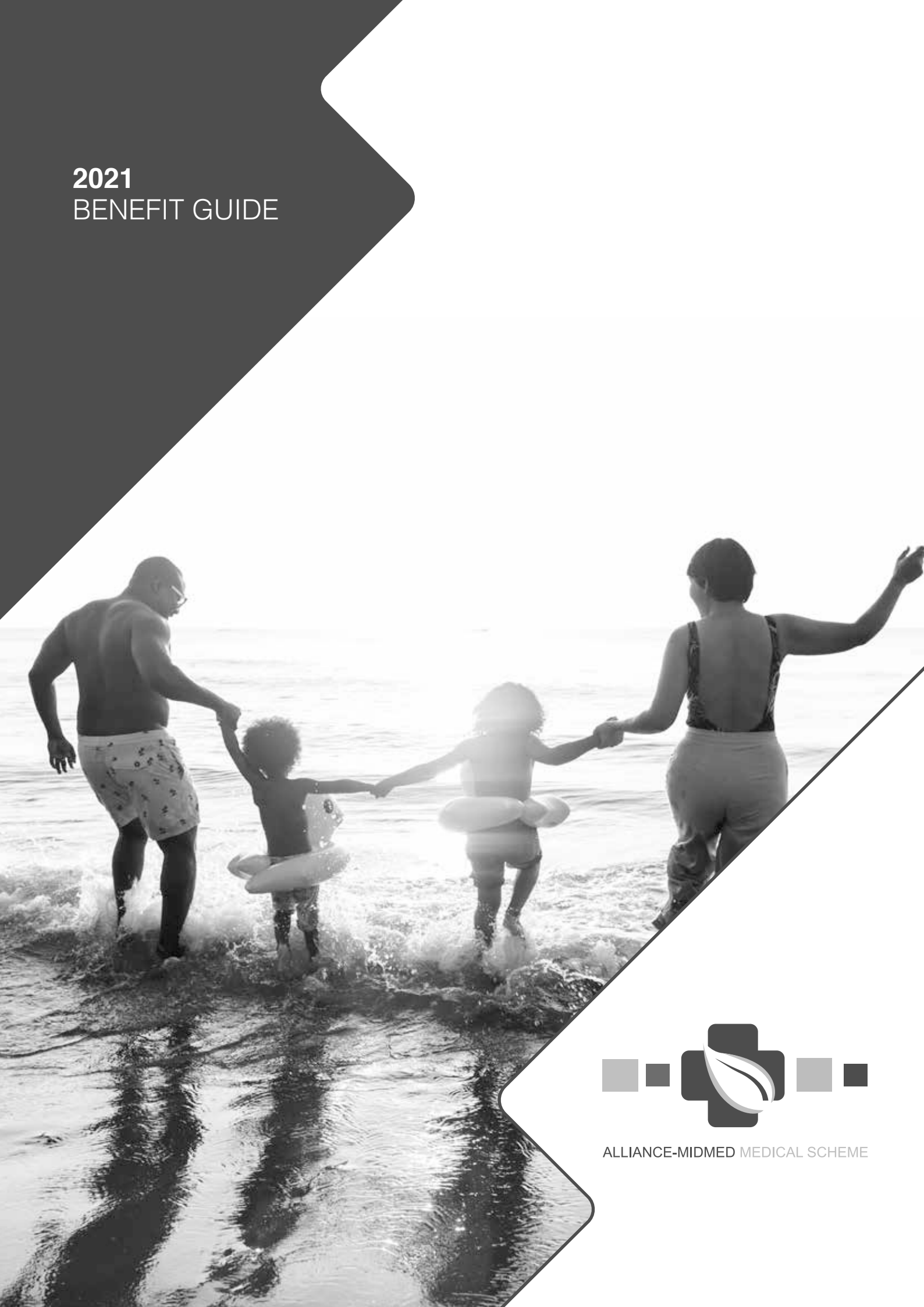


2021
BENEFIT GUIDE



ALLIANCE-MIDMED MEDICAL SCHEME





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IMPORTANT NOTES:

- Unless otherwise stated, all claims are paid at 100% of the Alliance-MidMed Rate
- This benefit guide is for information purposes and does not supersede the Rules of the Scheme
- In the event of any discrepancy between the benefit guide and the Rules, the Rules will prevail. The Rules are available on the Scheme's website www.alliancemidmed.co.za
- Scheme exclusions and limitations apply. A list of exclusions can be found on the Scheme website www.alliancemidmed.co.za

IMPORTANT CONTACTS

24-HOUR MEDICAL
EMERGENCY
0860 25 5426
EUROP ASSISTANCE

IN MIDDELBURG PHONE
THE MIDMED HOSPITAL
013 283 8700

CALL CENTRE
0860 00 2101
SERVICE@ALLIANCEMIDMED.CO.ZA
PO BOX 90346, GARSFONTEIN, PRETORIA, 0042

FRAUD HOTLINE
063 033 1313
SPEAKOUT@BEHEARD.CO.ZA

CONNECT AND COMMUNICATE

Please do not hesitate to contact any of the following for friendly and speedy service:

	TELEPHONE	OTHER CONTACT DETAILS
Ambulance services and health counsellor (24/7/365)	0860 25 5426	Dedicated Call Line
Call centre (7:30 - 16:30 Weekdays)	0860 00 2101	service@alliancemidmed.co.za www.alliancemidmed.co.za
Pre-authorisation (7:30 - 16:30 Weekdays)	0860 00 2101, select option 3	auths@alliancemidmed.co.za
Health professional pre-authorisation major medical and hospital benefits	0860 00 2101, select option 3	auths@alliancemidmed.co.za
Alliance-MidMed office		Unit 8, Four Stones Office Park, 21 Dolerite Crescent, Aerorand, Middelburg, Mpumalanga, 1050
Nursing team	0860 00 2101, select option 3 0860 00 2101, select option 3	Sister Katie Janse van Rensburg Nurse Webson Madawo
Medicine claims enquiries	0860 11 3238	info@mediscor.co.za
Chronic medication authorisation	0860 11 9553	preauth@mediscor.co.za or www.mediscor.co.za (To view medicines paid by the Scheme and co-payments)
Confidential HIV/AIDS programme	0860 00 2101, select option 2	clinical@alliancemidmed.co.za or info@mediscor.co.za
Savings refunds	0860 00 2101, select option 1	service@alliancemidmed.co.za
Dental management	0860 002 101	service@alliancemidmed.co.za
Replacement cards	0860 00 2101, select option 1	service@alliancemidmed.co.za
Fraud hotline	WhatsApp: 063 033 1313	speakout@beheard.co.za
Mobile App		www.play.google.com or www.myistore.co.za
Service concerns	013 004 0578	jhhartz@outlook.com
Please Call Me (Not for emergencies and available on weekdays only)	060 019 3942	

MOBILE APP

Most member interactions with the Scheme could be completed through the Mobile App. Download the Mobile App for free from the Google Play or the App Store on your smartphone or tablet.

Use the Mobile App for convenient and easy access to emergency and key contact details, checking benefits, requesting pre-authorisation, viewing statements, savings balances, submitting claims, verifying your membership, and other great features.

You can use the same username and password for web access (www.alliancemidmed.co.za) on the Alliance-MidMed Mobile App. Please contact us at **0860 00 2101** or service@alliancemidmed.co.za if you require assistance with the download or registration on the Mobile App.

DOWNLOADING OF SCHEME DOCUMENTS

Download various documents from the Scheme website – www.alliancemidmed.co.za, including this benefit guide, membership change forms, banking confirmation forms, etc.

WHO WE ARE!

Alliance-MidMed Medical Scheme is registered as a closed scheme since 1974. Membership is limited to the employees of Columbus Stainless and its associate companies that allow continued employee membership to the Scheme. The aim is to provide healthcare benefits that serve the members' needs.

We are a traditional non-profit Scheme with a small savings account and benefits that focus on the quality of, and access to, appropriate healthcare. Benefits are personalised and administered in-house. We use a world-renowned team to ensure quality cover and partner with selected third parties to ensure delivery of the highest levels of service excellence. Our team is passionate about your healthcare.

Most of our members are based in Middelburg, Mpumalanga, but we provide benefits throughout South Africa via various agreements with Health Professional organisations and claims management providers.

Alliance-MidMed is managed by a Board of six Trustees, three (3) of whom are appointed by the employer and three (3) who are elected by the members. The Board's task is to determine the Rules that govern the Scheme, the benefits and the contributions while ensuring the financial sustainability of the Scheme and equitable access to benefits for all members.

WHAT WE DO

We fund access to quality healthcare through superior benefit design that promotes health and wellbeing. Our personal wellness and appropriate care focus, consistently assure top medical care at an affordable cost. Some of our differentiators include:



Cover anywhere in South Africa



Unlimited hospital benefit



24/7 Medical access



Health and wellness focus



Top chronic management



Rich medicine advantage



Lowest out-of-pocket costs



Custom benefits

We manage benefits through benefit design, financial limits, managing the number of benefit access limits (e.g., no of GP visits, the maximum number of painkillers, etc.), co-payments, pre-authorisation, management programmes, exclusions, and directing access to quality care. For more information, please contact us on **0860 00 2101** or service@alliancemidmed.co.za.

