PROFMED

PROSELECT

PROSELECT SAVVY

BENEFIT BROCHURE

2027



These benefits are subject to ratification by the Council for Medical Schemes.

This is a summary of benefits, please refer to the published Schedule of Benefits for detailed information on benefits. In the event of a dispute the approved rules of the Scheme and the rules contained in the Schedule of Benefits will prevail. All benefits are subject to the PMB legislation.

CONTRIBUTIONS

PROSELECT

PROSELECT SAVVY

(Subject to Savvy network of hospitals)

*INCLUDES OVER **230+ FACILITIES** ON THE SAVVY NETWORK.*

Members registered on the **ProSelect Savvy option are required to make use of the Savvy network for hospitalisation**, including day procedures.

- Voluntary use of a non-network hospital will result in a co-payment of R14 000; and
- Voluntary use of a non-network hospital for a specified day procedure will result in a co-payment of R5 000. (Subject to PMB legislation)

Scan for a list of Network Hospitals

MONTHLY INCOME
R0 - R40 000

PROSELECT SAVVY

Principal member	R 1 150
Adult dependant	R 1 450
Child	R 880

MONTHLY INCOME
R40 001+

PROSELECT SAVVY

Principal member	R 2 650
Adult dependant	R 2 450
Child	R 1 035

PROSELECT

(Subject to ProSelect network of hospitals)

*INCLUDES OVER **430+ FACILITIES** ON THE PRO**SELECT** NETWORK.*

Members registered on the **ProSelect option are required to make use of the ProSelect network for hospitalisation**, including day procedures.

- Voluntary use of a non-network hospital will result in a co-payment of R14 000; and
- Voluntary use of a non-network hospital for a specified day procedure will result in a co-payment of R5 000. (Subject to PMB legislation)

PROSELECT

Principal member	R 2 950
Adult dependant	R 2 890
Child	R 1 220

Scan for a list of Network Hospitals

CONTACT PROFMED

PHONE

CLIENT SERVICES & CLAIMS	0860 679 200
CHRONIC AUTHORISATIONS	0800 132 345
PRE-AUTHORISATIONS	0860 776 363
INTERNATIONAL TRAVEL MEDICAL ASSISTANCE	011 991 8564
EMERGENCY MEDICAL ASSISTANCE WITHIN RSA	082 911
WHISPA: GBV SUPPORT ASSISTANCE FOR TRAUMA, AND HIV EXPOSURE	0860 944 772

DESIGNATED SERVICE PROVIDERS

Members will be required to make use of designated service providers to avoid co-payments on services rendered for the relevant benefits, subject to PMB legislation.

