2026 BENEFIT GUIDE

EMERGENCY/AMBULANCE
0860 255 426

CALL CENTRE
0860 002 101

VISIT OUR WEBSITE
www.alliancemidmed.co.za

ALLIANCE-MIDMED MEDICAL SCHEME

CONTENT

TERMINOLOGIES AND ABBREVIATIONS

Our team have used simple terminology and explanations as far as possible in this document. For any further explanation, contact the Scheme on **0860 00 2101** or service@alliancemidmed.co.za.

TERMINOLOGY/ABBREVIATION	EXPLANATION
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 dependent
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
PBM	Pharmaceutical Benefit Management Programme

DISCLAIMER:

This benefit guide is for information purposes only 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 - website www.alliancemidmed.co.za

CONNECT AND COMMUNICATE

EMERGENCY
24-HOUR MEDICAL EMERGENCY
0860 255 426
AZOZA

CALL CENTRE
0860 002 101
service@alliancemidmed.co.za
Postnet Suite MW 765, Private Bag X1838, Middelburg, 1050, MP

FRAUD HOTLINE
0630 331 313
speakout@beheard.co.za

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

SERVICE	CONTACT DETAILS	SERVICE PROVIDER/BENEFIT PARTNER
EMERGENCY (24/7) AND AFTER HOURS 16H00 TO 07H30 AND WEEKENDS		
Ambulance services and health counsellor *(24/7/365)*	**0860 255 426** OR **0860 00 2101** A/H	AZOZA
Membership confirmation, emergency treatment and after-hours admissions information	**0860 00 2101**	AZOZA
ADMINISTRATION 07H30 TO 16H00 WEEKDAYS		
Enquiries, dental benefits and dental authorizations	service@alliancemidmed.co.za **0860 00 2101 option 1**	Call centre Alliance-Midmed
Claims enquiries	service@alliancemidmed.co.za **0860 00 2101 option 1**	Call centre Alliance-Midmed
Savings refunds and general benefit confirmation *(members)*	Mobile APP service@alliancemidmed.co.za **0860 00 2101 option 1**	Call centre Alliance-Midmed
General benefit confirmation providers	Member APP view **0860 00 2101 option 1** Benefit guide *(www.alliancemidmed.co.za)*	Call centre Alliance-Midmed
Membership enquiries and card replacement	Mobile APP request Scheme Rules on the Alliance website service@alliancemidmed.co.za **0860 00 2101 option 1**	Call centre Alliance-Midmed
AUTHORISATION AND CLINICAL SERVICES 07H30 TO 16H00 (WEEKDAYS)		
Appointments with Nursing staff for health assessments	**0860 00 2101 option 3** auths@alliancemidmed.co.za	Clinical Alliance-Midmed
Hospital admissions pre-authorisation *(for emergencies after hours on the first working day)*	auths@alliancemidmed.co.za **0860 00 2101 option 1** Confirm membership A/H at AZOZA	Clinical Alliance-Midmed
Pre-authorisation for admission to a psychiatric, sub-acute and rehabilitation facilities	auths@alliancemidmed.co.za **0860 00 2101 option 1** Confirm membership a/h at AZOZA	Clinical Alliance-Midmed

CONNECT AND COMMUNICATE

SERVICE	CONTACT DETAILS	SERVICE PROVIDER/BENEFIT PARTNER
AUTHORISATION AND CLINICAL SERVICES 07H30 TO 16H00		
Appointments with Nursing staff for health assessments	**0860 00 2101 option 3** auths@alliancemidmed.co.za	Clinical Alliance-Midmed
Hospital admissions pre-authorisation *(for emergencies after hours on the first working day)*	auths@alliancemidmed.co.za **0860 00 2101 option 1** Confirm membership A/H at AZOZA	Clinical Alliance-Midmed
Pre-authorisation for admission to a psychiatric, sub-acute and rehabilitation facilities	auths@alliancemidmed.co.za **0860 00 2101 option 1** Confirm membership A/H at AZOZA	Clinical Alliance-Midmed
Pre-authorisation Specialized Radiology *(Scans and MRI)*	auths@alliancemidmed.co.za **0860 00 2101 option 1** Confirm membership A/H at AZOZA	Clinical Alliance-Midmed
Pre-authorisation physiotherapy and associated providers in hospital – PR details, care plan and tariff codes	auths@alliancemidmed.co.za	Clinical Alliance-Midmed
Clinical enquiries	auths@alliancemidmed.co.za	Clinical Alliance-Midmed
CHRONIC MEDICATION AND RELATED AUTHORISATION		
Chronic medication registration	**0860 00 2101 option 2** **0860 119 553** preauth@mediscor.co.za cc RN1@alliancemidmed.co.za	Clinical Alliance-Midmed
Chronic, Acute and OTC medication enquiries /claims issues	**0860 00 2101 option 2** info@mediscor.co.za	Mediscor
Chronic medication Alliance Midmed contact	**0860 00 2101 option 3**	Alliance-Midmed
CHRONIC MEDICATION AND RELATED AUTHORISATION		
Mobile App queries	**0860 00 2101 option 1** service@alliancemidmed.co.za	Alliance-Midmed

When you need us, we're there.

Cover services from all ambulance service providers. You must however call our emergency 0860 255 426. to call for an ambulance as our emergency services are managed by AZOZA. Through strategic partnerships, AZOZA manages a large response fleet of emergency vehicles nationwide.

A single call to **AZOZA**, from anywhere in the country, connect you to the **AZOZA** call centre. Highly trained and dedicated operators will answer all call within seconds. The operators are able to make informed decisions about the nature and extent of the emergency at hand and at least one medical doctor – experienced in trauma and emergency medicine – is stationed at the call centre 24 hours a day to advise callers.

Furthermore, all callers have access to the following additional services:

- General medical advise
- Referrals to crisis lines
- Information on poison as well as substance abuse/misuse
- Generic medication advice
- 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

For Medical Emergencies, Contact us

0860 255 426

www.azoza.co.za

ACCESS SERVICE VIA THE WEB

For security reasons, you will need to register a username and password before you can log in. For assistance with logging in, please contact Client Services as above.

DOWNLOAD THE MOBILE APP

Most 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.

Download on the App Store

GET IT ON Google Play

Use the Mobile App for convenient and easy access to emergency and key contact details, checking benefits, requesting pre-authorisation, 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)* and 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.

BENEFITS

AMBULANCE

THE COVER/BENEFIT	BENEFIT DETAILS	MONETARY LIMIT / BENEFIT NOTES
AMBULANCE		
Ambulance	1. **In Middelburg:** Midmed Hospital on **013 283 8700 or AZOZA** 2. **In Emalahleni: call Cosmos Hospital 013 656 8000** 3. **Out of Area:** • call AZOZA **0860 255 426** • pre-authorisation required except in an emergency	R5 083 benefit limit per annum per beneficiary applies for use of non-preferred healthcare professionals.

