AECI®
MEDICAL AID SOCIETY

For more, click here to visit our website!

MEMBER GUIDE 2023

CONTENTS

Click to navigate

IMPORTANT:
Unless otherwise specified –

- **the benefits described in this guide apply to the Scheme's benefit year (1 January to 31 December), and are not transferable from one benefit year to another, and**
- **all claims will be covered from a member's available benefit limits at Scheme Tariff (a reimbursement rate set by the Scheme).**

This summary is for information purposes only and does not supersede the Rules of the Scheme. In the event of any discrepancy the Rules will prevail. A copy of the Rules can be obtained from Medscheme the Administrator of AECI Medical Aid Society.

GET IN TOUCH

CALL CENTRE
0860 002 103
aecisociety@medscheme.co.za
www.medscheme.com

HOSPITAL AUTHORISATIONS
0860 002 103
aeci.authorisations@medscheme.co.za

SPECIALIST REFERRAL MANAGEMENT
0861 112 666
aecisociety@medscheme.co.za

CHRONIC MEDICINE MANAGEMENT
0860 002 103
aecicmm@medscheme.co.za

MENTAL HEALTH PROGRAMME
0860 106 155
membercare@medscheme.co.za

ONCOLOGY MANAGEMENT
0860 100 572
cancerinfo@medscheme.co.za

HIV MANAGEMENT
0860 100 646
afa@afadm.co.za
www.afa.co.za
083 410 9078 (Please call me)

DISEASE MANAGEMENT
0860 101 306

WHISTLE BLOWER FRAUD HOTLINE
0800 112 811
fraud@medscheme.co.za

MEDSCHEME BRANCHES INFO
www.medscheme.com

SCHEME POSTAL ADDRESS
PO Box 800, Florida Hills, 1716

EMERGENCIES: ER24 084 124

WEBSITE

Our accessible and user-friendly website is available to all members who have access to the internet, and on multiple devices such as desktops, laptops, tablets, and smartphones.

TIP
If you are visually impaired, you can use Ctrl+ to increase the font size on your desktop in increments. Simply press Ctrl- to make the display smaller, or Ctrl0 to return to the default view size.

The website offers more comprehensive information on benefits, managed care programmes, and a wide range of additional Scheme-related topics.

You can also easily navigate to the **Member Portal** via our website by clicking **LOGIN** here.

aecimedicalaidsociety.co.za

MEMBER PORTAL

If you have registered on our Member Portal, you can access all your personal Scheme information, including benefits, claim information and much more, simply by clicking here!

Remember that you will need a valid email address and password to log in successfully.

Not yet registered on the Member Portal? You're missing out! Click here to see what our enhanced Member Portal offers you, and to register. (The next page also has more information and tips on how to register.)

MEMBER PORTAL:
HOW TO REGISTER*

1. Have your membership number handy, as the system will ask you for that.
2. Click on '**I agree to the AECI Medical Aid Society**' check box.
3. You can view the terms and conditions, by clicking '**Terms and Conditions**'.
4. Once you are done, click '**Next**'.
5. You will receive a **one-time pin** (OTP) as an SMS on your cell phone. Enter this OTP and click on '**Confirm OTP**'.
6. Complete the registration form and click '**FINISH**'.
7. Once the process has successfully been completed, a screen will appear confirming your registration.

*Provided the main member has given permission, dependants can also register, by clicking 'Register Dependant'.

TIPS

- When choosing and typing in a username and password, remember that the password is case-sensitive.
- If your cell phone number or email address has changed recently, please update our records for a smooth registration process, as the details you use must correspond with our records. You can update your details by phoning **0860 002 103**, emailing **aecisociety@medscheme.co.za**, or downloading **AECI Chat** on your smartphone (see next section) and sending the details to us via live chat.

AECI CHAT
INSTANT MESSENGER SERVICE

You can download AECI Chat on your smartphone to chat online, in real time, with a Scheme representative. This facility is also available to all registered users via the **Member Portal**, by clicking the **AECI Chat** widget/icon.

Operating hours are from 08:30 to 16:00, Monday to Friday.

What are the benefits?

- Less costly than a phone call
- Shorter turnaround times than emails

How can I download the app?

- Access your App Store on your smartphone.
- Enter 'AECI Chat' in the search box.
- Select the AECI Chat icon and download.
- Once the app has downloaded, you will be required to enter verification details

What can I do with this application?

- Submit general enquiries, for example benefits and claim payments.
- Submit a new account by attaching a copy of the account to your text.
- Register chronic conditions.
- Request pre-authorisation for hospital admission or procedures.
- Request documents such as tax certificates.
- Access your electronic membership card to share it with your healthcare provider.

OVERVIEW

THE OPTIONS

AECI Medical Aid Society offers a choice of three Options, catering to our various members' needs.

Before the new benefit year starts on 1 January 2023, you will need to decide whether your current Option (if you are already a member) still meets your medical needs or whether you should consider switching to a more suitable Option.

