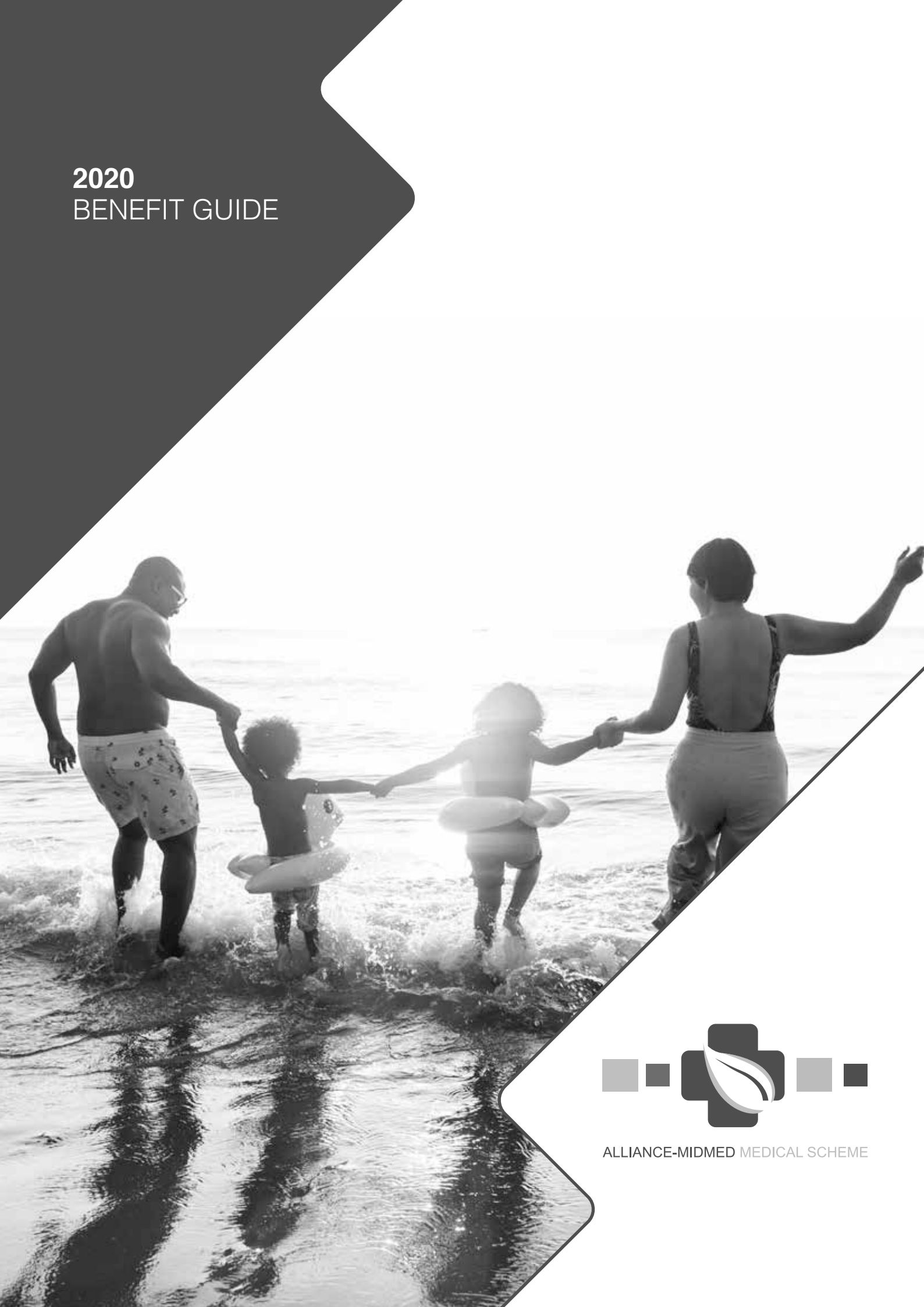


2020 BENEFIT GUIDE



ALLIANCE-MIDMED MEDICAL SCHEME



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IMPORTANT NOTES:

- Unless otherwise stated, all claims will be paid at 100% of the Alliance-MidMed Rate
- 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 www.alliancemidmed.co.za