TRAUMA

TRAUMA		
Trauma Counselling	If you were exposed to a traumatic event such as vehicle accident, assault, hijacking, child abuse, armed robbery, family violence or animal attacks, the emergency and counseling benefits might be accessed to deal with the event, without having to obtain pre-authorisation. **AZOZA 0860 255 426**	R3 215 per beneficiary per annum

LIFESTAGES BENEFIT & SCREENING TESTS / PREVENTATIVE CARE

(SEPARATE FROM THE MEMBER'S NORMAL BENEFITS AND PAID FROM THE MAJOR MEDICAL POOL)

IMMUNISATION AND VACCINATION PROGRAMME

IMMUNISATION AND VACCINATION PROGRAMME		
Cervical cancer vaccine	Males and Females between the ages of 9 and 25 years, once per lifetime	Cervical cancer vaccines: Cervarix and Gardasil
Compulsory baby immunisations	According to the Department of Health recommended immunisation programme for the first 12 years of life	
Flu vaccination	All members	For all beneficiaries once a year
Vaccines and diagnostic tests *(HPV vaccination)*	Male and female HPV vaccines for beneficiaries between ages 9 and 14. Limited to three (3) vaccines per lifetime.	
Pneumococcal vaccination	Limited to 60 years and older, and persons clinically identified as high risk	Managed care protocols, scheme criteria and risk assessment applies
Tetanus vaccination	Everyone, once a year	Managed care protocols, scheme criteria and risk assessment applies

EARLY DETECTION PROGRAMME

THE COVER/BENEFIT	BENEFIT DETAILS	MONETARY LIMIT / BENEFIT NOTES
EARLY DETECTION PROGRAMME		
Blood sugar test	Once a year *(code 4050)*	HBA1C excluded
Bone density - Dexa scan	Bone density testing is indicated in females 65 years and older; and all men aged 75 years and older. Females younger than 65 years and males younger than 75 years, will be paid from available radiology benefit. A risk questionnaire is available.	Every 3 years. Managed care protocols, scheme criteria and risk assessment applies
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	
Prostate test *(PSA)*	Males older than 40, annually *(code 4519)*	Managed care protocols and care plans apply to high-risk members
Infant hearing screening	Newborn to 8 weeks	
Mammogram	Females 40 years and older, once a year	Under 40 years and younger, will be paid from available radiology benefit.
Vaccines and diagnostic test *(Pap Smear)*	21 to 65 years - every three (3) years. Funded from Life Stages Benefit. Out of cycle tests funded from pathology benefit. 65+ years - every three (3) years. Funded from the pathology benefit.	Pap Smear three (3) years. Co-testing for 30+ must be clinically motivated and subject to medical advisor approval
Contraceptives	Oral - acute benefit. IUD - acute benefit except if clinically authorised by the Scheme's medical advisor for a medical condition, otherwise pay from savings.	Clinical criteria and pharmaceutical benefit management programme applies
Dental Consultations *(Include gloves and sterile tray)*	All Beneficiaries	Tow routine checks per beneficiary per year *(once every six (6) months apart)*
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.		

HOSPITALISATION*

THE COVER/BENEFIT	BENEFIT DETAILS	MONETARY LIMIT / BENEFIT NOTES
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 e.g. Dieticians, Physiotherapist, Biokinetics
Out-patient: Treatment at a hospital when you are not admitted		
Day hospitals: Small procedures and admission for the day		

ALTERNATIVE TO HOSPITALISATION*

ALTERNATIVE TO HOSPITALISATION *		
Sub-acute nursing facilities, step-down nursing facilities, private nursing, rehabilitation centers, hospices and home support centers	• Maximum, six (6) months in any calendar year when clinically indicated • Pre-authorisation required • Treatment plans required	R62 978 per family member Subject to managed care protocols and clinical criteria

ALCOHOL AND OTHER DRUG DEPENDENCY TREATMENT

ALCOHOL AND OTHER DRUG DEPENDENCY TREATMENT		
Accommodation in a general ward. Subject to preferred provider facility	Pre-authorisation required	Subject to the hospital and major benefit management programme and mental health programme 21 days

MENTAL HEALTH

IN-HOSPITAL		
Accommodation in a general ward, electro-convulsive treatment, medication, injection materials, hospital equipment, consultations and visits by GP's	Subject to the Hospital and Major Benefit Management Programme and the Mental Wellness Programme; admission to a maximum of three (3) days hospitalization per annum is funded for admission by a General Practitioner or Specialist in a General Hospital Thereafter transfer to a psychiatric facility if medically stable. A confirmed diagnosis with a treatment plan (DSM) will be required from the psychiatrist within 3 days from admission.	21 days per annum funded in a Preferred Provider facility Benefit limited to R65 582 per Member Family per annum at a Non-Preferred Service Provider facility.
Specialist consults and visits	150% of the lower cost or Alliance-Midmed rate for consultations and visits to the specialist. Specialist consultation fees amounts are available to members from the call Centre.	

OUT-OF-HOSPITAL

THE COVER/BENEFIT	BENEFIT DETAILS	MONETARY LIMIT / BENEFIT NOTES
OUT-OF-HOSPITAL		
Consultations and visits including clinical psychologists and social workers, and procedures	• Subject to out-of-hospital specialist consultation limit • Mental Wellness Programme Protocols and registration apply • Subject to a confirmed diagnosis by a suitably qualified Psychiatric specialist • Consultations and visits - Subject to financial and quantity limits Combined limit with consultation specified in Mental Health	Out-of-Hospital benefits are limited to available specialist consultation benefits.
Specialist consultations and visits	Included in the out-of-hospital specialist consultations	

CONSULTATIONS: GENERAL PRACTITIONERS AND SPECIALISTS

CONSULTATIONS: GENERAL PRACTITIONERS		
In-hospital	**General Practitioners:** 100% of the lower of the cost or Alliance-Midmed rate for consultations and visits by General Practitioner	Benefit limited to R613 per GP consultation
Out-Of-Hospital	Scheduled and unscheduled visits are subject to monetary limits. The following defined benefit limits apply per family size: M0 - Subject to an annual monetary limit up to R 3 650 M + 1: Subject to an annual monetary limit up to R6 594 M + 2: Subject to an annual monetary limit up to R9 009 M + 3: Subject to an annual monetary limit up to R11 728 M + 4: Subject to an annual monetary limit up to R12 613 M + 5: Subject to an annual monetary limit up to R15 015 M + 6: Subject to an annual monetary limit up to R16 215	100% lower of the cost or Alliance-Midmed rate of R631 for consultations and visits by General Practitioners in the service providers' room or patient's home or primary health care facility.
Enhanced consultation fee	• For minor in-rooms surgical procedures • For Prescribed Medical Conditions, separate additional consultations may apply. Contact us on **0860 00 2101** for more information • Limited to three (3) per year • The procedures listed elsewhere in this document undertaken in a GP's room will be paid from the Major Medical Pool at an enhanced consultation	R690 per consultation procedure, R439 facility fee per procedure *(Tariff code: 966100 can be claimed)*

CONSULTATIONS: GENERAL PRACTITIONERS & SPECIALISTS

THE COVER/BENEFIT	BENEFIT DETAILS	MONETARY LIMIT / BENEFIT NOTES
CONSULTATIONS: SPECIALIST		
In-hospital	Specialist *(including Psychiatrist)*: 150% of the lower of the cost or Alliance-Midmed rate for consultations and visits by a specialist. Subject to pre-authorisation and to managed care protocols. 150% of the lower of the cost or Alliance-Midmed rate for consultations and visits	Specialist consultation fees available to members on the Scheme website, when the Member log-in, or on the mobile app
Out-Of-Hospital	The following defined benefit limits per family size applies: M0: Subject to an annual monetary limit up to R3 644 M+1: Subject to an annual monetary limit up to R5 736 M+2: Subject to an annual monetary limit up to R6 454 M+3: Subject to an annual monetary limit up to R6 454 M+4: Subject to an annual monetary limit up to R7 887 M+5: Subject to an annual monetary limit up to R7 887 M+6: Subject to an annual monetary limit up to R7 887	The first consultation in a calendar year with a Specialist will be paid at 250% of the Alliance-Midmed rate. The subsequent out of hospital consultations are payable at 150% of the Scheme rate.