Please note that Option changes can only be processed once a year, at the beginning of each benefit year.

When making this important decision, you will have to weigh up the benefits and contributions of the various Options with your needs – so please read this member guide carefully and refer to our website where necessary to get all the information you need before making your decision.

COMPREHENSIVE

This Option offers unlimited hospital cover and additional chronic medicine cover for specified non-PMB conditions. The use of Designated Service Providers (DSPs) is mostly not required. Using Preferred Providers and Network Providers will allow members to stretch their benefits.

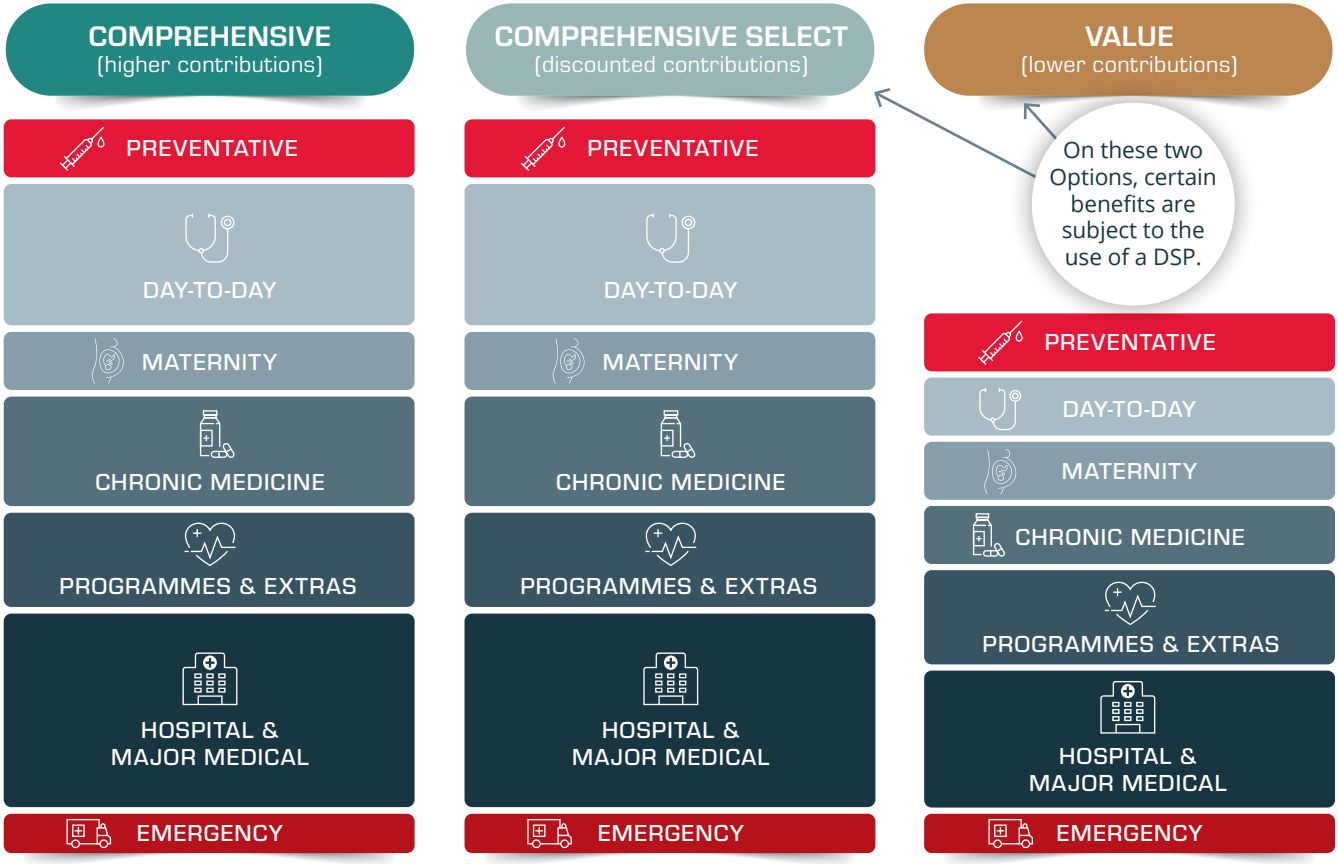
COMPREHENSIVE SELECT

This Option provides the same benefits as the Comprehensive Option, but at a lower cost. It requires members to use Designated Service Providers (DSPs) and Networks for certain benefits and benefit categories.

VALUE

This is a basic benefit option for those who are looking for major medical cover, but who are willing to enjoy fewer day-to-day benefits. This Option also requires members to use Designated Service Providers (DSPs) and Networks for certain benefits and benefit categories. Chronic medicine cover is limited to the Prescribed Minimum Benefits (PMBs).

The following is a graphic overview of how the different Plans compare.