URGENT CONTACTS

24-HOUR MEDICAL
EMERGENCY EVACUATION
0860 25 5426

CALL CENTRE
0860 00 2101
SERVICE@ALLIANCEMIDMED.CO.ZA
PO BOX 1463, FAERIE GLEN, PRETORIA, 0043

FRAUD HOTLINE
0860 04 0040
MAIL@BEHEARD.CO.ZA

CONNECT AND COMMUNICATE

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

	TELEPHONE	OTHER CONTACT DETAILS
Ambulance services and health counselor	0860 25 5426	Dedicated Call Line
Call centre	0860 00 2101	service@alliancemidmed.co.za www.alliancemidmed.co.za
Pre-authorisation	0860 00 2101, select option 3	auths@alliancemidmed.co.za
Health professional pre-authorisation major medical and hospital benefits	0860 00 2101, select option 3	auths@alliancemidmed.co.za
Middelburg office	0860 00 21 01	Four Stones Office Park, 21 Dolerite Crescent, Aerorand, Middelburg, Mpumalanga
Nursing team	0860 00 2101, select option 3 0860 00 2101, select option 3	Sister Katie Janse van Rensburg Sister Webson Madawo
Medicine claims enquiries	0860 11 3238	info@mediscor.co.za
Chronic medication authorisation	0860 11 9553	preauth@mediscor.co.za www.mediscor.co.za (To view medicines paid by the Scheme and co-payments)
Confidential HIV/AIDS programme	0860 00 2101, select option 2	clinical@alliancemidmed.co.za info@mediscor.co.za
Savings refunds	0860 00 2101, select option 1	service@alliancemidmed.co.za
Denis - Dental management	0860 00 0702 0866 77 0336	allianceenq@denis.co.za www.denis.co.za
Replacement cards	0860 00 2101, select option 1	service@alliancemidmed.co.za
Fraud hotline	0860 04 0040	mail@beheard.co.za
Mobile App		www.play.google.com or www.myistore.co.za
Service concerns	0828 01 3323	jhhartz@outlook.com

ALLIANCE-MIDMED 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.

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.

DOWNLOADS

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

WHO WE ARE!

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

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

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

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

WHAT WE DO

We fund access to quality healthcare through superior benefit design along with financing that promotes health, wellbeing and supports partnerships. Our personal wellness and appropriate care focus consistently assure top medical care at an affordable cost. Some of our difference includes:



Cover anywhere in South Africa



Unlimited hospital benefit



24/7 Medical access



Health and wellness focus



Top chronic options



Rich medicine advantage



Lowest out-of-pocket costs



Custom benefits

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

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

MEMBERSHIP

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

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

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

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

Should the surviving spouse remarry, membership of the Scheme will terminate.

Pensioners or surviving spouses who wish to terminate their membership must notify the Scheme in writing.

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

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

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

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

SCHEME AND BENEFIT DESIGN

A. MAIN FEATURES

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

B. ACCESS TO BENEFITS

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

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

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

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

C. MAJOR MEDICAL POOL

CATEGORY	DESCRIPTION
Lifestages benefit programme	Vaccinations, preventative care and screening
Day-to-day	Day-to-day-cover for medicines and GP and specialist consultations
In-rooms procedures	Enhanced rates for a range of minor procedures to be performed in the GP rooms, for convenience and to contain hassle and cost
Hospitalisation	Unlimited private hospital cover at any hospital and full cover with preferred specialists and up to 150% of the Alliance-MidMed Rate for other specialists. Pre-authorisation is required
Specialised treatment and tests	Specialist tests and treatment, including high-cost drugs, must be pre-authorised, as per the Benefits section herein. Call us on 0860 00 2101
Chronic condition management	We cover the 27 Chronic Disease List (CDL), and an extensive list of additional chronic conditions, as approved by the Board from time to time. The Scheme allows generous benefits for medicines that the Board approves from time to time
Emergency and trauma	Our emergency and trauma benefits provide for medical emergencies. A doctor and nurses are on call 24/7. Call 0860 255 426, also when you need remote medical advice. Call the Midmed hospital (0132 83 8700 (After hours: 0132 83 8701/2) if you have an emergency while in Middelburg
Ex Gratia benefits	When a challenging medical issue exhausts your benefits, you may approach the Board for an Ex Gratia allocation, which benefits are awarded at the discretion of the Board

D. PERSONAL MEDICAL SAVINGS PLAN (PMSA) OR SAVINGS

5% of contributions are reserved into your Personal Medical Savings Plan (PMSA) which you can use to pay for benefits defined as PMSA benefits or other allowable medical expenses, except the exclusions as defined in the Scheme Rules.

EMERGENCIES AND TRAUMA BENEFIT

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

Go to the nearest emergency service or hospital and present your membership card. You must inform us within 24 hours of the emergency	
Call Europ Assistance on 0860 255 426 for telephone guidance in the event of an emergency	While on the phone they will dispatch emergency medical care to you, including air ambulances where it is necessary
In Middelburg , call the Midmed hospital 013 283 8700 if you require emergency medical attention	
Elsewhere in South Africa (out-of-area), phone Europ Assistance at 0860 255 426	

I) TRAUMA BENEFIT

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

TABLE OF FREQUENTLY USED BENEFITS

THE COVER/BENEFIT	BENEFIT NOTES	MONETARY LIMIT ¹²³⁴
A full list of benefits is specified in Annexure B of the Scheme Rules		

EXCEPT WHERE DIFFERENTLY INDICATED:

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

We pay PMB benefits according to legislation.

