

IMPORTANT CONTACT NUMBERS

Hospital Pre-authorisation: 0861 888 302
Customer Call Centre: (011) 381 2022
Netcare 911: 082 911
Direct Medicines: 0861 444 405
Aid of Aids: 0860 100 646

BASE PLAN BENEFITS 2007

Overall annual limits per family if using other than preferred provider or state hospitals	M	M+1	M+2	M+3+
	R238 180	R357 270	R476 360	R595 455

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 R1 500 will be payable by the member for hospitalisation in a facility other than the preferred provider (hospital network), except for Prescribed Minimum Benefits or Day Clinics.

BENEFITS	RATE	LIMITS/MAXIMUM
A. MAJOR MEDICAL EXPENSES		
HOSPITALISATION (Subject to pre-authorisation) Qalsas – 0861 888 302		
<ul style="list-style-type: none"> Private and government hospital ward accommodation 	Negotiated rate or 100% of Society Rate	Pre-authorisation required
<ul style="list-style-type: none"> Intensive care and high care wards 	Negotiated rate or 100% of Society Rate	Confirmation required every 72 hours
<ul style="list-style-type: none"> Medical practitioners and associated medical disciplines in hospital (includes GPs, specialists, physiotherapists) 	100% of Society Rate	Fees above Society Rate for patient's own account
<ul style="list-style-type: none"> Excludes hospital accommodation related to: refractive surgery, actual cost of dental implants, rehabilitation treatment and accommodation in a private ward 		
<ul style="list-style-type: none"> Psychiatric hospitalisation subject to separate psychiatric benefit 	100% of Society Rate	See Psychiatric benefit on the next page
<ul style="list-style-type: none"> Motor vehicle accidents and third party injuries are subject to legal undertaking, accident injury report and police report being provided to the Society 	100% of Society Rate	
OTHER MAJOR MEDICAL SERVICES (Subject to pre-authorisation)		
<ul style="list-style-type: none"> Organ transplants (includes immunosuppressant drugs) 	Negotiated rate or 100% of Society Rate	Pre-authorisation required R59 545 per family
<ul style="list-style-type: none"> Renal dialysis 	Negotiated rate or 100% of Society Rate	Pre-authorisation required
<ul style="list-style-type: none"> Oncology (includes radiotherapy and chemotherapy for cancer treatment and related radiology and pathology) 	100% of Society Rate if obtained from DSP, 20% co-payment if non-DSP is used	Pre-authorisation required from the Designated Service Provider (Direct Medicine)
<ul style="list-style-type: none"> Home/private nursing or treatment in a sub-acute facility (in lieu of hospitalisation only) 	100% of Society Rate	Pre-authorisation and Doctor's certificate required Subject to case management R6 550 per family

Note: The Society will pay claims at the Society Rate on behalf of members for services listed in this brochure. Currently, the Society Rate is equal to the National Health Reference Price List (NHRPL).

