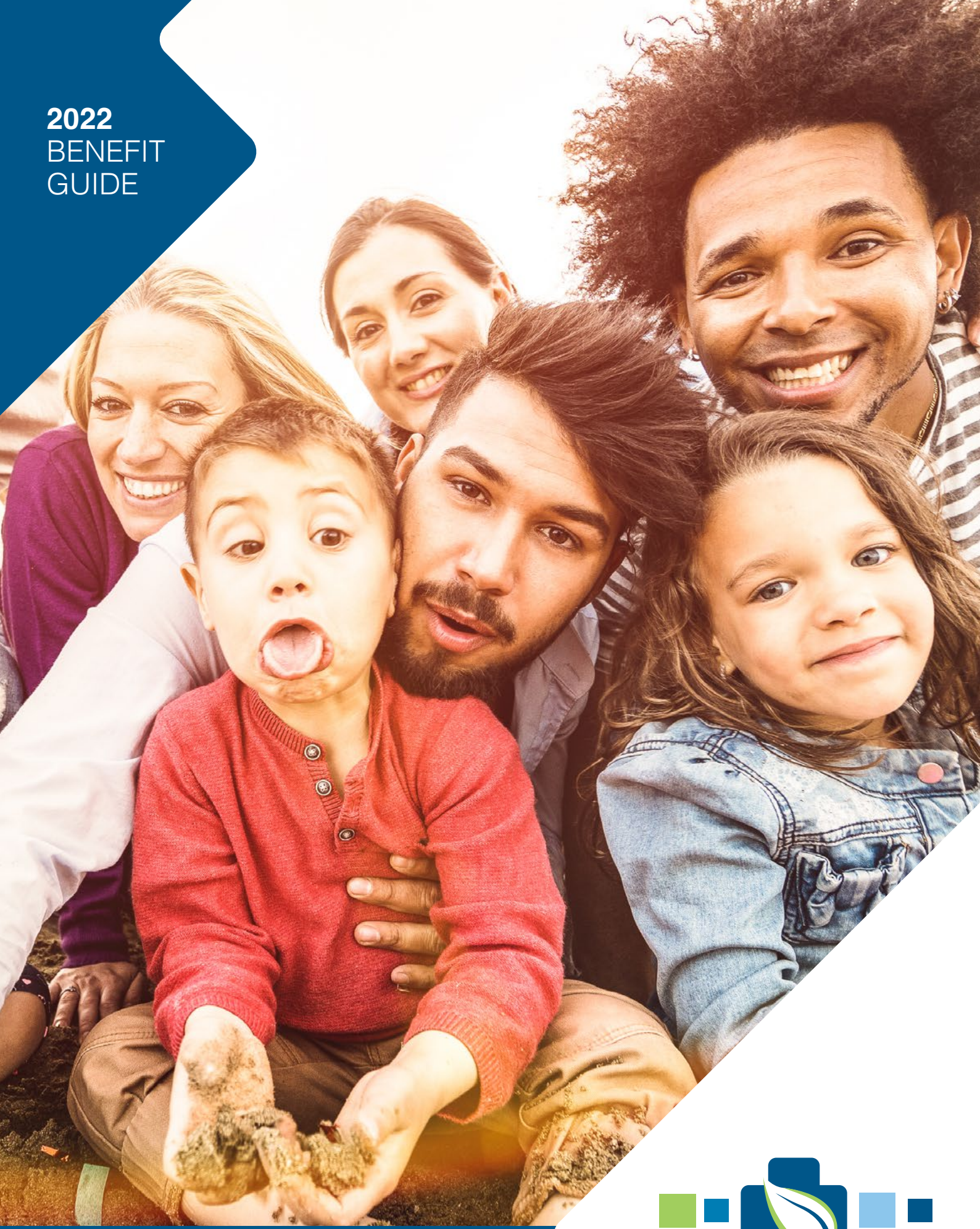
2022 BENEFIT GUIDE



EMERGENCY
0860 255 426

CALL CENTRE
0860 00 2101

ALLIANCE-MIDMED MEDICAL SCHEME

CONTENT

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. The rules will prevail.
- Scheme exclusions and limitations apply. A list of exclusions can be found on the Scheme website www.alliancemidmed.co.za/alliance-midmed-schemerules.php