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

BENEFITS

HOSPITALISATION *		
In-patient: Accommodation in a general ward, high care, intensive care, and theatre	<ul style="list-style-type: none">• Pre-authorisation required• Including medication, materials and hospital equipment	Subject to sub-limits, e.g. radiology and physiotherapy
Out-patient: Treatment at a hospital when you are not admitted		
Day hospitals		
ALTERNATIVE TO HOSPITALISATION *		
Sub-acute nursing facilities, step-down nursing facilities, private nursing, rehabilitation centres, hospices and home support centres	<ul style="list-style-type: none">• Maximum, six months in any calendar year• Pre-authorisation required• Treatment plans required	R46 625 per family member
ALCOHOL AND OTHER DRUG DEPENDENCY TREATMENT		
Accommodation in a general ward	Pre-authorisation required	Co-payments may apply where non-PSP facilities are used
AMBULANCE		
Ambulance	In Middelburg - call the Midmed Hospital ambulance service at Out of Area: <ul style="list-style-type: none">• call Europ Assist (preferred provider)• pre-authorisation required except in an emergency	R3 841 per beneficiary per annum for non-preferred providers
APPLIANCES		
Nebulisers, humidifiers, oxygen cylinders, glucometers, peak flow meters, home ventilators	<ul style="list-style-type: none">• Out of hospital appliances costing more than R500 are subject to pre-authorisation• Humidifiers out of hospital require a prescription by a health professional	R9 585 per family
CPAP machines	No benefit	
Hearing aids	Subject to an independent Scheme evaluation	R18 400 per beneficiary every three years, R9 200 per unit
AUTISM & ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)		
Autism & ADHD	Subject to Managed Care Protocol	
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS		
Blood and blood products	Subject to the hospital and Major Benefit Management Programme	R20 878 per member family per annum
Blood equivalents		
CONSULTATIONS: GENERAL PRACTITIONERS		
In-hospital		
Out-of-hospital *	Scheduled and unscheduled visits, limited to a fixed number of consultations per family per annum: M - 6, M1 - 11, M2 - 15, M3 - 19, M4 – 21, M5 - 25, M6+ - 27	R476 per consultation
Enhanced consultation fee	<ul style="list-style-type: none">• For minor In-rooms surgical procedures - see page 15• For Prescribed Medical Conditions, separate additional consultations may apply. Contact us on 0860 00 2101 for more information	
CONSULTATIONS: SPECIALIST		
In-hospital	Subject to pre-authorisation and to managed care protocols	
Out-of-hospital	Limited to a fixed number of consultations per family per annum: M - 4, M1 - 8, M2 - 9, M3 - 9, M4 - 1, M5 - 11, M6+ - 11	The first consultation in a calendar year is paid at 250% of the Alliance-MidMed Rate
DENTAL BENEFITS	BENEFIT NOTES	MONETARY LIMIT
GENERAL/CONSERVATIVE DENTISTRY		
Consultations	Two consultations per beneficiary per annum	
X-rays: Intra-oral	Four X-rays per beneficiary per annum	
X-rays: Extra-oral	One per beneficiary every three years	

BENEFITS

Oral hygiene	Two scale and polish treatments per beneficiary per annum	
Fillings	Once per tooth in 720 days	
Root canal therapy and extractions	Subject to Managed Care Protocols	
Plastic dentures	One set of plastic dentures (an upper and a lower) per beneficiary every four years. Subject to pre-authorisation if approved by the Scheme	
SPECIALISED DENTISTRY (A 10% CO-PAYMENT APPLIES TO SPECIALISED DENTISTRY AND PRE-AUTHORISATION IS REQUIRED)		
Partial metal frame dentures	Two partial metal frames (one upper and one lower) per beneficiary every five years	
Crown and bridge*	Three crowns per family per year and once per tooth every five years	
Orthodontics*	Benefit for fixed comprehensive treatment, limited to ages nine to 18	
Periodontics*	Register on the periodontal section of the DMP	
Maxillo-facial surgery in the dental chair	Subject to Managed Care Protocols	
Implants	No benefit	No benefit
DENTAL ANAESTHETICS		
Hospitalisation (general anaesthetic)		No benefit
Laughing gas in dental rooms	Subject to Managed Care Protocols	
IV conscious sedation in rooms*	Subject to Managed Care Protocols	
<ul style="list-style-type: none"> Dental benefits are paid at the Alliance-MidMed Rate, available at allianceenq@denis.co.za or at the Scheme offices in Middelburg Subject to the DMP 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, crowns, orthodontics, periodontics and IV conscious sedation A 10% co-payment applies to plastic dentures, partial metal frame dentures, crowns and bridges, orthodontics, periodontics and maxillo-facial and oral surgery in the dentist chair 		
LIFESTAGES BENEFIT (SEPARATE FROM THE MEMBER'S NORMAL BENEFITS AND PAID FROM THE MAJOR MEDICAL POOL)		
IMMUNISATION AND VACCINATION PROGRAMME		
Cervical cancer vaccine	Females between the ages of 9-25 years, three vaccines during a six month period, once per lifetime	
Compulsory baby immunisations	According to the Dept of Health recommended immunisation programme, for the first 12 years of life	
Flu vaccination	Everyone, 60 and older, and persons whom our clinical team contact to take the vaccine	
Male HPV (Gardasil) vaccine	Males between the ages of 9-14 years, two doses once per lifetime	
Pneumococcal vaccination	Everyone, 60 and older, and persons whom our clinical team contact to take the vaccine	
Tetanus vaccine	Everyone, once per year	
EARLY DETECTION PROGRAMME		
Blood sugar test	Everyone, once per year (code 4050)	
Bone density - dexta scan	Females 50 years and older, once every three years	
Cholesterol test	Everyone, 25 and older, once per year (codes 4026, 4027, 4028 or 4147)	
Colorectal cancer screening (faecal occult blood test)	Beneficiaries 50 years and older, once a year	
Infant hearing screening	Younger than eight weeks old, once per lifetime	
Mammogram	Females 40 years and older, once a year	

