

**AFROX MEDICAL AID SOCIETY
BENEFITS 2008**

BASE PLAN (with effect 1 January 2008)

BENEFITS	RATE			LIMITS/ MAXIMUM
Overall annual limits per family if using other than Designated Service Provider (DSP) or state hospitals	M R 252 471	M+1 R 378 706	M+2 R 504 942	M+3+ R 631 182

Please note that the above overall annual limits per family do not apply to members who receive treatment in Designated Service Provider (DSP) or provincial hospitals.

A co-payment of R1500 will be payable by the member for hospitalisation in a facility other than the Designated Service provider (DSP) (hospital network), except for PMB's Day Clinics or out-patient care. (Statutory Prescribed Minimum Benefits) subject to Annexure D – 100% of cost – No limit.

HOSPITALISATION - Provincial, Private Hospitals and Clinics (Excludes: hospital accommodation related to refractive surgery, cost of dental implants and osseo-integration, rehabilitation treatment and accommodation in a private ward, psychiatric hospitalisation.) GPs, specialists & technician's procedures & consultations, physiotherapy, chemotherapy, ward & theatre fees, drugs & blood transfusions, internal appliances, dressings, anaesthetics & TTOs (Maxillo-facial surgery for cancer cases only).	100% of the Society Rate	Pre- authorisation required
Kidney Dialysis (In or Out of Hospital) Renal Unit & Technician's Fees including immunosuppressant drugs	100% of the Society Rate	Pre- Authorisation required – Subject to PMBs
Organ Transplants & Related Accounts: Including immunosuppressant drugs	100% of the Society Rate	R 63 118 per family Pre- authorisation required – Subject to PMBs
Intensive Care and High Care Wards Doctor's Certificate & Society Approval Required	100% of the Society Rate	Confirmation required every 72 hours

<p>Confinements Complications for mother or baby to be paid from hospitalisation benefit</p> <p>Neonatal care – Subject to Neonate being registered as a dependant on the Society</p>	<p>100% of the Society Rate</p>	<p>Pre- authorisation required Pre- authorisation required – Fees above Society Rate for patient’s own account</p>
<p>Confinements (Midwife & home confinement) Includes Ante-natal Examinations but excludes Ante-natal Classes</p>	<p>100% of the Society Rate</p>	<p>Pre- authorisation required</p>
<p>Surgical (Internal) Prosthesis Pacemakers, electronic devices, hip replacement joints, knee joints</p>	<p>The lower of cost or 3 times the Society Rate</p>	<p>R 31 562 per family Pre- authorisation required</p>
<p>Oncology (Includes radiotherapy and chemotherapy for cancer treatment and related radiology and pathology)</p>	<p>100% of Society Rate obtained from DSP, 20% co-payment if obtained from a non-DSP</p>	<p>Pre- authorisation required from the DSP – Direct Medicines</p>
<p>Motor Vehicle Accidents and Third Party Injuries (Subject to legal undertaking, accident injury report and police report being provided to the Society)</p>	<p>100% of the Society Rate</p>	<p>Unlimited subject to Designated Service Provider (DSP)</p>
<p>Ambulance Services (Road Only)</p>	<p>100% of cost</p>	<p>R3 784 per family</p>
<p>Designated Service Provider (DSP)</p>		<p>Unlimited</p>
<p>Diagnostic Radiology and Pathology (Including materials) Prior Society approval is compulsory for MRI, CAT Scans, Bone Densitometry & Foetal Scans in excess of 2 per confinement & X-rays by chiropractor</p>	<p>100% of the Society Rate</p>	<p>Pre- authorisation required</p>
<p>Specialist Dentistry (In or out of hospital) Orthodontic, periodontal, crowns, dentures, bridgework, dental implants, osseointegration and related accounts Hospital account will be paid from hospitalisation benefit.</p>	<p>100% of the Society Rate</p>	<p>M R 3 784 p.a. per family M+1 R5 051 p.a. per family M2+ R 6 312 p.a. per family</p>
<p>Dental Surgery (In hospital only) Surgical removal of wisdoms, roots & drainage of abscess Hospital account will be paid from hospitalisation benefit.</p>	<p>100% of the Society Rate</p>	<p>Pre- authorisation required</p>
<p>Chronic Medicines On application to Designated Service Provider (DSP)</p>	<p>100% of cost (through Preferred</p>	<p>Application through DSP – Direct Medicine</p>

