

AFROX MEDICAL AID SOCIETY BENEFITS 2004

BASE PLAN

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
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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).

BENEFITS	RATE	LIMITS/ MAXIMUM
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 medical aid/RSOB rates*	Pre-authorisation required
Kidney Dialysis (In or Out of Hospital) Renal Unit & Technician's Fees including immuno-suppressant drugs	100% of medical aid/RSOB rates	Pre-authorisation required
Organ Transplants & Related Accounts Including immuno-suppressant drugs	100% of medical aid/RSOB rates	R50 000 per family Pre-authorisation required
Intensive Care and High Care Wards Doctor's Certificate & Society Approval Required	100% of medical aid/RSOB rates	Confirmation required every 72 hours
Confinements Complications for mother or baby to be paid from hospitalisation benefit	100% of medical aid/RSOB rates	Pre-authorisation required
Confinements (Midwife & home confinement) Includes Ante-natal Examinations but excludes Ante-natal Classes	100% of medical aid/RSOB rates	Pre-authorisation required
Surgical (Internal) Prosthesis Pacemakers, electronic devices, hip replacement joints, knee joints	100% of cost*	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 Society)	100% of medical aid/RSOB rates	
Ambulance Services (Road Only) Non-preferred provider ER24 (air and road) Preferred provider	100% of cost	R3 000 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 medical aid/RSOB rates	Pre-authorisation required
Specialist Dentistry (In or out of hospital) Orthodontic, periodontal, crowns, dentures, bridgework, dental implants, osseo-integration and related accounts Hospital account will be paid from hospitalisation benefit.	100% of medical aid/RSOB 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/RSOB rates	Pre-authorisation required
Chronic Medicines On application to <i>Direct Medicines</i>	100% of cost (through <i>Direct Medicines</i>)	Application through <i>Direct Medicines</i>
PMB Conditions (25 specified illnesses)	100% of cost at a state facility or from a provider of choice at the RSOB rate according to authorised Qalsa Care Plan.	Limited to authorised Qalsa Care Plan/or 100% of cost at State facility
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/RSOB rates	

***Medical Aid Rates/RSOB** represent the Scale of Benefit Rates as recommended by the Board of Healthcare Funders (BHF). Only claims from registered practitioners will be subject to the Rules of the Society. ***Cost** represents a maximum of SAMA and other maximum price recommendations.

BENEFITS	RATE	LIMITS/ MAXIMUM
Gynaecologist Consultations	100% of medical aid/RSOB rates	Limited to 1 visit per female p.a.
Home and Private Nursing – Hospice and Frail Care	100% of medical aid/RSOB rates	R5 500 per family Doctor's Certificate & Pre-authorisation required
Procedures Out of Hospital by GPs and Specialists (Excludes consultation fee) Out-of-hospital procedures conducted in rooms: Include sterile trays, materials, syringes & needles	100% of medical aid/RSOB rates	
Psychiatry (Hospitalisation & treatment in rooms) Psychiatric conditions including anorexia nervosa, bulimia and related accounts (State registered institutions only)	100% of medical aid/RSOB 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/RSOB rates	Annual Limit R3 300 per family Doctor's Certificate & Pre-authorisation required
Speech and Occupational Therapy This benefit is only available after hospitalisation.	100% of medical aid/RSOB rates	Annual Limit R5 500 per family Doctor'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 medical aid/RSOB rates	Limit R5 000 per family Pre-authorisation required
Specialist Materials Includes oxygen therapy & stoma therapy materials.	100% of agreed cost	Combined limit R10 000 per family Pre-authorisation required
Optical Refraction (eye test) including tonometry & visual screening	100% of medical aid/RSOB rates (available at SAOA providers)	Limited to one eye test per beneficiary per year

MEDICAL SAVINGS FUND

All the following benefits will be paid by the Society from the Medical Savings Fund at 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/RSOB rates
Certain Specialist Consultations (in addition to the Base Plan benefits) Dermatologists, Plastic surgeons, Gynaecologists, Paediatricians, Physical Medicine Practitioners	100% of medical aid/RSOB rates
Alternative Services Homeopaths, Chiropractors	100% of medical aid/RSOB rates
Other Services Clinical Psychology, Social workers, Speech Therapy, Educational, Remedial & Marriage Counselling, Audiology, Dieticians, Podiatry & Occupational Therapy (Acousticians)	100% of medical aid/RSOB rates
Prescribed Medication (acute 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/RSOB 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/RSOB rates
Physiotherapy and biokinetics (Acute treatment only)	100% of medical aid rates/RSOB rates