The rules are available on the Scheme's website www.alliancemidmed.co.za/alliance-midmed-schemerules.php

IMPORTANT CONTACTS

EMERGENCY

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 1463, FAERIE GLEN, PRETORIA, 0043

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

CONNECT AND COMMUNICATE

Please do not hesitate to contact us 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 or 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 Health professional web access, click here	auths@alliancemidmed.co.za
Middelburg office	0860 00 2101	Unit 8, Four Stones Office Park, 21 Dolerite Crescent, Aerorand, Middelburg, Mpumalanga
Nursing team	0860 00 2101, select option 3 0860 00 2101, select option 3	Sister Katie Janse van Rensburg Sister 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		johan@alliancemidmed.co.za
Please Call Me (Not for emergencies and available on weekdays only)	060 019 3942	

MOBILE APP

Most member interactions with the Scheme can be completed through the Mobile App. Download the Mobile App for free on 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 THE 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 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. We do this through superior benefit design that promotes health and wellbeing. Our personal wellness and individual 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 options

Rich medicine advantage

Lowest out-of-pocket costs

Custom benefits

We manage benefits through benefit design, financial limits, limiting the number of benefit access limits (e.g. number of GP visits, the maximum number of painkillers, etc.), co-payments, pre-authorisation, management programmes, exclusions, and channelling 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. We help you 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 helps members improve the quality of life and reduce the cost of healthcare.

MEMBERSHIP

We serve 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. In the event that you retire from your employment, you and your registered dependants (if any), will retain your membership of the Scheme.

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. Your membership terminates if you do not pay amounts due, or if you or your dependants commit fraud. Your ex-spouse does not qualify for membership.

When the principal member dies, the dependants may remain members of the Scheme. Surviving spouses may remain members of the Scheme, if they:

- were registered as dependants at the time of the principal member's death,
- prove that his/her employer does not provide for medical scheme membership;

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 similar to those at your bank.

The rules do not allow for 3rd generation as dependants on the Scheme unless legally adopted.

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.

SCHEME AND 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 PMSA.

ACCESS TO BENEFITS

When we approve your membership, you will receive a membership card. Your membership card reflects your membership number, yours 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 below 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 and to contain hassle and 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, as per the Benefits section herein. Call us on **0860 00 2101**
Chronic condition management	We cover the 27 Chronic Disease List (CDL), and an extensive list of additional chronic conditions, as approved by the Board from time to time.
Emergency and trauma • Trauma benefit R2 605 per beneficiary per annum	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 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 Account (PMSA)	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 or per consultation.
3. Benefits are paid from the Major Medical Pool (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
Benefits our specified in Annexure B of the Scheme Rules		
HOSPITALISATION *		
In-patient: Accommodation in a general ward, high care, intensive care, and theatre	• Pre-authorisation required • Including medication, materials and hospital equipment • The in-hospital professional services, must be included in the pre-authorisation request • Subject to sub-limits, e.g. radiology and physiotherapy	
Out-patient: Treatment at a hospital when you are not admitted		
Day hospitals		
ALTERNATIVE TO HOSPITALISATION *		
Sub-acute nursing facilities, step-down nursing facilities, private nursing, rehabilitation centres, hospices and home support centres	• Maximum, six (6) months in any calendar year when clinically indicated • Pre-authorisation required • Treatment plans required	R49 993 per family member
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	1. **In Middelburg** - call the MidMed Hospital ambulance service on **013 283 8700** 2. **Out of Area**: • call Europ Assistance **0860 25 5426** • pre-authorisation required except in an emergency • Limit applies for use of non-preferred providers (refer D2)	R4 119 benefit limit per annum per beneficiary
APPLIANCES		
Nebulisers, humidifiers, oxygen cylinders, glucometers, peak flow meters, home ventilators	• All appliances excess of R2 000 are subject to pre-authorisation • Humidifiers will be funded if prescribed by a health professional	R10 277 per beneficiary per annum
CPAP machines	Excluded	
Hearing aids	Subject to quotations and independent Scheme evaluation	R9 864,50 per unit every three (3) years and R1 000 per unit co-payment
Moulded Innersoles	Pre-authorisation is required	Full set R2 700 (Closed shoes) 3/4 set R2 220 (Open shoes)
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	R23 394 per member family per annum
Blood equivalents		R22 386 per member family per annum
CONSULTATIONS: GENERAL PRACTITIONERS		
In-hospital		
Out-of-hospital *	Scheduled and unscheduled visits, limited to a fixed number of consultations: M - 6, M1 - 11, M2 - 15, M3 - 19, M4 – 21, M5 - 25, M6+ - 27	R496 per consultation
Enhanced consultation fee	• For minor In-rooms surgical procedures - see page 13 • For Prescribed Medical Conditions, separate additional consultations may apply. Contact us on **0860 00 2101** for more informatio • Limited to three (3) per year	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: 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 The subsequent out of hospital consultations are payable at 150% of the Scheme rate.	

