

**AFROX MEDICAL AID SOCIETY  
BENEFITS 2007**

**BASE PLAN (with effect 1 January 2007)**

BENEFITS	RATE			LIMITS/ MAXIMUM
<b>Overall annual limits per family if using other than Designated Service Provider (DSP) or state hospitals</b>	<b>M</b> R238 180	<b>M+1</b> R357 270	<b>M+2</b> R476 360	<b>M+3+</b> R595 455

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
Organ Transplants & Related Accounts: Including immunosuppressant drugs	100% of the Society Rate	R59 545 per family Pre- authorisation required
Intensive Care and High Care Wards Doctor's Certificate & Society Approval Required	100% of the Society Rate	Confirmation required every 72 hours
Confinements Complications for mother or baby to be paid from hospitalisation benefit	100% of the Society Rate	Pre- authorisation required
Confinements (Midwife & home confinement) Includes Ante-natal Examinations but excludes Ante-natal Classes	100% of the Society Rate	Pre- authorisation required
Surgical (Internal) Prosthesis Pacemakers, electronic devices, hip replacement joints, knee joints	The lower of cost or 3 times the Society Rate	R29 775 per family Pre- authorisation required
Motor Vehicle Accidents and Third Party Injuries	100% of the	Unlimited

(Subject to legal undertaking, accident injury report and police report being provided to the Society)	Society Rate	subject to Designated Service Provider (DSP)
Ambulance Services (Road Only)  Designated Service Provider (DSP)	100% of cost	R3 570 per family  Unlimited
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	100% of the Society Rate	Pre- authorisation required
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.	100% of the Society Rate	M R3 570 p.a. per family M+1 R4 765 p.a. per family M2+ R5 955 p.a. per family
Dental Surgery (In hospital only) Surgical removal of wisdoms, roots & drainage of abscess Hospital account will be paid from hospitalisation benefit.	100% of the Society Rate	Pre- authorisation required
Chronic Medicines On application to Designated Service Provider (DSP)	100% of cost (through Preferred Provider)	Application through DSP
Prescribed Minimum Benefit Conditions CDL's	100% of cost at a state facility or 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.	100% of the Society Rate	Subject to overall hospital limit
Gynaecologist Consultations  Mammograms	100% of the Society Rate  100% of the Society Rate	Limit to 1 visit per female p.a.  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	R6 550 per family Dr's Certificate & Pre- authorisation required
Psychiatry (Hospitalisation & treatment in rooms) Psychiatric conditions including anorexia nervosa, bulimia and related accounts (At state registered institutions only)	100% of the Society Rate subject to PMBs	Annual Limit R39 300 per family Pre- authorisation required
Physiotherapy (Post-hospitalisation only) This benefit is only available after hospitalisation	100% of the Society Rate	Annual Limit R3 927 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 R6 550 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 R5 955 per family Pre- authorisation required
Specialist Materials Includes oxygen therapy & stoma therapy materials.	100% of the Society Rate	Combined limit R11 905 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 – R2 750

M+1 – R3 500

M+2+ - R4 500

BENEFITS	SOCIETY PAYS
<b>GP Consultations (Out patients, out of hospital consultations)</b>	100% of the Society Rate
<b>Certain Specialist Consultations</b> (in addition to the Base Plan benefits) Dermatologists, Plastic surgeons, Gynaecologists, Paediatricians, Physical Medicine Practitioners	100% of the Society Rate
<b>Alternative Services</b> Homeopaths, Chiropractors	100% of the Society Rate Subject to overall limit on Day-to-Day benefit pool
<b>Other Services</b> 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
<b>Prescribed Medication</b> All medicines prescribed and/or dispensed by GPs, homeopaths, pharmacists, dentists and specialists for members <b>NOT</b> 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
<b>Non-prescribed Medication</b> 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
<b>Optical</b> Spectacles, lenses & frames, contact lenses, prescribed tinted lenses	100% of cost <b>(Available at SAOA providers)</b> Subject to overall limit on Day-to-Day benefit pool
<b>Contraception</b> Prescribed Contraceptives only	100% of cost
<b>Sexually Transmitted Diseases including HIV/AIDS etc.</b> All medical expenses related to the above diseases – Except for PMB – 100% of cost	100% of the Society Rate
<b>Conservative Dentistry</b> (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
<b>Physiotherapy and biokinetics (acute treatment only)</b>	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 NHRPL 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, other than PMB's, obtained from any source other than such Designated Service Provider (DSP) will be paid out of the **Prescribed Medication Limit**.

#### 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, 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.

**THE AFROX DIAMOND PLAN****BENEFITS & LIMITS with effect from 1 January 2007**

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.

<b>BENEFITS</b>	<b>SOCIETY PAYS</b>	<b>ANNUAL LIMITS</b>
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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.