2023 MONTHLY CONTRIBUTIONS

	COMPREHENSIVE			COMPREHENSIVE SELECT			VALUE		
Income Band	Member	Adult Dependant	Child Dependant	Member	Adult Dependant	Child Dependant	Member	Adult Dependant	Child Dependant
Below R1 580	R1 914	R1 662	R480	R1 722	R1 494	R432	R756	R654	R186
R1 581 – R2 330	R2 790	R2 442	R696	R2 514	R2 196	R624	R1 104	R936	R282
R2 331 – R4 675	R3 492	R3 054	R882	R3 144	R2 748	R792	R1 344	R1 182	R342
R4 676 – R6 945	R4 008	R3 438	R996	R3 606	R3 096	R894	R1 542	R1 326	R390
R6 946 – R9 290	R4 278	R3 690	R1 062	R3 852	R3 324	R954	R1 632	R1 428	R408
R9 291 – R11 620	R4 632	R3 990	R1 164	R4 170	R3 594	R1 050	R1 740	R1 488	R432
R11 621 – R13 818	R4 812	R4 170	R1 206	R4 332	R3 756	R1 086	R1 866	R1 596	R468
R13 819 – R15 480	R5 130	R4 380	R1 284	R4 620	R3 942	R1 158	R1 986	R1 788	R492
R15 481 – R22 100	R5 322	R4 536	R1 344	R4 788	R4 080	R1 212	R2 358	R2 190	R570
R22 101 – R29 450	R5 376	R4 602	R1 356	R4 836	R4 140	R1 218	R2 742	R2 598	R654
R29 451 – R36 800	R5 406	R4 650	R1 356	R4 866	R4 188	R1 218	R3 564	R3 438	R858
R36 801 – R48 950	R5 472	R4 674	R1 368	R4 926	R4 206	R1 230	R4 374	R4 272	R1 032
R48 951 – R65 100	R5 580	R4 758	R1 392	R5 022	R4 284	R1 254	R4 476	R4 380	R1 056
R65 101 – R86 500	R5 694	R4 866	R1 416	R5 124	R4 380	R1 272	R4 590	R4 476	R1 086
Above R86 501	R5 802	R4 962	R1 446	R5 220	R4 464	R1 302	R4 692	R4 590	R1 116

Please note that the amounts shown in the table above do not take into account any potential subsidies for which you may qualify in terms of your employment contract.

HOW TO SAVE COSTS AND STRETCH YOUR BENEFITS

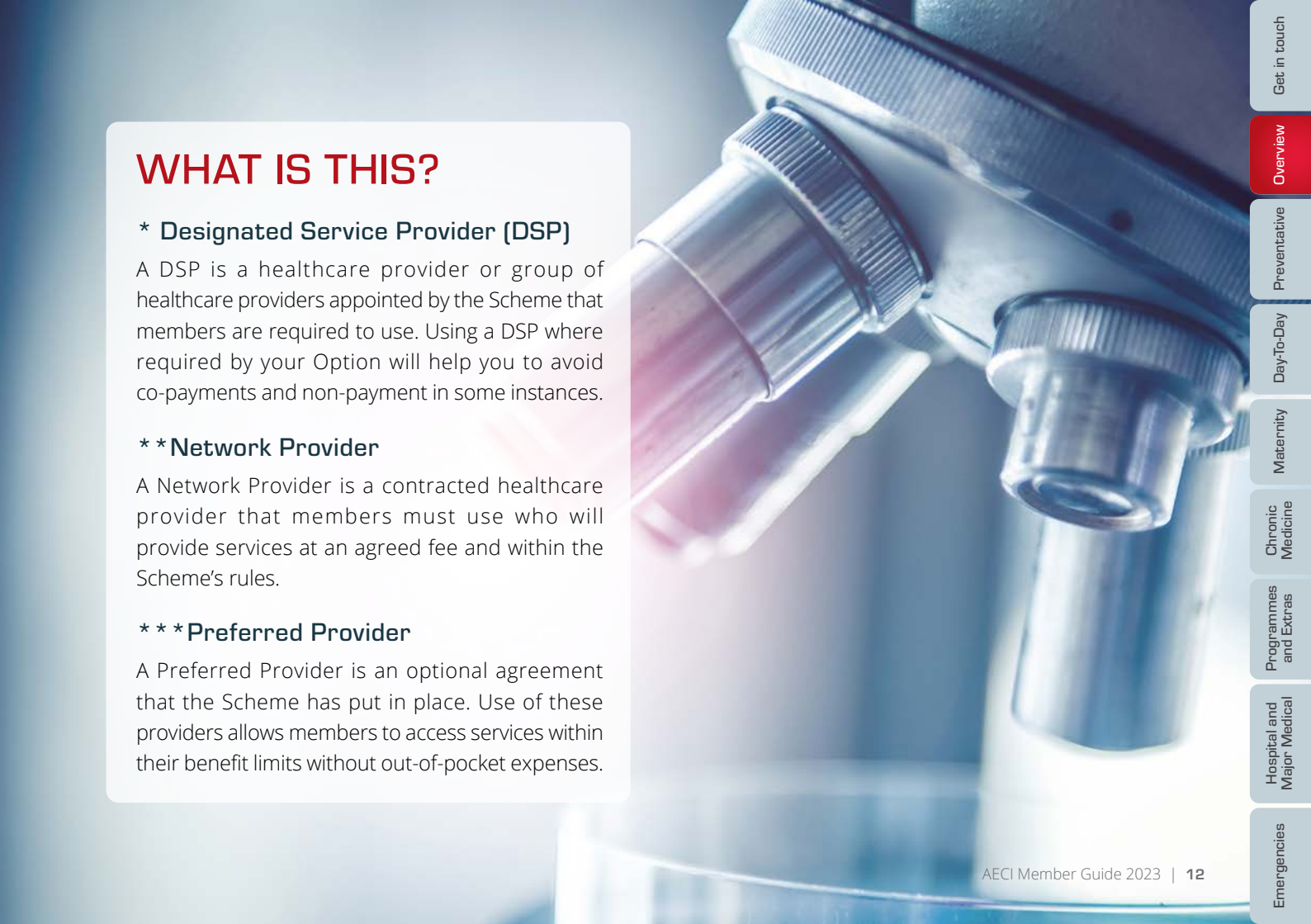
Maintain a healthy lifestyle and make smart choices to avoid or better manage lifestyle-related chronic conditions.