DENTAL BENEFITS

DENTAL BENEFITS	BENEFIT NOTES	MONETARY LIMIT
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	
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	
	Benefit subject to managed care protocols	
	Covered at **100%** of Alliance-MidMed rate	
Oral hygiene	Benefits include general scale and polishes twice (2) a year for all beneficiaries.	
	As well as fissure sealants for all beneficiaries younger than 16 years	
	Flouride treatment for beneficiaries between 5 years and 13 years.	
	Benefit subject to managed care protocols	
	Covered at **100%** of Alliance-MidMed rate	
Fillings	Fillings are covered and there is no limit on the number of teeth they may be filled.	
	Multiple fillings: A treatment plan and x-rays are required.	
	A specific tooth may only be filled once in two (2) years (720 days)	
	For re-treatment within the period, a motivation is required.	
	Polishing of restorations	
	The Scheme will pay **100%** of the Scheme rate	
Root canal therapy and extractions	Benefit subject to managed care protocols	
	Root canal therapy on primary (milk) teeth and root canal therapy on third molars (wisdom teeth. Direct and indirect pulp capping procedures	
	Covered at **100%** of Alliance-MidMed rate	
Dentures	**Pre-authorisation is required**	
	Acrylic Dentures (Full or partial), including denture repairs are covered by the Scheme	
	For a full set of dentures, benefit is limited to one (1) set of dentures in a four (4) year period	
	Provisional dentures and associated laboratory costs	
	Diagnostic dentures and associated laboratory costs	
	The Scheme will pay **90%** of the Scheme rate	
Partial metal frame dentures and associated laboratory costs	**Pre-authorisation is required**	
	Two (2) partial frames (an upper and a lower) per beneficiary in a five year period.	
	High impact acrylic.	
	The metal base to full dentures and associated laboratory costs	
	Benefit **subject** to managed care protocols.	
	Laboratory delivery fee	
	Covered at **90%** of Alliance-MidMed rate	

DENTAL BENEFITS	BENEFIT NOTES	MONETARY LIMIT
GENERAL/CONSERVATIVE DENTISTRY		
Crown and bridge and associated laboratory costs Average bridge comprises two (2) or more crown units. Each crown is payable from the available crown and bridge benefit.	**Pre-authorisation is required**	
	Three (3) crowns per family per year	
	Benefit for crowns will be granted once per tooth in a five (5) year period	
	A treatment plan and x-rays may be requested.	
	Benefit subject to managed care protocols	
	Crowns or crown retainers on third molars (wisdom teeth)	
	Crown and bridge procedures for cosmetic reasons, and associated laboratory costs	
	Laboratory fabricated temporary crowns	
	Occlusal rehabilitation and associated laboratories costs	
	Provisional crowns, laboratory fabricated temporary crowns, an associated laboratory costs	
Notes: **Except where differently indicated, dental care is funded at 100% of the Alliance-Midmed rate which can be accessed on the website after you've logged in.**		
GENERAL/CONSERVATIVE DENTISTRY		
	Porcelain veneers and inlays and associated laboratory costs	
	A pontic on a 2nd molar, where the 3rd molar is a crown retainer, is subject to managed care protocols	
	Covered at **90%** of the Alliance-MidMed Rate	
	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		
Orthodontics	**Pre-authorisation is required**	
	Orthodontic treatment is limited for all beneficiaries between 9 and 18 years.	
	A max of two (2) family members may commence Orthodontic treatment in same calendar year. Subject to pre-authorisation.	
	Authorisation is required for intital consult, planned treatment and retainer (if needed) once treatment is completed.	
	Orthodontic treatment will be authorised with an initial deposit payment and thereafter monthly instalments	
	Benefit subject to managed care protocols	
	The Scheme will pay **90%** of the Scheme rate.	
	No benefit	
	Laboratory delivery fees	
	Orthodontic re-treatment and any related laboratory costs	
Preiodontics and associated laboratory costs	**Pre-authorisation is required**	
	Benefit limited to conservative, non-surgical therapy only	
	Benefit will only be applied to members registered on the Periodontal Programme	
	Benefit subject to managed care protocols	
	Perio chip replacement	
	Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth	
	Covered at **90%** of the Alliance-MidMed Rate	