Pap smear	Females older than 40, once per year (code 4566)	
Prostate-specific antigen (PSA)	Males 40 years and older, once a year	
Prostate test (PSA)	Males older than 40, every two years (code 4519)	
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 service@alliancemidmed.co.za for more information.		
HIV/AIDS		
Treatment and care, including medicines	<ul style="list-style-type: none">• Subject to the HIV Management Programme• Pre-authorisation required - contact us on our dedicated confidential number 0860 00 2101, option 2	
MATERNITY & INFERTILITY (REGISTRATIONS AND ADHERENCE TO THE MATERNITY PROGRAMME REQUIRED BY THE FIRST 3 MONTHS)		
Maternity: Consultations, visits & delivery by GP, specialist or midwife	<ul style="list-style-type: none">• First 6 months: 1 consultation per month• Months 7 and 8: 2 consultations per month• Month 9: 1 consultation every two weeks	
Maternity: Scans, accommodation, theatre fees, drugs, dressings, medicines and materials, labour ward fees, etceteras	<ul style="list-style-type: none">• Pre-authorisation required• 3 (three) 2D pregnancy scans per pregnancy	
Infertility: Investigation and treatment	<ul style="list-style-type: none">• According to the PMB rules• Pre-authorisation required	
MEDICATION		
Acute medication	<ul style="list-style-type: none">• Subject to the Medicine Management Protocols• TTO Medication is included in the acute limit, but no co-payment applies for TTOs	M - R5 500, M1 – R10 046, M2 - R11 672 M3 - R13 524, M4 - R15 246, M5 - R15 875, M6+ - R17 608 R10 levy, and a maximum R20 levy
Chronic medication - PMB and Non-PMB	<ul style="list-style-type: none">• 100% of MRP• Pre-authorisation required• Call ChroniLine on 0860 119 553	M0: R20 432, M1+: R42 739 Unlimited for PMB Conditions
Pharmacy advised therapy (PAT)	12 purchases per family per year (schedule 1 & 2 medication)	<ul style="list-style-type: none">• Minimum R10 and a maximum of R158 per purchase
MENTAL HEALTH		
IN-HOSPITAL		
Accommodation in a general ward, electro-convulsive treatment, medication, injection materials, hospital equipment, consults and visits by GPs	<ul style="list-style-type: none">• Subject to the Mental Wellness Managed Care Programme and Specialist Diagnosis• Electro-convulsive treatments limited to 12 treatments per annum	<ul style="list-style-type: none">• R47 829 per member family for non-PSP• 100% of the cost for PMB treatment at PSP
Specialist consults and visits	150% of the Alliance-MidMed rate	
OUT-OF-HOSPITAL		
Consultations and visits including clinical psychologist and social workers, and procedures	<ul style="list-style-type: none">• Subject to out of hospital specialist consultation limits• Mental Wellness Programme Protocols apply Subject to a confirmed diagnosis by a suitably qualified Psychiatric specialist	
Specialist consults and visits	Included in the out of hospital specialist consultations	
NON-SURGICAL PROCEDURES AND TESTS (E.G. HEART SONAR, STRESS ECG, LUNG FUNCTION TEST)		
IN-HOSPITAL		
Performed by a GP	Subject to PMB, Hospital and Major Benefit Management Programme	150% of the Alliance-MidMed rate
Performed by a Medical Specialist		
OUT-OF-HOSPITAL		
Performed by GP	Subject to PMB, Hospital and Major Benefit Management Programme	M0: R5 358, M1+: R8 323
Performed by a Medical Specialist		150% of the Alliance-MidMed rate