CHRONIC DIALYSIS	National Renal Care, Life Healthcare (LHC) and Mediclinic
DAY PROCEDURE NETWORK: (APPLICABLE TO PROSECURE PLUS, PROSECURE AND PROACTIVE PLUS ONLY)	Netcare, Mediclinic, National Hospital Network (NHN) facilities, Joint Medical Holdings (JMH), specified Life Healthcare (LHC) hospitals and Day Hospital Association of South Africa (DHASA)
DOMICILIARY (HOME) OXYGEN	Ecomed Medical cc
EMERGENCY MEDICAL TRANSPORT (EMT) (WITHIN RSA)	Netcare 911
FUNCTIONAL REHABILITATION PROGRAMME	Documentation Based Care (DBC) Back and Neck Programme, Workability
HOSPITALISATION: PREMIUM OPTIONS (PMBs AND NON-PMBs)	No DSPN, with the exception of benefits for mental health hopsitalisation, drug and alcohol rehabilitation and physical rehabilitation, subject to pre-authorisation, rules and protocols
HOSPITALISATION: PROSELECT OPTION (PMBs AND NON-PMBs)	Mediclinic, Life Healthcare (LHC), National Hospital Network (NHN) facilities, Joint Medical Holdings (JMH), Day Hospital Association of South Africa (DHASA), specified Independent hospitals and specified Netcare hospitals with the exception of benefits for mental health hopsitalisation, drug and alcohol rehabilitation, physical rehabilitation, subject to pre-authorisation, rules and protocols
HOSPITALISATION: SAVVY OPTIONS (PMBs AND NON-PMBs)	Mediclinic, Life Healthcare (LHC), Day Hospital Association of South Africa (DHASA), specified Independent hospitals, Joint Medical Holdings (JMH) and other specified National Hospital Network (NHN) and specified Netcare hospitals, as listed on the website, with exception of benefits for mental health hopsitalisation, drug and alcohol rehabilitation, physical rehabilitation, subject to pre-authorisation, rules and protocols
INTERNATIONAL TRAVEL MEDICAL ASSISTANCE	Azoza
MENTAL HEALTH HOSPITALISATION	Akeso (Netcare), Crescent Mental Health Services (Mediclinic), Denmar (Mediclinic), participating Joint Medical Holdings (JMH) hospitals and National Hospital Network (NHN) facilities and Life Healthcare (LHC)
ONCOLOGY MEDICATION	Chemotherapy and specialised medication (biologicals): Dis-Chem Pharmacy and Medipost
OPTOMETRY	Opticlear
PHARMACY	Profmed Pharmacy Network, subject to rules, formulary, reference pricing and protocols
POST-NATAL HOME-BASED VISIT	Wellness Health Insurance Pathology Services (W.H.I.P.S)
PREVENTATIVE CARE	Pathology: Ampath, Lancet Laboratories and Pathcare
REHABILITATION	• Alcohol and Drugs: South African National Council on Alcoholism and Drug Dependence (SANCA) • Physical: Life Healthcare

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HOSPITAL AND HOSPITAL-RELATED BENEFITS AND MAJOR MEDICAL EXPENSES

Call 0860 776 363 for authorisation, information on clinical qualifying criteria, protocols and benefits.
Subject to the relevant hospital network applicable to the specific benefit option.

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Hospital ward accommodation	100% Negotiated Tariff in general ward
Theatre and recovery room	100% Negotiated Tariff
Intensive care and high care	100% Negotiated Tariff
Emergency room visits and facility fees at hospitals that result in hospitalisation	100% Negotiated Tariff
MEDICINES IN HOSPITAL	
Medicines and materials used in hospital and theatre	100% Negotiated Tariff
GENERAL PRACTITIONERS (GPs) AND SPECIALISTS IN HOSPITAL	
Surgery and in-hospital procedures	100% Specific Tariff
Consultations by a GP or specialist while hospitalised	100% Specific Tariff
RADIOLOGY AND PATHOLOGY IN HOSPITAL Hospitalisation not covered if admission is for the sole purpose of radiology or pathology tests.	
Radiology and pathology while hospitalised (Excluding MRI, radio isotope, CT and PET scans and certain other investigative procedures)	100% Negotiated Tariff
MRI, radio-isotope and CT scans and certain other investigative procedures while hospitalised. Specialist referral required except for CT scans	100% Negotiated Tariff in-hospital 2 per family in-hospital only
OTHER MAJOR MEDICAL SERVICES	
Transplants Subject to registration on the Disease Management Programme, and PMB legislation. Benefit 1E1(b) below is not available to members who elect to be a donor to a recipient who is not a Profmed member.	
a) Hospitalisation	100% Negotiated Tariff
b) Donor costs PMBs only	100% Negotiated Tariff
Peritoneal dialysis and haemodialysis. Chronic dialysis subject to the use of the other Chronic Dialysis DSPN. Co-payment applies for the use of a non-DSP.	100% Negotiated Tariff
Oncology Subject to pre-authorisation, protocols and PMB legislation. Members are required to register on the Oncology Programme.	
Includes all costs related to treatment, consultations, investigations and drugs, excluding hospitalisation (Subject to pre-authorisation and registration on the Oncology Programme and PMB legislation)	R435 800 per beneficiary Thereafter, subject to PMB legislation
a) Chemotherapy	
i.a) Consultations	GPs: R650 | Specialists: R960
i.b) Procedures	100% Specific Tariff
ii. Chemotherapy drugs **Excluding adjunctive treatment** (20% co-payment applies for non use of Oncology pharmacy DSPN)	100% Single Exit Price plus dispensing fee