SURGICAL PROCEDURES

SURGICAL PROCEDURES (HEALTH PROFESSIONAL RATES) & MINOR IN-ROOMS SURGICAL PROCEDURES		
Performed by GP *(no pre-authorisation required)*	• Subject to the hospital and Major Benefit Management Programme • Pre-authorisation required • Excluding services provided in respect of maternity and organ transplant	Maximum 3 procedures per year
Performed by Specialist *(pre-authorisation required)*		
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:		

TARIFF CODE	DESCRIPTION
0857/0853	Bursae and Ganglia *(cysts)* Excision *(surgical removal)*, aspiration (*removing the fluid with a suction tube)* or injection *(no after-care)*. 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	Remove foreign bodies requiring incision, under local anaesthetic
0310	Lacerations or scars Radical excision of the nail bed
0305	Needle biopsy - soft tissue
0259	Removal of foreign body superficial to deep fascia *(except hands)*

0244	Repair of the nail bed
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude
0308	Each additional small procedure done at the same time
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session *(each)*
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude
0311	Excision of large benign tumour *(more than 5 cm)*
0245	Removal of a benign lesion by curetting first lesion
0233	Biopsy without suturing: First lesion
0255	Drainage of subcutaneous abscess onychia paronychia pulp space or avulsion of nail
0246	Removal of a benign lesion by curetting subsequent lesions
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions *(each)*
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions
0257	Drainage of major hand or foot infection
0023	Intralesional injection into areas of pathology
0261	Removal of foreign body deep to deep fascial *(except hands)*
0300	Stitching of minor wounds With or without local anaesthesia including normal after-care
Male circumcision in GP rooms	GP rooms must comply with legal and clinical requirements

NON-SURGICAL PROCEDURES AND TESTS

NON-SURGICAL PROCEDURES AND TESETS (E.G. HEART SONAR, STRESS ECG, LUNG FUNCTION TEST)		
IN-HOSPITAL		
Performed by a GP	100% of the Alliance-Midmed rate	Out-of-hospital only
Perfomed by a Medical Specialist	Subject to PMB, Hospital and Major Benefit Management Programme	
	150% of the Alliance-Midmed rate	
OUT-OF-HOSPITAL		
Performed by GP	100% of the Alliance-Midmed rate	The following defined benefit limits per family size per annual, applies: M0 R6 969, M1+ R10 401
Performed by a Medical Specialist	Subject to PMB, Hospital and Major Benefit Management Programme	
	150% of the Alliance-Midmed rate	

NURSING SERVICES

THE COVER/BENEFIT	BENEFIT DETAILS	MONETARY LIMIT / BENEFIT NOTES
NURSING SERVICES		
Out-of-hospital	100% of the lower cost or Alliance-Midmed rate for consultations, assessment, procedures, nursing, excluding midwifery	R 15 530 per member family per annum
	100% of the lower cost or Alliance-Midmed rate of out-of-hospital wound care services	

INVESTIGATIONS

INVESTIGATIONS		
Colonoscopy	Services in-hospital and out-of-hospital	• R7 040 per beneficiary per annum • 100% of the lower of the cost or Alliance-Midmed
Gastroscopy	Services in-hospital and out-of-hospital	• R3 707 per beneficiary per annum • 100% of the lower of the cost or Alliance-Midmed

PATHOLOGY (BLOOD AND OTHER TESTS TO DIAGNOSE ILLNESS)*

PATHOLOGY (BLOOD & OTHER TESTS TO DIAGNOSE ILLNESS) * Pathology tests will only be paid where the provider is duly accredited in terms ISO15189, and a pathologist signed off the test results		
In-hospital	Subject to hospital admissions authorisations	Unlimited. Managed care protocols apply.
Out-of-hospital	• Preferred provider laboratory	M0: R7 513, M1+: R11 670 5% co-payment up to a maximum of R64 for the use of a non-preferred provider

BLOOD EQUIVALENTS AND BLOOD PRODUCTS

BLOOD EQUIVALENTS AND BLOOD PRODUCTS		
Blood and blood products	Subject to the hospital and Major Benefit Management Programme	R28 870 per member family per annum
Blood equivalents		R27 605 per member family per annum

RADIOLOGY AND RADIOGRAPHERS

RADIOLOGY AND RADIOGRAPHERS (SAME BENEFIT FOR BOTH IN-HOSPITAL AND OUT-OF-HOSPITAL SERVICES)			
General	100% the lower of the cost or Alliance-MidMed rate	M0: R1 996 M1: R3 118	M2: R4 644 M3+: R5 841
Specialised *(e.g., MRI & CT Scans)*	Pre-authorisation required	R15 587 per member family per annum	

MEDICATION

THE COVER/BENEFIT	BENEFIT DETAILS	MONETARY LIMIT / BENEFIT NOTES	
MEDICATION			
Acute medication, including to take home medicine *(TTO's)* on hospitalisation discharge, limited to 7 days' supply	• Subject to the Medicine Management Protocols • TTO Medication is included in the acute limit, but no co-payment applies for To-Take-Out *(medicine issues by the hospital upon discharge)*.	M0: R7 355 M1: R13 432 M2: R15 605 M3: R18 082	M4: R20 385 M5: R21 226 M6: R22 541
Pharmacy Advised Therapy *(PAT)* Over The Counter *(OTC)*	Limited to 12 purchase per family, per year to a maximum of R218 per purchase	R2 618 per member family per annum	
Chronic medication - PMB and non-PMB	• **100% of MRP** • Pre-authorisation required • Call ChroniLine on **0860 119 553** • Unlimited for PMB conditions	M0: R27 318 M1+: R57 141	

ALTERNATIVE HEALTHCARE PROVIDERS

(HOMEOPATHY, NATUROPATHY, OSTEOPATHY, CHIROPRACTIC AND ORTHOPTICS (PMSA))

HOMEOPATHY, NATUROPATHY, OSTEOPATHY, CHIROPRACTIC AND ORTHOPTICS		
Consultations	100% of MRP	• Subject to available funds in the PMSA • Homeopathy and Naturopathy are subject to R10 co-payment per consultation
Medication		

REMEDIAL AND OTHER THERAPIES AND ALTERNATIVE HEALTHCARE PRACTITIONERS

AUDIOLOGISTS, DIETICIANS, OCCUPATIONAL THERAPISTS, PODIATRISTS, HEARING AID ACOUSTICS, SPEECH THERAPISTS & SOCIAL WORKERS		
In-hospital	**Pre-authorisation required.** Subject to Managed Care Protocols and Treatment Plans from referring doctor	In hospital: R6 474 per member family per annum
Out-of-hospital		Out of hospital: R6 203 per member family per annum

PHYSIOTHERAPY AND BIOKINETICS

PHYSIOTHERAPY AND BIOKINETICS		
In-hospital	Pre-authorisation required	R9 244 per member family No limit to intensive care
	Subject to Managed Care protocols and care plans	
Out-of-hospital	Subject to available positive member savings	Subject to available savings, limited to R5 573 per family

APPLIANCES

THE COVER/BENEFIT	BENEFIT DETAILS	MONETARY LIMIT / BENEFIT NOTES
APPLIANCES		
Nebulizers, glucometers, peak flow meters and disposable materials used to treat diabetes	• All appliances excess of R2000 are subject to pre-authorisation • Disposable materials; used to monitor and treat diabetes	R12 814 per beneficiary per annum
Oxygen, Cylinders, concentrators, Home Ventilators, Humidifiers *(Health Professional Script)* CPAP machines	100% of Alliance Midmed rate	Subject to Hospital and major benefit programme and pharmaceutical benefit programme
Hearing aids	One set of hearing aids per beneficiary, every three (3) years, based on the date of service that falls after the start of the 2020 benefit year. Subject to quotations and managed care protocols	R12 766 per unit every three (3) years and R594 per unit co-payment

PROSTHESIS

PROSTHESIS		
Cardio/Vascular protheses and appliances	To include: • Stents *(cardiac, peripheral and aortic)* • Valves • Pacemakers • Implantable defibrillators	R72 941 per family per annum
Joint Prostheses	• Subject to failed conservative treatment and the Joint Replacement Protocol • Limited to: hip, knee, shoulder and elbow only	Limited to R 62 001 per member per family annum, Subject to R5 876 **co-payment per joint unless motivated**
Spinal prostheses and appliances	• Subject to failed conservative treatment and Risk Management To include: • Spinal fixations devices *(maximum two (2) levels unless motivated)* • Fixation devices: non-spinal • Implantable Devices, Disc Prothesis, Kyphoplasty	R72 941 per member per family per annum
Neuro stimulators and deep brain stimulators	Subject to Managed Care Protocols	R43 765 per member family per annum
Internal sphincters and stimulators	Subject to Managed care Protocols	R70 024 per member family per annum
Intraocular lenses	Toric lenses are limited to the lens prosthesis benefit. Eye drops post cataract and lens surgery are paid from the Major Medical Pool, provided that the Health Professional specifies the correct ICD10 diagnosis on the script	R4 842 **per lens** per member family per annum
External prostheses (not surgical implanted)	Subject to Managed care Protocols	R56 176 per member family per annum

DENTAL BENEFITS

DENTAL BENEFITS

Alliance-Midmed provides a comprehensive set of Dental Benefits, payable from you Major Medical Benefit. Benefits are payable at 100% of Alliance-Midmed rate (including hospital where clinically approved). Should your dentist charge above the scheme rate, your will be liable for the applicable shortfall and copayment *(where indicated below*).