BENEFITS

NURSING SERVICES		
Out-of-hospital	Wound care only	To R12 122 per member family
ONCOLOGY (CANCER TREATMENT)		
Upon successful registration, the Scheme will pay all associated costs according to the agreed treatment plan	<ul style="list-style-type: none"> Subject to the Oncology Managed Care Protocols Pre-authorisation required 	R500 000 per beneficiary overall limit unless PMB applies
OPTICAL BENEFIT (PER BENEFICIARY)		
Composite consultation	Paid from the Major Medical Pool (Including refraction, a glaucoma screening, visual fields screening and biometric reading)	100% of the cost, maximum R575
Frame (The cost of a basic frame is funded from the Major Medical Pool. You may use up to the additional amount allowed from your positive savings if you want a higher-priced frame)	Paid from the Major Medical Pool	Maximum R1 254
	Paid from PMSA	Maximum R2 404
Lenses - One pair of either (We pay the cost of basic lenses. You may use up to the additional amount allowed from your positive savings if you want a higher-priced lens)	Paid from the Major Medical Pool	
	<ul style="list-style-type: none"> Single vision lenses 	R481 per pair
	<ul style="list-style-type: none"> Bifocal lenses 	R1 463 per pair
	<ul style="list-style-type: none"> Multifocal lenses 	R1 881 per pair
	Paid from PMSA	
	<ul style="list-style-type: none"> Single vision lenses 	R656 per pair
	<ul style="list-style-type: none"> Bifocal lenses 	R836 per pair
Lens enhancements	<ul style="list-style-type: none"> Multifocal lenses 	R2 370 per pair
Contact lenses	Paid from the Major Medical Pool	Maximum R836
	Paid from PMSA	Maximum R523
OR		
Contact lenses	Paid from the Major Medical Pool	Maximum R1 254
	Paid from PMSA	Maximum R2 717
Optical benefits are available every 24 months from the previous date of service. Choose either the spectacle OR the contact lens benefit. Savings refunds are made to members, based on a detailed account including all the services rendered - split-billing is legally not permissible. Savings refunds may not be made before the service date. Savings refunds are not automatically. Please submit your claims for savings refund to service@alliancemidmed.co.za or from your mobile Member App. The Scheme does NOT refund broken spectacles. Contact lens benefits are also subject to the 24 month cycle.		
ORGAN TRANSPLANTS		
Harvesting of organ and transplantation - post-operative anti-rejection medicines	<ul style="list-style-type: none"> Subject to Public Hospital Protocols and Evidence-Based Medicine Detailed treatment plans are required Pre-authorisation required Subject to PMBs 	Pre-authorisation required
PATHOLOGY (BLOOD & OTHER TESTS TO DIAGNOSE ILLNESS) *		
In-hospital	Subject to hospital admission authorisation	Unlimited
Out-of-hospital	<ul style="list-style-type: none"> Preferred provider laboratory 5% co-payment up to a maximum of R50 for the use of a non-preferred provider 	M0: R5 672, M1+: R8 811
PROSTHESIS		
Cardio/Vascular prostheses and appliances	To include: <ul style="list-style-type: none"> Stents (cardiac, peripheral and aortic) Valves Pacemakers Implantable defibrillators 	R55 124 per family per annum
Joint prostheses	<ul style="list-style-type: none"> Subject to failed conservative treatment and the Joint Replacement Protocol To include: Hip, knee, shoulder and elbow only 	R46 856 per family per annum, Subject to an R5000 co-pay

(Orthopaedic) Spinal prostheses and appliances	<ul style="list-style-type: none">• Subject to failed conservative treatment and Risk Management• To include:<ul style="list-style-type: none">• Spinal fixation devices (maximum two levels unless motivated)• Fixation devices: non-spinal• Implantable devices, disc prosthesis, Kyphoplasty• Bone lengthening devices	R55 124 per family per annum
Neuro stimulators and deep brain stimulators		R33 074 per family per annum
Internal sphincters and stimulators		R52 919 per family per annum
Intraocular lenses		R3 658 per lens per family per annum
External prostheses (not surgical implanted)		R42 452 per family per annum
RADIOLOGY AND RADIOGRAPHERS (IN HOSPITAL)		
General		M: R1 507, M1: R2 353, M2: R3 506, M3+: R4 410
Specialised (e.g. MRI & CT Scans)	Pre-authorisation required	R11 768 per member family per annum
REMEDIAL AND OTHER THERAPIES AND ALTERNATIVE HEALTHCARE PRACTITIONERS		
AUDIOLOGISTS, DIETICIANS, OCCUPATIONAL THERAPISTS, PODIATRISTS, HEARING AID ACOUSTICS, SPEECH THERAPISTS & SOCIAL WORKERS		
In-hospital	Subject to Managed Care Protocols and Treatment Plans from referring doctor	R4 872 per family per annum
Out-of-hospital		
HOMOEOPATHY, NATUROPATHY, OSTEOPATHY, CHIROPRACTICS AND ORTHOPTICS		
Consultations	100% of MRP	Subject to available funds in the PMSA
Medication		
PHYSIOTHERAPISTS AND BIOKINETICISTS		
In-hospital	Except in ICU where benefits are unlimited, subject to Managed Care Protocol	R6 959 per family per annum
Out-of-hospital		<ul style="list-style-type: none">• R4 045 per family per annum• Subject to available funds in the PMSA
RENAL DIALYSIS		
Acute and chronic	<ul style="list-style-type: none">• Subject to the Disease Management Programme• Pre-authorisation required	
SURGICAL PROCEDURES (HEALTH PROFESSIONAL RATES) & MINOR IN-ROOMS SURGICAL PROCEDURES		
Performed by GP	<ul style="list-style-type: none">• Subject to the hospital and Major Benefit Management Programme• Pre-authorisation required• Excluding services provided in respect of maternity and organ transplants	
Performed by Specialists		
Minor In-Rooms: For easy access, affordability and confidentiality reasons the Scheme approved a list of small procedures that your doctor can perform in the rooms, instead of in a hospital. We pay your doctor an enhanced fee for these services, which include:		
0857/0853	Bursae and Ganglia (cysts)	Excision (surgical removal), aspiration (removing the fluid with a suction tube) or injection (no aftercare). Excision, small Bursa or Ganglion (cysts, usually around the knee or elbow)
0244	Chemo-cryotherapy	Benign lesions (wound, blister or a nodule)
0237	Deep skin biopsy with anaesthetic suturing (stitches or staples to close wounds)	
0922	Hands	Remove foreign bodies requiring incision, under local anaesthetic

