

AFROX MEDICAL AID SOCIETY BENEFITS AND LIMITS 2004

with effect from 1 January 2004


DIAMOND PLAN

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

 **NB: Cost represents a maximum of MASA, DASA and other maximum price recommendations. Recommended tariff represents scale of benefits or the recommended BHF tariff. Only claims from registered practitioners will be met subject to the rules of the Society. A co-payment of R1 500 will be payable by the member for hospitalisation in a facility other than the preferred provider (hospital network).**

TREATMENT RECEIVED WHEN ADMITTED TO HOSPITAL (Hospital confirmation will be required) Hospitals, Clinics and Nursing Homes (State, Provincial and Private)	100% of recommended tariff	None (Pre-authorisation Required)
Hospitalisation, ward fees, theatre fees, dressings, theatre drugs, ward medicines, confinements, radiology and pathology, surgical procedures and 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 recommended tariff	None (Pre-authorisation Required)
Kidney Dialysis (In and Out of Hospital) (Renal Unit and Technicians Fees)	100% of recommended tariff	R36 000 per family per annum (Pre-authorisation Required)
Organ Transplants: Includes hospitalisation, surgery and immuno-suppressant drugs	100% of recommended tariff None	None (Pre-authorisation Required)
Intensive Care and High Care Wards (Doctor's Certificate and Society Approval Required)	100% of recommended tariff	None (Confirmation is required every 72 hours)
Motor Vehicle Accidents and 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 and osseo-integration 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 on the leaflet.	100% of cost	None

BENEFITS	SOCIETY PAYS	ANNUAL LIMITS
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 Qalsas Care Plan	Limited to authorised Qalsas Care Plan/or 100% of cost at State facility
Prescribed Medicines (acute medication) 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.	100% of cost After deduction of 20% levy (Min. R20 - Max. R50) At all pharmacies and dispensing Doctors	M = R1 980 M+1 = R2 200 M+2 = R2 400 M+3+ = R2 640
Surgical (Internal) Prostheses (Pacemakers, hip replacements joints, knee replacement joints and electronic devices)	100% of cost	R25 000 per family per annum (Pre-authorisation Required)
General Practitioners and Specialists Consultations and Non-Surgical Procedures	100% of recommended tariff	12 Consultations per person
Psychiatry Hospitalisation and treatment in rooms (Psychiatric conditions including anorexia nervosa, bulimia and related accounts)	(At state registered institutions only) 100% of recommended tariff	R33 000 per family per annum (Pre-authorisation Required)
Radiology and Pathology (Out-of-Hospital) (Includes MRI and CAT Scans, Bone Densitometry, X-Rays by a chiropractor)	100% of recommended tariff	None (Pre-authorisation Required)
Physiotherapy/Biokinetics	100% of recommended tariff	20 treatments per condition per person
External Appliances Includes calipers, orthopaedic boots, surgical collars, hearing aids and wheel-chairs, 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	
HOME OR PRIVATE NURSING (Post Hospitalisation, Dr's Motivation and Prior Society Approval Required)	R70 per day R90 per night	42 days and nights per person Part of Alternative Service Limit
HOMEOPATHS, DIETICIANS and CHIROPRACTORS (excluding X-Rays and appliances)	100% of recommended tariff	Part of Alternative Service Limit
CLINICAL PSYCHOLOGY and SOCIAL WORKERS (excluding educational, remedial and marriage counselling)	100% of recommended tariff	Part of Alternative Service Limit
SPEECH THERAPY, AUDIOLOGY and OCCUPATIONAL THERAPY	100% of recommended tariff	Part of Alternative Service Limit
PODIATRY (excluding X-Rays and appliances)	100% of recommended tariff	Part of Alternative Service Limit