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	iii. Specialised medication (biologicals and other specified drugs) (Subject to use of the Oncology pharmacy DSPN)	Subject to PMB legislation
b)	**Radiation therapy**	
	i. Consultations	Specialists: R960
	ii. Radiation therapy and facility fees	100% Negotiated Tariff
c)	**PET scans (Positron Emission Tomography)**	100% Negotiated Tariff

Rehabilitation
This benefit covers members who have become disabled as a result of acute injuries caused by trauma, infection, surgery, spinal cord injury, brain injury, bleeding or infarction resulting in a stroke. This benefit is only available as an in-patient in a registered rehabilitation facility. Rehabilitation must occur within the benefit year in which the specified injury takes place, or commence directly after discharge from an acute hospitalisation facility or not more than one calendar month after the specified injury is sustained. Benefits are limited to two months' rehabilitation and the availability of benefits, and are subject to case management and Profmed protocols. Admissions covered at authorised service providers only. Subject to pre-authorisation and use of the Rehabilitation DSPN and PMB legislation. Co-payment applies for voluntary use of a non-network facility.

Subject to pre-authorisation	100% Negotiated Tariff R31 600 per family

Out-patient care in lieu of hospitalisation		
a)	**Treatment in a registered sub-acute facility or at home by an appropriately registered practitioner**	100% Negotiated Tariff R14 800 per beneficiary
b)	**Wound care Treatment at home, including surgicals, by an appropriately registered practitioner**	100% Negotiated Tariff R3 900 per beneficiary

Endoscopic examinations
In suitably equipped procedure room, Subject to pre-authorisation, protocols and PMB legislation.

Gastroscopy, Colonoscopy (including Sigmoidoscopy) and Colonoscopy and gastroscopy (combined procedure)	100% Negotiated Tariff

Orthopaedic surgery
Subject to pre-authorisation, protocols and management. Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.

Hospitalisation	100% Negotiated Tariff Subject to co-payment of R7 500

OTHER MEDICAL SERVICES

Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.

Physiotherapy		
a)	**In-hospital**	100% Profmed Tariff
b)	**Out-of-hospital. Post-operative, available up to 6 weeks after related hospital procedure**	Subject to PMB legislation
Blood transfusions		100% Negotiated Tariff

Emergency medical transport (EMT)
Emergencies within the borders of South Africa. Contact 082 911 within RSA. (Subject to Profmed protocols and use of the EMT DSPN)

20% co-payment for voluntary use of a non-DSP, subject to PMB legislation. Non-emergency calls will not be funded.	100% of cost

Internal surgical devices
A fabricated or artificial substitute that is surgically implanted permanently into the body and does not protrude from the body and replaces or assists a diseased or missing part of the body to restore functionality. Subject to PMB legislation.

(Subject to pre-authorisation, protocols and management)	100% Negotiated Tariff R61 800 per family

Cataract surgery Intra-ocular lens for cataract surgery (permanent implantable lenses, inclusive of basic and specialised lens varieties). 100% of the diagnosis, treatment, and care costs subject to PMB regulations, Profmed Negotiated Tariff, pre-authorisation, the treatment meeting the Scheme's treatment guidelines and clinical criteria.		
a)	**Hospitalisation**	100% Negotiated Tariff
b)	**Surgeon and anaesthetist fees**	100% Specific Tariff
c)	**Intra-ocular lens**	R5 800 per beneficiary per eye
Functional rehabilitation programme This is an inter-disciplinary programme for treatment of chronic back and neck conditions. This benefit is conservative treatment and only available out-of-hospital. Not subject to day-to-day benefits. Members have the option of using either the Workability or Documentation Based Care (DBC) Back and Neck Programmes for treatment.		
a)	**Initial assessment, Treatment and Outcomes**	100% Negotiated Tariff

MATERNITY

Tums2Tots: Baby and Toddler programme available to expectant mothers and mothers with babies, and toddlers up to 3 years. Mothers can register on the programme via the Profmed App.
Health-on-Line on 082 911: Telephonic emergency and non-emergency medical advice, during pregnancy and once baby is born.

