund with their registered dependants, if any, in the event that they retire from the employment of the employer or if employment is terminated by the employer on account of age, ill health or another disability.

The Fund will inform the members of their right to continue membership and of the contribution payable from the date of retirement or termination of their employment. Unless members inform the Fund in writing of their desire to cancel their membership, they will continue to be members of the Fund, subject to the rules.

TERMINATION OF MEMBERSHIP

Ceasing employment

When members terminate their employment with a participating employer, membership shall continue until the last day of the calendar month in which employment is terminated, provided that the full contribution due is paid to the Fund.

Resignation

Members may terminate their membership by giving one calendar month's written notice. This will also terminate the membership of their registered dependants. All rights to benefits will cease except for claims in respect of services rendered prior to resignation.

WAITING PERIODS

The Fund applies a waiting period, which is often referred to as underwriting.

The rules of the Fund stipulate two types of waiting periods to be imposed when a member/dependant joins the Fund:

1. a general waiting period of three months
2. a condition-specific waiting period of 12 months for certain pre-existing conditions (e.g. nine months for an existing pregnancy).

LATE-JOINER PENALTIES

Medical schemes can impose late-joiner penalties on individuals who join after the age of 35 and who have never been members of, or haven't belonged to, a medical scheme for a specified period of time. Depending on the number of years that they have not belonged to a medical scheme, late-joiner penalties will be added to members' monthly contributions. It is calculated as a percentage of the contribution and can range from 5% to 75%. Late-joiner penalties are applied to discourage members from only joining medical schemes when they are older or ill, as this will make medical schemes unaffordable.

HOW TO CLAIM

All accounts must reach the Fund not later than the last day of the fourth month following the month in which the services were rendered. Claims received after this date will not be paid.

Ensure that all accounts contain the following details:

- Your membership number
- Your initials and surname
- The patient's name and dependant code as it appears on the principal member's membership card
- The date on which the service was rendered
- The name and practice number of the healthcare provider
- The referring healthcare provider's practice number (on specialist accounts)
- The tariff code(s)
- The required ICD-10 code(s)
- The patient's ID number or date of birth

How to submit your claim

Email: claims@transmed.co.za

Fax: 011 381 2041/42

Post: Transmed Claims
Department
PO Box 2269
Bellville
7535

UPDATE YOUR BANKING DETAILS

Fraud risk has forced Transmed to stop any refunds to members by cheque. It is therefore of the utmost importance that you ensure your banking details are updated with the Fund. If you have not received a refund in the past year or if your banking details have changed recently, you must ensure that the updated details reach Transmed within 30 days of the change, as stipulated in the Transmed rules. The Fund will not be liable if the member has neglected to follow this rule and money is deposited into an incorrect bank account.

To update your banking details, the following information is required:

- a copy of your ID; and
- a bank account statement or letter from the bank with a bank stamp as confirmation (not older than three months).

Please remember to include your membership number in the communication.

COMPLAINT AND DISPUTE RESOLUTION PROCESS

Transmed takes pride in delivering excellent service and strives to have open communication with its members. Please note that there is a formal complaint and dispute resolution process that can be followed when you are dissatisfied with services rendered by the Fund. Any enquiry must first be directed to the Administrator of the Fund. This can be done by calling the customer service department toll free on **0800 450 010** or by sending an email to enquiries@transmed.co.za.

Should you not be satisfied with the response to your enquiry, you can email complaints@transmed.co.za. Should you still not be satisfied with the response to your enquiry, you can direct your complaint to the Fund at fundmanagement@transmed.co.za.

If your complaint is still not resolved, you can contact the Regulator, who will evaluate your complaint as an independent entity.

COMPLAINTS DEPARTMENT AT THE COUNCIL FOR MEDICAL SCHEMES

Customer Care: **0861 123 267**

Email: complaints@medicalschemes.co.za

IMPORTANT CONTACT DETAILS

Customer service department

Universal Healthcare
0861 686 278
transmed@
universal.co.za

0800 450 010
enquiries@
transmed.co.za

0800 450 010
enquiries@
transmed.co.za

Membership and contributions

0800 450 010

0800 450 010

0800 450 010

Hospital and major medical pre-authorisation

Universal Healthcare
0861 686 278

0800 225 151

0800 225 151

Disease programmes

Universal Healthcare
0861 686 278

0800 225 151

0800 225 151

Ambulance authorisation

0800 115 750

0800 115 750

0800 115 750

HIV/AIDS

Universal Healthcare
0861 686 278

HIV YourLife
programme
0860 109 793

HIV YourLife
programme
0860 109 793

Optical services

Universal Healthcare
0861 686 278

PPN
0861 103 529

0800 450 010

Dental services

Universal Healthcare
0861 686 278

DENIS
0860 104 941

0800 450 010

Fraud hotline

0800 000 436

0800 000 436

0800 000 436

WhatsApp

0860 005 037

0860 005 037

0860 005 037

Postal address

Transmed Medical Fund, PO Box 2269, Bellville 7535

www.transmed.co.za