

ALLIANCE-MIDMED MEDICAL SCHEME

BENEFITS

(Effective 1 January 2021)

(unless otherwise stated below)

A ENTITLEMENT TO BENEFITS

Beneficiaries are entitled to the Prescribed Minimum Benefits and the benefits stipulated in paragraph B of this Annexure and Annexure D.

Entitlement to benefits is subject to the Rules, Annexure A to the Rules, Annexure A, Appendix 1 to the Rules, Annexure B to the Rules, Annexure B, Appendix 1 to the Rules, Annexure C to the Rules and Annexure D to the Rules and with specific references to paragraphs C and D of this Annexure.

A.1 GENERAL PROVISIONS

1. Where specifically indicated in this annexure that a Member's entitlement to benefits shall be subject to such Hospital and Major Benefit Management Programme, the Member shall be obliged to furnish any information required by the Scheme to perform its duties. Specifically, the Scheme may require particulars of diagnosis, clinical investigations, procedures and treatment by the attending medical practitioner of the Beneficiary prior to admission of the Beneficiary to Hospital.
2. Should a patient request admission to Hospital and has co-morbidities that may put him/her at risk, the Scheme reserves the right to suggest/redirect the patient to a more appropriate facility.
3. The Scheme applies Managed Care principles and evidence-based policies and has a right to intervene on all (potential high risk/ high costing) cases and request a second opinion if necessary.

ALLIANCE-MIDMED MEDICAL SCHEME
ANNEXURE B

4. Except in the case of an emergency, a request for pre-authorisation shall be made, at least 72 (seventy-two) hours prior to the intended admission date, to the Hospital and Major Benefit Management Programme before a Beneficiary is admitted to a Hospital or day clinical or before a Beneficiary receives a relevant health service at such institution and Hospital updates must be provided within 24 (twenty-four) hours, and every twenty-four hours thereafter while the Beneficiary is in the Hospital or facility.
5. In the event of an emergency, the Scheme shall be notified of such emergency within one working day after admission to Hospital.

Should a request for pre-authorisation for a planned procedure not be made within 72 (seventy-two) hours or within 24 (twenty-four) hours in the event of an emergency, a R1 500 co-payment will apply.

6. Proportionate Adjustment of Benefits

For a Member admitted during the course of a financial year, the maximum benefits available to such Member shall be adjusted in proportion to the period of Membership from the admission date to the end of the financial year; provided that there shall be no adjustment in respect of optometry benefits and provided that there shall be no reduction in limits per case.

7. Territorial Application

- 7.1** Unless specifically stated otherwise, the benefits available in terms of these Rules shall be provided only within the borders of the Republic of South Africa. The Scheme shall not be required to make special arrangements to obtain foreign services or medicines for special conditions and this includes harvesting and transportation of organs for transplant and any medicine or medical services of any kind available only outside the Republic of South Africa. A Member requiring assistance for himself or a Beneficiary with regard to potential health care costs incurred while travelling in foreign countries, must make separate provision for such costs.

7.2 Benefits in respect of claims incurred outside the borders of the Republic of South Africa (Foreign Claims) are allowed in emergencies only and only where the applicable travel insurance policy does not make provision for such medical benefits. The Scheme will require a copy of the travel insurance policy/letter repudiating the foreign claim/s. The benefit payable will be subject to the same benefits that apply to services rendered locally and are subject to the same limits where applicable. Foreign claims will be processed and refunded to Members in South African Rand at the applicable exchange rates at the time of service, and only on the Member's return to South Africa.

7.3 Emergency Condition means, in relation to a Beneficiary, the sudden and at the time, unexpected onset of an Accidental Injury or Illness during an insured journey that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the Beneficiary's life in serious jeopardy.

8. Authorisation

Where the Scheme or its Administrator (relevant healthcare management programme), or the Medical Advisor requires authorisation for a specific treatment or procedure, the Beneficiary or a person acting on his behalf must contact the Scheme, initially by telephone call to the relevant call centre, and thereafter by written communication delivered or faxed in order to confirm the authorisation requested or received. The Member or his Beneficiary is responsible for ensuring that communications reach the Scheme and for maintaining records of such communication. The Scheme will maintain records of communications that it received.

Where the Scheme requires pre-authorisation as per the Rules, the Scheme will provide a pre-authorisation for in-hospital services included in the initial pre-authorisation and any service provider that will provide services in the hospital must also obtain pre-authorisation for the services that they plan to render during the beneficiary's hospitalisation.

9. REQUIREMENTS OF HEALTHCARE MANAGEMENT PROGRAMMES

Subject to the Hospital and Major Benefit Management Programme:

100% of the lower of the cost or Alliance-Midmed rate for general medical and surgical appliances.