IN-HOSPITAL COVER

Call 0860 776 363 where pre-authorisation is required and for more information on clinical qualifying criteria, and benefits. Subject to PMB legislation. Subject to the relevant hospital network applicable to the specific benefit option.

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In-patient hospitalisation *(ante-natal)*	100% Negotiated Tariff in general ward
Delivery fee by GP or specialist	100% Specific Tariff
Delivery fee by registered midwife	100% Specific Tariff
Labour ward	100% Negotiated Tariff
Ward accommodation *(post-delivery):* **Normal delivery – 3 days** **Caesarean section – 4 days**	100% Negotiated Tariff in general ward
Theatre and recovery room	100% Negotiated Tariff
Other medical practitioner services, e.g. pathology and radiology while in hospital	100% Profmed Tariff
Consultations while in hospital	100% Specific Tariff
Home nursing (post-natal) 48-hour benefit in the event of a home delivery or if discharged from a birthing unit within 24 hours after delivery (Subject to pre-authorisation)	Subject to Section 1E5(a) of the Schedule of Benefits
Neonatal ICU Neonate must be registered as a dependant on Profmed (Subject to pre-authorisation)	100% Negotiated Tariff

PREVENTATIVE CARE

Benefits are subject to specific protocols. Co-payment applies for non-use of the Preventative Care DSP, where applicable. Not subject to day-to-day limit, unless otherwise specified.

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GENERAL HEALTH

Digital Health Assessments
This benefit is available to the principal member and beneficiaries who pay adult dependant contributions. The follow-up digital scan should be scheduled no sooner than three months after the initial scan. The interval ensures adherence to clinical protocol and promotes optimal results.

Assessments to be done via Profmed App	2 assessments per beneficiary
Consultation Includes a consultation for any one of the Preventative Care benefits (Tariff codes 0190, 0191, 0192; Audiology tariff codes 1010, 1011)	GPs: R650 | Specialists: R960 100% Profmed Tariff for speech therapists or audiologists 1 consultation per beneficiary, thereafter subject to available day-to-day limit

Fasting blood sugar test
For late onset diabetes. Males and females 40 years and older. Subject to PMB legislation.

Pathology (Tariff code 4057)	100% Negotiated Tariff 1 per beneficiary

Fasting lipogram blood test
Males and females 40 years and older. Subject to PMB legislation

Pathology (Tariff code 4025)	100% Negotiated Tariff 1 per beneficiary

HIV testing
Subject to PMB legislation.

Pathology (Tariff codes 3932, 4614)	100% Negotiated Tariff 1 per beneficiary

Malaria prophylaxis
Beneficiaries of all ages.

Includes over-the-counter and prescribed medication only	100% Single Exit Price 1 course of treatment per beneficiary Maximum R500 per beneficiary MMAP® applies

Tobacco and alcohol counselling, screening and brief intervention
Males and females 18 years and older.

Telephonic or face-to-face counselling (Practice 86: Tariff code 86202, Practice 14 and 15: Tariff code 0130, 0190, 0191, 0192)	GPs: R650 2 sessions per family Not subject to day-to-day benefits

VACCINES

Child immunisations
Children 0 to 12 years, per the Department of Health's Childhood Immunisation Schedule.

Vaccine only	100% Single Exit Price plus dispensing fee at Pharmacy DSPN rate

Human papilloma virus (HPV) vaccine
Males and females 9 to 27 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. Subject to PMB legislation.