20% co-payment will apply if obtained from a non-DSP	Provider)	
Prescribed Minimum Benefit Conditions CDL's	100% of cost at DSP (or subject to par.5 of Annexure D)	Unlimited
Specialist Consultations Specialist treatments by anaesthetists, physicians, radiotherapists, neurologists, neurosurgeons, surgeons, orthopaedic specialists, ENT surgeons, thoracic surgeons, urologists, ophthalmologists (material included in limits where applied) Prior Society approval is compulsory for MRI, CAT Scans & Bone Densitometry, failing which such claims may be rejected. PSA Test – Males aged 40+ PAP Smear – Females aged 30+ DEXA scan – Females aged 50+ Fasting Glucose Test – All aged 40+ Lipogram Test – All aged 40+	100% of the Society Rate 100% of the Society Rate	Unlimited Fees above Society Rate for patient's own account 1 per annum 1 per annum 1 every 2 years 1 per annum 1 per annum
Gynaecologist Consultations	100% of the Society Rate	Limit to 1 visit per female p.a.
Mammograms	100% of the Society Rate	Limit to 1 per annum
Procedures Out of Hospital by GPs and Specialists (Excludes consultation fee) Out of hospital procedures conducted in rooms or hospitals: Includes sterile tray, materials, syringes & needles.	100% of the Society Rate	Unlimited
Home and Private Nursing – In lieu of Hospitalisation	100% of the Society Rate	R 6 943 per family Dr's Certificate & Pre- authorisation required
Psychiatry In patient treatment – Includes hospitalisation and related treatment which includes medication, consultations by a psychiatrist, social worker and a physiotherapist Psychiatric conditions including anorexia nervosa, bulimia and related accounts	100% of the Society Rate or negotiated rates	Annual Limit R 41 658 per family Pre- authorisation required fees above Society Rate for own account
Psychiatry – Out patient treatment – Includes Psychiatrist and Clinical Psychologist only – Motivation required (Excludes educational, Remedial, IQ or EQ testing, School readiness testing and Marriage counselling	100% of Society Rate	Paid from Day-to-Day benefit - Fees above Society Rate for own account

Physiotherapy (Post-hospitalisation only) This benefit is only available after hospitalisation	100% of the Society Rate	Annual Limit R 4 163 per family Dr's Certificate & Pre- authorisation required
Speech and Occupational Therapy This benefit is only available after hospitalisation.	100% of the Society Rate	Annual Limit R 6 943 per family Dr's Certificate & Pre- authorisation required
External Appliances Includes hearing aids, wheelchairs, surgical collars, and nebulisers for children under 10 years, orthopaedic boots and the hiring of equipment.	100% of cost	Limit R 6 312 per family Pre- authorisation required
Specialist Materials Includes oxygen therapy & stoma therapy materials.	100% of the Society Rate	Combined limit R 12 619 per family Pre- authorisation required
Optical Refraction (eye test) including tonometry & visual screening. Refractive surgery is an Exclusion – See Annexure C, C.1.30	100% of the Society Rate (Available at SAOA providers)	Limited to one eye test per beneficiary per year

SAOA –South African Optometric Association

Day-to-Day Risk Benefit Pool

The Society provides a Day-to-Day (Insured Benefit) for the under mentioned services. The limits of the Day-to-Day pool are as follow:

M0 – R 2 915

M+1 – R 3 710

M+2+ - R 4 770

BENEFITS	SOCIETY PAYS
GP Consultations (Out patients, out of hospital consultations)	100% of the Society Rate
Certain Specialist Consultations (in addition to the Base Plan benefits) Dermatologists, Plastic surgeons, Gynaecologists, Paediatricians, Physical Medicine Practitioners	100% of the Society Rate
Alternative Services Homeopaths, Chiropractors	100% of the Society Rate Subject to overall limit on Day-to-Day benefit pool
Other Services Clinical Psychology, Social workers, Speech Therapy, Educational, Remedial & Marriage Counselling, Audiology, Dieticians, Podiatry & Occupational Therapy (Acousticians)	100% of the Society Rate subject to overall limit on Day-to-Day benefit pool
Prescribed Medication All medicines prescribed and/or dispensed by GPs, homeopaths, pharmacists, dentists and specialists for members NOT registered on the Chronic Medication Programme. (Includes injection materials & sterile trays.)	100% Single Exit Price Subject to overall limit on Day-to-Day benefit pool
Non-prescribed Medication Over-the-counter Medicines dispensed by a pharmacist (includes self medication and vitamins).	100% of Single Exit Price Subject to overall limit on Day-to-Day benefit pool
Optical Spectacles, lenses & frames, contact lenses, prescribed tinted lenses	100% of cost (Available at SAOA providers) Subject to overall limit on Day-to-Day benefit pool
Contraception Prescribed Contraceptives only	100% of cost
Sexually Transmitted Diseases including HIV/AIDS etc. All medical expenses related to the above diseases – Except for PMB – 100% of cost	100% of the Society Rate
Conservative Dentistry (Out of hospital) Hygienist, Fillings, Extractions, X-Rays & Prophylaxis and all related accounts submitted as per conservative dentistry codes	100% of the Society Rate Subject to overall Day-to-Day benefit pool
Physiotherapy and biokinetics (acute treatment only)	100% of the Society Rate Subject to overall limit on Day-to-Day benefit pool

ANNEXURE “B”

Rules relating to the Afrox Base Plan

1. Motor Vehicle Accidents and Third Party Cases

The Afrox Medical Aid Society pays up to the Annual Base Plan limit at 100% of the Society Rate per family for motor vehicle accidents (MVA) and third party related cases on receipt of a signed legal undertaking, accident injury report and police report. Amounts received in settlement of such claims will be off set against amounts paid out by the Society.

2. Hospital Pre-Authorisation

To maintain hospital cover at 100% of Society Rate/Negotiated Rates, members must phone the Society to confirm hospital bookings prior to hospital admission. A co-payment of R1 500 will be payable by the member for hospitalisation in a facility other than the Designated Service Provider (DSP) (Hospital Network), except for PMB's. Admissions to hospital in respect of emergencies are exempt from hospital pre-authorisation, but the Society should be advised of the admission of a member or dependant to hospital within 48 hours after an emergency admission.

3. Chronic Medication Agreement

All approved chronic medicine shall be purchased through a nominated Designated Service Provider (DSP) where the prescriptions will be subjected to drug utilisation review. Any chronic medicines, including PMB's voluntarily obtained from any source other than such Designated Service Provider (DSP) will be subject to a 20% co-payment.

4. How the Afrox Medical Plan works

The Afrox Medical Plan consists of a Base Plan as set out in the “**Benefits and Limits of the Base Plan**” with its own contribution rate, the Base Plan Contribution Table A.1 in Annexure A.

5. Benefits are not transferable from one benefit period to another or from one category to another.

RULES RELATING TO THE AFROX DIAMOND PLAN

Motor Vehicle Accidents and Third Party Cases

The Afrox Medical Aid Society pays claims at 100% of the Society Rate for motor vehicle accidents (MVA) and third party related cases on receipt of a signed legal undertaking, accident injury report and police report. Amounts received in settlement of such claims will be offset against amounts paid out by the Society. Such recoveries by the Society will not extend to include benefits paid out in terms of "medical top-up insurance".

Hospital Pre-Authorisation

To maintain hospital cover at 100% of the Society Rate/Negotiated Rates, members must phone the Society to confirm hospital bookings prior to hospital admission. A co payment of R1 500 will be payable by the member for hospitalisation in a facility other than the Designated Service Provider (DSP) (Hospital Network) except for PMBs. Admissions to hospital in respect of emergencies are exempt from hospital pre-authorisation, but the Society should be advised of the admission of a member or dependant to hospital within 48 hours after the emergency admission.