Stretch your benefits by knowing how claims are covered. Use the Scheme's **Designated Service Providers** (DSPs)* and **Network Providers**** to avoid unnecessary co-payments, and our **Preferred Providers***** to avoid out-of-pocket expenses (see next page).

Understand your responsibilities as a member, such as knowing your benefits, as well as the Scheme's Rules, processes, and requirements.

Ask for generic medicine whenever possible.

Use the vaccines and screening tests offered as part of your Preventative Benefits to avoid certain illnesses and to identify potential lifestyle diseases early.



WHAT IS THIS?

* Designated Service Provider (DSP)

A DSP is a healthcare provider or group of healthcare providers appointed by the Scheme that members are required to use. Using a DSP where required by your Option will help you to avoid co-payments and non-payment in some instances.

* *Network Provider

A Network Provider is a contracted healthcare provider that members must use who will provide services at an agreed fee and within the Scheme's rules.

* * *Preferred Provider

A Preferred Provider is an optional agreement that the Scheme has put in place. Use of these providers allows members to access services within their benefit limits without out-of-pocket expenses.

BENEFITS

BENEFITS:
1. PREVENTATIVE

These benefits, which are the same across all Options, include health screening tests and vaccines to help you manage your health pro-actively.

Having screening tests done is one of the most important things you can do for your health. Screenings are medical tests that check for diseases before there are any known symptoms. Screenings can help doctors find diseases early, so that the diseases may be easier to treat.

Claims for these benefits are paid from a separate benefit and will not affect your day-to-day benefits (although further treatment, if required, will be subject to your other applicable benefit limits).

GENERAL HEALTH SCREENINGS	
Health Risk Assessments	One screening per beneficiary per year.
Cholesterol test (lipogram)	One full test per beneficiary 20 years and older per year.
HIV screening tests	Two tests per beneficiary per year by a registered nurse at a pharmacy for the following: • 1 for pre-testing; and • 1 for post-testing.
Osteoporosis screening	One initial screening per year for women 65+ and men 70+ with routine follow-ups every 18 months.

CANCER SCREENINGS

Mammogram	One per female beneficiary 50 years and older per year.
Colorectal screening and/or faecal occult blood test	One per beneficiary 50 years and older per year.
Pap smear or Liquid Based Cytology	One pap smear or one cytology test per female beneficiary over the age of 25 years every 3 years or annually for HIV-positive beneficiaries.
Prostate specific antigen test (PSA)	One test per male beneficiary over the age of 45 per year.

VACCINES AND PROPHYLAXIS

Flu vaccine	One vaccine per beneficiary 6 months or older per year.
Pneumococcal vaccine	One vaccine per beneficiary 18 years and older per year.
Human Papilloma Virus (HPV) vaccine	Two doses per beneficiary between 9 and 14 years and 3 doses per beneficiary between 15 and 26 years.
Pertussis vaccine	One per beneficiary between 7 and 64 years every 10 years.
Malaria prophylaxis	One per beneficiary per year; thereafter subject to the available day-to-day benefit limit.

BENEFITS:
2. DAY-TO-DAY

These benefits typically cover routine, everyday medical services you may require from time to time outside of a hospital.

Depending on the Option, certain benefits have no limit (such as for basic dentistry), or have a separate benefit limit (such as for GP consultations on the **Comprehensive** and **Comprehensive Select** Options), or are payable from the day-to-day benefit limit shown at the top of the table below (such as for physiotherapy or biokinetics).