Vaccine only	100% Single Exit Price plus dispensing fee at Pharmacy DSPN rate

Influenza vaccine

Vaccine only	100% Single Exit Price plus dispensing fee at Pharmacy DSPN rate 1 vaccination per beneficiary

Pneumococcal vaccine Adults 65 years and older, and individuals of all ages who are respiratory compromised or have related chronic diseases. Available every five years. Subject to PMB legislation.	
Vaccine only	100% Single Exit Price plus dispensing fee at Pharmacy DSPN rate
WOMEN'S HEALTH	
Bone densitometry Females 65 years and older. Available every five years. Subject to PMB legislation.	
Radiology (Tariff codes 50120, 64110, 74290, 39173, 3600, 3604, 3612)	100% Profmed Tariff 1 per beneficiary
Faecal occult blood test Females 50 years and older. Subject to PMB legislation.	
Pathology (Tariff code 4351, 4352)	100% Negotiated Tariff 1 per beneficiary
Human papilloma virus (HPV) screening Females 25 to 65 years. Available every 5 years. Subject to PMB legislation.	
Pathology *mRNA test only* (Tariff code HPVS)	100% Negotiated Tariff 1 per beneficiary
Mammograms Available annually to Females 40 to 55 years and every two years for females 56 years and older. Females younger than 40 years pre-disposed to breast cancer have access to the benefit, subject to motivation and pre-authorisation. Subject to PMB legislation.	
Radiology (Tariff code 34100, 34101)	100% Profmed Tariff 1 per beneficiary
Pap smear or liquid-based cytology Females 18 years and older. Subject to PMB legislation.	
Pathology (Tariff code 4566 – Pap smear. Tariff codes 4559 and 4560 - liquid-based cytology reimbursed per tariff code 4566. A co-payment could apply).	100% Negotiated Tariff 1 per beneficiary
Contraceptives Funding only applies for contraceptive purposes. Protocols apply.	
Including oral contraceptives, patches, injections, implants and intra-uterine devices. • **Oral contraceptives and patches: every 20 days** • **Injections: 3 to 6-month cycle** • **Intra-uterine devices and implants: 3 to 5-year cycle**	100% Single Exit Price plus dispensing fee at Pharmacy DSPN rate MMAP® applies Maximum R2 200 per beneficiary
MEN'S HEALTH	
Bone densitometry Males 65 years and older. Available every five years. Subject to PMB legislation.	
Radiology (Tariff codes 50120, 64110, 74290, 39173, 3600, 3604, 3612)	100% Profmed Tariff 1 per beneficiary
Faecal occult blood test Males 50 years and older. Subject to PMB legislation.	
Pathology (Tariff codes 4351, 4352)	100% Negotiated Tariff 1 per beneficiary

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Prostate Specific Antigen (PSA) Males 40 years and older. Subject to PMB legislation.	
Pathology (Tariff code 4519)	100% Negotiated Tariff 1 per beneficiary
CHILDREN'S HEALTH	
Newborn hearing screening Newborns up to 6 weeks old. Subject to PMB legislation.	
Audiology screening By a registered speech therapist or audiologist (Tariff code 1580)	100% Profmed Tariff 1 per beneficiary

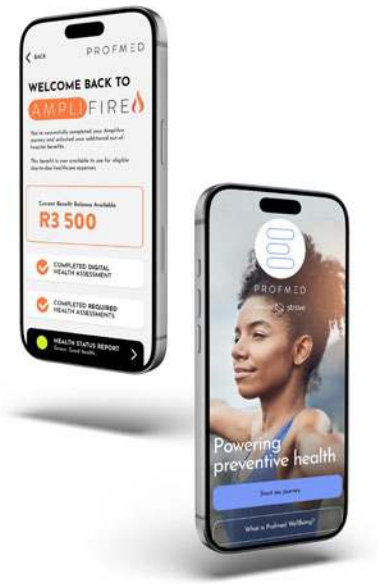
AMPLIFIRE

Beneficiaries who meet the relevant qualifying criteria can unlock additional benefits. Available annually to the principal member and beneficiaries who pay adult contributions.