DENTAL BENEFITS

THE COVER/BENEFIT	BENEFIT NOTES	MONETARY LIMIT
GENERAL/CONSERVATIVE DENTISTRY		
Maxillo-facial surgery and oral pathology	Surgery in the dental chair: Benefit subject to managed care protocols	
	Bone tissue regeneration procedures	
	Temporo-mandibular Joint (TMJ) therapy: Benefit limited to non-surgical intervention/treatments	
	Oral pathology procedures (cysts and biopsies, the surgical treatment of tumors of the jaw and soft tissue tumours): Claims will only be covered if supported by a laboratory report that confirms diagnosis	
	Benefit for the closure of an oral-antral opening (code 8909)" Subject to motivation and managed care protocols	
	Orthognathic (jaw correction) surgery	
	Covered at **90%** of the Alliance-MidMed Rate	
	Cost of bone regeneration material	
	Auto-transplantation of teeth	
	Bone augementations	
	Sinus lift procedures	
Hospitalisation (General Anaesthetic)		
Laughing gas in dental rooms	Benefit according 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:

- 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.

What is subject to Managed Care Protocols:

- The Scheme’s Managed Care Protocols assist with the selection and approval of the most cost-effective, best practice treatment or procedure for a particular dental condition.
- The following benefits are subject to the Scheme’s Managed Care Protocols:
  - Acrylic Dentures (Full or partial), including denture repairs
  - Crowns and Bridges
  - Orthodontic consults and treatment (including the retainer after the treatment)
  - Periodontic treatment
  - Intravenous/Conscious sedation in the rooms
  - Bit plate (also known as occlusal splint)
  - In Hospital dentistry for children under 6 years old

BENEFITS

DENTAL PROCEDURE 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 the laboratory codes, including the tooth number for the partial denture.
Crown and bridge	We only approved benefits for grossly broken-down teeth and the alveolar bone and periodontal ligaments are still healthy. Please submit a quote with major clinical codes and the laboratory codes, including the tooth number for the partial denture. 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: • Surgical tooth removal or the removal of impactions. • Minor procedures such as the multiple extractions and multiple restorations in children under the age of seven (7) years, 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, where there are no other options available. Limited to necessary restorative and surgical extraction procedures. No preventative treatment, such a scale and polish, fluoride treatment or fissure sealants, will be covered in theatre.

SUMMARY OF DENTAL EXCLUSIONS

The following is a summary of the dental specific exclusions:

- Any hospitalisation related to dentistry, including jaw correction and other related orthodontic related surgery (For all beneficiaries above 6years)
- All dental implants
- Mouth guard for Sport
- Oral hygiene evaluation and instruction
- Fluoride treatment for beneficiaries under 5 years and 13 years and above
- Gold foil fillings
- Provisional and diagnostic dentures
- Snoring appliances
- Laboratory delivery fees
- Metal Base dentures
- Provisional crowns
- Crown for third molar teeth
- Dentist charges for Denture repairs (Only laboratory fees are covered)
- The laboratory cost associated with mouth guards (Only the dentist charges will be covered)

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.
- Provided details include BHF practise number, name, and contact details.
- Diagnosis (ICD 10 codes).
- Relevant tariff codes.
- Relevant tooth numbers.
- Completed list of individual laboratory codes (if applicable).Any procedures done outside the scope of benefits will not be paid.

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. 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.

Claims will be rejected if no authorisation exist.