B3.2 Out of Hospital

All appliances in excess of R500 are subject to pre-authorisation.

B3.2.1 Subject to the Chronic Disease Management Programme and Pharmaceutical Benefit Management Programme:

100% of the lower of the cost or Alliance-Midmed rate for the following medical and surgical appliances:-

- Nebulisers;
- Glucometers;
- Peak Flow meters; and
- Disposable materials;

Used to monitor and treat diabetes.

B3.2.2 Subject to the Hospital and Major Benefit Management Programme and Pharmaceutical Benefit Management Programme:

100% of the lower of the cost or Alliance-Midmed rate for:-

- Oxygen;
- Cylinders;
- Concentrators;
- Home ventilators and attachments; and
- Humidifiers;

Excluding CPAP machines, subject to submitting two quotations, and medical advisor approval.

B3.2.3 Hearing aids are subject to benefit limits (refer D3), pre-authorisation, a report by an ENT Specialist/Audiologist with at least seven years' experience, and 3 (three) written quotations, of which one must be from the nominated ENT Specialist/ Preferred Service Provider:

One hearing aid unit per beneficiary per ear, every three years, based on the date of service that falls after the start of the 2020 benefit year.

B3.2.4 100% of the lower of the cost or Alliance-Midmed rate for all other medical and surgical appliances including wheelchairs.

B4. Blood, blood equivalents and blood products

Subject to the Hospital and Major Benefit Management Programme:

B4.1 100% of the lower of the cost or Alliance-Midmed rate for blood and blood products.

B4.2 100% of the lower of the cost or Alliance-Midmed rate for blood equivalents, (refer D4).

B5. Consultations and visits – Subject to financial and quantity limits as specified in the benefit schedule. Combined limit with consultations specified in Rule B12 – Mental Health.

These consults apply to General Practitioners, Specialists and Nurse Practitioners only.

B5.1 In Hospital

B5.1.1 General Practitioners

100% of the lower of the cost or Alliance-Midmed rate for consultations and visits by General Practitioners.

B5.1.2 Specialist (including Psychiatrist)

150% of the lower of the cost or Alliance-Midmed rate for consultations and visits by Specialist, refer D5.

B5.2 Out of Hospital (Subject to limits per family size)

ALLIANCE-MIDMED MEDICAL SCHEME
ANNEXURE B

B13.2.1 100% of the lower of the cost or Alliance-Midmed rate for all non-surgical procedures performed by a General Practitioner.

B13.2.2 150% of the lower of the cost or Alliance-Midmed rate for all non-surgical procedures performed by a Medical Specialist.

B14. Optometry

Each Beneficiary is entitled to either Spectacles or Contact Lenses in a 24-month benefit cycle. Benefits are subject to Optical Managed Care protocols and Managed Care Interventions.

B14.1 Optometric examinations, Frames and Lenses (refer D14)

B14.1.1

	Scheme Benefit (Paid from Risk)		Additional Optical Savings Benefit (Paid from Positive Savings Only)	
Consultation	100% of the cost for a Composite Consultation to a maximum of R592 of the refraction, a glaucoma screening, visual fields screening and biometrics eye evaluation.		Nil	
Frames	A frame to the maximum value of R1 291.		A frame to the maximum value of R2 474	
Lenses	One pair of either	Single vision lenses to the value of R495 per pair.	One pair of either	Single Vision Lenses to the maximum value of R676 per pair.
		Bifocal lenses to the value of R1 506 per pair.		Bifocal lenses to the maximum value of R1 890 per pair.
		Multifocal lenses to the value of R1 936 per pair.		Multifocal lenses to the maximum value of R2 439 per pair.
Lens Enhancements	Lens enhancements to the value of R861		Lens enhancements to the value of R539	
OR				
Contact lenses	A benefit to the value of 1,398		A benefit to the value of R1 323	

B14.1.2 The Optical Savings Benefit amounts may be accessed if the member has positive savings and to protect the benefit structure integrity, payments from positive savings will be limited to the amounts in the Additional Optical Savings Benefit Table. Optical claims from