	COMPREHENSIVE	COMPREHENSIVE SELECT	VALUE
DAY-TO-DAY BENEFIT LIMIT Claims for services in the table below that state '*payable from the available day-to-day benefit limit*' are limited to this total amount.	Member: **R5 235** Member +1: **R7 560** Member +2: **R9 278** Member +3+: **R10 880**	Member: **R5 235** Member +1: **R7 560** Member +2: **R9 278** Member +3+: **R10 880**	**R5 165** per member family.

CONSULTATIONS (OUT OF HOSPITAL)

Consultations with general practitioners (GPs), including virtual consultations *See page 22 on how to find a Network Provider.*	No limit if Network Provider is used. The cost for the use of a non-Network Provider will be covered from available limit under the *Consultations with specialists* benefit below.	No limit if Network Provider is used, otherwise no benefit.	No limit if Network Provider is used, otherwise limited to 3 visits per member family and **R1 145** per event out of network, and payable from the available day-to-day benefit limit.
Consultations with specialists, including virtual consultations *See page 22 on how to get a referral to a specialist, if required on your Option.*	Member: **R5 100** Member +1: **R7 790** Member +2: **R10 080** Member +3+: **R11 570**	Member: **R5 100** Member +1: **R7 790** Member +2: **R10 080** Member +3+: **R11 570** Specialist consultations requires referral by GP.	Payable from the available day-to-day benefit limit. Specialist consultations requires referral by GP.

	COMPREHENSIVE	COMPREHENSIVE SELECT	VALUE
MEDICINE			
Routine (acute) medicine	**R4 470** per beneficiary, and further limited per family to: Member: **R4 470** Member +1: **R7 100** Member +2: **R8 700** Member +3+: **R10 700** A 10% co-payment will apply in cases where a contracted network provider is not used.	**R4 470** per beneficiary, and further limited per family to: Member: **R4 470** Member +1: **R7 100** Member +2: **R8 700** Member +3+: **R10 700** Subject to the use of contracted network providers, otherwise the claim will be rejected.	Subject to specific formulary; no limit if Network GP or pharmacy supplies the medicines, otherwise payable from the available day-to-day benefit limit.
Pharmacy-advised therapy	Subject to acute medication benefit limit above.		**R149** per event, limited to 5 events per year and payable from the available day-to-day benefit limit.

	COMPREHENSIVE	COMPREHENSIVE SELECT	VALUE
SIGHT			
Optometry	**R5 000** per beneficiary every 24-month period.		Single vision lenses and frames: **R1 050** Bifocal/multifocal lenses and frames: **R1 690** Frame sub-limit: **R265** No benefit for contact lenses.
Eye test	One per beneficiary.		
Readers from a registered optometrist, ophthalmologist, or supplementary optical practitioner	**R160** per beneficiary.		No benefit.
DENTAL			
Basic dentistry	No limit.		Plastic and acrylic dentures are limited to one set per beneficiary every 24 months. Limited to two consultations/visits per beneficiary. Cleaning, fillings and extractions only.
Orthodontic treatment	**R14 000** per beneficiary per event per lifetime.		No benefit.

	COMPREHENSIVE	COMPREHENSIVE SELECT	VALUE
ADDITIONAL MEDICAL SERVICES			
Dietetics, speech therapy, social workers, occupational therapy	Payable from the available day-to-day benefit limit.		Payable from the available day-to-day benefit limit, except in the case of Prescribed Minimum Benefits.
Physiotherapy, biokinetics chiropractics	Payable from the available day-to-day benefit limit.		
Audiology, genetic counselling, hearing aid acoustics, orthoptics, podiatry, private nurse practitioners, arts therapy	Payable from the available day-to-day benefit limit.		No benefit.
PROCEDURES AND TESTS (OUT OF HOSPITAL)			
General practitioner (GP)	No limit.	No limit if Network Provider is used, otherwise no benefit.	No limit if Network Provider is used, otherwise no benefit.
Medical specialist	No limit. Consultations are covered at up to 1.5 x Scheme Tariff.		Payable from the available day-to-day benefit limit. Consultations are covered at Scheme Tariff.

PROCEDURES AND TESTS *(Continued)*		
Pathology and medical technology	**R4 000** per beneficiary.	Subject to defined codes list.
General radiology	**R3 900** per beneficiary, limited to: Member: **R3 900** Member +1: **R6 070** Member +2: **R8 240** Member +3+: **R10 300**	No limit for standard black & white x-rays, otherwise payable from the available day-to-day benefit limit.
Specialised radiology	**R15 700** per beneficiary.	Payable from the available day-to-day benefit limit.
Bone densitometry scan	One scan per beneficiary out of hospital.	One scan per beneficiary in or out of hospital.

Where to find a Network Provider

Contact AECI Medical Aid Society Customer Services on **0860 00 2103** or find one online on our website, under Find a Healthcare Professional.

How to get a referral to a specialist (if required on your option)

Your GP should contact the Medscheme Call Centre on **0861 112 666** to obtain authorisation and an authorisation number BEFORE your consultation with the specialist. Without this authorisation the Scheme will not pay for the consultation.