Important

- Benefits are Subject to the Dental clinical protocols and interventions
- Certain exclusions apply (including implants and any associated laboratory costs) – refer to the Exclusions list contained in Annexure C of the Scheme Rules
- Pre-authorisation is required, including PMB, for dentures, orthodontics, periodontics and IV conscious sedation. As part of the pre-authorisation process, please be advised that treatment plans/tooth numbers/x-rays, etc will be required for certain specialised dentistry benefits.
- A 5% co-payment applies to plastic dentures, and 10% co-payment applies partial metal frame dentures, crowns and bridges, orthodontics, periodontics and maxillo-facial and oral surgery in the dentist chair

DENTAL PROCEDURE PRE-AUTHORISATION

Pre-authorisation is required for Orthodontics, 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 Periodontic and IV Conscious sedation. Failure to pre-authorise Orthodontic treatment will result in payment only from date of authorisation for the remaining months of treatment, provided that the treatment is clinically indicated.

STANDARD PRE-AUTHORISATION INFORMATION	AUTHORISATION REQUIREMENTS
Partial metal frame denture	Please submit a quote with major clinical codes and the laboratory codes, including the tooth number for the partial denture.
Orthodontics	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	We require a detailed treatment plan and quotation for assessment.
IV/Conscious sedation	Conscious sedation in the dentist rooms may be authorised for: • Surgical tooth removal / removal of impactions. • Minor procedures such as multiple extractions and multiple restorations in children under the age of 12 years, where anxiety is a major concern. • Posterior apicectomies. Please submit a detailed treatment plan and quotation.
Hospitalisation *(General Anaesthetic)*	Patients under the age of 12 years, with no other available option. 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 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 including BHF practice 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.

We prefer that health professionals submit electronic claims. Paper claims can be submitted via the Scheme's mobile app, emailed to service@alliancemidmed.co.za. Alternatively send via post to Postnet Suite MW 765, Private Bag X1838, Middelburg MP, 1050. To expedite processing of claims, please attach one (1) claim per email, and submit claims in PDF format.

We settle claims twice a month and urge you to ensure that your claim submission is made timeously. Payment remittance advice is distributed within two (2) days of payments being made. Please take note that we are unable to assume responsibility for payment for services already received without required pre-authorisations or services excluded through managed care rules.

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 6 years)*
- 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
- Ozone therapy
- 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)*

GENERAL / CONSERVATIVE DENTISTRY

DENTAL BENEFITS	BENEFIT NOTES	EXCLUSIONS
GENERAL/CONSERVATIVE DENTISTRY		
X-rays: Intraoral	Four x-rays per beneficiary per year.	
	Subject to managed care protocols	
	Covered at **100%** of Alliance-Midmed rate	
X-rays: Extraoral	One per beneficiary in a three-year period	
	Subject to managed care protocols	
	Covered at 100% of Alliance-Midmed rate	
	Additional benefit may be considered where	
Oral hygiene	Scale and polish: Two scale and polish treatments per beneficiary per year *(once every 6 months)*	Oral hygiene instruction
	Fissure sealants: Limited to beneficiaries younger than 16 years of age.	Professionally applied fluoride for beneficiaries younger than 5, and 13 years and older.
	Fluoride: Limited to beneficiaries from age 5 and younger than 13 years of age	Oral hygiene evaluation
	Subject to managed care protocols	Dental Bleaching
	Covered at 100% of Alliance-Midmed Rate.	
Fillings	Fillings: Granted once per tooth in 720 days	Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion, and fluorosis.
	Re-treatment of a tooth: Subject to managed care protocols	Resin binding 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	Subject to managed care protocols covered at 100% of the 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	One set of plastic dentures *(an upper and a lower)* per beneficiary every 4 years.	Provisional 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	Diagnostic dentures and associated laboratory costs
	Subject to managed care protocols	Snoring appliances and associated laboratory costs
	Benefit available for both the clinical and the associated laboratory fee	The cost of gold, precious metal, semi-precious metal, and platinum foil.
	Covered at 95% of Alliance-Midmed rate.	High impact acrylic
		Laboratory delivery fee.
Partial metal frame dentures and associated laboratory costs	Pre-authorisation is required	High impact acrylic.
	Two partial frames *(an upper and a lower)* per beneficiary in a five-year period.	The metal base to full dentures and associated laboratory costs
	Subject to managed care protocols	
	Covered at **90%** of Alliance-Midmed rate	The cost of gold, precious metal, semi-precious metal, and platinum foil
		Laboratory delivery fees
Crown and bridge and associated laboratory costs A bridge comprises two or more crown units. Each crown is payable from the available Crown and Bridge benefit.	**No authorisation required.** Limited to three (3) crowns per member per year	Crowns or crown retainers on third molars *(wisdom teeth)*
		Crown and bridge procedures for cosmetic reasons, and associated laboratory costs
	Benefit for crowns will be granted once per tooth in a 5-year period	Laboratory fabricated temporary crowns
	Covered at **90%** of the Alliance-Midmed Rate.	Occlusal rehabilitation and associated laboratory costs
	Benefit subject to managed care protocols	Provisional crowns and associated laboratory costs.
	A pontic on a 2nd molar, where the 3rd molaris a crown retainer, is subject to managed care protocols	Porcelain veneers and inlays and associated laboratory costs.
		Emergency crowns that are not placed for 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**	**No benefit**
Orthodontics and Associated Laboratory Costs	**Pre-authorisation is required**	Laboratory delivery fees
	Benefit for fixed comprehensive treatment: Limited to individuals aged nine and younger than 18 years of age. Benefit is limited to one treatment per lifetime.	
	A max of two family members may commence Orthodontic treatment in the same calendar year.	Orthodontic re-treatment and any related laboratory costs
	On pre-authorisations cases will be clinically assessed using an orthodontic needs analysis. Benefit allocation subject to the outcome of the needs analysis. Benefit is limited to 90% of Alliance-Midmed Rate per beneficiary.	Invisible retainer material
	Benefit for orthodontic treatment will be granted where the function is impaired.	
	Benefits 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 subject to managed care protocols	
Periodontics and associated laboratory costs	**Pre-authorisation is required**	Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemi section of a tooth
	Benefit limited to conservative, non-surgical therapy only	
	Benefit will only be applied to members registered on the Periodontal Programme	
	Subject to managed care protocols	
	Covered at **90%** of the Alliance-Midmed Rate	
Maxillo-facial surgery and oral pathology	No authorisation required for surgery in the dental chair Benefit subject to managed care protocols.	Orthognathic *(jaw correction)* surgery
	Covered at **90%** of the Alliance-Midmed Rate	Bone tissue regeneration procedures
	Temporo-mandibular Joint *(TMJ)* therapy: Benefit limited to non-surgical intervention/treatments	Cost of bone regeneration material
		Auto-transplantation of teeth
	Authorisation required: Oral pathology procedures *(cysts and biopsies, the surgical treatment of tumors of the jaw and soft tissue tumors)*: Claims will only be covered if supported by a laboratory report that confirms diagnosis	Bone augmentations
	Authorisation required: The closure of an oral-antral opening (code 8909)" Subject to motivation and managed care protocols	Sinus lift procedures

Hospitalisation *(General Anaesthetic)*	Benefits for in-hospital dental and oral surgery are limited to beneficiaries up to the age of 12 years.
Laughing gas in dental rooms	Benefit of managed care protocols. Covered at the Alliance-Midmed Rate
	Benefit subject to managed care protocols. Covered at 100% of 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:
- Implants are a Scheme exclusion.
- In-hospital dental work is excluded after the age of 12.
- Where a health professional insists that a dental procedure can only be performed in hospital, a detailed "dental specialist" motivation is required. Due to clinical and funding Ex-Gratia approval process that must be followed, it will take at least fourteen days for the Scheme to respond.