The Scheme actively engage with our members to assess your risk and empower you to manage and prevent health events that could have a long-term negative effect. The Know Your Numbers - Know Your Health Risks programme aims at improving the quality of life and reducing the cost of healthcare in the medium term. Our Professional Nurses will provide more information.

MEMBERSHIP

Our members are the employees of Columbus Stainless and associated companies and their dependants. Register your spouse (legal or custom), life partner, own, step or legally adopted children under the age of 21, and immediate family for whom you are liable for family care and support. Adult rates apply for dependants over 21 and proof of dependency and relationships are required. If your employer continues to participate in the Scheme fully and you have been a member of either the Alliance-MidMed Scheme or another Scheme for the five (5) consecutive years, you will be allowed to remain a member after retirement.

We are a closed Scheme; therefore, membership terminates when you resign from your employer or the Scheme while you work at the same employer. We require one (1) calendar month's written notice, sent to us via your employer. We will terminate your membership if you do not pay amounts due, or if you or your dependants commit fraud. Your ex-spouse does not qualify for membership and removal of your spouse before divorce finalisation, require completion of an "Instruction to Remove a Dependant" form.

When the principal member passes on, the dependants may choose to remain members of the Scheme. Surviving spouses may remain members of the Scheme, if they:

- are registered as dependants at the time of the principal member's death,
- can prove that his/ her employer does not provide for medical scheme membership;
- the deceased principal member has been a member of either Alliance-MidMed or another Scheme for five (5) consecutive years.

Pensioners or surviving spouses who wish to terminate their membership must notify the Scheme in writing one (1) calendar month in advance.

Notify us of marital status changes, birth or legal adoption of a child, dependants who no longer qualify for membership, address changes and bank account changes, by using our standard forms. Please note the payroll dates when you submit documentation that must be verified by the employer. Bank account changes require verification like those at your bank.

You must complete a health questionnaire when you apply for membership and when you apply to add dependants. The questionnaire is a legal document and non-disclosure, or incomplete responses can cause termination of membership. (The principal member remains responsible to ensure completeness and accuracy of the required information).

We charge late-joiner penalties, and exclusions and waiting periods apply to protect the interests of the Scheme and all members.

Contact us at 0860 00 2101 or service@alliancemidmed.co.za for more information, or refer to www.alliancemidmed.co.za.

BENEFIT DESIGN

MAIN FEATURES

Alliance-MidMed offers a traditional benefit option with a compulsory 5% Personal Medical Savings Account (PMSA). Benefits are paid either through the Major Medical Pool (MMP), the Life Stages Benefit (LSB) or through PMSA.

ACCESS TO BENEFITS

When we approve your membership, you will receive a membership card. Your membership card reflects your membership number, you and your registered dependant's names and dates of birth and the dates from when you are entitled to benefits. Please keep your card safe and do not lend it to anyone as fraudulent use of cards may lead to the suspension or termination of your membership.

To access your benefits, show your membership card to the healthcare professional. If they have questions or queries, ask them to call us on **0860 00 2101**.

If you join the Scheme within 30 days of employment no underwriting applies, but Late Joiner Penalties will apply. Contact us on **0860 00 2101** or service@alliancemidmed.co.za for more information.

Benefits are available in the following broad categories. More information can be found in the Benefits section and Annexure B of the Scheme Rules.

MAJOR MEDICAL POOL

CATEGORY	DESCRIPTION
Lifestages benefit programme	Vaccinations, preventative care and screening
Day-to-day	Day-to-day-cover for medicines and GP and specialist consultations
In-rooms procedures	Enhanced rates for a range of minor procedures to be performed in the GP rooms, for convenience, to reduce hassle and contain cost.
Hospitalisation	Unlimited private hospital cover at any hospital and full cover with preferred specialists and up to 150% of the Alliance-MidMed Rate for other specialists. Pre-authorisation is required
Specialised treatment and tests	Specialist tests and treatment, including high-cost drugs, must be pre-authorised. Refer to the Benefits section herein. Call us on 0860 00 2101 .
Chronic condition management	We cover the prescribed 27 Chronic Diseases (CDL), and an extensive list of additional chronic conditions, as approved by the Board from time to time.
Emergency and trauma	Our emergency and trauma benefits provide for medical emergencies. A doctor and nurses are on call 24/7. Call 0860 255 426 , also when you need remote medical advice. Call the Midmed hospital (013 283 8700 After hours: 013 283 8701/2) if you have an emergency while in Middelburg.
Ex-Gratia benefits	When a challenging medical situation exhausts your benefits, you may approach the Board for an Ex-Gratia allocation. Ex-Gratia benefits are awarded at the discretion of the Board.
Personal Medical Savings Plan (PMSA) or Savings	5% of contributions are reserved into your Personal Medical Savings Plan (PMSA) which you can use to pay for benefits defined as PMSA benefits or other allowable medical expenses, except the exclusions as defined in the Scheme Rules.

EXCEPT WHERE DIFFERENTLY INDICATED:

1. Benefits are paid/refunded at the lower of cost or 100% of the Alliance-MidMed Rate.
2. Rand value limits are per annum per family.
3. Benefits are paid from the Major Medical Pool (MMP). If a member fully utilises benefits within the MMP.
4. Members may instruct the Scheme, in writing, to pay additional benefits from the Personal Medical Savings Account (PMSA) for valid medical expenses.

We pay PMB benefits according to legislation.

Management programmes, treatment plans and protocols are best practice funding rules that the clinical team agree to, once they received your treating healthcare provider's diagnosis and treatment options.

BENEFITS

TABLE OF FREQUENTLY USED BENEFITS

THE COVER/BENEFIT	BENEFIT NOTES	MONETARY LIMIT
A full list of benefits is specified in Annexure B of the Scheme Rules		
HOSPITALISATION *		
In-patient: Accommodation in a general ward, high care, intensive care, and theatre	<ul style="list-style-type: none"> • Pre-authorisation required • Including medication, materials and hospital equipment 	Subject to sub-limits, e.g., radiology and physiotherapy
Out-patient: Treatment at a hospital when you are not admitted		
Day hospitals		
ALTERNATIVES TO HOSPITALISATION *		
Sub-acute nursing facilities, step-down nursing facilities, private nursing, rehabilitation centres, hospices and home support centres	<ul style="list-style-type: none"> • Maximum, six (6) months in any calendar year when clinically indicated • Pre-authorisation required • Treatment plans required 	R47 978 per member family per annum
ALCOHOL AND OTHER DRUG DEPENDENCY TREATMENT		
Accommodation in a general ward	Pre-authorisation required	Co-payments may apply where non-PSP facilities are used
AMBULANCE		
Ambulance	In Middelburg - call the Midmed Hospital ambulance service on 013 283 8700 Out of Area: <ul style="list-style-type: none"> • call Europ Assistance • pre-authorisation required except in an emergency 	R3 953 per beneficiary per annum for non-preferred providers
APPLIANCES (CHECKING INFO HERE)		
Nebulisers, humidifiers, oxygen cylinders, glucometers, peak flow meters, home ventilators	<ul style="list-style-type: none"> • Out of hospital appliances costing more than R500 are subject to pre-authorisation 	R9 863 per member family per annum
CPAP machines	No benefit	
Hearing aids	Subject to quotations and independent Scheme evaluation	R9 467 per unit every three (3) years and R1 000 per unit co-payment
Innersoles	Refer to Scheme protocol	
Plantar fasciitis	Scheme exclusion	
AUTISM & ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)		
Autism & ADHD	Subject to Managed Care Protocol	
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS		
Blood and blood products	Subject to the hospital and Major Benefit Management Programme	R22 451 per member family per annum
Blood equivalents		R21 484 per member family per annum
CONSULTATIONS: GENERAL PRACTITIONERS		
In-hospital		
Out-of-hospital *	Scheduled and unscheduled visits, limited to a fixed number of consultations per family per annum: M - 6, M1 - 11, M2 - 15, M3 - 19, M4 - 21, M5 - 25, M6+ - 27	R496 per consultation
Enhanced consultation fee	<ul style="list-style-type: none"> • For minor In-rooms surgical procedures - see page 15 • For Prescribed Medical Conditions, separate additional consultations may apply. Contact us on 0860 00 2101 for more information 	R558 per consultation R356 facility fee
CONSULTATIONS: SPECIALIST		
In-hospital	Subject to pre-authorisation and to managed care protocols	
Out-of-hospital	Limited to a fixed number of consultations per family per annum: M - 4, M1 - 8, M2 - 9, M3 - 9, M4 - 11, M5 - 11, M6+ - 11	The first consultation in a calendar year is paid at 250% of the Alliance-MidMed Rate
DENTAL BENEFITS		
GENERAL/CONSERVATIVE DENTISTRY		
Consultations	Two (2) check-ups per beneficiary per year (once every six (6) months)	
	Benefit subject to managed care protocols	
	Covered at 100% of Alliance-MidMed Rate	