BENEFITS	RATE	LIMITS/MAXIMUM
MATERNITY BENEFITS		
<ul style="list-style-type: none"> Labour and general ward rates 	Negotiated rates or 100% of Society Rate	Pre-authorisation required
<ul style="list-style-type: none"> Delivery fee by specialist, GP or midwife 	100% of Society Rate	Fees above Society Rate for patient's own account
<ul style="list-style-type: none"> Ante-natal consultations by specialist, GP and midwife during confinement 	100% of Society Rate	Fees above Society Rate for patient's own account
<ul style="list-style-type: none"> Ante-natal scans 	100% of Society Rate	2 scans per pregnancy Fees above Society Rate for patient's own account
<ul style="list-style-type: none"> Neonatal care 	100% of Society Rate	Subject to neonate being registered as a dependant on Afrox Medical Scheme Fees above Society Rate for patient's own account
<ul style="list-style-type: none"> Excludes ante-natal classes 		
INTERNAL SURGICAL PROSTHESIS (Subject to pre-authorisation) – Motivation and quotation required		
Includes pacemakers, electronic devices, hip replacements, knee replacements, cardiac stents.	The lower of cost or 3 times Society Rate	R29 775 per family
OTHER MEDICAL SERVICES FROM MAJOR MEDICAL		
a. Diagnostic radiology and pathology	100% of Society Rate	Pre-authorisation required for MRI, CT and Nuclear Medicine scans
b. Certain out-patient specialist consultations and includes specialist treatment by: Anaesthetists, physicians, radiotherapists, neurologists, neurosurgeons, general surgeons, orthopaedic surgeons, ENT surgeons, thoracic surgeons, urologists and ophthalmologists (material included in limits where applicable)	100% of Society Rate	Fees above Society Rate for patient's own account
c. Annual gynaecological check-up and includes pap smear (not part of ante-natal benefit)	100% of Society Rate	Limited to 1 visit per year Fees above Society Rate for patient's own account
d. Optical Eye examination including tonometry and visual screening Excludes refractive surgery	100% of Society Rate (Available at SAOA providers)	Limited to 1 eye test per beneficiary per year
e. Ambulance services: <ul style="list-style-type: none"> Netcare 911 (road and air) Non-preferred provider (road only) 	Preferred provider Non-preferred provider	Unlimited R3 570 per family
PSYCHIATRY AND PSYCHOLOGY		Annual limit of R39 300 per family Pre-authorisation required from Qalsia on 0861 888 302
<ul style="list-style-type: none"> In-patient psychiatric treatment: Includes hospitalisation and related treatment which includes medication, consultations by a psychiatrist, psychologist, occupational therapist, social worker and a physiotherapist 	100% of Society Rate or negotiated rate	Fees above Society Rate for patient's own account
<ul style="list-style-type: none"> Out-patient treatment: Includes psychiatrist and clinical psychologist only 	100% of Society Rate	Fees above Society Rate for patient's own account – motivation required
<ul style="list-style-type: none"> Excludes educational, remedial, IQ or EQ testing, school readiness testing and marriage counselling 		Paid from the Day-to-Day Risk Pool Benefit
POST-HOSPITALISATION PHYSIOTHERAPY		Annual limit of R3 927 per family Pre-authorisation required and Doctor's motivation
<ul style="list-style-type: none"> Within 6 weeks of most recent hospital discharge 	100% of Society Rate	Fees above Society Rate for patient's own account

BENEFITS	RATE	LIMITS/MAXIMUM
POST-HOSPITALISATION SPEECH AND OCCUPATIONAL THERAPY		Annual limit of R6 550 per family Pre-authorisation and Doctor's motivation required
<ul style="list-style-type: none"> Within 6 weeks of most recent hospital discharge 	100% of Society Rate	Fees above Society Rate for patient's own account
PROCEDURES OUT OF HOSPITAL		
<ul style="list-style-type: none"> Out-of-hospital procedures conducted in rooms: Includes sterile trays, materials, syringes and needles 	100% of Society Rate	Fees above Society Rate for patient's own account
<ul style="list-style-type: none"> Out-patient procedures in lieu of hospitalisation, e.g. colonoscopy, gastroscopy. 	100% of Society Rate	Subject to overall hospital limit Pre-authorisation required
<ul style="list-style-type: none"> Payment of doctors consult subject to specified consult benefits 	100% of Society Rate	Fees above Society Rate for patient's own account
EXTERNAL APPLIANCES		Annual limit of R5 955 per family Pre-authorisation required
<ul style="list-style-type: none"> Includes, but not limited to, hearing aids, wheelchairs, surgical collars, nebulisers, orthopaedic boots, hiring of equipment. 	As per negotiated quote cost	Doctor's motivation and quotation required
SPECIALIST MATERIALS		R11 905 per family per year Pre-authorisation required
<ul style="list-style-type: none"> Includes home oxygen concentrator and stoma therapy materials 	100% of Society Rate	Certain criteria need to be met in order for home oxygen to be authorised
PRESCRIBED MINIMUM BENEFITS		
<ul style="list-style-type: none"> Includes 26 diseases on PMB chronic disease list 	100% of cost at a state facility or from a service provider of choice at Society Rate rate according to authorised Qalsas Care Plan	Limited to authorised Qalsas Care Plan
CHRONIC MEDICINES (Pre-authorisation required) – Direct Medicine 0861 444 405		
<ul style="list-style-type: none"> As per Afrox chronic disease list 	100% of Single Exit Price as per legislation	Limited to Designated Service Provider