What is subject to Managed Care Protocols:
- The Scheme's Managed Care Protocols assist with selecting and approving the 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 12 years old

OPTICAL BENEFIT

OPTICAL BENEFIT

The professional staff at a leading university advised us about the Scheme's optical benefits, and we manage the benefits in-house.
If you have queries or concerns, please contact us at **0860 002 101** for assistance.

THE COVER/BENEFIT	BENEFIT DETAILS	MONETARY LIMIT/BENEFIT NOTES
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 R762
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 R2 529
	Paid from PMSA	Maximum R3 892
Lenses One (1) pair of either single vision, or bifocal, for multi-focal *(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)*	Single vision lenses Paid from the Major Medical Pool Paid from PMSA	R639 per pair R836 per pair
	Bifocal lenses Paid from the Major Medical Pool Paid from PMSA	R1 940 per pair R2 337 per pair
	Multifocal lenses Paid from the Major Medical Pool Paid from PMSA	R2 494 per pair R3 016 per pair
Lens enhancements	Paid from the Major Medical Pool	Maximum R1 109
	Paid from PMSA	Maximum R666
	OR	
Contact lenses	Paid from the Major Medical Pool	Maximum R2 663
	Paid from PMSA	Maximum R2 501

Optical benefits are available every 24 months from the previous date of service. Spectacle benefit every 24 calendar months. Contact lenses benefit every year, but contact lenses not funded in the same year as the spectacle claim. Saving refunds are made to members, based on a detailed account, including all the services rendered - split-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 to the 12-month cycle. Members registered for diabetes or other chronic-related PMB eye conditions are managed according to managed care protocols.

MANAGED CARE

Allance-Midmed Medical Scheme is accredited in terms of the Medical Scheme Act to render their own Manage Health Care services to the Scheme and its members. These services are provided through various managed care programmes with include maternity, oncology (cancer management), chronic medicines management and active disease management for Cardiac conditions, Diabetes Mellitus Type 1 and Diabetes Type 2 and HIV/AIDS. These prgrammes aim to promote health through education and awareness. As chronic conditions cause about 60% of global deaths, the programme have a very important role to play in reducing the progression of diseases and preventing unnecessary complications. With member consent, members are educated telephonically and in-person at the Family Wellness Center (FWC) by the Scheme's Professional Nurses on specific chronic conditions they suffer from and sent necessary information.

INDENTIFICATION:

Member will be identified for enrollment via internal processes. Members may also contact the Professional Nurse directly if they have been diagnosed with a relevant chronic condition.

ENROLMENT:
ON THE PROGRAMME:

Member information will be captured on the Scheme's system.

MATERNITY AND INFERTILITY

THE COVER/BENEFIT	BENEFIT DETAILS	MONETARY LIMIT/BENEFIT NOTES
MATERNITY (REGISTRATIONS AND ADHERENCE TO THE MATERNITY PROGRAMME REQUIRED WITHIN THE FIRST 3 MONTHS)		
Maternity: Consultations, visits & delivery by GP, specialist or midwife	150% of the lower cost or Alliance-Midmed rate for consultations and visits by a General Practitioner, Medical specialist or Midwife The following consultation benefit limits apply: • One consultation per month in the first 6 months • Two consultations per month in months 7 and 8 • One consultation per week in month 9 High risk pregnancy will be monitored according to the Scheme managed care protocols and benefits	Rules state that 3rd generation dependants are excluded from membership unless legally adopted
Maternity: Scans, accommodations, theatre, drugs, dressing, medicines and materials, labour ward fees, etc	• Pre-authorisation required • Two (2) 2D pregnancy scans per normal pregnancy	Confinement (normal delivery) - three (3) days (two (2) nights) Confinement (caesarian delivery) - four (4) days (three (3) nights)
INFERTILITY		
Infertility: Investigation and treatment	• According to the PMB rules • Pre-authorisation required	Payable at the Public Sector rate and subject to PMB and the Hospital and Major Benefit Management Programme. PMB benefits are payable at PMB rates. No benefit for the following: • Assisted Reproduction Techonology *(ART)* including In-Vitro Fertilisation *(IVF)* • Gamete Intrafallopian Tube Transfer • Zygote Intrafallopian *(Zift)* • Intractoplasmic Sperm Injections *(ICSI)*

AUTISM AND ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

AUTISM & ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)		
Autism & ADHD	Subject to Managed Care Protocol	

HIV / AIDS

The Scheme has an HIV/AIDS management programme for its members. If you and/or one of you dependants are living with HIV/AIDS, registering on the programme can give you the support you need to lead a healthy and productive life. All information is treated with the utmost confidentiality. Some of the benefits include: medication to treat and prevent opportunistic infections related to HIV/AIDS, including multi-vitamins where appropriate, pathology tests, regular monitoring of your condition to ensure you start treatment at the right time and that it is effective.

HIV/AIDS		
Treatment and care, including medicines	• Subject to the HIV/AIDS Management Programme • Pre-authorisation required - contact us on our dedicated confidential number **0860 002 101, option 2**	Antiretroviral medicines - subject to generic reference pricing. for all other HIV/AIDS related services on the treatment plan, benefits shall be paid in full.

ONCOLOGY (CANCER)

The Oncology Management Programme ultimate objective is to ensure that patients receive multidisciplinary care they require. The programme includes member education, and the promotion of wellness. The Oncology Programme includes prevention and early detection; diagnosis, registration and treatment; palliative care and support. The Alliance-Midmed Professional Nurses throughout the patients cancer journey provides support and guidance to the patient and their families making the cancer journey less stressful.

For Medical Oncology related claims, the Scheme is contracted and guided as per the guidelines/protocols of the Independent Clinical Oncology Network (ICON). All Chemotherapy, Radiotherapy, Adjuvant Therapy, Oncology related investigations and Hormone Inhibitors must be pre-authorised with the Scheme.

We have contracted with an oncology specialist manager, who co-ordinates detailed treatment plans with your treating specialist. Contact us at **0860 002 101, option 3** should you need to access this benefit. We reserve the right to implement utilisation controls where health professionals use the service more than usual.

THE COVER/BENEFIT	BENEFIT DETAILS	MONETARY LIMIT/BENEFIT NOTES
ONCOLOGY (CANCER TREATMENT)		
Upon successful registration, the Scheme will pay the *(including associated)* costs according to the agreed treatment plan	• Subject to PMB, the Hospital and Major Benefit Management Programme and the Pharmaceutical Benefit Management Programme • Authorisation request to be emailed to auths@alliancemidmed.co.za	R662 786 per beneficiary overall limit unless PMB applies

ORGAN TRANSPLANTS

The organ transplant process consists of four steps: patient/recipient work-up; donor work-up; the transplant; post-transplant management.

ORGAN TRANSPLANTS		
Pre-transplant investigation, donor work-up (harvesting of organ) and transplantation procedure - post-operative anti-rejection medicines	• Subject to Public Hospital Protocols and Evidence-Based Medicine • Detailed treatment plans are required • Pre-authorisation required	

REGISTRATION OF MEDICATION

MEDICINES

Our Scheme has one of the most generous medicine benefits in the industry, and to maintain the benefit, requires 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), which sets a price limit on what the Scheme will pay for any group of medicines that have a similar clinical effect, making provision for access to appropriate medicines, but allowing for co-payments on more expensive similar medicines. Generic medicines are 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, and we urge you to discuss the preference with your doctor. You can also call Mediscor using 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, which 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 applies 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 treatments 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 002 101** 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. 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.