DENTAL BENEFITS

GENERAL/CONSERVATIVE DENTISTRY		
X-rays: Intraoral	Four (4) X-rays per beneficiary per year	
	Benefit subject to managed care protocols	
	Covered at 100% of Alliance-MidMed Rate	
X-rays: Extraoral	One (1) per beneficiary in a three (3) year period	
	Additional benefit may be considered where specialised dental treatment is required	
	Benefit subject to managed care protocols	
	Covered at 100% of Alliance-MidMed Rate	
Oral Hygiene	Benefit for scale and polish: Two (2) scale and polish treatments per beneficiary per year (once every six (6) months)	Oral hygiene instruction
	Benefit for fissure sealants: Limited to beneficiaries younger than 16 years of age	Professionally applied fluoride for beneficiaries younger than 5, and 13 years and older
	Benefit for fluoride: Limited to beneficiaries from age 5 and younger than 13 years of age	Oral hygiene evaluation
	Benefit subject to managed care protocols	Dental bleaching
	Covered at 100% of Alliance-MidMed Rate	
Fillings	Benefit for fillings: Granted once per tooth in 720 days	Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis
	Benefit for re-treatment of a tooth: Subject to managed care protocols	Resin bonding for restorations that are charged as a separate procedure to the restoration
	Subject to managed care protocols	Polishing of restorations
	Multiple fillings: A treatment plan and X-rays may be required	Gold foil restorations
	Covered at 100% of Alliance-MidMed Rate	Ozone therapy
Root Canal Therapy and Extractions	Benefit subject to managed care protocols Covered at 100% of Alliance-MidMed Rate	Root canal therapy on primary (milk) teeth and Root canal therapy on third molars (wisdom teeth)
		Direct and indirect pulp capping procedures
Plastic Dentures	Pre-authorization is required	Provisional dentures and associated laboratory costs
	One (1) set of plastic dentures (an upper and a lower) per beneficiary in a four (4) year period	Diagnostic dentures and associated laboratory costs
	Benefit not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered.	Snoring appliances and associated laboratory costs
	Benefit for a mouth guard: Benefit available for both the clinical and the associated laboratory fee	The cost of gold, precious metal, semi-precious metal and platinum foil
	Benefit subject to managed care protocols	High impact acrylic
	Covered at 90% of Alliance-MidMed Rate	Laboratory delivery fee
Partial Metal Frame Dentures and Associated Laboratory Costs	Pre-authorisations is required	High impact acrylic
	Two (2) partial frames (<i>an upper and a lower</i>) per beneficiary in a five (5) year period	The metal base to full dentures and associated laboratory costs
	Benefit subject to managed care protocols	The cost of gold, precious metal, semi-precious metal and platinum foil
	Covered at 90% of the Alliance-MidMed Rate	Laboratory delivery fees
Crown & Bridge and Associated Laboratory Costs A bridge comprises two (2) or more crown units. Each crown is payable from the available Crown & Bridge benefit.	Pre-authorization is required	Crowns or crown retainers on third molars (wisdom teeth)
	Three (3) crowns per family per year	Crown and bridge procedures for cosmetic reasons and associated laboratory costs
	Benefit for crowns will be granted once per tooth in a five (5) year period	Laboratory fabricated temporary crowns
	A treatment plan and X-rays may be requested	Occlusal rehabilitations and associated laboratory costs
	Benefit subject to managed care protocols	Provisional crowns and associated laboratory costs

GENERAL/CONSERVATIVE DENTISTRY		
	Covered at 90% of the Alliance-MidMed Rate	Porcelain veneers and inlays and associated laboratory costs
	A pontic on a 2 nd molar, where the 3 rd molar is a crown retainer, is subject to managed care protocols	Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs
		The cost of gold, precious metal, semi-precious metal, and platinum foil
		Laboratory delivery fees
Implants and Associated Laboratory Costs		No benefit
Orthodontics and Associated Laboratory Costs	Pre-authorisation is required	Laboratory delivery fees
	A maximum of two (2) family members may commence orthodontic treatment in a calendar year	Orthodontic re-treatment and any related laboratory costs
	On pre-authorisations cases will be clinically assessed by using an orthodontic needs analysis. Benefit allocation subject to the outcome of the need's analysis. Funding can be granted up to 90% of Alliance-MidMed Rate per beneficiary per lifetime	Invisible retainer material
	Benefit for orthodontic treatment will be granted where function is impaired	Laboratory delivery fees
	Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered	Orthognathic (jaw correction) and other orthodontic related surgery, and any associated hospital and laboratory costs
	Benefit for fixed comprehensive treatment: Limited to individuals from age 9 and younger than 18 years of age	
	Benefit subject to managed care protocols	
Periodontics and Associated Laboratory Costs	Pre-authorisations is required	Perio chip placement
	Benefit limited to conservative, non-surgical therapy only	Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth
	Benefit will only be applied to members registered on the Periodontal Programme	
	Benefit subject to managed care protocols	
	Covered at 90% of the Alliance-MidMed Rate	
Maxillo-facial Surgery and Oral Pathology	Surgery in the dental chair: Benefit subject to managed care protocols	Orthognathic (jaw correction) surgery
	Covered at 90% of the Alliance-MidMed Rate	Bone and tissue regeneration procedures
	Temporo-mandibular Joint (TMJ) therapy: Benefit limited to non-surgical intervention/ treatments	Cost of bone regeneration material
	Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours): Claims will only be covered if supported by a laboratory report that confirms diagnosis.	Auto-transplantation of teeth
	Benefit for the closure of an oral-antral opening (code 8909): Subject to motivation and managed care protocols	Bone augmentations Sinus lift procedures
Hospitalisation (General Anaesthetic)		No benefit
Laughing Gas in Dental Rooms	Benefit subject to managed care protocols. Covered at the Alliance-MidMed Rate	
IV/Conscious Sedation in Rooms*	Pre-authorisation is required	
	Benefit limited to extensive dental treatment and subject to managed care protocols	
	Covered at the Alliance-MidMed Rate	

Please note that:

- Application for implants, for whatever reasons, will not be approved.
- In-hospital dental work is excluded from benefits.
- Where a member feels that a dental procedure can only be performed in hospital, a detailed "dental specialist" motivation is required. Due to a clinical and funding Ex-Gratia approval process that must be followed, it will take at least seven (7) days for the Scheme to respond.

BENEFITS

DENTAL PRE-AUTHORISATION

Pre-authorisation is required for Crowns, Orthodontics, Plastic Dentures, Partial Metal Frame Dentures, Periodontics, and IV/Conscious Sedation.

If no pre-authorisation is obtained or if pre-authorisation is applied for after the treatment has been done, benefits will not apply for Crowns, Periodontics, and IV/Conscious Sedation.

Failure to pre-authorise Orthodontic treatment will result in a payment only from date of authorisation for the remaining months of treatment, provided that the treatment is clinically indicated.

STANDARD PRE-AUTHORISATION INFORMATION	AUTH REQUIREMENTS
Plastic Dentures	Please submit a quote with major clinical codes and laboratory codes
Partial Metal Frame Denture	Please submit a quote with major clinical codes and laboratory codes, including the tooth number for the partial denture
Crown and Bridge	We only approve benefits for grossly broken-down teeth and the alveolar bone and periodontal ligament are still healthy. Please submit a quote with major clinical codes and laboratory codes, including the tooth number. An x-ray may be requested
Orthodontics	All cases are clinically assessed using the orthodontic needs analysis. The funding of benefits is limited to severe cases only. Please submit a detailed treatment plan and quotation, a recent panoramic x-ray (within six 6 months) and colour photos
Periodontics	All cases are clinically assessed. Please submit a detailed treatment plan and quotation.
IV/Conscious Sedation	Conscious sedation in the dental rooms may be authorised for: <ul style="list-style-type: none"> • Surgical tooth removal or the removal of impactions • Minor procedures such as multiple extractions and multiple restorations in children under seven (7) years of age, where anxiety is a major concern • Posterior apicectomies Please submit a detailed treatment plan and quotation.
Hospitalisation (General Anaesthetic)	Only cover for patients under the age of seven (7) years of age, where there are no other options available, Limited to necessary restorative and surgical extraction procedures. No preventative treatment, such as scale and polish, fluoride treatment or fissure sealants, will be covered in theatre.

DENTAL SCHEME EXCLUSIONS

- Electrognathographic recordings, pantographic recordings, and other such electronic analyses
- Nutritional and tobacco counselling
- Caries susceptibility and microbiological tests
- Fissure sealants on patients from the age of 16 and over
- Pulp tests
- Cost of Mineral Trioxide
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- Appointment not kept
- Special report
- Dental testimony including dento-legal fees
- Treatment plan completed (currently code 8120)
- Enamel microabrasion
- Behaviour management
- Intramuscular or subcutaneous injection
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures
- Any procedures done outside the scope of benefits will not be paid

DENTAL CLAIMS PROCEDURE

The following information is required for claims processing:

- Main member details including the membership number, name, and contact details
- Patient details, including name and date of birth
- Provider details include BHF practise number, name, and contact details
- Diagnosis (ICD10 codes)
- Relevant tariff codes
- Relevant tooth numbers
- Completed list of individual laboratory codes (if applicable)

All valid claims will be processed timeously. Your provider may submit electronic claims. Paper claims can be submitted on the Scheme's mobile app. Or email to service@alliancemidmed.co.za, alternatively send via post to P.O.Box 90346, Garsfontein, 0042. Kindly only send one (1) claim per email. Only PDF attachments are accepted.

We settle claims twice a month and urge you to ensure that your claim submission is made in good time. Payment remittance advices are distributed within two (2) days of payments made.

All claims requiring pre-authorisation will be rejected if no valid authorisation exist.

The Scheme will not be responsible for payment of services rendered which are excluded by benefits or managed care rules. You, the members will be liable for claims incurred on benefits falling outside the benefits and co-payments.

