

**AFROX MEDICAL AID SOCIETY
BENEFITS 2004**

BASE PLAN (with effect 1 January 2004)

BENEFITS	RATE				LIMITS/ MAXIMUM
Overall annual limits per family if using other than Preferred Provider or state hospitals	M R200 000	M+1 R300 000	M+2 R400 000	M+3+ R500 000	

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

A co-payment of R1500 will be payable by the member for hospitalisation in a facility other than the preferred provider (hospital network).

HOSPITALISATION - Provincial, Private Hospitals and Clinics (Excludes: hospital accommodation related to refractive surgery, cost of dental implants and osseointegration, 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 medical aid rates*	Pre- authorisation required
Kidney Dialysis (In or Out of Hospital) Renal Unit & Technician's Fees including immunosuppressant drugs	100% of medical aid rates	Pre- authorisation required
Organ Transplants & Related Accounts: Including immunosuppressant drugs	100% of medical aid rates	R50 000 per family Pre- authorisation required
Intensive Care and High Care Wards Doctor's Certificate & Society Approval Required	100% of medical aid rates	Confirmation required every 72 hours
Confinements Complications for mother or baby to be paid from hospitalisation benefit	100% of medical aid rates	Pre- authorisation required
Confinements (Midwife & home confinement) Includes Ante-natal Examinations but excludes Ante-natal Classes	100% of medical aid rates	Pre- authorisation required
Surgical (Internal) Prosthesis Pacemakers, electronic devices, hip replacement joints, knee joints	The lower of cost or 3 times the NHRPL rate	R25 000 per family Pre- authorisation required
Motor Vehicle Accidents and Third Party Injuries (Subject to legal undertaking, accident injury report and police report being provided to the	100% of medical aid rates	Unlimited subject to preferred

Society)		provider
Ambulance Services (Road Only)	100% of cost	R3 000 per family
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 medical aid rates	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 medical aid rates	M R3 000 p.a. per family M+1 R4 000 p.a. per family M+2+ R5 000 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 medical aid rates	Pre- authorisation required
Chronic Medicines On application to Preferred Provider	100% of cost (through Preferred Provider)	Application through Preferred Provider
PMB Conditions (25 specified illnesses) 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 medical aid rates	Subject to overall hospital limit
Gynaecologist Consultations	100% of medical aid rates	Limit to 1 visit per female p.a.
Procedures Out of Hospital by GPs and Specialists (Excludes consultation fee) Out of hospital procedures conducted in rooms: Includes sterile tray, materials, syringes & needles.	100% of medical aid rates	Unlimited
Home and Private Nursing – Hospice and Frail	100% of	R5 500 per

Care	medical aid rates	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 medical aid rates	Annual Limit R33 000 per family Pre- authorisation required
Physiotherapy (Post-hospitalisation only) This benefit is only available after hospitalisation	100% of medical aid rates	Annual Limit R3 300 per family Dr's Certificate & Pre- authorisation required
Speech and Occupational Therapy This benefit is only available after hospitalisation.	100% of medical aid rates	Annual Limit R5 500 per family Dr's Certificate & Pre- authorisation required
External Appliances Includes hearing aids, wheelchairs, surgical collars, nebulisers for children under 10 years, orthopaedic boots and the hiring of equipment.	100% of cost	Limit R5 000 per family Pre- authorisation required
Specialist Materials Includes oxygen therapy & stoma therapy materials.	100% of medical aid rates	Combined limit R10 000 per family Pre- authorisation required
Optical Refraction (eye test) including tonometry & visual screening.	100% of medical aid rates (available at SAOA providers)	Limited to one eye test per beneficiary per year

Medical Aid Rates represent the rates as recommended by the Council in terms of the National Health Reference Price List (NHRPL).

SAOA –South African Optometric Association

MEDICAL SAVINGS FUND

All the following benefits will be paid by the Society from the Medical Savings Fund at the rates shown. Contributions to the Medical Savings Fund are limited to 25% of the total annual contribution. The total of all payments made from this benefit is subject to pro rata apportionment calculated from the date of admission to the end of that benefit year.

BENEFITS	SOCIETY PAYS
GP Consultations (Out patients, out-of-hospital consultations)	100% of medical aid rates
Certain Specialist Consultations (in addition to the Base Plan benefits) Dermatologists, Plastic surgeons, Gynaecologists, Paediatricians, Physical Medicine Practitioners	100% of medical aid rates
Alternative Services Homeopaths, Chiropractors	100% of medical aid rates
Other Services Clinical Psychology, Social workers, Speech Therapy, Educational, Remedial & Marriage Counselling, Audiology, Dieticians, Podiatry & Occupational Therapy (Acousticians)	100% of medical aid rates
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% of cost after discount
Non-prescribed Medication Over-the-counter Medicines dispensed by a pharmacist (includes self medication and vitamins).	100% of cost
Optical Spectacles, lenses & frames, contact lenses, prescribed tinted lenses	100% of cost (Available at SAOA providers)
Contraception Prescribed Contraceptives only	100% of cost
Sexually Transmitted Diseases including HIV/AIDS etc. All medical expenses related to the above diseases	100% of medical aid rates
Conservative Dentistry (Out of hospital) Hygienist, Fillings, Extractions, X-Rays & Prophylaxis and all related accounts submitted as per conservative dentistry codes	100% of medical aid rates
Physiotherapy and biokinetics (acute treatment only)	100% of medical aid rates

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 medical aid rates 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 medical aid 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 Preferred Provider (Hospital Network). 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.