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:

- Take your script to your pharmacy.

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 at **0860 119 553**

- 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
- If all criteria are met, the doctor or pharmacist will be informed immediately, and the authorisation will be processed. You can claim medication immediately.
- 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 of the authorisation or rejection.

Members who had recent cardiovascular (heart) admissions or surgery and are experiencing challenges with the registration of their chronic medication, are encouraged to contact the Scheme on **0860 002 101** or visit the Family Wellness Centre. 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 you have no further repeat prescriptions, please consult with your health professional, ensure that a thorough examination is done, and obtain a new prescription from your health professional.

Ensure that you make copies and retain them for your record purposes in the event of changing pharmacies. Please enquire from ChroniLine or use the look-up Formulary 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 must make a co-payment upon collecting your medicine

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. Please speak to our nursing team at the Family Wellness Centre for more information. 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 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 MEDICAL POOL

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 visit us at the Family Wellness Centre or phone us at **0860 00 2101** or email us at service@alliancemidmed.co.za so that we can assist you in accessing the best treatment and care:

CATEGORY	DESCRIPTION
Life stages 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	Specialised investigations 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 26 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 872 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 event or condition that is excluded from benefits, 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 placed 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.

SCHEME AND BENEFIT GUIDELINES

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 the Personal Medical Savings Account *(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 dependent'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. An electronic copy of the membership card is available on the Mobile App, or you can confirm your membership on the Mobile App.

Alternatively, your service provider can verify your membership on the Scheme's website on the Health Professional Portal at www.alliancemidmed.co.za. 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 002 101**.

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

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 visit us at the Family Wellness Centre or phone us at **0860 00 2101, option 3** or email us at auths@alliancemidmed.co.za so that we can assist you in accessing the best treatment and care:

CATEGORY	DESCRIPTION
Life stages 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	Specialised investigations 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 26 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 R3 215 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 event or condition that is excluded from benefits, 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 placed 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)*, unless indicated differently on specific benefits.
4. Members may instruct the Scheme, in writing, to pay additional benefits from the Personal Medical Savings Account (PMSA) for valid medical expenses. Alternatively, members can request refund shortfalls on the mobile app or website.

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.

EMERGENCIES AND TRAUMA

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

WHO TO CONTACT

Deal with the emergency
Call **0860 255 426**

Ensure access to benefits and payment of accounts
Contact the Scheme at **0860 00 2101** within 24 hours

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

DEALING WITH EMERGENCIES AND TRAUMA

Alliance-Midmed appointed AZOZA, an independent international medical emergency specialist, to manage and coordinate our emergencies country-wide. Their task is 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 events *(e.g. heart attack, poisoning, animal bite etc.)*
- Motor vehicle accidents and hit-and-run
- Hijacking/Robbery

Note that the cover includes:

- Assault and child abuse
- Crime-related trauma
- HIV exposure through rape or needle stick injury
- 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

ADDITIONAL REQUIREMENTS

Where another person, through their actions or failure to act *(e.g., an animal bite)*, causes 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.

SOME IDEAS ON MANAGING YOUR CARE, COSTS AND OUT-OF-POCKET EXPENSES

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

- Check your benefits, available savings, and payment statements of claims on your mobile app.
- Call the Scheme at **0860 002 101**.
- Call the AZOZA number at **0860 255 426** for after-hour emergency assistance
- Call AZOZA at **0860 255 426** 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 are the preferred and sustainable first healthcare option
- Generic medicine is not the same as cheap medicine
- 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-room treatment
- Share your experiences with us
- Call us when you have a bad reaction to treatment
- Contact the anesthetist 48 hours before your treatment for their cost
- Call us when you have to consult your health professional repeatedly for the same condition

AUTHORISATION AND MANAGEMENT

HOSPITALISATION

If either you or your dependent is hospitalised, please phone for pre-authorisation on **0860 002 101**, at least 72 hours in advance. In an emergency, please notify us within 48 hours of admission. Shorter notice will attract co-payment.

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 the admitting healthcare professional
- The name and address of the referring healthcare professional *(where applicable)*
- Date of admission
- Medical condition ICD10 *(diagnosis)* code and/or CPT *(procedure)* code. *(Your healthcare professional must provide this to you)*.
- Type of procedure/operation *(where applicable) (Your healthcare professional must provide this to you)*.
- Name of hospital or clinic
- Expected length of stay. *(Your healthcare professional must provide this to you)*.
- Quotations from the Health Care Professional for a booked/planned procedure

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 002 101** or email us at auths@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
Opthalmology	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)	Arthroscopies 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 or Out-of-hospital sub-limit applies, subject to beneficiary per annum. Colonoscopy *(scope of the colon)*, gastroscopy *(scope of the stomach)*, Oesophagoscope (examining the inside of the throat), Sigmoidoscopy *(internal examination of the colon)*
Orthopaedic	Arthroscopy, Back and Neck Surgery *(Managed Care protocols apply)*, Bunionectomy, Carpal Tunnel Release, Conservative Back and Neck Treatment, Ganglion Surgery, Joint Replacements *(Managed Care protocols apply)*
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

LIFESTAGES BENEFIT

Our generous Lifestages Benefit Programme provides for the government's Immunisation and Vaccination Programme, a range of additional vaccinations, and an early detection programme to engage members members regarding their health risks better. The lifestyle programme is run under the Know-Your-Numbers – Know-Your-Health-Risks banner. It focuses on improving your quality of life, managing your utilisation of health services, and reducing the overall costs of healthcare in the medium and the long term.

Should you have a family history of breast or prostate cancer, please get in touch with 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 auths@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 the current year 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, you must authorise other PMSA refunds. 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 not 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 savings contribution to your PMSA.

This advanced allocation is recalculated when dependents 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 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 to the next year.
- 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 the Alliance-Midmed Rate *(exceptions apply)*
- On application, to pay for medical expenses for which the Scheme is not liable for *(stale claims, etc.)*
- Claims will be processed according to the treatment date. 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 service date. Consequently, the Scheme must provide for claims that may 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.

Members may apply for Ex-Gratia benefits, which are evaluated by a clinical team and the Board of Trustees. Please contact us on **0860 002 101** or visit the website *(www.alliancemidmed.co.za)* for more information on the Ex-Gratia process.

PERSONAL HEALTH ADVISOR SERVICE

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

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

PREFERRED SERVICE PROVIDER SCHEDULE

Emergency management and evacuation	AZOZA	
Alcoholism and drug dependency	Please call us at **0860 002 101** for information	
Pathology	Ampath	
Psychiatric facility	Zwavel Stream Clinic	Psychiatric
	Beethoven Recovery Centre	Psychiatric and Substance Abuse
	Wedge Gardens	Substance Abuse
	Evexia	Psychiatric Day clinic
	Denmar	Psychiatric
	Vista Private Clinic	Psychiatric
Medicine management	Mediscor *(ChroniLine)*	
CPAP & Continuous Oxygen	Ecomed	

CO-PAYMENT SCHEDULE

BENEFIT	CO-PAYMENT
Hospitalisation: In-patient	R1 575 co-payment if not authorised 72 hours before a planned procedure or within 24 hours following an emergency
Hospitalisation: Out-patient	The R50.00 co-payment per out-patient visit wavered when admitted
Alternative healthcare practitioner	R10.50 co-payment per consultation
All healthcare services	Any fees charged above the Alliance-Midmed rate.
Dentistry	See Dental Benefit Section
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. Should 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 according to the Scheme rules.

Contact your bank, if you have a credit card, AZOZA 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 get in touch with us at advancesupply@mediscor.co.za at least three weeks in advance. We 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.

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 Road Accident Fund *(RAF)*	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 assist the Scheme in recovering the medical costs from the Road Accident Fund *(RAF)*
Who to report to?	Your employer and the Scheme *(within 48 hours)*	The SAPS, the RAF and/or Legal representative 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, 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 a fall or infection acquired while in hospital

What actions to take?	Contact us at **0860 002 101** 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 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 sports, 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 at 0860 002 101 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.