LIFESTAGES BENEFIT (SEPARATE FROM THE MEMBER'S NORMAL BENEFITS AND PAID FROM THE MAJOR MEDICAL POOL)		
IMMUNISATION AND VACCINATION PROGRAMME		
Cervical cancer vaccine	Females between the ages of 9-25 years, three (3) vaccines during a six (6) month period, once per lifetime	
Compulsory baby immunisations	According to the Dept of Health recommended immunisation programme, for the first 12 years of life	
Flu vaccination	Everyone, 60 and older, and persons whom our clinical team contact to take the vaccine	
Male HPV (Gardasil) vaccine	Males between the ages of 9-14 years, two (2) doses once per lifetime	
Pneumococcal vaccination	Everyone, 60 and older, and persons whom our clinical team contact to take the vaccine	
Tetanus vaccine	Everyone, once per year	
EARLY DETECTION PROGRAMME		
Blood sugar test	Everyone, once per year (code 4050)	
Bone density - dexa scan	Routine age 65 for females and age 75 for males. Subject to management care protocols.	
Cholesterol test	Everyone, 25 and older, once per year (codes 4026, 4027, 4028 or 4147)	
Colorectal cancer screening (faecal occult blood test)	Beneficiaries 50 years and older, once a year	
Infant hearing screening	Younger than eight (8) weeks old, once per lifetime	
Mammogram	Females 40 years and older, once a year	
Pap smear	Females older than 40, once per year (code 4566)	
Prostate-specific antigen (PSA)	Males 40 years and older, once a year	
Prostate test (PSA)	Males older than 40, every two (2) years (code 4519)	
Contraceptives	Oral - acute benefit IUD - acute benefit except if clinically authorised by the Scheme medical advisor	
Should you have a family history of breast or prostate cancer, please contact our clinical team for guidance on prevention and screening. We pay for prescribed female contraceptives and preventative dentistry, according to set protocols. Email us at auths@alliancemidmed.co.za for more information.		
HIV/AIDS		
Treatment and care, including medicines	<ul style="list-style-type: none"> • Subject to the HIV Management Programme • Pre-authorisation required - contact us on our dedicated confidential number 0860 00 2101, option 2 	
MATERNITY & INFERTILITY (REGISTRATIONS AND ADHERENCE TO THE MATERNITY PROGRAMME REQUIRED BY THE FIRST 3 MONTHS)		
Maternity: Consultations, visits & delivery by GP, specialist or midwife	<ul style="list-style-type: none"> • First six (6) months: 1 consultation per month • Months 7 and 8: 2 consultations per month • Month 9: 1 consultation every two (2) weeks 	
Maternity: Scans, accommodation, theatre fees, drugs, dressings, medicines and materials, labour ward fees, etcetera	<ul style="list-style-type: none"> • Pre-authorisation required • Three (3) 2D pregnancy scans per pregnancy 	
Infertility: Investigation and treatment	<ul style="list-style-type: none"> • According to the PMB rules • Pre-authorisation required 	
MEDICATION		
Acute medication	<ul style="list-style-type: none"> • Subject to the Medicine Management Protocols • TTO Medication is included in the acute limit, but no co-payment applies for TTOs 	M0 - R5 660, M1 – R10 338, M2 - R12 011 M3 - R13 917, M4 - R15 689, M5 - R16 336, M6+ - R18 119. TTOs included in the limits and no co-payment is applicable
Chronic medication - PMB and Non-PMB	<ul style="list-style-type: none"> • 100% of MRP • Pre-authorisation required • Call ChroniLine on 0860 119 553 	M0: R21 025, M1+: R43 979 Unlimited for PMB Conditions
Pharmacy advised therapy (PAT)	12 purchases per family per year (schedule 1 & 2 medication)	<ul style="list-style-type: none"> • Minimum of R10 and a maximum of R163 per purchase • Co-payment of 10% to a maximum of R20

BENEFITS

MENTAL HEALTH		
IN-HOSPITAL		
Accommodation in a general ward, electro-convulsive treatment, medication, injection materials, hospital equipment, consults and visits by GPs	<ul style="list-style-type: none"> • Subject to the Mental Wellness Managed Care Programme and Specialist Diagnosis • Electro-convulsive treatments limited to 12 treatments per annum 	<ul style="list-style-type: none"> • R49 217 per member family for non-PSP • 100% of the cost for PMB treatment at PSP
Specialist consults and visits	150% of the Alliance-MidMed rate	
OUT-OF-HOSPITAL		
Consultations and visits including clinical psychologist and social workers, and procedures	<ul style="list-style-type: none"> • Subject to out of hospital specialist consultation limits • Mental Wellness Programme Protocols apply Subject to a confirmed diagnosis by a suitably qualified Psychiatric specialist	
Specialist consults and visits	Included in the out-of-hospital specialist consultations	
NON-SURGICAL PROCEDURES AND TESTS (E.G. HEART SONAR, STRESS ECG, LUNG FUNCTION TEST)		
IN-HOSPITAL		
Performed by a GP	Subject to PMB, Hospital and Major Benefit Management Programme	150% of the Alliance-MidMed rate
Performed by a Medical Specialist		
OUT-OF-HOSPITAL		
Performed by GP	Subject to PMB, Hospital and Major Benefit Management Programme	M0: R5 514, M1+: R8 565
Performed by a Medical Specialist		150% of the Alliance-MidMed rate
NURSING SERVICES		
Out-of-hospital	Wound care only	R12 474 per member family per annum
ONCOLOGY (CANCER TREATMENT)		
Upon successful registration, the Scheme will pay all associated costs according to the agreed treatment plan	<ul style="list-style-type: none"> • Subject to the Oncology Managed Care Protocols • Pre-authorisation required 	R514 000 per beneficiary overall limit unless PMB applies
OPTICAL BENEFIT (PER BENEFICIARY)		
Composite consultation	Paid from the Major Medical Pool (Including refraction, a glaucoma screening, visual fields screening and biometric reading)	100% of the cost, maximum R592
Frame (The cost of a basic frame is funded from the Major Medical Pool. You may use up to the additional amount allowed from your positive savings if you want a higher-priced frame)	Paid from the Major Medical Pool	Maximum R1 291
	Paid from PMSA	Maximum R2 474
Lenses - One (1) pair of either (We pay the cost of basic lenses. You may use up to the additional amount allowed from your positive savings if you want a higher-priced lens)	Paid from the Major Medical Pool	
	• Single vision lenses	R495 per pair
	• Bifocal lenses	R1 506 per pair
	• Multifocal lenses	R1 936 per pair
	Paid from PMSA	
	• Single vision lenses	R676 per pair
• Bifocal lenses	R1 890 per pair	
• Multifocal lenses	R2 439 per pair	
Lens enhancements	Paid from the Major Medical Pool	Maximum R861
	Paid from PMSA	Maximum R539
	OR	
Contact lenses	Paid from the Major Medical Pool	Maximum R1 398
	Paid from PMSA	Maximum R1 323
Optical benefits are available every 24 months from the previous date of service. Choose either the spectacle OR the contact lens benefit. Savings refunds are made to members, based on a detailed account including all the services rendered - split-billing is legally not permissible. Savings refunds may not be made before the service date. Please submit your claims for savings refund to service@alliancemidmed.co.za or from your mobile Member App. The Scheme does NOT refund broken spectacles. Contact lens benefits are also subject to the 24-month cycle.		

ORGAN TRANSPLANTS		
Harvesting of organ and transplantation - post-operative anti-rejection medicines	<ul style="list-style-type: none"> • Subject to Public Hospital Protocols and Evidence-Based Medicine • Detailed treatment plans are required • Pre-authorisation required • Subject to PMBs 	Pre-authorisation required
PATHOLOGY (BLOOD & OTHER TESTS TO DIAGNOSE ILLNESS) *		
In-hospital	Subject to hospital admission authorisation	Unlimited
Out-of-hospital	<ul style="list-style-type: none"> • Preferred provider laboratory 	M0: R5 837, M1+: R9 067 5% co-payment up to a maximum of R50 for the use of a non-preferred provider
PROSTHESIS		
Cardio/Vascular prostheses and appliances	To include: <ul style="list-style-type: none"> • Stents (cardiac, peripheral and aortic) • Valves • Pacemakers • Implantable defibrillators 	R56 723 per member family per annum
Joint prostheses	<ul style="list-style-type: none"> • Subject to failed conservative treatment and the Joint Replacement Protocol • To include: Hip, knee, shoulder and elbow only 	R48 215 per member family per annum, Subject to R5 000 co-pay
(Orthopaedic) Spinal prostheses and appliances	<ul style="list-style-type: none"> • Subject to failed conservative treatment and Risk Management • To include: <ul style="list-style-type: none"> • Spinal fixation devices (maximum two (2) levels unless motivated) • Fixation devices: non-spinal • Implantable devices, disc prosthesis, Kyphoplasty • Bone lengthening devices 	R56 723 per member family per annum
Neuro stimulators and deep brain stimulators		R34 034 per member family per annum
Internal sphincters and stimulators		R54 454 per member family per annum
Intraocular lenses		R3 765 per lens per member family per annum
External prostheses (not surgically implanted)		R43 684 per member family per annum
RADIOLOGY AND RADIOGRAPHERS (IN AND OUT OF HOSPITAL)		
General	100% of the lower of the cost or Alliance-Midmed rate	M: R1 551, M1: R2 422, M2: R3 608, M3+: R4 538
Specialised (e.g., MRI & CT Scans)	Pre-authorisation required	R12 110 per member family per annum
REMEDIAL AND OTHER THERAPIES AND ALTERNATIVE HEALTHCARE PRACTITIONERS		
AUDIOLOGISTS, DIETICIANS, OCCUPATIONAL THERAPISTS, PODIATRISTS, HEARING AID ACOUSTICS, SPEECH THERAPISTS & SOCIAL WORKERS		
In-hospital	Subject to Managed Care Protocols and Treatment Plans from referring doctor	R5 015 per member family per annum
Out-of-hospital		
HOMEOPATHY, NATUROPATHY, OSTEOPATHY, CHIROPRACTICS AND ORTHOPTICS		
Consultations	100% of MRP	<ul style="list-style-type: none"> • Subject to available funds in the PMSA • Homeopathy and Naturopathy are subject to R10 co-payment per consultation
Medication		
PHYSIOTHERAPISTS AND BIOKINETICISTS		
In-hospital	R6 959 per Member Family. No limit in Intensive Care	R7 161
Out-of-hospital	R 4 045 per Member Family Subject to available funds in PMSA	R4 162
RENAL DIALYSIS		
Acute and chronic	<ul style="list-style-type: none"> • Subject to the Disease Management Programme • Pre-authorisation required 	