The scheme will not be responsible for payment of services rendered which are excluded by benefits for 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)		
THE COVER/BENEFIT	**BENEFIT NOTES**	**MONETARY LIMIT**
IMMUNISATION AND VACCINATION PROGRAMME		
Cervical cancer vaccine	Females between the ages of 9 to 25 years, three (3) vaccines during a six (6) month period. once per lifetime.	
Compulsory baby immunisations	According to the Department of Health recommended immunisation programme, for the first 12 years of life.	
Flu vaccination	All members	
Vaccines and diagnostic tests (HPV vaccination)	Male and female HPV vaccines limited to beneficiaries between ages 9 and 14. Limited to three (3) vaccines per lifetime.	
Pneumococcal vaccination	Everyone, 60 and older, and persons who our clinical team contact to take the vaccine.	
Tetanus vaccination	Everyone, once a year.	
EARLY DETECTION PROGRAMME		
Blood sugar test	Everyone, once a year (code 4050).	
Bone density - Dexa scan	Routine age 65 for females and age 75 for males. If under the age of 65 (subject to specific criteria), letter of motivation required from treating doctor. Funding from the life stages benefit every 3+ years subject to managed care protocols.	
Cholesterol test	Everyone, 25 and older, once per year (codes 4026, 4027, or 4147).	
Colorectal cancer screening (Faecal Occult Blood Test)	Beneficiaries 50 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.	
Vaccines and diagnostic tests (Pap Smear)	21 to 29 years- every three (3) years. Pap Smear and HPV- 30+ years every three (3) years Co-testing for 30+ must be clinically motivated and subject to medical advisor approval	
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's 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	• 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	• First six (6) months: 1 consultation per month • Months 7 and 8: 2 consultations per month • Month 9: 1 consultation every week	
Maternity	• Rules set 3rd generation not allowed on the scheme as a dependant unless legally adopted	
Maternity: Scans, accommodations, theatre, drugs, dressing, medicines and materials, labour ward fees, etc.	• Pre-authorisation required • Three (3) 2d pregnancy scans per pregnancy	
Infertility: Investigation and treatment	• According to the PMB rules • Pre-authorisation required	
MEDICATION		
Acute medication	• Subject to the Medicine Management Protocols • TTO Medication is included in the acute limit, but no co-payment applies for TTOs	M0 - R5 898, M1 - R10 772, M2 - R12 515, M3 - R14 502, M4 - R16 348, M5 R17 022, M6+ R18 880.
Chronic medication - PMB and non-PMB	• **100% of MRP** • Pre-authorisation required • Call ChroniLine on **0860 119 553** • Unlimited for PMB conditions	M0: R21 908, M1+: R45 826
Pharmacy advised therapy (PAT)	Limited to 12 purchases per family, per year to a maximum of R175 per purchase 10% co-payment to a maximum of R10 applies	R2 038 per member

BENEFITS

THE COVER/BENEFIT	BENEFIT NOTES	MONETARY LIMIT
MENTAL HEALTH	**PREFERRED SERVICE PROVIDER: ZWAVEL STREAM CLINIC, AN AFFILIATE TO NATIONAL HOSPITAL NETWORK AND BEETHOVEN RECOVERY CENTRE (PTY) LTD**	
IN-HOSPITAL		
Accommodation in a general ward, electro-convulsive treatment, medication, injection materials, hospital equipment, consults and visits by GP's	• Subject to the Mental Wellness Managed Care Programme and Specialist Diagnosis • Electro-convulsive treatment limited to 12 treatments per annum • 100% of the cost for PMB treatment at PSP	• R51 284 per member family for non-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	• 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	100% of the Alliance-MidMed rate	
Performed by a Medical Specialist	Subject to PMB, Hospital and Major Benefit Management Programme 100% of the Alliance-MidMed rate	
	150% of the Alliance-MidMed rate	
OUT-OF-HOSPITAL		
Performed by GP	100% of the Alliance-MidMed rate	M0: R5 746, M1+: R8 925
Performed by a Medical Specialist	Subject to PMB, Hospital and Major Benefit Management Programme	
	150% of the Alliance-MidMed rate	
NURSING SERVICES		
Out-of-hospital	100% of the lower of the cost or Alliance-Midmed rate for consultations, assessment, procedures, nursing, excluding midwifery.	R12 438 per member family per annum
	100% of the lower of the cost or Alliance-Midmed rate for out-of-hospital wound care services	
ONCOLOGY (CANCER TREATMENT)		
Upon successful registration, the Scheme will pay associated costs according to the agreed treatment plan	• Subject to the Oncology Managed Care Protocols • Pre-authorisation required	R536 109 per beneficiary overall limit unless PMB applies
OPTICAL BENEFIT (PER BENEFICIARY)		
Consultation	100% of the cost for a composite consultation for the refraction, a glaucoma screening, visual fields screening and biometrics eye evaluation.	Maximum of R617
Frames (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 345
	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	R516 per pair
	Bifocal lenses	R1 569 per pair
	Multifocal lenses	R2 017 per pair
	Paid from PMSA	
	Single version 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 R897
	Paid from PMSA	Maximum R539
	OR	
Contact lenses	Paid from the Major Medical Pool	Maximum R1 457
	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. Saving refunds are made to members, based on a detailed account including all the services rendered - spilt-billing is legally not permissible. Saving 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 are also to the 24-month cycle.