3. **Chronic Medication Agreement**

All approved chronic medicine shall be purchased through a nominated Preferred Provider(s) where the prescriptions will be subjected to drug utilisation review. Any chronic medicines, other than PMB's, obtained from any source other than such Preferred Provider 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.

The second element of the Afrox Medical Plan is the Medical Savings Fund. The contribution rates for the Medical Savings Fund are set out in Table A.2 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

Membership

Only current Afrox Option continuation members or employee members on the current Afrox Option who are over the age of 55 years on or before the date of registration of the Society qualify for membership of this Option. As of the date of registration of the Society no further members will be permitted to join this Option.

Motor Vehicle Accidents and Third Party Cases

The Afrox Medical Aid Society pays claims at 100% of the medical aid 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 medical aid 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 Preferred Provider (Hospital Network). 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.

Chronic Medication Agreement

All approved chronic medicines shall be purchased through a nominated Preferred Provider(s) where the prescriptions will be subjected to drug utilisation review. Any chronic medicines, other than PMB's, obtained from any source other than such Preferred Provider(s) 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.

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BENEFITS & LIMITS with effect from 1 January 2004

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)

Hospitals, Clinics & Nursing Homes (State, Provincial & Private)	100% of recommended tariff	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 osseointegration, rehabilitation treatment and accommodation in private ward)	100% of recommended tariff	None (Pre-authorisation Required)

Kidney Dialysis (In and Out of Hospital) (Renal Unit & Technicians Fees)	100% of recommended tariff	R36 000 per family per annum (Pre-authorisation Required)
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Organ Transplants: Includes hospitalisation, surgery and immunosuppressant Drugs	100% of recommended tariff	None (Pre-authorisation Required)
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Intensive Care & High Care Wards (Doctor's Certificate & Society Approval)	100% of recommended tariff	None (Confirmation is required)
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Required)		every 72 hours)
Motor Vehicle Accidents & Third Party Injuries	100% of recommended tariff	None (subject to legal undertaking, accident injury report and police reports being provided to the Society)
Ambulance Services (Road Only) Non-preferred provider ER24 (air and road) Preferred provider	100% of cost	R2,750 per family per annum Unlimited
Optical Lenses and Frames and/or Contact Lenses (including readers) Eye Tests (including all visual tests)	100% of cost 100% of SAOA tariff	R1,100 per family per annum Limited to one eye test per beneficiary per year
All Dentistry (In or Out of Hospital) Conservative Dentistry: fillings, extractions, X-rays and prophylaxis Special Dentistry (orthodontic, periodontal, crowns, dentures, bridgework, dental implants & osseointegration related accounts)	100% of recommended tariff	M =R2 750 per annum M+1 =R3 850 per annum M+2 =R4 950 per annum (Pre-authorisation Required)
Chronic Prescribed Medication Plan (Through Preferred Provider(s)) 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 Preferred Provider(s). Any chronic medication obtained from a source other than Preferred Provider(s) shall be paid out of the Prescribed Medicine benefit below.	100% of cost	None
PMB Conditions (25 specified illnesses) CDL	100% of cost at a state facility or 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	100% of cost After deduction of 20% levy (Min. R20 - Max.	M = R1 980 M+1 = R2 200 M+2 = R2 400 M+3+ = R2 640

by hospitals.	R50) At all pharmacies and dispensing Doctors
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<u>Surgical (Internal) Prostheses</u> (Pacemakers, hip replacements joints, knee replacement joints & electronic devices)	100% of cost	R25 000 per family per annum (Pre-authorisation Required)
<u>General Practitioner's & Specialist</u> Consultations and Non-Surgical Procedures	100% of recommended tariff	12 Consultations per person
<u>Psychiatry</u> Hospitalisation & treatment in rooms (Psychiatric conditions including anorexia nervosa, bulimia and related accounts) (At state registered institutions only)	(At state registered institutions only) 100% of recommended tariff	R33 000 per family per annum (Pre-authorisation Required)
<u>Radiology & Pathology (Out of Hospital)</u> (Includes MRI & CAT Scans, Bone Densitometry, x-rays by a chiropractor)	100% of recommended tariff	None (Pre-authorisation Required)
<u>Physiotherapy/Biokinetics</u>	100% of recommended tariff	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	R4,500 per family (Pre-authorisation Required and Dr's prescription)
ALTERNATIVE SERVICES BENEFIT	ANNUAL LIMIT OF R5 500 PER FAMILY	
<u>HOME OR PRIVATE NURSING</u> (Post Hospitalisation, Dr's Motivation and Prior Society Approval Required)	R70 per day R90 per night	42 days & nights per person Part of Alternative Service Limit
<u>HOMEOPATHS, DIETICIANS & CHIROPRACTORS</u> (excluding X-Rays and appliances)	100% of recommended tariff	Part of Alternative Service Limit
<u>CLINICAL PSYCHOLOGY & SOCIAL WORKERS</u> (excluding educational, remedial & marriage counselling)	100% of recommended tariff	Part of Alternative Service Limit
<u>SPEECH THERAPY, AUDIOLOGY & OCCUPATIONAL THERAPY</u>	100% of recommended tariff	Part of Alternative Service Limit

PODIATRY (excluding X-rays and appliances)	100% of recommended tariff	Part of Alternative Service Limit
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