



**JULY
2026**

PREMIUM USD PLAN

**Comprehensive medical aid
for you and your family**



CELLMED HEALTH
MEDICAL FUND

Enjoy premium cover for you & your loved ones

Premium cover for your family.
Low to no shortfalls, and more!



Minimum to no shortfalls & co-payment

Pay minimum to no top-ups with our plans, and enjoy more peace of mind knowing your loved ones' medical requirements are catered for.



Wellness & health risk management program

Stay pro-active about healthy living and lifestyle with ongoing fitness and wellness activities designed to keep you fit, active and smiling. Included in all our packages!



Wide range of medical facilities & services

We give you access to a vast world of medical services! From general practitioners and specialists to radiology services, and pharmacies - you've got coverage.



Access to regional and international cover

CellMed offers out-of-network care in South Africa & India for covered treatments (up to limits) if unavailable in Zimbabwe. (Pre-approval needed.)



Hospital Cash Back plan

We'll pay a discretionary cash amount for the inconvenience of a hospital stay exceeding two days through our hospital cash back plan. That's real value!



Air Evacuation

We have partnered with reputable air ambulance service providers to ensure timely patient air evacuation during emergencies.



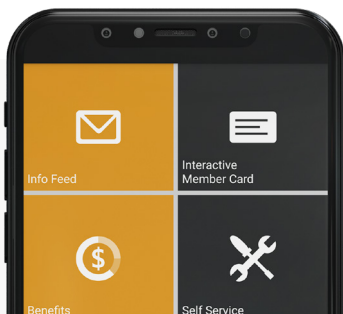
Travel Insurance

Members on selected plans enjoy cover for medical & financial losses during international trips (leisure, business, study).



Insurance Premium Discount

CellMed members get 10% off car insurance with Cell Insurance (exclusive offer)



Enjoy convenience with the Healthmate App!

Manage subscription, claims, and access support on-the-go.



Enjoy a wide range of plans!

Choose the plan suited to yours needs.



PLAN BENEFITS

	ESSENTIAL PLUS	VITAL PLUS	PRIME PLUS	SUPERIOR PLUS	SUPREME PLUS	UNIVERSAL PLUS
Type of Hospital	Private Group B-F, Regional	Private Group B-F, Regional	Private Group A-F, Regional & International	Private Group A-F, Regional & International	Private Group A-F, Regional & International	Private Group A-F, Regional & International
Annual Benefit limit	10,000.00	15,000.00	25,000.00	30,000.00	50,000.00	90,000.00
Hospitalisation	3,200.00	5,100.00	9,000.00	10,000.00	17,000.00	41,500.00
Chronic Medication	800.00	1,000.00	1,350.00	1,500.00	2,000.00	2,500.00
Acute Medication	300.00	450.00	600.00	700.00	1,000.00	1,500.00
Dental – Preventative incl. scaling & polishing	50.00	80.00	100.00	120.00	200.00	300.00
Dental –Treatment incl. fillings, extractions & periodontics	200.00	300.00	350.00	400.00	600.00	700.00
Orthodontic/ Prosthetics	250.00	420.00	550.00	680.00	1,200.00	2,000.00
Optical plus Refraction (2-year benefit)	230.00	260.00	350.00	400.00	500.00	900.00
Prosthesis & Appliances (including IVF)	650.00	1220.00	3,500.00	4,600.00	7,250.00	9,500.00
Pathology	300.00	450.00	600.00	700.00	1,000.00	1,500.00
Radiology	1,600.00	2,500.00	2,800.00	3,000.00	5,000.00	7,000.00

Note: All quoted benefits are in USD

Terms and conditions apply



Bringing your healthy smile back!

	ESSENTIAL PLUS	VITAL PLUS	PRIME PLUS	SUPERIOR PLUS	SUPREME PLUS	UNIVERSAL PLUS
Ambulance Services	Hospital Limit	Hospital Limit	Hospital Limit	Hospital Limit	Hospital Limit	Hospital Limit
Preventative Care (includes authorised Rabies Vaccines, annual GP Check-ups & Check-Up Tests)	Limited to 1 medical check-up and 2 vaccines per year	Limited to 1 medical check-up and 2 vaccines per year	Limited to 1 medical check-up & 2 vaccines per year	Limited to 1 medical check-up & 2 vaccines per year	Limited to 1 medical check-up & 2 vaccines per year	Limited to 1 medical check-up & 2 vaccines per year
Air Evacuation	No Benefit	No Benefit	Hospital Limit	Hospital Limit	Hospital Limit	Hospital Limit
Travel Insurance cover	No Benefit	No Benefit	No Benefit	Available	Available	Available
Bereavement subscription waiver	1 Month	1 Month	1 Month	1 Month	1 Month	1 Month
Bereavement Token	200.00	250.00	300.00	350.00	500.00	750.00
Baby Benefit	20.00	25.00	30.00	40.00	50.00	100.00
Hospital cash-back daily payout (after 48 hours)						
Adult	100.00	100.00	100.00	100.00	100.00	100.00
Child	50.00	50.00	50.00	50.00	50.00	50.00

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CONTRIBUTIONS

	ESSENTIAL PLUS	VITAL PLUS	PRIME PLUS	SUPERIOR PLUS	SUPREME PLUS	UNIVERSAL PLUS
Principal Member/Spouse/Adult SME Subscription	-	-	117.00	132.00	219.00	306.00
Child Dependent Monthly SME Subscription	-	-	81.00	92.00	153.00	216.00
Principal Member/Spouse/Adult Monthly Small Corporate Subscription	-	-	75.00	85.00	142.00	197.00
Child Dependent Monthly Small Corporate Subscription	-	-	43.00	50.00	82.00	112.00
Principal Member/Spouse/Adult Monthly Large Corporate Subscription	41.00	57.00	75.00	85.00	142.00	197.00
Child Dependent Monthly Large Corporate Subscription	25.00	33.00	43.00	50.00	82.00	112.00

Note: All contributions are in USD

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CONDITIONS OF SERVICE

BENEFIT	SME's	CORPORATES (SMALL)	CORPORATES (LARGE)
NUMBER OF PRINCIPAL MEMBERS	5-19	20-49	50+
General Practitioners	3 months	Waiver	Waiver of all waiting periods
Acute Medication	3 months	Waiver	
Dental - Fillings and extraction	6 months	Waiver	
Specialist services	6 months	Waiver	
Diabetes	6 months	Waiver	
Hypertension	6 months	Waiver	
Asthma	6 months	Waiver	
HIV/AIDS	6 months	Waiver	
Arthritis	6 months	Waiver	
General Scans & X-rays	6 months	Waiver	
Congestive Cardiac Failure	6 months	Waiver	
Hospitalisation	6 months	Waiver	
Maternity	9 months	Waiver	
Optical Benefit	12 months	Waiver	
MRI, PET, CT Scans	12 months	Waiver	
Knee & Hip Replacement	24 months	24 months	
Auto immune conditions	24 months	24 months	
Chemotherapy	24 months	24 months	
Haemodialysis	24 months	24 months	
Orthodontic Treatment	24 months	24 months	
Major Surgeries	24 months	24 months	

* Large corporates have access to all benefits on the first contribution

* High claims performance of account will result in loading of subscriptions

* Fund age limit is 65 years





Sign up for the Premium USD plan **today!**

Visit the website or scan the QR code to get started



Get in touch

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