Chronic Medication Agreement

All approved chronic medicines shall be purchased through a nominated Designated Service Provider (DSP) where the prescriptions will be subjected to drug utilisation review. Any chronic medicines, other than PMB's, obtained from any source other than such Designated Service Provider (DSP) will be paid out of the **Prescribed Medicines** limit and will be subjected to a 20% levy with the minimum levy being R20.00 and the maximum levy being R50.00 per script.

BENEFITS & LIMITS with effect from 1 January 2008

The Afrox Medical Aid Society pays benefits with Annual limits per family. Benefits are calculated on a Pro-Rata Basis calculated from the date of admission to the end of that benefit year.

BENEFITS	SOCIETY PAYS	ANNUAL LIMITS
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Recommended tariff represents the recommended NHRPL tariff. Only claims from registered practitioners will be met subject to the rules of the Society.

TREATMENT RECEIVED WHEN ADMITTED TO HOSPITAL (Hospital confirmation will be required)		
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Hospitals, Clinics & Nursing Homes (State, Provincial & Private)	100% of negotiated Rates	None (Pre-authorisation Required)
Hospitalisation, ward fees, theatre fees, dressings, theatre drugs, ward medicines confinements, radiology & pathology, surgical procedures & Anaesthetics. Blood transfusions, chemotherapy and radiotherapy, physiotherapy. Consultations in hospital ward by GP and Specialist following admission (excludes: hospitalisation related to refractive surgery, cost of dental implants and Osseo integration, rehabilitation treatment and accommodation in private ward)	100% of negotiated Rates	None (Pre-authorisation Required)

Kidney Dialysis In and Out of Hospital - (Renal Unit & Technicians Fees)	100% of the Society Rate or negotiated Rates – Subject to PMBs	R 45 442 per family per annum (Pre-authorisation Required)
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Organ Transplants: Includes hospitalisation, surgery and immunosuppressant Drugs	100% of negotiated Rates – Subject to PMBs	None (Pre-authorisation Required)
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Intensive Care & High Care Wards (Doctor's Certificate & Society Approval Required)	100% of negotiated Rates	None (Confirmation is required every 72 hours)
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Oncology (Includes radiotherapy and chemotherapy for cancer treatment and related radiology and pathology)	100% of Society Rate obtained from DSP, 20% co-payment if obtained from a non-DSP	Pre-authorisation required from the DSP Direct Medicine
Motor Vehicle Accidents & Third Party Injuries	100% of the Society Rate	None (Subject to legal)

		undertaking, accident injury report and police reports being provided to the Society)
Ambulance Services (Road Only) Non-preferred provider	100% the Society Rate	R 3 472 per family per annum
Designated Service Provider (DSP)		Unlimited
Optical Lenses and Frames and/or Contact Lenses (including readers) Refractive surgery is an exclusion – See Annexure C, C.1.30	100% of cost	R 1 394 per family per annum
Eye Tests (including all visual tests)	100% Society Rate	Limited to one eye test per beneficiary per year
All Dentistry (In or Out of Hospital) Conservative Dentistry: fillings, extractions, X-rays and prophylaxis and Oral hygienists Special Dentistry (orthodontic, periodontal, crowns, dentures, bridgework, dental implants & Osseo integration related accounts)	100% the Society Rate	M =R 3 472 per annum M+1 =R 4 865 per annum M+2 =R 6 254 per annum (Pre-authorisation Required for Specialised Dentistry)
Chronic Prescribed Medication Plan (Through Designated Service Provider (DSP)) All approved chronic medicines “prescribed” by a general practitioner or specialist that is considered to be essential or life sustaining (Chronic medicine users must register with Preferred Provider(s)) Subject to drug utilisation review by Designated Service Provider (DSP). Any chronic medication obtained from a source other than Preferred Provider(s) shall be paid out of the Prescribed Medicine benefit below.	100% of Single Exit Price	None
Prescribed Minimum Benefits CDL	100% of cost at a DSP (subject to par.5 of Annexure D).	Unlimited
Prescribed Medicines Medicines “prescribed” (by a doctor, specialist, dentist or any homeopathic medicines obtained from a pharmacist or medicines “prescribed” and or obtained from a dispensing doctor.) This benefit includes “To Take Out” drugs dispensed by hospitals.	100% Single Exit Price After deduction of 20% levy (Min R20 - Max R50 Per Script)	M = R 2 507 M+1 = R 2 783 M+2 = R 3 026 M+3+ = R 3 339