BENEFITS

SURGICAL PROCEDURES (HEALTH PROFESSIONAL RATES) & MINOR IN-ROOMS SURGICAL PROCEDURES		
Performed by GP		<ul style="list-style-type: none"> • Subject to the hospital and Major Benefit Management Programme • Pre-authorisation required • Excluding services provided in respect of maternity and organ transplants
Performed by Specialists		
Minor In-Room procedures performed by a GP: For easy access, affordability and confidentiality reasons the Scheme approved a list of small procedures that your doctor can perform in the rooms, instead of in a hospital. We pay your doctor an enhanced fee for these services, which include:		
0857/0853	Bursae and Ganglia (cysts)	Excision (surgical removal), aspiration (removing the fluid with a suction tube) or injection (no aftercare). Excision, small Bursa or Ganglion (cysts, usually around the knee or elbow)
0244	Chemo-cryotherapy	Benign lesions (wound, blister, or a nodule)
0237	Deep skin biopsy with anaesthetic suturing (stitches or staples to close wounds)	
0922	Hands	Remove foreign bodies requiring incision, under local anaesthetic
0310	Lacerations or scars	Radical excision of the nailbed
0305	Needle biopsy	Soft tissue
0259	Removal of foreign bodies	
0244	Repair of the nail bed	
0307	Scars	Minor procedures
0308		Additional wound stitched at the same session
0301		Repair by a small skin graft
0315		Excision of large benign tumour
0311		Excision of large benign tumour (more than 5cm)
0245	Skin	Removal of a benign lesion by curetting first lesion
0233		Drainage of subcutaneous abscess and Onychia
0255		Removal of a benign lesion by curetting - subsequent lesion
0246		Treatment by Chemo-cryotherapy
0241		Lesion by Chemo-cryotherapy - subsequent lesion
0242		Lesion by Chemo-cryotherapy - maximum event
0243		Drainage of major hand or foot infection
0257		Intralesional injection, single
0223		Removal of foreign body - Chemo-cryotherapy
		Removal of malignant lesions
0261		Removal of foreign body deep to deep fascial (except hands)
0300	Stitching of minor wounds	With or without local anaesthesia including normal aftercare
	Male circumcision in GP rooms	GP rooms must comply with legal and clinical requirements
The Scheme will pay an Enhanced Consultation rate of R558 and a facility fee of R1 356 should a GP perform the listed surgical procedures in the rooms. Enhanced Consultations are limited to three (3) per annum. If not performed at the GP rooms, a R1 500 co-payment applies.		

HEALTH MANAGEMENT

PROGRAMMES AND ILLNESS MANAGEMENT

HOSPITALISATION

If either you or your dependant is hospitalised, please phone for pre-authorisation on **0860 00 2101**, at least 72 hours in advance. In the event of an emergency, please notify us within 48 hours of admission. Shorter notice will attract a co-payment of R1 500 to the hospital on the day of admission. When you call for pre-authorisation, please have the following information ready:

- Your membership number
- Details of dependant requiring the treatment
- Name and address of admitting doctor
- The name and address of the referring doctor (where applicable)
- Date of admission
- Medical condition ICD 10 (diagnosis) code and/or CPT (procedure) code
- Type of procedure/operation (where applicable)
- Name of hospital or clinic
- Expected length of stay

MEDICINES

We have one of the most generous medicine benefits in the industry, and to maintain the benefit, require cautious use by all of us. Please avoid unnecessary or inappropriate use or prescriptions that are too expensive compared to other similar products.

Because medicines account for about 35% of our expenditure, we have implemented measures to assist you, including Maximum Medical Aid Price (MMAP), that sets a price limit on what the Scheme will pay for any group of medicines that have a similar clinical effect, allowing for access to appropriate medicines, but loading co-payments on more expensive similar medicines.

Generic substitution is controlled, and great quality alternatives are offered in South Africa. Our expert service provider evaluates the medicines, and where we offer access to the more cost-effective "generics," it is without compromising quality (we do a second check), and we urge you to discuss the preference with your doctor. You can also call Mediscor on the numbers in the benefits table.

The government also intervened and established a set price per medicine product and a set dispensing fee (the so-called Single-Exit Price). Alliance-MidMed retains the MMAP price, that sets a realistic price for products within a specific group of medicines, allowing a choice of at least two (2) products. The Scheme will pay the lesser amount of SEP or MMAP. This list will apply to both the Acute and the Chronic Medicine Benefits.

CHRONIC MEDICINE PROGRAMME

The Chronic Medicine programme authorises payment of appropriate, high quality and cost-effective medicines. The following qualify for access to the Chronic Medicine Programme:

- Medicines for life-threatening illnesses such as insulin-dependent diabetes
- Medicines used on an ongoing basis to treat disabling medical challenges
- Chronic illnesses such as rheumatoid arthritis that significantly affect productivity and quality of life
- In exceptional instances, very expensive short-term medicines that will prevent other expensive treatment in future, such as hospitalisation

Access to the Chronic Medicines Benefit is restricted and requires a formal authorisation process to be followed. Note that certain "chronic conditions" may not qualify for benefits. Call us on **0860 00 2101** to verify if your chronic medicines qualify for the benefit. Typical exclusions are symptomatic conditions that should first be addressed through lifestyle changes and intermittent medicine use (e.g., irritable bowel syndrome), or the milder forms of some conditions (for example, cholesterol medicines in otherwise low-risk individuals who should focus on lifestyle changes).

Also, note that authorisation of your medicines onto the programme does not guarantee full payment. The day-to-day medicine benefit is paid from the MMP. When chronic medicine is declined for use on the chronic programme, it will also not be paid from the day-to-day medicine benefit. Your positive PMSA balance may be used to pay for this benefit.

ADMINISTRATION OF THE CHRONIC MEDICINE PROGRAMME

We administer the chronic medicines programme through the Mediscor ChroniLine. If you or a dependant require chronic medication, do the following:

1. Take your script to your pharmacy
2. Your provider (doctor/pharmacist) can register a new chronic condition or discuss certain medications with the clinical team or make changes to existing medication or motivate a request by contacting the ChroniLine directly on **0860 119 553**
3. Information about the condition/drugs such as test results will be required in keeping with the Entry and Diagnostic criteria and Clinical Rules, available on request
4. If all criteria are met, the doctor or pharmacist will be informed immediately, and the authorisation will be processed.
You can claim medication immediately
5. If the registration is rejected, or held in waiting because we await additional information, the doctor or pharmacist will be informed of the reasons.
We will also send you a letter with the details

If you are already registered, only renew your application once your authorisation has expired or if you have had a change in the dosage or type of medication. Your authorisation may extend beyond the validity of your prescription (prescriptions are legally valid for 6 months). When your repeat prescription is complete, please consult with your doctor, ensure that a thorough examination is done, and obtain a new prescription from your doctor. Please ensure that you make copies and retain for your record purposes in the event of changing pharmacies.

Please enquire from Chroniline, or use the look-up at www.mediscor.co.za to see which medicines are covered by the Chronic Medicine Programme or the Maximum Medical Aid Price (MMAP). If it is not covered, you will be required to make a co-payment upon collecting your medicine.

ONCOLOGY (CANCER)

We have contracted with a specialist oncology manager, who co-ordinates on detail treatment plans with your treating specialist. Contact us on **0860 00 2101** should you need to access this benefit.

LONG-TERM CHRONIC ILLNESS

PMB AND CDL

We cover the 26 Conditions prescribed in the Chronic Disease List (CDL) and a range of non-CDL chronic conditions.