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 protecting persons who report incidents.

If you know 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
Alliance-Midmed Medical Scheme, Family Wellness Centre, Corner of Montagu and Chrome Street, Columbus Stainless, Middelburg, 1055	service@alliancemidmed.co.za	Postnet Suite MW765 Private Bag X1838 Middelburg MP, 1050	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 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 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. Note that Healthcare Professionals can charge different rates according to their healthcare speciality. You can view the Scheme rates for the services on the Mobile App and website. 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 dependent 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 listed above are visible. Given the increasing fraud, we do not make payments by cheque. 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 occasionally, e.g., if we obtain better prices.
The Payment Run schedule is available on the website.

HOW WILL I KNOW WHAT WAS PAID?

- You will receive an email payment notification when your claims are processed in the Scheme's payment run.
- 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 realtime.
- If your claim is not paid within 30 days, contact the Scheme on **0860 002 101** or email at service@alliancemidmed.co.za

HOW WE PAY HEALTH PROFESSIONALS

GP's	We pay GP's the actual consultation cost, up to a maximum amount which is adjusted from time to time.
Specialist	We pay specialists according to a maximum rate we set in terms of affordability to the Scheme. Specialists may charge different rates according to their healthcare speciality. You can view the Scheme rates for the services on the Mobile App and website. Or contact us on 0860 002 101 for the rate that applies to your specialist. Certain specialists do not charge upfront co-payments or charge our members a lower co-payment. Please ensure that you are aware of the rates that certain specialists, including anesthetists, charge **BEFORE UNDERGOING TREATMENT.** 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. A co-payment will apply if you elect to use another facility or service.
Preferred providers	We negotiate the quality of care and costs with our Preferred Providers and will advise where additional may be applicable. Additional costs usually relate to non-essential or elective services.
Other health professionals	We pay according to the Alliance-Midmed Rate that is available on the website for Health Professionals and on the Mobile App for members. We negotiate a rate for the specific care where we do not use the services often or enter into a payment arrangement with the entity where our members use the services/facilities regularly.

COMPLIMENTS AND COMPLAINTS

We strive to give you excellent and memorable service. We record all communications to protect you and ensure we keep to this promise. You are further protected, through our use of excellent systems, procedures, and processes to manage claims and payments and respond efficiently to queries and complaints. If you have 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 within 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 a 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.

MOBILE APP HINTS AND TIPS

This guide will walk you through the basics of using our Mobile Application to enjoy the multiple self-service functionality. Each section includes step-by-step instructions and helpful images to guide you.

FOLLOW THESE STEPS TO GET STARTED:

Download the application: Visit our website, or the Playstore or Apple store by searching for “Alliance-Midmed” and download the latest version of the application.

Install the application: Click on the install icon and follow the on-screen instructions.

Launch the application: Once installed, you can launch the application from your phone screen.

First Time registration: Select the Need to Register? Follow the prompts.

Log-in: Once installed, you can launch the application from your phone screen with your username and password. Or login with Biometrics.

Forgot Password: Once installed, you can launch the application from your phone screen.

The main screen consists of the following elements:

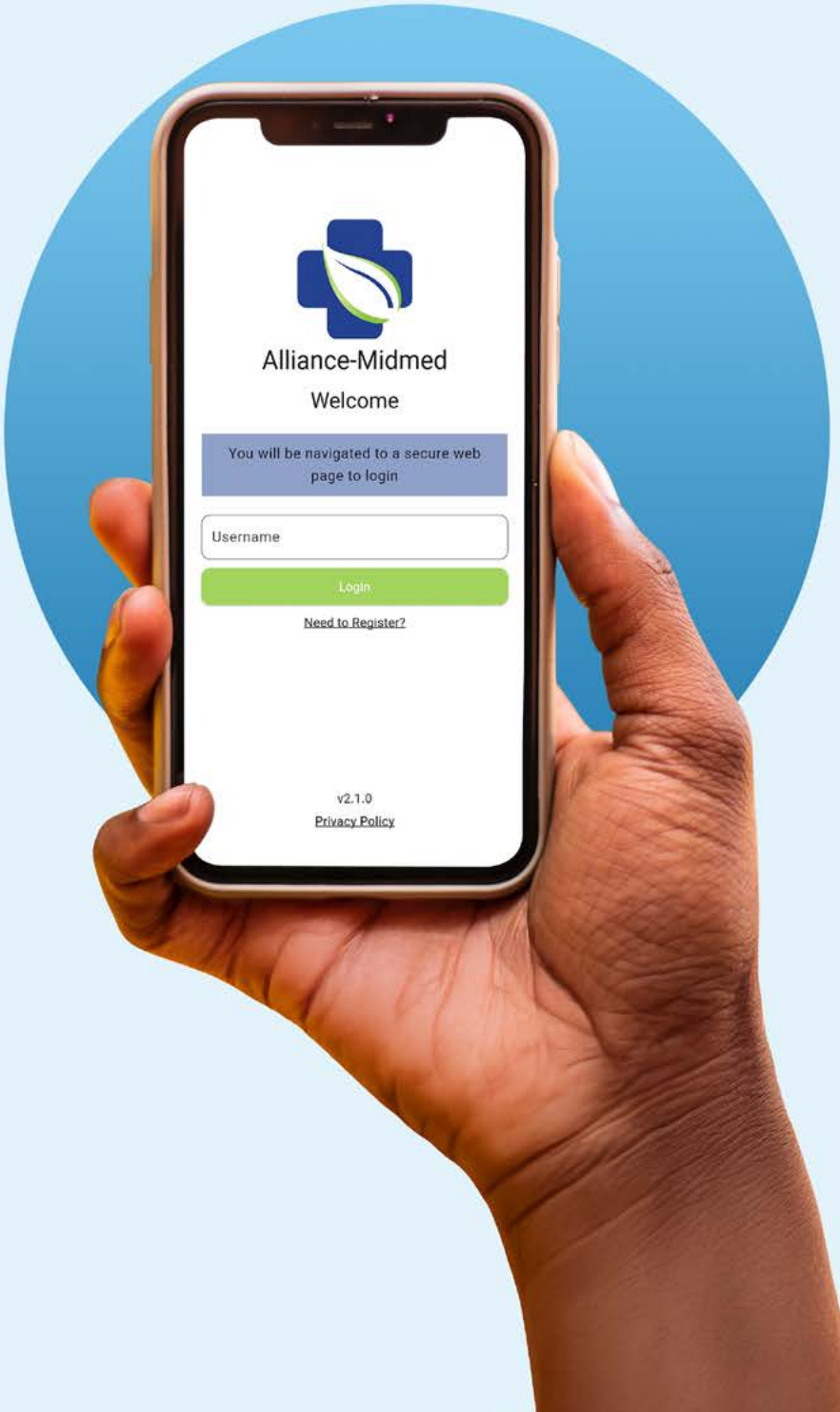
Home Window:
Contains commonly used tools for quick access.

Card:
Located at the bottom, providing access to your digital membership card.

Menu Icon:
Located at the bottom, in the middle, providing access to various functions.