0310	Lacerations or scars	Radical excision of the nailbed	
0305	Needle biopsy	Soft tissue	
0259	Removal of foreign bodies		
0244	Repair of the nail bed		
0307	Scars	Minor procedures	
0308		Additional wound stitched at the same session	
0301		Repair by a small skin graft	
0315		Excision of large benign tumour	
0311			
0245	Skin	Removal of a benign lesion by curetting first lesion	
0233		Drainage of subcutaneous abscess and Onychia	
0255		Removal of a benign lesion by curetting - subsequent lesion	
0246		Treatment by Chemo-cryotherapy	
0241		Lesion by Chemo-cryotherapy - subsequent lesion	
0242		Lesion by Chemo-cryotherapy - maximum event	
0243		Drainage of major hand or foot infection	
0257		Intralesional injection, single	
0223		Removal of foreign body - Chemo-cryotherapy	
		Removal of malignant lesions	
0261			
0300	Stitching of minor wounds	With or without local anaesthesia including normal aftercare	
	Male circumcision in GP rooms	GP rooms must comply with legal and clinical requirements	An enhanced consultation fee of R536 A facility fee of R1 075 per procedure

The Scheme will pay an Enhanced Consultation rate of R536 and a facility fee of R342 should the General Practitioner perform the listed minor in-room surgical procedures in their rooms. Enhanced Consultations are limited to 3 (three) per annum. If not performed at the GP rooms, an R1 500 co-payment applies.

HEALTH MANAGEMENT

F. PROGRAMMES AND ILLNESS MANAGEMENT

I. HOSPITALISATION

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

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

II. MEDICINES

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

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

Generic substitution is a hotly debated topic. 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 on the numbers in the benefits table.

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

CHRONIC MEDICINE PROGRAMME

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

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

Access to the Chronic Medicines Benefit is restricted and requires a formal authorisation process to be followed. Note that certain “chronic conditions” may not qualify for benefits. Call us on **0860 00 2101** to verify if your chronic medicines qualify for the benefit.

Typical exclusions are symptomatic conditions that should first be addressed through lifestyle changes and intermittent medicines used (e.g. irritable bowel syndrome), or the milder forms of some conditions (for example, cholesterol medicines in otherwise low-risk individuals who should focus on lifestyle changes).

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

ADMINISTERING THE CHRONIC MEDICINE PROGRAMME

We administer the chronic medicines programme through the Mediscor ChroniLine. If either you or a family member requires chronic medication, you will need to do the following:

1. Make an appointment with your doctor for an examination and get a prescription
2. Take your script to your pharmacy
3. Should your provider (doctor/pharmacist) wish to register a new chronic condition/discuss certain medications with the clinical team/make changes to existing medication or make a motivation they are requested to contact the Chroniline directly on **0860 119 553**
4. Information about the condition/drugs such as test results per condition will be required in keeping with the Entry and Diagnostic criteria and Clinical Rules, available on request
5. If all criteria are met, the doctor or pharmacist will be informed immediately of the outcome and the authorisation will be granted. You can claim medication as soon as registration is approved
6. If the registration of the medication is rejected, or held in waiting because we await additional information, the doctor or pharmacist will be informed of the reasons

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

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

III. ONCOLOGY (CANCER)

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

IV. LONG-TERM CHRONIC ILLNESS

V. PMB AND CDL

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

Cardiovascular	Cardiac dysrhythmias, Cardiac failure, Cardiomyopathy, Coronary artery disease, Hyperlipidaemia, Hypertension
Dermatology/Skin disorder	Systemic lupus erythematosus
Endocrine	Addison’s disease, Diabetes insipidus, Diabetes mellitus Type 1, Diabetes mellitus Type 2, Hypothyroidism
Gastro-intestinal	Crohn’s disease (excluding biologicals such as Revellex*), Ulcerative colitis
Haematology	Haemophilia
Musculo-skeletal	Rheumatoid arthritis (excluding biologicals such as Revellex and Enbrel*)
Neurology	Multiple sclerosis (excluding biologicals such as Avonex, subject to protocols*), Epilepsy, Parkinson’s disease)
Ophthalmology	Glaucoma
Psychiatric	Schizophrenia, Bipolar mood disorder