<b>TREATMENT RECEIVED WHEN ADMITTED TO HOSPITAL (Hospital confirmation will be required)</b>		
Hospitals, Clinics & Nursing Homes (State, Provincial & Private)	100% of negotiated rates	None ( <b>Pre-authorization Required</b> )
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 osseointegration, rehabilitation treatment and accommodation in private ward)	100% of negotiated rates	None ( <b>Pre-authorization Required</b> )
<b>Kidney Dialysis</b> (In and Out of Hospital) (Renal Unit & Technicians Fees)	100% of the Society Rate or negotiated rates	R42 870 per family per annum ( <b>Pre-authorization Required</b> )
<b>Organ Transplants:</b> Includes hospitalisation, surgery and immunosuppressant Drugs	100% of negotiated rates	None ( <b>Pre-authorization Required</b> )
<b>Intensive Care &amp; High Care Wards</b> (Doctor's Certificate & Society Approval Required)	100% of negotiated rates	None ( <b>Confirmation is required every 72 hours</b> )
<b>Motor Vehicle Accidents &amp; Third Party Injuries</b>	100% of the Society Rate	None (subject to legal undertaking, accident injury report and police reports being provided to the Society)
<b>Ambulance Services</b> (Road Only) Non-preferred provider	100% the Society Rate	R3 275 per family per annum
Designated Service Provider (DSP)		Unlimited

<b>Optical</b>		
Lenses and Frames and/or Contact Lenses (including readers) Refractive surgery is an exclusion – See Annexure C, C.1.30	100% of cost	R1 315 per family per annum
Eye Tests (including all visual tests)	100% cost	Limited to one eye test per beneficiary per year
<b>All Dentistry (In or Out of Hospital)</b>		
<b>Conservative Dentistry:</b> fillings, extractions, X-rays and prophylaxis	100% the Society Rate	M = R3 275 per annum
<b>Special Dentistry</b> (orthodontic, periodontal, crowns, dentures, bridgework, dental implants & osseointegration related accounts)		M+1 = R4 590 per annum M+2 = R5 900 per annum
		<b>(Pre-authorisation Required)</b>
<b>Chronic Prescribed Medication Plan (Through Designated Service Provider (DSP))</b>		
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)) <b>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.</b>	100% of Single Exit Price	None
<b>Prescribed Minimum Benefits</b>		
CDL	100% of cost at a state facility or DSP (subject to par.5 of Annexure D).	Unlimited
<b>Prescribed Medicines</b>		
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. <b>REMEMBER TO CLARIFY OTC MEDS</b>	100% Single Exit Price After deduction of 20% levy <b>(Min R20 - Max R50 Per Script)</b> At all pharmacies and dispensing Doctors	M = R2 365 M+1 = R2 625 M+2 = R2 855 M+3+ = R3 150
<b>Surgical (Internal) Prostheses</b>		
(Pacemakers, hip replacements joints, knee replacement joints & electronic devices)	100% the Society Rate	R29 775 per family per annum <b>(Pre-authorisation Required)</b>
<b>General Practitioner’s &amp; Specialist</b>		
Consultations and Non-Surgical Procedures	100% of the Society Rate	12 Consultations per person

<b>Psychiatry</b> Hospitalisation & treatment in rooms (Psychiatric conditions including anorexia nervosa, bulimia and related accounts) (At state registered institutions only)	100% the Society Rate	R39 300 per family per annum <b>(Pre-authorisation Required)</b>
<b>Radiology &amp; Pathology (Out of Hospital)</b> (Includes MRI & CAT Scans, Bone Densitometry, x-rays by a chiropractor)	100% of the Society Rate	None <b>(Pre-authorisation Required)</b>
<b>Physiotherapy/Biokinetics</b>	100% of the Society Rate	20 treatments per condition per person
<b>External Appliances</b> Includes calipers, orthopaedic boots, surgical collars, hearing aids and wheelchairs, nebulisers) Includes oxygen equipment and hiring of equipment	100% of the Society Rate	R5 355 per family <b>(Pre-authorisation required and Dr's prescription)</b>
<b>ALTERNATIVE SERVICES BENEFIT</b>	<b>ANNUAL LIMIT OF R6 180 PER FAMILY</b>	
<b>HOME OR PRIVATE NURSING</b> In lieu of hospitalisation	R80 per day R105 per night	42 days & nights per person Part of Alternative Service Limit
<b>HOMEOPATHS, DIETICIANS &amp; CHIROPRACTORS</b> (excluding X-Rays and appliances)	100% of the Society Rate	Part of Alternative Service Limit
<b>CLINICAL PSYCHOLOGY &amp; SOCIAL WORKERS</b> (excluding educational, remedial & marriage counselling)	100% of the Society Rate	Part of Alternative Service Limit
<b>SPEECH THERAPY, AUDIOLOGY &amp; OCCUPATIONAL THERAPY</b>	100% of the Society Rate	Part of Alternative Service Limit
<b>PODIATRY</b> (excluding X-rays and appliances)	100% of the Society Rate	Part of Alternative Service Limit