IMPORTANT: It is your responsibility to ensure that the GP obtains the authorisation number. An authorisation number is not a guarantee of payment, as claims will be processed from your available benefits and in terms of the Scheme's Rules.

BENEFITS:
3. MATERNITY

The Scheme offers a range of benefits from when you fall pregnant until well after your baby has been born.

	COMPREHENSIVE	COMPREHENSIVE SELECT	VALUE
Maternity – general	**R8 700** per beneficiary.		6 x ante-natal consultations with a medical specialist, general practitioner or midwife per event. 2 x 2D pregnancy scans per event.
Delivery in hospital	No limit.		
Child immunisations	In accordance with immunisations prescribed by the South African Expanded Programme of Immunisations.		
Thyroid function screening test (TSH)	Once-off test for hyperthyroidism in new-borns (less than 1 month old).		
Infant hearing screening	No limit for all infant beneficiaries up to 8 weeks by an audiologist.		

For added peace of mind, after your baby is born, you will have access to BabyLine – a dedicated paediatric advice helpline for our members with children under the age of 3 years. **See page 30 for more information.**

BENEFITS:
4. CHRONIC MEDICINE

The Scheme's Chronic Medicine Management (CMM) programme allows members with specific chronic conditions to access defined treatment protocols without exhausting their day-to-day benefits.

Chronic medicine is indicated for prolonged illnesses that are often life-long. To have access to chronic medicine benefits, you need to apply and be authorised for a chronic medicine or condition through the Chronic Medicine Management (CMM) Programme, subject to the CMM Clinical Guidelines and Protocols.

The Scheme covers 27 chronic conditions as part of its Prescribed Minimum Benefits (PMB) offering to members on all Options. In addition, members on the **Comprehensive** and Comprehensive Select Options qualify for cover for a wide range of other chronic conditions. Call the Scheme on **0860 002 103** (or your doctor can call 0861 100 220), or email aecicmm@medscheme.co.za if you would like to find out whether your chronic condition would be covered.

COMPREHENSIVE	COMPREHENSIVE SELECT	VALUE
No limit. A 10% co-payment per script will apply for voluntary use of out-of-formulary medication, and a further 10% co-payment will apply for the voluntary use of a non-network pharmacy for chronic medication.	No limit, subject to the use of Pharmacy Direct and chronic formulary.	Only Prescribed Minimum Benefits conditions are covered, and further subject to using a network pharmacy or dispensing GP and strict medicine formulary.

Members who register on the CMM can stretch their benefits significantly and avoid co-payments by following the Scheme's guidelines around using in-formulary medicines and network pharmacies.

READ MORE ON OUR WEBSITE

BENEFITS:
5. PROGRAMMES AND EXTRAS

A wide range of programmes and supportive benefits are available to members in specific circumstances. The following pages offer only a short overview of these – if you are interested in or potentially qualify for any of these programmes and benefits, visit our website aecimedicalaidsociety.co.za or call **0860 002 103** for more information.

IF YOU HAVE CHRONIC BACK OR NECK PAIN

The Scheme's DBC back and neck rehabilitation programme is an active rehabilitation programme that concentrates primarily on back and neck problems, helping you manage severe neck and back pain. The programme consists of up to 12 sessions over a 6-week period and the treatment takes place at specific DBC centres. And as the Scheme covers the full cost of the programme, it won't impact your Day-to-Day benefits.

You can access the programme in various ways. The Scheme may refer you to the programme, or you or your doctor may contact us to arrange an initial assessment to determine whether you would qualify for this programme.

You may be liable for a co-payment of R5 000 should you decide on surgery without consulting DBC.

READ MORE ON OUR WEBSITE.

IF YOU NEED MENTAL HEALTH SUPPORT

Our Mental Health Programme has been built on the principle of providing support to both you and your family practitioner to promote access to the best quality primary mental healthcare that is available.

Members who qualify for this programme will receive a care plan to allow a team of healthcare professionals to optimally manage the member's condition. This will be individualised based on each member's unique requirements. Qualifying members can expect to receive relevant education, information on community support groups, plus an ear to listen and to provide support for any changes that are required.

READ MORE ON OUR WEBSITE.

BABYLINE:
0860 666 112

IF YOU HAVE A CHILD AGED THREE YEARS OR YOUNGER

Our members have automatic access to BabyLine, a dedicated parent advice line in South Africa, which can be accessed by parents with children under 3 years.

BabyLine offers clinical childcare assessment and telephonic guidance, and is available 24/7, 365 days a year – including weekends, public holidays and after-hours. It is operated by registered nurses in conjunction with the Department of Paediatrics at the University of Pretoria to ensure that members receive access to professional advice.

If an after-hours healthcare consultation is required, then referral can be facilitated to an after-hours health care facility such as an ER unit or extended hours healthcare clinic if available geographically

CALL BABYLINE ON 0860 666 112.