Renal	Chronic renal disease
Respiratory	Asthma, Chronic obstructive pulmonary disease, Bronchiectasis

VI. MAJOR/SPECIALISED ILLNESSES

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

Neurology	Myelogram (spinal cord x-ray or CT scan), 48-hour halter EEG, Electro-convulsive therapy, Hyperbaric oxygen treatment
Ophthalmology	Cataract removal, Meibomian (a gland in the eyelid) cyst removal, Pterygium (growth on the cornea of the eye) removal, Trabeculectomy (surgically reduce pressure in a glaucoma patient's eye), Treatment of diseases of the conjunctiva (eye membrane and the inner eyelids)
Ear, Nose and Throat (ENT)	Antroscopies (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	Colonoscopy, ERCP (scope of the stomach), Gastroscopy, Oesophagoscope (examining the inside of the throat), Sigmoidoscopy (internal examination of the colon)
Orthopaedic	Arthroscopy, Back and neck surgery, Bunionectomy, Carpal tunnel release, Conservative back and neck treatment, Ganglion surgery, Joint replacements
Renal	Dialysis
Urology	Cystoscopy, Prostate biopsy, Vasectomy
General procedures and treatment	Biopsy of a breast lump, Drainage of subcutaneous (under the skin) abscess, 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

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

G. SPECIALIST SERVICE BENEFITS

I. DENTAL

We have appointed Dental Management Company to manage our dental care programme. They assist the Board by compiling a ruleset, managing the benefit and dentist issues and queries and payment of our claims. We pay them a fixed fee for the service, and they continue to contribute to our philosophy of ensuring access to quality care at an affordable price.

II. OPTICAL (EYECARE)

The professional staff at a leading university advised us about the Scheme's optical benefits, and we manage the benefit in-house. If you have queries or concerns, however, please contact us at **086 00 2101** for assistance.

ENHANCEMENTS

I. LIFESTAGES BENEFIT

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

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

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

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

II. HOW DOES YOUR PERSONAL MEDICAL SAVINGS ACCOUNT (PMSA) WORK?

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

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

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

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

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

The PMSA has several benefits:

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

By law, providers may submit claims for services rendered to you for up to four months after the date of service. Consequently, Alliance-MidMed Medical Scheme must provide for any claims that you may have incurred and that may still be outstanding during this time. Therefore, any credit balance in your PMSA (if applicable) will only be refunded to you or transferred to your new medical scheme five months after termination of your membership.

III. 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.

Members who require additional benefits can 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 can also apply for Ex Gratia benefits, which are evaluated by a clinical team and then considered by the Board of Trustees. Please contact us on 0860 00 2101 or visit the website (www.alliancemidmed.co.za) for more information on the Ex Gratia process.

IV. MINOR IN-ROOMS SURGICAL PROCEDURES

A list of minor surgical procedures are included in the benefits table above. An enhanced professional fee and a facility fee is payable to the General Practitioner who perform these procedures in the rooms.

The reason for this is that the facility fees at hospitals are far more expensive, without rendering any additional benefit.

V. PRE-AUTHORISATION-REQUIRED

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

Note that the following do not require pre-authorisation:

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

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

VI. PERSONAL HEALTH ADVISOR SERVICE

Also, the Emergency Call Centre introduces its Health Access Programme, including Health counselling, an audio health library and service provider selection. You may access these and many other services through the Scheme's emergency number **0860 255 426** (ALLIAN(CE)).

The telephonic services include the following:

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

IMPORTANT BENEFIT MANAGEMENT MATTERS

H. PREFERRED SERVICE PROVIDER SCHEDULE

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

I. CO-PAYMENT SCHEDULE

BENEFIT	CO-PAYMENT
Hospitalisation: In-patient	R1 500 co-payment if not authorised 72 hours before a planned procedure or within 24 hours following an emergency
Hospitalisation: Out-patient	R50 co-payment per out-patient visit. If the treating doctor classifies that out-patient visit as a medical emergency or if you are admitted to the hospital directly from the emergency centre, NO co-payment is applicable
Alternative healthcare practitioner	R10 co-payment per consultation
Consultations: General practitioner: Out-of-hospital	R10 co-payment per consultation and any fees charged over and above the Alliance-MidMed rate. Unscheduled consultations will be for the member's account
Dentistry	See Dental Benefit Guide (see page 19)
Out-of-hospital pathology and medical technology	5% co-payment up to a maximum of R50 if Preferred Service Provider Laboratory not used
Organ transplant	Unless services are at a PSP, a co-payment equal to the difference between the actual cost incurred and the cost that would have been incurred had the PSP been used

J. TRAVEL ABROAD

We do not provide international travel benefits, and if you incur costs abroad that the Scheme would ordinarily pay for in South Africa, and for which an insurer has not refunded you, we will refund you in South African Rands at the exchange rate on the date of the invoice, in a South African bank account. Submit your claims within one month of service.

For international travel insurance, contact your bank, if you have a credit card, or Google search "International Travel Insurance, South African Citizen."