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The additional benefit is allocated to the overall day-to-day benefit and can be used to cover out-of-hospital expenses.	R3 500 per beneficiary Claims paid up to the option-specific Tariff

PROFMED'S DIGITAL HEALTH JOURNEY



The journey combines Profmed Wellbeing, Preventative Care and Amplifire into a connected, personalised health experience that supports members at every stage of their health journey.

Profmed Wellbeing is a personalised digital health platform available through the Profmed App that helps members track their wellbeing, and access tailored health insights to support better long-term health outcomes.

Together, Profmed Wellbeing, Preventative Care and Amplifire create a holistic approach to helping members understand their health, take action early and stay well for longer. These insights help identify opportunities for preventative action and guide members towards the most appropriate health interventions and screening benefits.

Follow the relevant steps here to unlock Amplifire.

1 KNOW YOUR HEALTH

A **personal health assessment** shows you where you stand today, and where to pay attention.

2 TAKE PREVENTATIVE ACTION

Use your **Preventative Care Benefits**, guided by what your health profile tells you.

3 UNLOCK MORE VALUE WITH AMPLIFIRE

Healthy actions support better outcomes, and can unlock added value through **Amplifire.**

4 STAY WELL WITH PROFMED WELLBEING

Ongoing **wellbeing support** keeps the momentum going, long after the first assessment.

CHRONIC CONDITIONS

The conditions covered on each option are listed above. The Condition Medicine List (CML), including the list of chronic diseases (CDL), is available on the Profmed website at www.profmed.co.za. Subject to the use of the Pharmacy DSPN. Co-payment applies for voluntary use of a non-DSP. Claims from wholesale pharmacies will not be accepted. Call 0860 679 200 for information on clinical qualifying criteria and benefits. Furthermore, where a protocol or a formulary drug preferred by the Scheme has been ineffective or would cause harm to a beneficiary, the Scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by Regulations 15H and 15I of the Act. No chronic form required, members treating practitioner or pharmacist to phone MediKredit 0800 132 345.

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a)	**CDLs, other chronic conditions and relevant DTPs as listed above 24-day dispensing cycle applies** (Doctor's room or pharmacist to call 0800 132 345 to register condition and authorise medication)	100% Single Exit Price plus dispensing fee Restricted to 26 CDL conditions and relevant DTPs, subject to PMB legislation Subject to Profmed formulary and strict reference price
b)	**Specialised medication (Biologicals and other specified drugs)** (Subject to pre-authorisation, protocols and use of the Pharmacy DSPN)	Subject to PMB legislation

OUT-OF-HOSPITAL BENEFITS

All sub-limits for out-of-hospital benefits set out in this Section, and benefits subject to the day-to-day limit in other Sections of this Schedule, are subject to the availability of the annual overall day-to-day limit. PMB claims will first be paid from relevant benefit categories and subject to available benefit limits. Once benefit limits are reached funding in respect of PMBs will continue to be funded in accordance with the PMB legislation and managed care protocols.

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Virtual and telephonic consultations	Unlimited consultations R370 per beneficiary GPs only

DENTISTRY

This benefit covers in- and out-of-hospital dentistry. Dental procedures in-hospital are subject to pre-authorisation, protocols and management. Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.

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DAY-TO-DAY COVER	
• Conservative dentistry (includes annual check-ups, restorations, extractions, root canal treatment, dentures) • Advanced dentistry (includes crowns, bridges, implants, orthodontics) • Orthodontics available only up to age 18. (Orthodontics and implants subject to pre-authorisation. Call 0860 776 363 for authorisation and protocols)	135% Profmed Tariff R1 100 per beneficiary Maximum R2 100 per family

MENTAL HEALTH BENEFITS

Includes all in- and out-of-hospital psychiatry and clinical psychology consultations, treatment and in-hospital medication, and alcohol and drug rehabilitation. Subject to pre-authorisation. Hospitalisation only available at the Mental Health Hospitalisation DSPN. PMBs are deducted from this benefit, but are not subject to these limits. Co-payment applies for voluntary use of a non-DSP.