The CDL conditions include:

Cardiovascular conditions	Dysrhythmias, Cardiac Failure, Cardiomyopathy, Coronary Artery Disease, Hyperlipidaemia, Hypertension
Auto-Immune Disorders	Rheumatoid Arthritis, Systemic Lupus Erythematosus
Endocrine	Addison's Disease, Diabetes Insipidus, Diabetes Mellitus Type 1, Diabetes Mellitus Type 2, Hypothyroidism
Gastrointestinal Disorders	Crohn's Disease, Ulcerative Colitis
Haematology	Haemophilia
Immune and lymphatic system	HIV/AIDS
Neurological Disorders	Epilepsy, Multiple Sclerosis, Parkinson's Disease

Ophthalmology	Glaucoma
Psychiatric	Bipolar Mood Disorder, Schizophrenia
Chronic Renal Disorders	Chronic Renal Disease
Chronic Respiratory Conditions	Asthma, Bronchiectasis, Chronic Obstructive Pulmonary Disease (COPD)

Expensive biological medicines such as Revellex, Enbrel and Avonax are excluded from PMB/CDL funding.

MAJOR/SPECIALISED TREATMENT

As a rule, pre-authorisation is required when a procedure or treatment is paid from the Major Medical Pool. When you are considered a higher risk, e.g., seniors or you suffer from a serious medical condition or multiple chronic conditions, we will ask you to attend a medical examination or a second opinion before you undergo major surgery or treatment. Below, for reference, please find some examples and we encourage you to phone us at **0860 00 2101** or email us at auth@alliancemidmed.co.za to assist you in accessing the best treatment and care:

Neurology	Myelogram (Spinal Cord X-ray or CT Scan), 48-hour Halter EEG, Electro-Convulsive Therapy, Hyperbaric Oxygen Treatment
Ophthalmology	Cataract Removal, Meibomian Cyst Removal (gland in the eyelid), Pterygium Removal (growth on the cornea of the eye), Trabeculectomy (reducing pressure in a glaucoma patient's eye), Treatment of Diseases of the Conjunctiva (eye membrane and inner eyelid)
Ear, Nose and Throat (ENT)	Antrostomy and Nasendoscopy (inspection of the sinus), Direct Laryngoscopy, Grommets, Myringotomy (relieving pressure in the eardrum), Nasal Cautery (burning), Nasal Scans and Surgery, Functional Nasal and Sinus Surgery, Tonsillectomy
Cardiovascular	24-hour Halter ECG, Blood Transfusions, Carotid Angiograms, Coronary Angiogram, Coronary Angioplasty (restoring blood flow through the artery), Plasmapheresis (separation of blood cells)
Respiratory	Bronchography, Bronchoscopy, Treatment of Adult Influenza, Treatment of Adult Respiratory Tract Infections
Gynaecology	Cervical Laser Ablation, Colposcopy, Cone Biopsy, Dilatation and Curettage, Hysteroscopy, Incision and Drainage of Bartholin's Cyst, Marsupialisation (surgical removal) of Bartholin's Cyst (gland), Tubal Ligation (permanent birth control)
Obstetrics	Childbirth in non-hospital setting, Amniocentesis (using a needle to extract a sample of the fluid that surrounds the foetus in pregnancy)
Gastro-intestinal	Colonoscopy, ERCP (scope of the stomach), Gastroscopy, Oesophagoscope (examining the inside of the throat), Sigmoidoscopy (internal examination of the colon)
Orthopaedic	Arthroscopy, Back and Neck Surgery, Bunionectomy, Carpal Tunnel Release, Conservative Back and Neck Treatment, Ganglion Surgery, Joint Replacements
Renal	Dialysis
Urology	Cystoscopy, Prostate Biopsy, Vasectomy
General procedures and treatment	Biopsy of a Breast Lump, Drainage of Subcutaneous Abscess (under the skin), Removal of Extensive Skin Lesions (abnormal growth or appearance), Removal of Minor Skin Lesions, Laparoscopy, Lymph Node Biopsy, Nail Surgery, Open Hernia Repairs, Superficial Foreign Body Removal, Treatment of Headache

The cost of anaesthetics for gastroscopies and colonoscopies are covered up to R550.00, and it is subject to pre-authorisation. For all other out-patient procedures, the costs of anaesthetists (if any) are only covered if pre-authorised by us.

SPECIALIST SERVICES BENEFITS

OPTICAL (EYECARE)

The professional staff at a leading university advised us about the Scheme's optical benefits, and we manage the benefit in-house. If you have queries or concerns, however, please contact us at **0860 00 2101** for assistance.

ENHANCEMENTS

LIFESTAGES BENEFIT

Our generous Lifestages Benefit Programme provides for the compulsory Immunisation and Vaccination Programme and a range of additional vaccinations, and an early detection programme to better engage members regarding their health risks.

The lifestyle programme is run under the Know-Your-Numbers - Know-Your-Health-Risks banner and focuses on improving your quality of life, reducing your utilisation of health services, and reducing the overall costs of healthcare in the medium and the long term.

The Lifestages benefits must be pre-authorised. Call us on **0860 00 2101** for more information.

Should you have a family history of breast or prostate cancer, please contact our clinical team, for guidance on prevention and screening. We pay for prescribed female contraceptives and preventative dentistry, according to set protocols. Please email us at service@alliancemidmed.co.za for more information.

PERSONAL MEDICAL SAVINGS ACCOUNT (PMSA)

5% Of your contributions are allocated to the PMSA to provide for specific benefits such as chiropractors and naturopaths, and day-to-day healthcare expenses that are not covered by the Scheme. What you do not use in one (1) year, will be carried over to the next year, or paid out to you (or to your new medical Scheme) five (5) months after you have terminated your membership.

We distinguish between current year savings and prior year (positive) savings, and certain benefits (e.g., optical) have a maximum amount that may be paid from the PMSA.

Except for benefits that only pay from the PMSA, other PMSA refunds must be authorised by you and certain benefits are not paid to health professionals, but directly to you, who must pay the health professional.

On 1 January each year, you receive the full annual savings allocation and the amounts that have not been utilised from the previous year. The total amount to be set aside in your PMSA for the year is calculated by multiplying the savings portion of your monthly contribution by 12 (or by the remaining number of months in the year, if you join later than 1 January). The Scheme automatically allocates your monthly contribution that applies to savings, to your PMSA in advance.

This 'upfront' allocation is recalculated when dependants are added (the allocation increases) or removed (the allocation decreases) during the year. If the amount claimed from your PMSA during the year exceeds the amount paid during the year (e.g., if a member or dependant resigns and the recalculated allocation is less than the money already claimed from the PMSA), the difference will be regarded as a debt that is repayable to the Scheme.

The PMSA has several benefits:

- You control your PMSA expenditure
- Unused PMSA balances (accumulated balances) can be carried over from one (1) year to the next
- You can use your positive PMSA for valid claims when available MMP benefits are depleted
- Pay the members' portions of an account where a Provider has charged above Alliance-MidMed Rate (exceptions apply)
- On application, to pay for medical expenses which the Scheme is not liable for (stale claims, etc.)
- Claims will be processed according to the date of treatment. Claims from the previous benefit year cannot be paid from the current year's PMSA. You may use the balance brought forward from the previous year to settle claims for the current benefit year

By law, health professionals may submit claims for services rendered to you for up to four (4) months after the date of service. Consequently, the Scheme must provide for claims that may still be outstanding during this time.

EX-GRATIA BENEFIT

The Scheme manage benefits through monetary limits, best practice medical standards and guidelines, limits on the number of consultations and medicine, clinical evaluation by a team of medical personnel trained in medical funding evaluation and affordability criteria.

If you require additional benefits you may use their Personal Medical Savings Account (PMSA) if it is not a Scheme Exclusion (the Medical Schemes Act determine that exclusions may not be paid from the Major Medical Pool or from the PMSA). And then additional benefits can be requested through the Ex-Gratia process.

Members Ex-Gratia applications are evaluated by a clinical team and then considered by the Board of Trustees. Please contact us on **0860 00 2101** or visit the website (www.alliancemidmed.co.za) for more information.

PRE-AUTHORISATION-REQUIRED

Most of the benefits in the MMP will be subject to pre-authorisation. Please call **0860 00 2101** when you are unsure whether you should pre-authorise.

Note that the following do not require pre-authorisation:

- Tonsils
- Grommets
- Normal delivery
- Hysterectomy
- Sterilisation
- Cholecystectomy
- Bunions
- Cataracts
- Breast biopsy
- Varicose veins

We reserve the right to implement utilisation controls where health professionals seem to use the service more than usual.

PERSONAL HEALTH ADVISOR SERVICE

The Emergency Call Centre introduced its Health Access Programme, including Health counselling, an audio health library and health professional selection. You may access these and many other services through the Scheme's emergency number **0860 255 426** (Europ Assistance).

The services include the following:

- General medical advice and information
- Advice on chronic conditions (e.g., high blood pressure, epilepsy, etc.)
- Advice on allergies and poisons
- Advice on traveller's immunisations and tropical diseases

IMPORTANT BENEFIT MANAGEMENT MATTERS

PREFERRED SERVICE PROVIDER SCHEDULE

SERVICE	
Emergency management and evacuation	Europ Assistance
Alcoholism and drug dependency	Please call us at 0860 00 2101 for information
Pathology	Ampath
Psychiatric facility	Denmar, Vista Clinic and Riverfield Lodge
Medicine management	Mediscor

CO-PAYMENT SCHEDULE

BENEFIT	CO-PAYMENT
Hospitalisation: In-patient	R1 500 co-payment if not authorised 72 hours before a planned procedure or within 24 hours following an emergency
Hospitalisation: Out-patient	R50 co-payment per out-patient visit. If the treating doctor classifies that out-patient visit as a medical emergency or if you are admitted to the hospital directly from the emergency centre, NO co-payment is applicable
Alternative healthcare practitioner	R10 co-payment per consultation
Consultations: General practitioner: Out-of-hospital	Any fees charged above the Alliance-MidMed rate. Unscheduled consultations will be for the member's account
Dentistry	See Dental Benefit Guide (see page 7)
Out-of-hospital pathology and medical technology	5% co-payment up to a maximum of R50 if Preferred Service Provider Laboratory not used
Organ transplant	Unless services are at a PSP, a co-payment equal to the difference between the actual cost incurred and the cost that would have been incurred had the PSP been used

TRAVEL ABROAD

International benefits are excluded and if you incur costs abroad that the Scheme would ordinarily pay for in South Africa, and for which an insurer has not refunded you, we will refund you in South African Rands at the exchange rate on the date of the invoice, into a South African bank account. Submit your claims within one (1) month of service.