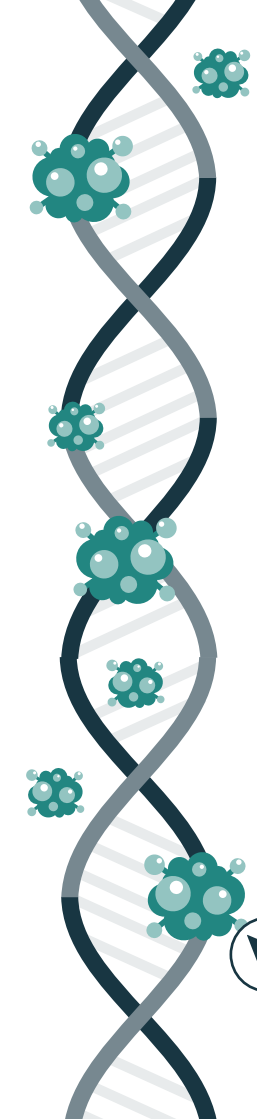
IF YOU ARE HIV-POSITIVE OR HAVE BEEN EXPOSED TO HIV INFECTION

Our HIV management programme, facilitated by AfA, offers members and beneficiaries:

- Medicine to treat HIV at the most appropriate time;
- Treatment to prevent opportunistic infections;
- Regular monitoring of disease progression and response to therapy;
- Regular monitoring tests to pick up possible side-effects of treatment;
- Ongoing patient support via a Nurse-Line
- Clinical guidelines and telephonic support for doctors; and
- Help in finding a registered counsellor for emotional support.

If you are exposed to HIV infection through sexual assault or needle-stick injury, please ask your doctor to contact AfA to authorise special antiretroviral medicine to help prevent possible HIV infection.

READ MORE ON THE AFA WEBSITE.



IF YOU HAVE BEEN DIAGNOSED WITH CANCER

Patients who have been diagnosed with cancer and are actively receiving treatment as well as some post-active patients (depending on your doctor's motivation/ decision) should register on our Oncology Disease Management programme. It is especially important that, on the diagnosis of cancer, you register on our Oncology Disease Management programme as soon as possible and that your treatment plan is forwarded to the clinical team. This is because all oncology treatment is subject to pre-authorisation and case management.

Refer to the next chapter, *BENEFITS: Hospital and Major Medical*, to see the Scheme's oncology-related benefit limits.

READ MORE ON OUR WEBSITE.

IF YOU WANT TO STOP SMOKING

To stop smoking is the single most important decision you can make for your health. That is why the Scheme covers the GoSmokeFree Stop Smoking Programme on all Options (R3 000 per beneficiary for services and medicine), and covers it separately so that it doesn't affect your day-to-day benefits.

This programme is available at various pharmacies throughout South Africa using a trained Nursing Sister or Pharmacist, so access to the programme is easy.

READ MORE ON THEIR WEBSITE.

IF YOU NEED A HIP OR KNEE REPLACEMENT

The Scheme has appointed a Designated Service Provider (DSP) for knee and hip replacements to ensure the best health outcomes and financial peace of mind for our members. The DSP uses a multidisciplinary team dedicated to assist with rapid and successful recovery, keeping you as comfortable as possible during the healing period.

The following will be covered as part of your hip or knee replacement through our DSP:

- All hospital costs
- Surgeons and anaesthetist fees
- Prosthesis (subject to the prosthesis benefit)
- Physiotherapist (pre-, intra- and postoperative)

On the **VALUE** Option, cover is limited to PMB level of care.

Call **0860 00 2103** for the details of a contracted orthopaedic surgeon closest to you, or obtain the information from the Medscheme AECI Member zone by logging in via our website, or from your GP.

A R10 000 co-payment will be payable by the member for the voluntary use of a non-DSP provider for hip and knee arthroplasties and/or replacement surgeries, except in the case of emergencies and PMBs.

BENEFITS:
6. HOSPITAL & MAJOR MEDICAL

These benefits range from smaller in-rooms procedures and tests to high-cost hospitalisation, specialised radiology and treatment for trauma cases, oncology and more. The services covered do not necessarily take place in the hospital, but are of a costlier nature than your day-to-day benefits and are therefore covered separately. All these benefits require pre-authorisation (unless it is an emergency).

WHY YOU NEED TO PRE-AUTHORISE

The pre-authorisation process ensures added value for you by making sure the planned intervention is medically necessary and appropriate before the event or admission. This process can be initiated by you, your medical practitioner, or the hospital. The request can be submitted electronically (via the web or email), or telephonically.

How to pre-authorise

WEB:
Click on the drop-down arrow in the Login box at the top right-hand corner of the AECI website, aecimedicalaidsociety.co.za, and select "member" to log into the secure area. Then click on the preauthorisation button.

EMAIL:
Send your request, including all relevant information, to aeci.authorisations@medscheme.co.za.