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

K. DEALING WITH EMERGENCIES AND TRAUMA

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

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

I. WHAT WE COVER

Incidents of physical and psychological emergencies and trauma, including:

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

Note that the cover includes:

- Shock and counselling treatment
- 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

II. IDENTIFICATION

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

III. IMMEDIATE ACTIONS

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

IV. ADDITIONAL REQUIREMENTS

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

L. 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. If you sustained injuries as a result of the actions or failure to act by another person or party, then you are required to initiate a case to recuperate the medical costs from that person. Failure to act may result in the Scheme recovering the costs from you.

	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 7 (seven) days after your injury. Additional cover will be considered once you have appointed a legal representative and provided us with an undertaking to assist the scheme in recovering the medical costs from the Motor Vehicle Accident (MVA) Fund	The cost of the first 7 (seven) days after your injury. Additional cover will be considered once you have appointed a legal representative and provided us with an undertaking to assist the scheme in recovering the medical costs from the Motor Vehicle Accident (MVA) Fund
Who to report to?	Your employer and the Scheme (within 48 hours)	The SAPS, the MVA and the Scheme (within 48 hours)	The SAPS, the Scheme (within 48 hours) and your insurer
Typical costs	Hearing aids and other injuries, diseases and illnesses, (occupational asthma, including chronic medicines), and loss of functions like hearing and sight. (glasses), prostheses, etceteras	Broken limbs and other injuries, illnesses, and loss of functions like hearing and sight	Assault, stab wounds, sports injuries, injuries at school, and the loss of functions like hearing and sight. It may also involve injuries or illnesses that you incur while undergoing treatment by a medical professional or in a hospital, e.g. fall or infection acquired while in hospital
What actions to take?	Contact us at 0860 00 2101 and provide the following: <ul style="list-style-type: none"> • Your member number • The principal member's surname, initials and first name • The full name(s) of the person(s) injured • The SAPS case number where applicable • The date the injury was sustained • The details of the injury We may require further information or reports from you		

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

1. Written confirmation if there was an injury as stated above where you had not declared such to us when the injury occurred, and to recover such medical costs and pay it back to the Scheme.
2. The written appointment of a legal advisor to recover the medical costs from the MVA Fund or from another third party on behalf of the Scheme. 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 we suspect that you are participating in dangerous activities or professional sport, including motocross, cave diving, sky diving, motorbike racing, etc. If you participate in dangerous sports or activities, the injuries that you sustain as a result, may not be covered by the Scheme and require that you take out insurance. Please refer to the Scheme exclusions list (Annexure C) or contact us.

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

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

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

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

N. MANAGING FRAUD, WASTE AND ABUSE

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

We do need your assistance, and we have appointed BeHeard, to manage to report FAW because they proved to have excellent reporting and follow-up as well as the protection of persons who do report these incidents.

If you are aware of a practitioner or member abusing the benefits, please report, anonymously if you choose, to our Fraud Hotline - 0860 040 040 or mail@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

P. PAYMENT OF ACCOUNTS AND CLAIM SUBMISSIONS

I. SUBMISSION OF CLAIMS

You can submit claims in multiple ways.

HAND DELIVER	EMAIL	POST	ALLIANCE-MIDMED MOBILE APP	AT THE EMPLOYER
21 Dolerite Crescent, Aerorand, Middelburg, Mpumalanga, 1055	service@alliancemidmed.co.za	PO Box 1463, Faerie Glen, Pretoria, 0043	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

II. CLAIMING AND PAYMENT PROCEDURES

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

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

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

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

- Membership number
- The surname and initials of the principal member
- Name and date of birth of the dependant who received the treatment (this must be the same as on your membership card)
- Date of treatment
- Doctors' practice number (must be a valid practice number)
- Tariff code and ICD 10 code
- Cost of service (including all costs, since 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 do 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.

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

III. WHEN TO EXPECT PAYMENT

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

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

IV. HOW WILL I KNOW WHAT WAS PAID?

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

If your claim is not paid within 30 days:

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

Q. HOW WE PAY GP'S, SPECIALISTS AND OTHER HEALTH PROFESSIONALS

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

R. COMPLIMENTS AND COMPLAINTS

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

Management monitors the email address and will respond to you in three working days:

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

I. COMPLAINTS PROCEDURE

Follow these steps to ensure effective resolution of your complaints:

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

TERMINOLOGY

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

EXCLUSIONS

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

• Unregistered healthcare professionals	• Recuperation holidays (including headache and stress relief clinics)
• Obesity	• Unproven treatment efficacy/safety
• Gum guards and gold dental work	• Scuba diving to depths below 40 meters/cave diving
• Professional and speed contests/trials (main income derived from the contests)	• Attempted suicide exceeding PMB limits
• PMB infertility treatment (State facilities)	• Costs exceeding 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
• 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	• Telephone consultations

ABBREVIATIONS

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

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HEAD OFFICE

Four Stones Office Park, Unit 8, 21 Dolerite Road, Middelburg
P.O. Box 90346, Garstfontein, 0042

MIDDELBURG OFFICE

Tel: 0128 45 0080