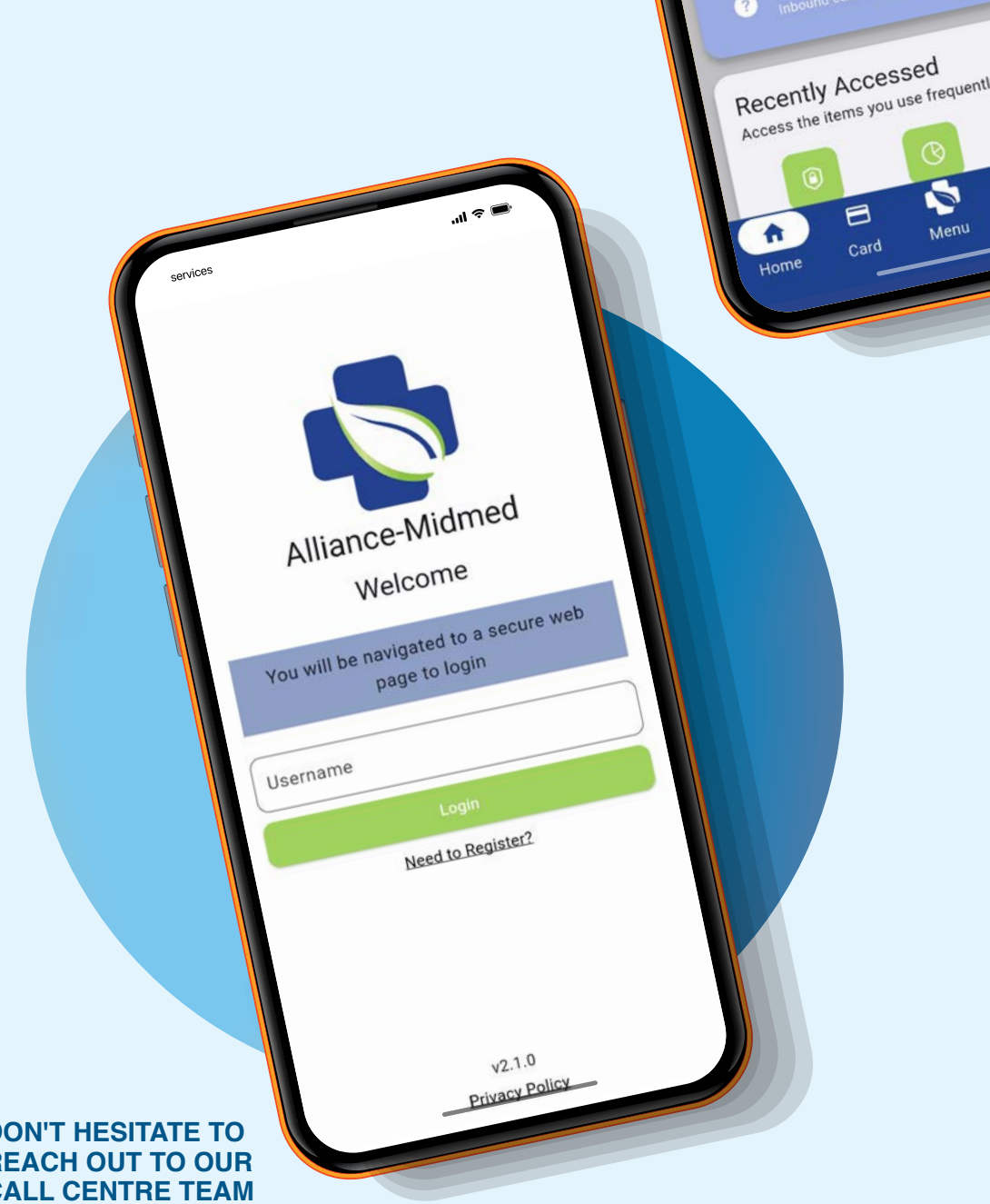
Contact Us:
Contains the various Scheme contact details with quick access.

My Family:
Contains various functions, per specific family member and their profile.



Here's how to perform some common tasks:

1. **Need an ambulance / Emergency contact:** Go to Contact Us > Emergency Services
2. **Viewing your Digital Membership Card:** Go to Card > View > swipe to view the back of the card
3. **Request your shortfalls on account to be refunded back to you from your savings:** Go to Menu > Benefits > Savings Refund
4. **Lost you physical membership card and need to request a new one:** Go to Menu > Self Service > Request a New Card
5. **Checking your Savings balance**: Go to Menu > Benefits and Savings > View the Savings
6. **Seen the doctor and want to send the Scheme the account:** Go to Menu > Self Service > Upload Claim from Device > Choose between Camera or Upload > Select the document Type "NEW CLAIM ACCOUNT" > Select document > Send
7. **View benefit used and remainder benefits available:** Go to Menu > Benefits > Benefits and Savings > Benefits > Select Family benefits. If the benefit is for a dependant specific like glasses or your Lifestyle benefit, click on your beneficiary that you are interest and scroll down to find the relevant benefit.
8. **It is Tax season and lost your tax certificate:** Go to Menu > Self-service > Tax certificate
9. **Viewing claims submitted and processing details:** Go to Menu > Claims > Select All dependants or specific dependant
10. **Checking what the Scheme will pay for a consult or procedure when the doctor gave you a quote:** Go to Menu > Tariff Calculator > Select the type of healthcare service provider *(discipline)* > enter the tariff code > Calculate
11. **Need to send a copy of your chronic script or hospital admission form:** Go to Home > Upload Claim > Choose between Camera or Upload > Select the document Type "PRE-AUTHORISATION REQUEST / CHRONIC APPLICATION > Select document > Send.
12. **Viewing if your authorisation has been activated or the duration of the authorisation:** Go to Menu > Authorisation > Select the beneficiary
13. **Expecting a refund and want to verify which bank account details the Scheme will refund it into:** Go to My Family > Banking details > View.
14. **You accidently changed the language and need to change it back to English:** Go to My Family > Language > Select English
15. **Looking for your previous statements, or any other documents:** Go to Menu > Document Vault > Scroll up and down
16. **Look for a provider if you are travelling:** Go to Menu > Network Provider Search > Allow Alliance-Midmed access to the device location > Click on the to expand > Select > Choose a specific type of health care service e.g. General Practioners > Apply
17. **Looking for a Scheme form such as adding a dependant, membership changes, banking details change form, etc:** Go to Menu > Document Library > Authorisation > Select the beneficiary
18. **Need to phone the Scheme and don't have the Scheme's number or the emergency ambulance contact number saved:** Go to Contact Us > Click on the contact service / method
19. **Want to log an enquiry:** Go to Menu > Self Service > Log Query
20. **Moved house recently and need to update the Scheme on your new address**: Go to Menu > Edit Profile
21. **Interested what your full premium per month is:** Go to My Family > Policy Information



DON'T HESITATE TO REACH OUT TO OUR CALL CENTRE TEAM IF YOU HAVE ANY QUESTIONS.

0860 00 2101 | service@alliancemidmed.co.za

EXCLUSIONS

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))*

EXCLUSIONS APPLICABLE TO ACUTE MEDICATION

- Patent, patent preparations and household remedies *(unless listed on the Essential Drug List and part of PMB level care).*
- Patent foodstuffs, including baby food and special formulae *(unless part of PMB level care).*
- Tonics, nutritional supplements, multi-vitamin preparations and vitamin combinations. except for prenatal, lactation and paediatric use
- Simming preparations
- Birth control preparations, except oral and injectable contraceptives and IUO's
- Anti-smoking preparations
- Surgical appliances and devices unless based on protocols
- Medicine used specifically to treat alcoholism, except if used as part of a beneficiary's rehabilitation treatment at a recognised facility
- Aphrodisiacs
- Anabolic steroids
- Sunscreens and tanning agents including emollients and moisteners
- Cosmetic preparations, soaps, shampoos and other topical applications medicated or threes except for the treatment of lice, scabies, and other parasitic and fungal infections ingle or combined mineral preparations, except for calcium preparations with 300mg a more of elemental calcium used for the prevention and treatment of osteoporosis an
- Contact lens preparations
- Preparations not elsewhere classified
- Stimulant laxatives
- Treatment for erectile disfunction

Contact Centre: **0860 002 101**
Emergency Number: **0860 255 426**
Please Call Me: **064 989 7224**

Email: service@alliancemidmed.co.za
www.alliancemidmed.co.za

HEAD OFFICE
Alliance-Midmed Medical Scheme, Family Wellness Centre,
Corner of Montagu and Chrome Street,
Columbus Stainless, Middelburg, 1055

Postnet Suite MW 765, Private Bag X1838, Middelburg MP, 1050

YOUR HEALTH MATTERS