

**AFROX MEDICAL AID SOCIETY
BENEFITS 2010**

BASE PLAN (with effect 1 January 2010)

Overall annual limits per family if using other than Designated Service Provider (DSP) or state hospitals	M R 308 720	M+1 R 462 400	M+2 R 616 540	M+3+ R770 670
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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 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 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	R77 070 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
Confinements Complications for mother or baby to be paid from hospitalisation benefit Neonatal care – Subject to Neonate being registered as a dependant on the Society	100% of the Society Rate	Pre-authorisation required Pre-authorisation required – Fees above Society Rate for patient's own account
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	R37 840 per family Pre-authorisation required
Oncology (Includes radiotherapy and chemotherapy for cancer treatment and related radiology and pathology) Medication can be obtained from Direct Medicine or any retail pharmacy or healthcare practitioner registered to dispense medication	100% of Society Rate	Pre-authorisation required from Direct Medicines
Motor Vehicle Accidents and Third Party Injuries (Subject to legal undertaking, accident injury report and police report being provided to the Society)	100% of the Society Rate	Unlimited subject to Designated Service Provider (DSP)
Ambulance Services (Road Only) Designated Service Provider (DSP)	100% of cost	R4 540 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 R4 540 p.a. per family M+1 R6 060 p.a. per family M2+ R 7 570 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. Basic Dentistry – 1 Consultation per beneficiary per annum (Other basic dentistry services to be paid from Day-to-Day benefit)	100% of the Society Rate 100% of the Society Rate	Pre-authorisation required One consultation per beneficiary per annum
Chronic Medicines Medication can be obtained from Direct Medicine or any retail pharmacy or healthcare practitioner registered to dispense medication.	100% of cost	Application through Direct Medicine
Prescribed Minimum Benefit Conditions CDL Medication can be obtained from Direct Medicine or any retail pharmacy or healthcare practitioner registered to dispense medication.	100% of cost	Unlimited

<p>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)</p> <p>Prior Society approval is compulsory for MRI, CAT Scans & Bone Densitometry, failing which such claims may be rejected.</p> <p>PSA Test PAP Smear DEXA scan Fasting Glucose Test Lipogram Test</p> <p>Preventative Screening Test (HRA) (One per adult beneficiary per annum)</p>	<p>100% of the Society Rate</p> <p>100% of the Society Rate</p> <p>100% of the Society Rate</p>	<p>Unlimited Fees above Society Rate for patient's own account</p> <p>1 per annum 1 per annum 1 every 2 years 1 per annum 1 per annum</p> <p>1 visit per adult beneficiary per annum limited to R540.</p>
<p>Gynaecologist Consultations</p> <p>Mammograms</p>	<p>100% of the Society Rate</p> <p>100% of the Society Rate</p>	<p>Limit to 1 visit per female per annum</p> <p>Limit to 1 per annum</p>
<p>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.</p>	<p>100% of the Society Rate</p>	<p>Unlimited</p>
<p>Home and Private Nursing – In lieu of Hospitalisation</p>	<p>100% of the Society Rate</p>	<p>R8 320 per family Dr's Certificate & Pre-authorization required</p>
<p>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</p> <p>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)</p>	<p>100% of the Society Rate or negotiated rates</p> <p>100% of Society Rate</p>	<p>Annual Limit R49 940 per family Pre-authorization required fees above Society Rate for own account To be paid from above annual limit - Fees above Society Rate for own account</p>
<p>Physiotherapy (Post-hospitalisation only) This benefit is only available after hospitalisation</p>	<p>100% of the Society Rate</p>	<p>Annual Limit R4 990 per family Dr's Certificate & Pre-authorization required</p>

<p>Speech and Occupational Therapy This benefit is only available after hospitalisation.</p>	<p>100% of the Society Rate</p>	<p>Annual Limit R8 320 per family Dr's Certificate & Pre- authorisation required</p>
<p>External Appliances Includes wheelchairs, surgical collars, and nebulisers for children under 10 years, orthopaedic boots and the hiring of equipment.</p>	<p>100% of cost</p>	<p>Limit R4 000 per family</p>
<p>Specialist Materials Includes oxygen therapy & stoma therapy materials.</p>	<p>100% of the Society Rate</p>	<p>Combined limit R15 130 per family Pre- authorisation required</p>
<p>Hearing Aids</p>	<p>100% cost</p>	<p>R9 000 per family (Mild to moderate hearing loss – Two-year cycle applies. Pre- authorisation required R12 000 per family (Profound to Severe hearing loss) - Two-year cycle applies. Pre- authorisation required</p>
<p>Optical Refraction (eye test) including tonometry & visual screening. Refractive surgery is an Exclusion – See Annexure C, C.1.30 Frames, lenses, contact lenses and prescribed tinted lenses</p>	<p>100% of the Society Rate (Available at SAOA providers) 100% of the Society Rate (Available at SAOA providers)</p>	<p>Limited to one eye test per beneficiary per year R500 limitation per beneficiary every two years. Cost above R500 to be paid from your day-to-day limit to a maximum of R 2 000</p>