	At all pharmacies and dispensing Doctors	
<u>Surgical (Internal) Prostheses</u> (Pacemakers, hip replacements joints, knee replacement joints & electronic devices)	100% of cost	R 31 562 per family per annum (Pre-authorisation Required)
<u>General Practitioner's & Specialist</u> Consultations and Non-Surgical Procedures	100% of the Society Rate	12 Consultations per person
PSA Test – Males aged 40+	100% of Society Rate	1 per annum
PAP Smear – Females aged 30+		1 per annum
Mammogram – Females aged 40+		1 per annum
DEXA scan – Females aged 50+		1 every 2 years
Fasting Glucose Test – All aged 40+		1 per annum
Lipogram Test – All aged 40+		1 per annum
<u>Psychiatry – In-patient treatment</u> Includes Hospitalisation and related treatment, which includes medication, consultations by a Psychiatrist, Psychologist, Occupational therapist, Social worker and a Physiotherapist (Psychiatric conditions including anorexia nervosa, bulimia and related accounts)	100% the Society Rate	R 41 658 per family per annum (Pre-authorisation Required) – Fees above Society Rate for patients own account
<u>Psychiatry – Out-patient treatment</u> Includes Psychiatrists and Clinical Psychologists only – Excludes: Educational, Remedial, IQ or EQ testing, School readiness testing and Marriage counselling	100% the Society Rate	Fees above Society Rate for Patients own account
<u>Radiology & Pathology (Out of Hospital)</u> (Includes MRI & CAT Scans, Bone Densitometry, x-rays by a chiropractor)	100% of the Society Rate	None (Pre-authorisation Required)
<u>Physiotherapy/Biokinetics</u>	100% of the Society Rate	20 treatments per condition per person
<u>External Appliances</u> Includes calipers, orthopaedic boots, surgical collars, hearing aids and wheelchairs, nebulisers) Includes oxygen equipment and hiring of equipment	100% of cost	R 5 676 per family (Pre-authorisation required and Dr's prescription)
ALTERNATIVE SERVICES BENEFIT	ANNUAL LIMIT OF R 6 551 PER FAMILY	
HOME OR PRIVATE NURSING In lieu of hospitalisation	R 85 per day R 111 per night	42 days & nights per person - Part of Alternative Service Limit
HOMEOPATHS, DIETICIANS & CHIROPRACTORS		

(Excluding X-Rays and appliances)	100% of the Society Rate	Part of Alternative Service Limit
CLINICAL PSYCHOLOGY & SOCIAL WORKERS (Excluding educational, remedial & marriage counselling)	100% of the Society Rate	Part of Alternative Service Limit
SPEECH THERAPY, AUDIOLOGY & OCCUPATIONAL THERAPY	100% of the Society Rate	Part of Alternative Service Limit
PODIATRY (Excluding X-rays and appliances)	100% of the Society Rate	Part of Alternative Service Limit
Rehabilitation Only after disabling event	100% of Society Rate	Pre-authorisation required, subject to case management
Treatment in sub-acute facility in lieu of hospitalisation	100% of Society Rate	Pre-authorisation required, subject to case management
Procedures out of Hospital Out-of-Hospital procedures conducted in rooms: Includes sterile trays, materials, syringes and needles	100% of Society Rate	Fees above Society Rate for patients own account
Out-patient procedures in lieu of hospitalisation, eg colonoscopy, gastroscopy	100% of Society Rate	Fees above Society Rate for patients own account
Payment of doctors consultations subject to specified consultation benefits	100% of society Rate	Fees above Society Rate for patients own account