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a)	In-hospital	100% Negotiated Tariff in general ward R23 800 per family Subject to PMB legislation
b)	Out-of-hospital Psychiatry consultations (Subject to PMB legislation)	R8 000 per family Subject to 7(a) in-hospital limit PMBs paid from Mental health benefit PMBs only
c)	Out-of-hospital Clinical psychology consultations	Paid from Mental health benefit, subject to PMB legislation

INTERNATIONAL TRAVEL MEDICAL ASSISTANCE

This benefit covers members in South Africa for medical emergencies while travelling outside the borders of South Africa. Cover is available up to 150 days from date of departure, per journey. Members who reside in the SADC region do not have access to the emergency evacuation cover to South Africa, however, if they are on an international journey, they do have access to the International Travel Medical Assistance Benefit. Consult the International Travel Medical Assistance Benefit Document available on the website for the benefits, restrictions, exclusions and claims process. The Information Guide contains more information on the claims process and details of this benefit, or call 0860 679 200. Subject to pre-authorisation, case management and protocols. For medical assistance while travelling, it is necessary to call the DSP, Azoza, on +27 11 991 8564 prior to receiving treatment to avoid a co-payment.

		PROSELECT PROSELECT SAVVY
a)	**In- and out-of-hospital emergency medical expenses**	R2.5 million per beneficiary per journey
b)	**Out-of-hospital** Claims exceeding R2 000 must be pre-authorised.	No benefit for out-of-hospital expenses

ADDITIONAL BENEFITS

	PROSELECT PROSELECT SAVVY
INTERNATIONAL TRAVEL COVER	R2.5 million per beneficiary per journey. This benefit covers members for medical emergencies while travelling internationally. Cover is available up to 150 days from date of departure per journey. This benefit is not available to members who reside in the SADC Region when travelling outside the borders of their country of residence. Members who reside in the SADC region only have access to the emergency evacuation cover to South Africa, provided that they are on an international journey.
TRAUMA, AND HIV ASSISTANCE PROGRAMME	Benefit covers trauma, and HIV exposure as a result of crime, e.g. assault or rape, and HIV exposure resulting from crime and occupational injuries, e.g. needle-stick injury. Where relevant, victims will be accompanied by an appropriate, qualified professional to identity parades and court appearances for emotional support.
SABBATICAL	Profmed offers a sabbatical benefit to our members. Provided you/your dependant(s) have not been diagnosed with new conditions or there were no deterioration/changes or circumstances in your and your dependant health (for example but not limited to: pregnancy) since departure, we will re-activate your membership without underwriting being applied. You will be allocated a new membership number. The benefit is available to members who have been on Profmed for a minimum of one year, and the benefit is valid for a period not exceeding three years from your resignation date.

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PROFMED WELLBEING	This benefit provides members with access to an array of features to support their mental health journey. This benefit is available on all options and is funded in addition to the Profmed benefits. Benefits include mental wellbeing assessments, mood trackers, journalling, and personalised learning videos. Members who require further support will be prompted to download an additional support App.
HEALING@HOME	Profmed has partnered with Quro Medical to provide Healing@Home services, a revolutionary solution that brings quality healthcare to your doorstep, allowing you to recover in the comfort of your home while maintaining clinical oversight and monitoring.
WHISPA	Provides emotional and psychological support in the event of violence or abuse experienced by persons of any gender. Cover includes telephonic and face-to-face counselling. Legal counselling and assistance are provided but is at the cost of the beneficiary.

JOIN PROFMED

Call: 0800 DEGREE (334 733)
Email: degree@profmed.co.za

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CLIENT SERVICES

Call: 0860 679 200
Email: info@profmed.co.za
Claims: claims@profmed.co.za
Private Bag X1031, Lyttelton, 0140

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