SAOA –South African Optometric Association

Day-To-Day Benefits**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 – R3 490

M+1 – R4 450

M+2+ - R5 150

M+3+ - R5 720

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
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
Optical Frames, lenses, contact lenses, and prescribed tinted lenses	100% of cost (Available at SAOA providers)) First R500 to be paid from the insured benefit, remaining cost from Day-to-Day limit to a maximum of R 2 000

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

Pre-authorisation is required from Direct Medicine for all chronic medication. Chronic medication can be obtained from Direct Medicine or any retail pharmacy or healthcare practitioner registered to dispense medication

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

Pre-authorisation is required from Direct Medicine for all chronic medication. Chronic medication can be obtained from Direct Medicine or any retail pharmacy or healthcare practitioner registered to dispense medication.

THE AFROX DIAMOND PLAN

BENEFITS & LIMITS with effect from 1 January 2010

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 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	R55 490 per family per annum (Pre-authorisation Required)
Organ Transplants: Includes hospitalisation, surgery and immunosuppressant Drugs	100% of negotiated Rates – Subject to PMBs	None (Pre-authorisation Required)
Intensive Care & High Care Wards (Doctor's Certificate & Society Approval Required)	00% of negotiated Rates	None (Confirmation is required every 72 hours)
Oncology (Includes radiotherapy and chemotherapy for cancer treatment and related radiology and pathology) Medication can be obtained from Direct Medicine or any retail pharmacy or healthcare practitioner registered to dispense medication.	100% of Society Rate	Pre-authorisation required from 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 the Society)
Ambulance Services (Road Only) Non-preferred provider Designated Service Provider (DSP)	100% the Society Rate	R4 240 per family per annum Unlimited
Optical Lenses and Frames and/or Contact Lenses (including readers) Refractive surgery is an exclusion – See Annexure C, C.1.30 Eye Tests (including all visual tests)	100% of cost 100% Society Rate	R1 670 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 and Oral hygienists Special Dentistry (orthodontic, periodontal, crowns, dentures, bridgework, dental implants & Osseo integration related accounts)	100% the Society Rate	M = R4 160 per annum M+1 = R5 830 per annum M+2 = R7 500 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))	100% of Single Exit Price (Subject to Chronic Medicine Programme) Compulsory generic substitution will apply where a generic equivalent is available – should you opt for a non-generic option the difference between the generic and the non-generic will be claimed from your acute benefit.	Application through DSP – Direct Medicines
Prescribed Minimum Benefits CDL Medication can be obtained from Direct Medicine or any retail pharmacy or healthcare practitioner registered to dispense medication.	100% of cost	Unlimited

Prescribed Medicines	100% Single Exit Price After deduction of 20% levy (Min R20 - Max R50 Per Script) At all pharmacies and dispensing Doctors	M = R3 010 M+1 = R3 340 M+2 = R3 630 M+3+ = R4 000
Surgical (Internal) Prostheses (Pacemakers, hip replacements joints, knee replacement joints & electronic devices)	100% of cost	R38 540 per family per annum (Pre-authorisation Required)
General Practitioner's & Specialist Consultations and Non-Surgical Procedures	100% of the Society Rate	12 Consultations per person
PSA Test PAP Smear Mammogram DEXA scan Fasting Glucose Test Lipogram Test	100% of Society Rate	1 per annum 1 per annum 1 per annum 1 every 2 years 1 per annum 1 per annum
Psychiatry – In-patient treatment 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	R49 940 per family per annum (Pre-authorisation Required) – Fees above Society Rate for patients own account
Psychiatry – Out-patient treatment 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
Radiology & Pathology (Out of Hospital) (Includes MRI & CAT Scans, Bone Densitometry, x-rays by a chiropractor)	100% of the Society Rate	None (Pre-authorisation Required)
Physiotherapy/Biokinetics	100% of the Society Rate	20 treatments per condition per person

External Appliances Includes calipers, orthopaedic boots, surgical collars, hearing aids and wheelchairs, nebulisers) Includes oxygen equipment and hiring of equipment	100% of cost	R6 800 per family (Pre-authorisation required and Dr's prescription)
ALTERNATIVE SERVICES BENEFIT	ANNUAL LIMIT OF R7 850 PER FAMILY	
HOME OR PRIVATE NURSING In lieu of hospitalisation	R100 per day R130 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, e.g. 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