Contact your bank, if you have a credit card, Europ Assistance or Google search "International Travel Insurance, South African Citizen."

Should you travel abroad for an extended period and require advanced supplies of your chronic medicines, please contact us at service@alliancemidmed.co.za at least three weeks in advance. We will require a copy of your flight tickets to authorise the advance supply. Please also note specific Customs requirements when you take medicines on international travel.

DEALING WITH EMERGENCIES AND TRAUMA

Alliance-MidMed appointed Europ Assistance, an independent medical emergency specialist to manage and coordinate our emergencies country-wide. Their task is the professional stabilisation, appropriate evacuation, and transport of emergency patients to the nearest facility that can treat your injuries.

Different responses are required for various emergencies and associated trauma. Below is a quick guide:

WHAT WE COVER

Incidents of physical and psychological emergencies and trauma, including:

- Bodily injury & medical (e.g., heart attack, poisoning, animal bite etc.)
- Motor vehicle accidents and hit & run
- Hijacking/Robbery
- Assault and child abuse
- Crime-related trauma
- HIV exposure through rape or needle stick injury

Note that the cover includes:

- Counselling
- Where appropriate, the escorted return of minors, inter-hospital transfers and compassionate visits
- In the event of sexual crimes, we provide prophylaxis (prevention of HIV contraction after exposure), and Anti-Retroviral medicines
- Emergency transport is also, in the judgement of our specialist emergency manager, available for victims of emotional harm, e.g., hijackings

IDENTIFICATION

1. Ensure that you always have a membership card with you for when an emergency strikes.
2. Place a copy of your membership card - front and back - in the cubbyhole of your vehicle. Emergency services will look there for identification. Remember to send a card with, when your children travel with others.
3. Ensure that your vehicles have emergency stickers which you can obtain for free from us on **0860 00 2101** or service@alliancemidmed.co.za. Please place the stickers on side windows towards the back of your vehicle - they are less likely to be destroyed in an accident.

EMERGENCIES AND TRAUMA

Emergencies are covered in full. When you have an emergency, do the following:

	DEAL WITH THE EMERGENCY	ENSURE ACCESS TO BENEFITS AND PAYMENT OF ACCOUNTS
Who to contact	Call Europ Assistance on 0860 255 426 for telephone guidance in the event of an emergency	Contact the Scheme at 0860 00 2101 within 24 hours of the emergency
What they do	<ul style="list-style-type: none"> • Guide you telephonically through the immediate crisis • Dispatch appropriate emergency transport to you • Identify the most appropriate hospital where the emergency transport should take you to 	<ul style="list-style-type: none"> • Authorisation for hospital treatment after you have been stabilised • Action third-party cost recovery processes • Contact your next of kin where necessary

TRAUMA BENEFIT

If you were exposed to a traumatic event such as vehicle accidents, assault, hijacking, child abuse, armed robbery, family violence and animal attacks, the emergency and counselling benefits might be accessed to deal with the event, without having to obtain pre-authorisation.

ADDITIONAL REQUIREMENTS

Where another person, through their actions or failure to act (e.g., an animal bite), cause your injury, we require a SAPS case number to initiate the recovery of the medical expenses. We will recover the medical costs from you if you fail to provide us with the SAPS case number and submit the required documents or fail to cooperate in this process fully.

WORK INJURIES, MOTOR VEHICLE ACCIDENTS AND THIRD-PARTY INJURIES

The Workman's Compensation Fund pays the cost of injuries sustained at work, and the Motor Vehicle Accident Fund pays the cost of injuries sustained in a motor vehicle accident.

	Work injuries	Motor-vehicle accidents	Third party claims
What we cover	Your employer must arrange with the Workman's Compensation Fund to pay for the costs of work injuries. We will recover the cost of work injuries from you if we become aware that you did not declare that you had a work injury	The cost of the first seven (7) days after your injury. Additional cover will be considered once you have appointed a legal representative and provided us with an undertaking to assist the Scheme in recovering the medical costs from the Motor Vehicle Accident (MVA) Fund	The cost of the first seven (7) days after your injury. Additional cover will be considered once you have appointed a legal representative and provided us with an undertaking to assist the Scheme in recovering the medical costs from the Motor Vehicle Accident (MVA) Fund
Who to report to?	Your employer and the Scheme (within 48 hours)	The SAPS, the MVA and the Scheme (within 48 hours)	The SAPS, the Scheme (within 48 hours) and your insurer
Typical costs	Hearing aids and other injuries, diseases and illnesses, (occupational asthma, including chronic medicines), and loss of functions like hearing and sight. (glasses), prostheses, etcetera	Broken limbs and other injuries, illnesses, and loss of functions like hearing and sight	Assault, stab wounds, sports injuries, injuries at school, and the loss of functions like hearing and sight. It may also involve injuries or illnesses that you incur while undergoing treatment by a medical professional or in a hospital, e.g., fall or infection acquired while in hospital
What actions to take?	Contact us at 0860 00 2101 and provide the following: <ul style="list-style-type: none"> • Your member number • The principal member's surname, initials and first name • The full name(s) of the person(s) injured • The SAPS case number where applicable • The date the injury was sustained • The details of the injury We may require further information or reports from you		

We require you to declare and contract with the Scheme for recovery of the cost of these benefits, including:

1. Written confirmation if there was an injury as stated above where you had not declared such to us when the injury occurred, and to recover such medical costs and pay it back to the Scheme.
2. The written appointment of a legal advisor to recover the medical costs from the MVA Fund or from another third party on behalf of the Scheme (there are no upfront costs). Our attorneys will liaise with your representatives to recover the medical costs for the Fund. However, you remain responsible for ensuring that the Scheme receives the refunds.
3. When you participate in dangerous activities or professional sport, including motocross, cave diving, sky diving, motorbike racing, etc. If you participate in dangerous sports or activities, the injuries that you sustain as a result, may not be covered by the Scheme and require that you take out insurance. Please refer to the Scheme exclusions list (Annexure C) or contact us.

Contact us on 0860 00 2101 or service@alliancemidmed.co.za if you are unsure about an activity/injury and send us the documentation within seven (7) days to ensure continued cover.

HOW TO MANAGE YOUR CARE, COSTS AND OUT-OF-POCKET EXPENSES

Some actions that will ensure you get the best care and limit your costs:

- Call the Scheme at **0860 00 2101**
- Call the Europ Assistance number at **0860 255 426** for after-hour emergency assistance
- Call Europ Assistance at **0860 25 5426** for after hour nurse and doctor advice
- Know your numbers - know your health risks
- Understand your treatment and care
- Know the full cost of treatment
- Ask for second opinions
- Lifestyle and nutrition is the preferred and sustainable first healthcare option
- Generic medicine is not the same as cheap
- Use the lifestyle benefits
- Insist on a check-up when you renew your six (6)-monthly prescription
- Keep record of your doctor's visits and the discussions
- Insist on in-rooms treatment
- Share your experiences with us
- Call us at **0860 00 2101** when you have a bad reaction to treatment
- Contact the anaesthetist 48 hours before your treatment for their cost
- Consider GAP cover product to cover additional in-hospital expenses
- Call us when you have to consult your health professional repeatedly for the same condition

MANAGING FRAUD, WASTE AND ABUSE (FAW)

Alliance-MidMed implemented measures to detect and manage Fraud, Abuse and Wastage (FAW) of benefits.

We need your assistance. Please call or email BeHeard, to report FAW because they proved to have excellent reporting and follow-up as well as and to protect persons who report incidents.

If you are aware of a practitioner or member abusing the benefits, please report, anonymously if you choose, to our Fraud Hotline - WhatsApp: 063 033 1313 or speakout@beheard.co.za. The FAW reporting service is confidential and free.

Remember: the greater the loss incurred through fraud, the higher your contributions become to help cover this loss.

ADMINISTRATION AND SELF-HELP

PAYMENT OF ACCOUNTS AND CLAIM SUBMISSIONS

SUBMISSION OF CLAIMS

You can submit claims in multiple ways.

HAND DELIVER	EMAIL	POST	Alliance-MidMed MOBILE APP	AT THE EMPLOYER
Unit 8, Four Stones Office Park, 21 Dolerite Crescent, Aerorand, Middelburg, Mpumalanga, 1050	service@alliancemidmed.co.za	PO Box 90346, Garsfontein, Pretoria, 0042	Download the App from the I-store or the Google App Store and scan claims directly into the App	Ask your employer to contact us to collect your documents or drop it off at our office at the Columbus Stainless Time Office

CLAIMING AND PAYMENT PROCEDURES

In most instances, your Health Professional will submit claims to us directly. More than 90% of health professionals submit claims online through electronic data interchange (EDI) batch claims and real-time/online claims. Most EDI claims are processed and ready for payment within three (3) days and payments are made twice (2) a month.