CALL:
086 000 2103 (08h30 – 16h00 Mon – Fri, excluding public holidays)
An automated voice system is available 24 hours a day, 7 days a week.

Healthcare Professionals can also apply on your behalf.

	COMPREHENSIVE	COMPREHENSIVE SELECT	VALUE
ADMISSIONS AND GENERAL PROCEDURES			
Private hospitals, day clinics and unattached operating theatres	No limit. For any day procedure, the contracted day clinic network must be used, or a co-payment of R2 000 may be applied. Refer to our website for more information.	No limit, subject to the use of a DSP (except in the case of emergencies as defined in the Scheme rules). Refer to our website for more information.	No limit. For any day procedure, the contracted day clinic network must be used, or a co-payment of R2 000 may be applied. Refer to our website for more information.
Surgical procedures in hospitals, day clinics and unattached operating theatres			
Surgical procedures in practitioner's rooms or suitably equipped procedure room			
TESTS			
Non-surgical procedures and tests	No limit.		
Pathology and medical technology	No limit.		
General and specialised radiology – in hospital	No limit.		
CT colonography (virtual colonoscopy)	One per beneficiary.		
MDCT Coronary Angiography	One per beneficiary.		

	COMPREHENSIVE	COMPREHENSIVE SELECT	VALUE
CONSULTATIONS (IN HOSPITAL)			
Network Provider GPs and specialists	No limit. Consultations are covered at up to 2 x Scheme Tariff		
Physiotherapy, biokinetics	No limit.		
TRANSFUSIONS/PROSTHESES/TRANSPLANTS/DIALYSIS			
Blood, blood equivalents, blood products	No limit		
Prostheses and devices internal (surgically implanted) *Preferred Provider available.*	**R36 000** per beneficiary.		**R32 000** per beneficiary.
Transcatheter aortic valve implantation (TAVI)	**R242 000** per beneficiary 70 years and older per lifetime.		No benefit.
Prostheses external *Preferred Provider available.*	**R36 000** per beneficiary.		**R32 000** per beneficiary.
Haemodialysis and peritoneal dialysis	No limit.	No limit, subject to the use of a DSP.	**R154 000** per beneficiary, subject to the use of a DSP.

	COMPREHENSIVE	COMPREHENSIVE SELECT	VALUE
SIGHT			
Intra-ocular lens	**R3 850** per lens for non-PMBs, subject to 2 (two) lenses per beneficiary per year.		PMB level of care.
Refractive surgery	**R18 000** per member family per year.		No benefit.
DENTAL			
Advanced dentistry	**R12 000** per beneficiary, limited to **R24 000** per member family.		No benefit.
Maxillo-facial surgery	No limit.		**R17 700** per beneficiary.
ONCOLOGY			
Oncology - general	No limit.		**R154 000** per beneficiary.
Oncology Specialised Drugs	**R154 000** per member family.		**R78 000** per member family.
Brachytherapy materials (including seeds and disposables)	No limit.		**R55 000** per beneficiary.
Social worker	**R3 000** per beneficiary.		
Organ and Haemopoietic Stem Cell (Bone Marrow) Transplantation and Immunosuppressive Medication	No limit.		**R154 000** per beneficiary.

	COMPREHENSIVE	COMPREHENSIVE SELECT	VALUE
APPLIANCES			
General medical and surgical appliances In hospital	No limit.		**R10 260** per member family.
Out of hospital *Preferred Provider available.*	**R9 736** per member family.		
Hearing aids and repairs thereof, including testing, fitting and after-care *Preferred Provider available.*	**R25 000** per member family, every 24 months.		**R19 600** per member family, every 24 months.
OTHER			
Immune Deficiency Syndrome related to HIV Infection	No limit.	No limit; medication subject to the use of a DSP.	No limit; medication subject to the use of a Network Provider.
Non-Oncology Specialised Drugs	**R162 650** per member family.	**R162 650** per member family, subject to the use of a DSP.	**R102 950** per member family, subject to the use of a DSP.
Infertility	PMB level of care only.		

BENEFITS:
7. EMERGENCIES

Members have access to emergency medical transportation in South Africa 24 hours a day, 7 days per week, provided that this is authorised by ER24 (the Scheme's DSP for emergency medical services).

Services offered by ER24 include:

- 24-hour access to the ER24 Emergency Call Centre
- Dispatch of emergency response
- Medical transportation by ambulance or aircraft as deemed medically necessary
- Authorised inter-hospital transfers

In addition to emergency transportation, you also have access to emergency medical advice and assistance. ER24's operators will guide you through a medical crisis situation, provide emergency advice and arrange for you to receive the support you require – available at all times.

Remember that, in the case of an emergency where you are admitted to hospital, you must notify the Scheme on the first working day after being admitted.

READ MORE ON OUR WEBSITE

Avoid having a claim rejected for ambulance transport by understanding exactly when you should phone for an ambulance to take you to hospital. The most important factor when deciding if an ambulance is appropriate or not, is whether the situation is a *real emergency*. Read more **here**.