ORGAN TRANSPLANTS		
Harvesting of organ and transplantation - post-operative anti-rejection medicines	• Subject to Public Hospital Protocols and Evidence-Based Medicine • Detailed treatment plans are required • Pre-authorisation required • Subject to PMBs	

BENEFITS

THE COVER/BENEFIT	BENEFIT NOTES	MONETARY LIMIT
PATHOLOGY (BLOOD & OTHER TESTS TO DIAGNOSE ILLNESS) *		
In-hospital	Subject to hospital admission authorisation	Unlimited
Out-of-hospital	• Preferred provider laboratory	M0: R6 082, M1+: R9 448 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: • Stents (cardiac, peripheral and aortic) • Valves • Pacemakers • Implantable defibrillators	R59 105 per family per annum
Joint prostheses	• Subject to failed conservative treatment and the Joint Replacement Protocol • To include: Hip, knee, shoulder and elbow only	Maximum of two levels per R50 240 per member family per annumb, Subject to R5 000 co-pay per joint unless motivated

(Orthopaedic) Spinal protheses and appliances	• Subject to failed conservative treatment and Risk Management
	• To include:
	  • Spinal fixation devices (maximum two (2) levels unless motivated)
	  • Fixation devices: non-spinal
	  • Implantable Devices, Disc Prothesis, Kyphoplasty
	  • Bone lengthening devices
		R59 105 per member family per annum

Neuro stimulators and deep brain stimulators		R35 463 per member family per annum
Internal sphincters and stimulators		R56 741 per member family per annum
Intraocular lenses		R3 923 **per lens** per member family per annum
External prostheses (not surgical implanted)		R45 519 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 616, M1: R2 524, M2: R3, 760, M3+: R4 729
Specialised (e.g., MRI & CT Scans)	Pre-authorisation required	R12 619 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 226 per member family per annum
Out-of-hospital		
HOMEOPATHY, NATUROPATHY, OSTEOPATHY, CHIROPRACTICS AND ORTHOPTICS		
Consultations	100% of MRP • Subject to available funds in the PMSA • Homepathy and Naturopathy are subject to R10 co-payment per consultation	
Medication		
PHYSIOTHERAPISTS AND BIOKINETICISTS		
In-hospital	No limit to intensive care	R7 462 per member family
Out-of-hospital	Subject to available positive member savings	
RENAL DIALYSIS		
Acute and chronic	• Subject to the Disease Management Programme • Pre-authorisation required	
COLONOSCOPY		
In-hospital and out-of-hospital	• Colonoscopy (in-hospital and out-of-hospital) (subject to per beneficiary, per annum sub-limit Refer D21) • 100% of the lower of the cost or Alliance-MidMed rate	• R5 700 per beneficiary per annum
GASTROSCOPY		
In-hospital and out-of-hospital	• Gastroscopy (in-hospital and out-of-hospital) (subject to per beneficiary, per annum sub-limit Refer D21) • 100% of the lower of the cost or Alliance-MidMed rate	R3 000 per beneficiary per annum

BENEFITS

TRAUMA		
Trauma Counselling		R2 605 per beneficiary per annum
SURGICAL PROCEDURES (HEALTH PROFESSIONAL RATES) & MINOR IN-ROOMS SURGICAL PROCEDURES		
Performed by GP	• 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	
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 tumor (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 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

HEALTH MANAGEMENT

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 have 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 medicines used (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 then 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.