- B16.2** 100% of MRP in respect of registered medicines used in Radiotherapy and Chemotherapy.
- B16.3** 100% of the lower of the cost or Alliance-Midmed rate for stem cell harvesting and transplantation including Chemotherapy, limited to Allogeneic and Autologous grafts derived from the South African Bone Marrow Registry
- B17. Pathology and Medical Technology**
- B17.1 In Hospital**
- 100% of the lower of the cost or Alliance-Midmed rate for all tests performed by a Pathologist or Medical Technologist.
- B17.2 Out of Hospital**
- 100% of the lower of the cost or Alliance-Midmed rate for all tests performed by a Pathologist or Medical Technologist.
- B18. Physical therapy**
- B18.1 In Hospital**
- 100% of the lower of the cost or Alliance-Midmed rate for Physiotherapy and Biokinetics.
- B18.2 Out of Hospital**
- 100% of the lower of the cost or Alliance-Midmed rate for Physiotherapy and Biokinetics.
- B19. Prosthesis (Subject to obtaining a PAR)**
- B19.1 Internal Prostheses (Subject to the Hospital and Major Benefit Management Programme and the following sub-limits):-**
- B19.1.1 Cardiac / Vascular Prostheses and Appliances**

100% of the lower of the cost or Alliance-Midmed rate per Member Family per annum sub-limit, to include:-

- Stents (Cardiac, Peripheral and Aortic)
- Valves
- Pacemakers
- Implantable defibrillators

B19.1.2 Joint Prostheses (maximum of one per beneficiary per year) (Subject to failed conservative treatment and the Joint Replacement Protocol)

100% of the lower of the cost or Alliance-Midmed rate, subject to a per Member Family per annum sub-limit, and a co-payment, per joint, on joint replacements (hips, knees, shoulders and elbows), (refer D19).

B19.1.3 Orthopaedic Prostheses and Appliances (Subject to failed conservative treatment and Risk Management)

100% of the lower of the cost or Alliance-Midmed rate (refer D19) and to include

- Spinal fixation devices (maximum two levels unless motivated)
- Fixation devices – non-spinal
- Implantable devices, disc prosthesis, Kyphoplasty
- Bone lengthening devices

B19.1.4 Neuro Stimulators and Deep Brain Stimulators

100% of the lower of the cost or Alliance-Midmed rate, subject to a per Member Family per annum sub-limit.

B19.1.5 Internal Sphincters and Stimulators

100% of the lower of the cost or Alliance-Midmed rate, subject to a per Member Family per annum sub-limit.

B19.1.6 Intraocular lenses

100% of the lower of the cost or Alliance-Midmed rate, subject to a per lens per annum sub-limit.

B19.2 External Prostheses (not surgically implanted)

100% of the lower of the cost or Alliance-Midmed rate, subject to a per Member Family per annum sub-limit.

B20. Renal dialysis (acute and chronic)

Subject to PMBs and the Hospital and Major Benefit Management Programme:

100% of the lower of the cost or Alliance-Midmed rate for consultations, visits and all services and materials associated with the cost of Renal Dialysis.

B21. Radiology and radiography

B21.1 General radiology

B21.1.1 In Hospital (Subject to limits per family size)

100% of the lower of the cost or Alliance-Midmed rate for diagnostic radiology tests and scans.

B21.1.2 Out of Hospital (Subject to limits per family size)

100% of the lower of the cost or Alliance-Midmed rate for diagnostic radiology tests and scans.

B21.2 Specialised radiology

B21.2.1 In Hospital

Subject to the Hospital and Major Benefit Management Programme:

100% of the lower of the cost or Alliance-Midmed rate.

B21.2.1.1 Subject to pre-authorisation for the following:

100% of the lower of the cost or Alliance-Midmed rate for:

- Coronary and Cerebral Angiography
- MRI scans (excluding MRI scans ordered by a General Practitioner)
- Nuclear imaging and Radio Isotope scans
- Neurological Interventional Radiological procedures
- MUGA scans
- Stealth station.

B21.2.1.2 All other specialised radiology

100% of the lower of cost or Alliance-Midmed rate with the following provisos:

- bone densitometry scans are performed by a Specialist, except where the Bone Densitometry forms part of the Life Stages Benefit
- contrast and non-contrast brain scans will only be paid if ordered by a Specialist. However, in case of emergencies, that is, head injuries and Strokes, only non-contrast scans will be paid for if ordered by a General Practitioner;
- full sinus scans will only be paid if ordered by a Specialist; however, limited sinus scans will be paid for if ordered by a General Practitioner.

B21.2.2 Out of Hospital Radiology

100% of the lower of the cost or Alliance-Midmed rate with the following provisos:

- B21.2.2.1** Bone Densitometry scans when performed by a Specialist, and if preauthorised by the Hospital and Major Benefit Management Programme, except where the Bone Densitometry forms part of the Life Stages Benefit;

B21.2.2.2 Full sinus scans will only be paid if ordered by a Specialist; however, limited sinus scans will be paid for if ordered by a General Practitioner;

B21.2.2.3 Full body scans (MRI and CT) will be paid for if pre-authorised by the Hospital and Major Benefit Management Programme.