B. DENTAL BENEFITS		
SPECIALISED DENTISTRY – Motivation and detailed quote required		M R3 570 per family per annum M+1 R4 765 per family per annum M+2+ R5 955 per family per annum
<ul style="list-style-type: none"> In- or out-of-hospital (Hospitalisation will be paid from major medical benefit) 	100% of Society Rate	
<ul style="list-style-type: none"> Includes orthodontic procedures, periodontal procedures, crowns, dentures, bridgework, cost of dental implants and related costs 	100% of Society Rate	As per specialised dentistry benefits above Fees above Society Rate for patient's own account
<ul style="list-style-type: none"> Specialist and/or dentist fees 	100% of Society Rate	From specialised dentistry benefit
DENTAL SURGERY		
<ul style="list-style-type: none"> In-hospital only Hospitalisation will be paid from major medical benefit 	100% of Society Rate	Pre-authorisation required
<ul style="list-style-type: none"> Includes surgical removal of wisdoms, roots and drainage of an abscess 	100% of Society Rate	
<ul style="list-style-type: none"> Specialist and/or dentist fees 	100% of Society Rate	

BENEFITS	RATE	LIMITS/MAXIMUM
CONSERVATIVE DENTISTRY		
<ul style="list-style-type: none"> Out-of-hospital 	100% of Society Rate	From Day-to-Day Risk Pool Benefit
<ul style="list-style-type: none"> Includes all prophylaxis procedures, oral hygienists, fillings, x-rays and all related accounts submitted as per conservative dentistry codes 	100% of Society Rate	From Day-to-Day Risk Pool Benefit Fees above Society Rate for patient's own account

C. DAY-TO-DAY RISK POOL BENEFIT

All of the following benefits will be paid by the Society from the Day-to-Day Risk Pool Benefit. 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. The Pool is an Insured Benefit Pool.

M0 R2 750

M+1 R3 500

M+2+ R4 500

GP CONSULTATIONS		
<ul style="list-style-type: none"> Out-of-hospital consultations 	100% of Society Rate	Fees above Society Rate for patient's own account
CERTAIN SPECIALIST CONSULTATIONS		
<ul style="list-style-type: none"> Includes dermatologists, plastic surgeons, gynaecologists, paediatricians 	100% of Society Rate	Fees above Society Rate for patient's own account
ALTERNATIVE SERVICES		
<ul style="list-style-type: none"> Homeopaths and chiropractors 	100% of Society Rate	Fees above Society Rate for patient's own account
OTHER SERVICES		
<ul style="list-style-type: none"> Clinical psychologists and includes educational, remedial, school readiness, IQ, EQ testing and marriage counselling, audiologists, dieticians, podiatrists and occupational therapists 	100% of Society Rate	Fees above Society Rate for patient's own account
PHYSIOTHERAPISTS AND BIOKINETICS		
<ul style="list-style-type: none"> Acute and chronic treatment 	100% of Society Rate	Fees above Society Rate for patient's own account
ACUTE MEDICATION		
<ul style="list-style-type: none"> All medicines prescribed and/or dispensed by GPs, homeopaths, pharmacists, dentists and specialists for acute conditions 	100% of Single Exit Price as per legislation	
<ul style="list-style-type: none"> Includes all injections, syringes and sterile trays 		
OVER THE COUNTER MEDICATION		
<ul style="list-style-type: none"> Medication dispensed by a pharmacist and includes self-medication and vitamins 	100% of Single Exit Price as per legislation	
OPTICAL		
<ul style="list-style-type: none"> Includes spectacles, lenses, prescribed tinted lenses and contact lenses 		100% of cost at SAOA providers

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BASE PLAN