ADMINISTERING THE CHRONIC MEDICINE PROGRAMME

We administer the chronic medicines programme through the Mediscor ChroniLine. If either you or a dependant requires 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
Gastro-intestinal Disorders	Crohn's Disease, Ulcerative colitis
Haematology	Haemophilia
Immune and Lympathic System	HIV/AIDS
Neurological Disorders	Epilepsy, Multiple Sclerosis, Parkinson's Disease
Ophthalmology	Glaucoma
Psychiatric	Bipolar Mood Disorder, Schizophernia
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 ILLNESSES

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 go for 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 so that we can 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 the inner eyelid)
Ear, Nose and Throat (ENT)	Antroscopies and Nasendoscopy (inspection of the sinus), Direct Laryngoscopy, Grommets, Myringotomy (reliving 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, Amniocentesis (using a needle to extract a sample of the fluid that surrounds the fetus in pregnancy)
Gastro-intestinal	In out-of-hospital subject to beneficiary per annum. Colonoscopy, ERCP (scope of the stomach), Gastroscopy, Oesophagoscope (examing 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
Colonscopy	R5 700 per beneficiary per annum in and out of hospital subject to beneficiary per annum (100% AM rate)
Gastroscopy	R3 000 per beneficiary per annum in and out of hospital subject to beneficiary per annum (100% AM rate)

The cost of anaesthetics for gastroscopies and colonoscopies are covered up to R550, 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 SERVICE BENEFITS

OPTICAL (EYE CARE)

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 **086 00 2101** for assistance.

ENHANCEMENTS

LIFESTAGES BENEFIT

Our generous Lifestages Benefit Programme provides for a 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 then 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 can also apply for Ex-Gratia benefits, which 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 on the Ex-Gratia process.

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 obtain pre-authorisation.

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	Zwavel Stream Clinic, an affiliate of National Hospital Network and Beethoven Recovery Centre Pty LTD
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, in a South African bank account. Submit your claims within one 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 international 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 on you for when emergency strikes.
2. Place a copy of your membership card - from and back - in the cubbyhole of your vehicle. Emergency services will look there for identification. Remember this 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 hour of the emergency
What they do	• 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	• Authorisation for hospital treatment after you have been stabilised • Action third-party cost recovery processes • Contact your next of kin where necessary

TRAUMA BENEFIT

R2 605 per beneficiary per annum, 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 requirement 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 cooporate in the 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: • 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, 1055	service@alliancemidmed.co.za	PO Box 90346, Garsfontein, Pretoria, 0042Download	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	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. Certain specialists do not charge upfront co-payments or charge our members a lower co-payment. Please contact us for more information. Please ensure that you are aware of the rates that certain specialists charge **BEFORE UNDERGOING TREATMENT**, including anesthetists. The Scheme pays the first consultation to a specialist in a year at 250% of the Alliance-MidMed Rate to assist members with access.
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 COMPLAINTS

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 dispute.
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 complaint to the Disputes Committee	In the unlikely event that your query remains unresolved, request that it be referred to the Disputes Committee. Request a copy of the Disputes procedure (also available on the Scheme website) and submit your query to the Scheme's independent Disputes Committee. The Disputes Committee consists of three (3) members, one (1) of which must be lawyer, will review your complaint and decide the best way to resolve the matter, including reviewing the evidence, calling you for clarification or following a formal inquiry.
5.	Submit the dispute to the Council for Medical Schemes	Finally, send your complaint 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. The CMS will refer the dispute to the Scheme for comment, and we must respond in writing to CMS within 30 days.

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 (specifical 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) (main income derived from the contests)	•	Attempted suicide exceeding PMB limits
•	PMB infertility treatment (State facilities)	•	Costs exceeding annual 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 willful 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
•	The laboratory cost associated with mouth guard (the clinical fee will be covered at Scheme dental tariff where managed care protocols apply)	•	The closure of an oral opening (currently code 8909 the claimed during the same visit with impacted teeth (currently codes 8943, 8943 and 8945))

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 dependant, 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

GET IT ON Google Play

Available on the App Store

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

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