If your Health Professional charges at the Alliance-MidMed Rate, and you have not paid them, we will settle the account directly with them. There are exceptions, like optical payments. If your Health Professional does not charge Alliance-MidMed Rates, please ask them to contact us at **0860 00 2101** to discuss payment options.

Please ensure that you know what your healthcare professional will charge before receiving the care/treatment. Settle co-payments directly and continue to check your statements and respond to suspicious transactions, claims values, repeat visits, and the like.

It remains your responsibility to ensure that claims are submitted correctly and that the claims which appear on your statements are legitimate. For a claim to qualify for payment, we require at least:

- Membership number
- Surname and initials of the principal member
- Name and date of birth of the dependant who received the treatment (the information must be the same as on your membership card)
- Date of treatment
- Doctors' valid practice number
- Tariff code and ICD 10 code
- Cost of service (including all costs, split-billing is not allowed)

For medicine claims we require the following additional information (most pharmacies submit claims electronically, and therefore you will seldom need to refer to this):

- Name of medication
- Quantity/Dosage
- Nappi code
- The referring practice number

Dental treatment often requires additional work by a dental technician. The technician charges the dentist, who then adds the claim amount to your claim. We experience challenges when the technician claim is not attached, or when it is incomplete, e.g., your name and details are missing. For hand-delivered copies, please ensure that you keep copies of your claims in the event of the original being lost.

If you have already paid an account, please submit the account and proof of payment with the claim, which we require to refund you. Do this on the Alliance-MidMed App.

Submit a clear photo of the account and the receipt. Ensure all details as listed above are visible.

Given increasing fraud, we do not make payments by cheque, and we only change bank account details after a rigorous check. Please ensure that we have your proper bank account details on record.

WHEN TO EXPECT PAYMENT

The law requires that we pay claims within 30 days; however, we pay claims twice (2) a month. Exceptions apply from time to time; e.g., if we obtain better prices.

We always attempt to prioritise refunds to members who have settled claims in cash. If you have paid cash, or you are charged above the Alliance-MidMed Rate, we will refund you directly.

HOW WILL I KNOW WHAT WAS PAID?

- We send a statement to you at the end of each month
- Register on the Alliance-MidMed website and view your statement electronically
- Download and register on the Alliance-MidMed Mobile App and track your claims in real-time

If your claim is not paid within 30 days:

- Call us on **0860 00 2101**
- Email us at service@alliancemidmed.co.za

HOW WE PAY HEALTH PROFESSIONALS

GP's	We pay GP's the actual cost of the consultation, up to a maximum amount which is adjusted from time to time.
Specialist	<p>We pay specialists according to a maximum rate that we set in terms of affordability to the Scheme. Contact us on 0860 00 2101 for the rate that applies to your specific specialist.</p> <p>Certain specialists do not charge upfront co-payments or charge our members a lower co-payment. Please contact us for more information.</p> <p>Please ensure that you are aware of the rates that certain specialists charge BEFORE UNDERGOING TREATMENT, including anaesthetists.</p> <p>The Scheme pays the first consultation to a specialist in a year at 250% of the Alliance-MidMed Rate to assist members with access.</p>
Facility fees	We will request you, from time to time, to use specific facilities where the quality and costs are aligned to Scheme funding standards. Should you then elect to use another facility or service, a co-payment will apply.
Preferred providers	We negotiate the quality of care and costs with our Preferred Providers and will advise where there may be additional costs. Additional costs usually relate to non-essential or elective services.
Other health professionals	We pay according to the Alliance-MidMed Rate that is available at 0860 00 2101 (we do not publish the list), or we negotiate a rate for the specific care where we do not use the services often or thirdly, we enter into a payment arrangement with the entity where our members are using the services/facilities regularly.

COMPLIMENTS AND DISPUTES

We strive to give you excellent and memorable service. We record all communications to protect you and to ensure that we keep to this promise. You are further protected, through our use of excellent systems, procedures and processes to manage claims and payments and to respond efficiently to queries and complaints. If you had a great experience with us, please tell your friends and colleagues and let us know. If we messed up, please send us a note at the email address below. Management monitors the email address and will respond to you in three (3) working days:

TELEPHONE	EMAIL
0860 00 2101	service@alliancemidmed.co.za

DISPUTES PROCEDURE

Follow these steps to ensure effective resolution of your disputes:

1.	Register your query	Call us on 0860 00 2101 or email us at service@alliancemidmed.co.za . Provide your member number and details of the query or complaint.
2.	Formalise a dispute	If your query is not resolved, please request that the manager attends to it. The manager must respond to you within three (3) working days.
3.	Contact the Principal Officer	If your query remains unresolved, you may lodge a formal dispute; this time in writing (use the Schemes Dispute Form), available at www.alliancemidmed.co.za , and addressed to the Principal Officer, who must respond to you within 30 days.
4.	Refer the dispute to the Disputes Committee	<p>In the unlikely event that your query remains unresolved, request that it be referred to the Disputes Committee.</p> <p>Request a copy of the Disputes procedure (also available on the Scheme website) and submit your query to the Scheme's independent Disputes Committee.</p> <p>The Disputes Committee consists of three (3) members, one (1) of which must be lawyer, will review your dispute and decide the best way to resolve the matter, including reviewing the evidence, calling you for clarification or following a formal inquiry.</p>
5.	Submit the dispute to the Council for Medical Schemes	<p>Finally, send your dispute to the Council for Medical Schemes (CMS) via email - complaints@medicalschemes.com or fax on 012 431 0608. Or call the CMS at 0861 123 267 or visit medicalschemes.com for more information.</p> <p>The CMS will refer the dispute to the Scheme for comment, and we must respond in writing to CMS within 30 days.</p>

TERMINOLOGY

Our team have used simple terms and explanations as far as possible in this document. Please find an extensive list of terms and abbreviations on the website – www.alliancemidmed.co.za or contact us at **0860 00 2101** or service@alliancemidmed.co.za.

EXCLUSIONS

Annexure C of the Rules of the Scheme contains a list of exclusions. The exclusions will not apply to Prescribed Minimum Benefits or where diagnosis, treatment, and care (specific medicines) have been approved in terms of a Scheme Health Management Programme. Limitations may apply in such instances, as is referenced in the Specialised Procedures/Treatment section in this document. Specific exclusions supersede general exclusions, and, amongst others, the following benefits are excluded:

• Unregistered healthcare professionals	• Recuperation holidays (including headache and stress relief clinics)
• Obesity	• Unproven treatment (efficacy/safety)
• Gum guards and gold dental work	• Scuba diving to depths below 40 meters/cave diving
• Professional and speed contests/trials (main income derived from the contests)	• Attempted suicide exceeding PMB limits
• PMB infertility treatment (State facilities)	• Costs exceeding Scheme Rule limits
• Alcohol and other drug abuse, except for PMB	• Vasectomy/tubal ligation reversals
• Non-disclosure	• Circumcision, unless clinically indicated, or done in the GP rooms, and contraceptive measures/devices not approved
• Appointments which a beneficiary fails to keep	• Injuries/conditions resulting from wilful participation in a riot, civil commotion, war, invasion, terrorist activity or rebellion
• Unnecessary/inappropriate expenses	• Travelling (excluding emergency transport)
• Institutions like nursing homes not registered in terms of the law (except State facilities)	• Cosmetic treatment not directly caused by or related to illness, accident, or disease
• Medication not registered by the Medicine Control Council	• Breast reduction and breast augmentation, gynaecomastia, otoplasty and blepharoplasty
• Frail care	• Shampoos and conditioners
• Autopsies	• Unauthorised telephone consultations

ABBREVIATIONS

PMSA	Personal Medical Savings Account (savings from where you can pay for services not covered by the Scheme)
MMP	Major Medical Pool
Alliance-MidMed Rate	The refund rate per discipline based on the actual industry rates and Scheme affordability
PMB	Prescribed Minimum Benefit (the minimum benefit the Scheme must pay for under the Act)
MRP	Mediscor Reference Price (where the Scheme establishes reasonable prices and quality services)
PSP	Preferred Service Provider
TTO	To Take Out medicine after hospitalisation (the medicines, for up to 7 days, that a patient can take home when discharged from hospital)
M	Member with no dependant
M+	Member plus dependant/s (M1 = member plus 1 dependant, M2 = member plus 2 dependants, etc.)
Managed Health Care	A healthcare delivery programme/service designed to provide accessible, effective, and quality healthcare

GET OUR FREE MEMBER APP NOW!

This free app, specifically developed for Alliance-MidMed members, brings you convenient and easy access to emergency and key contact details, information regarding your option, statements, benefits, savings balances and other great features.



To install simply:

- Go to Google Play or the AppStore on your smart phone or tablet.
- Search for Alliance-MidMed and install.
- You can login using your existing web username and password or register for new login details.

CONVENIENT & EASY ACCESS ANYTIME...ANYWHERE

AVAILABLE ON







BECAUSE YOUR
HEALTH MATTERS

Contact Centre: 0860 00 2101
Emergency Number: 0860 25 5426
Please Call Me: 060 019 3942

Email: service@alliancemidmed.co.za

www.alliancemidmed.co.za

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