B22. Remedial & Other Therapies and Alternative Healthcare Practitioners

B22.1 General services

100% of the lower of the cost or Alliance-Midmed rate for services in respect of:

- Audiology
- Dietetics
- Hearing aid acoustics
- Occupational therapy
- Podiatry
- Speech therapy
- Social Workers (See Clause B12.2.1)

Provided that a treatment plan is approved where on-going treatment is required.

In-Hospital services subject to pre-authorisation.

B22.2 Homeopathy, Naturopaths, Osteopaths, Chiropractics and Orthoptics (no in Hospital benefit – Subject to available funds in the Personal Medical Savings Account (PMSA) only)

B22.2.1 Consultations

100% of the lower of the cost or Alliance-Midmed rate.

B22.2.2 Medicines

100% of MRP for registered homeopathic medicines prescribed by a registered homeopath.

B22.3 Autism Benefit - Subject to specified Managed Care Protocol.

B22.4 Attention Deficit Hyperactivity Disorder (ADHD) - Subject to specified Managed Care Protocol

B22.5 Nursing services: private nurse practitioners, agencies and home health care services

Subject to PMBs and the Hospital and Major Benefit Management Programme:

100% of the lower of the cost or Alliance-Midmed rate for consultations, assessments, procedures, nursing, excluding midwifery.

B22.6 100% of the lower of the cost or Alliance-Midmed rate for out-of-hospital wound care services, subject to a per Member Family per annum sub-limit.

B23. Surgical procedures

This paragraph expressly excludes services provided in respect of maternity (see paragraph B10) and organ transplants (see paragraph B15).

Subject to the Hospital and Major Benefit Management Programme:

B23.1 100% of the lower of the cost or Alliance-Midmed rate for surgical procedures performed by a General Practitioner.

B23.2 150% of the lower of the cost or Alliance-Midmed rate for surgical procedures performed by a Medical Specialist.

B24. Compulsory Childhood Immunisations (Subject to the Life Stages/Preventative Health Benefits)

B24.2.6 Bone Densitometry – Females 50 years and older, once every three years

B24.2.7 Infant Hearing Screening – New-born to 8 weeks, once only.

B24.2.8 Colorectal cancer screen (faecal occult blood test) - Beneficiaries 50 years and older, once per year.

B25. Trauma Benefit

When a beneficiary have been exposed to a traumatic event such as vehicle accidents, attacks, hijacking, child abuse, armed robbery, family violence and animal attacks, the Scheme will pay a limited amount, without the need for pre-authorisation, for trauma services provided by a registered trauma counsellor. The medical treatment will be managed under the emergency and other benefit rules.

The benefit covers assistance, 24 hours 7 days a week, at the time of an event or incident, the evacuation of the injured and traumatized and limited after care. It typically relates to vehicle accidents, assaults and attacks, hijacking, child abuse, house breaking, armed robbery, theft, family violence and animal attacks.

C. BENEFIT LIMITS

C1 Where no restriction or allocation of the benefit is indicated in column 4 of the table below, the benefit is unlimited, subject to C2.

C2 There is no overall annual limit.

C3 Charging of benefits – refer to Annexure A.

C4 Benefit table (see below – C4).

C5 Dependant categories are:

M0 = Member without dependants

M1 = Member with one dependant

M2 = Member with two dependants

ALLIANCE-MIDMED MEDICAL SCHEME

ANNEXURE B

M3 = Member with three dependants

M4+= Member with four or more dependants

C6 Except where indicated differently in column 4 of the table below, all benefit limits are per annum.

D Table of benefit limits

1	2	3	4	5	6	7
Category	Sub - category	Cross Ref Para	Monetary limit	MMP	LSB	PMSA
D1 Alcohol and Drug Dependency		B1	Subject to registration in the preferred provider facility	X		
D2 Emergency & Ambulance services		B2	Europ Assist except in the event of an emergency. Limited to R3 953 per beneficiary per annum for other providers	X		
D3 Appliances	In Hospital	B3.1	R9 863per beneficiary per annum	X		
	Out of Hospital As listed	B3.2 B3.2.1 B3.2.2 B3.2.4				
	Hearing aids	B3.2.3	R 9 467.00 per unit every three years. R 1,000 co-payment per unit	X		
D4	Blood and blood products	B4.1	R 22 451.00 per member family per year	X		

ALLIANCE-MIDMED MEDICAL SCHEME

ANNEXURE B

1	2	3	4	5	6	7
Category	Sub - category	Cross Ref Para	Monetary limit	MMP	LSB	PMSA
Blood, blood equivalents and blood products	Blood equivalents	B4.2	Preauthorisation required for costs exceeding R21 484 subject to PMB			
D5 Consultations and visits for General Practitioners	In Hospital	B5.1.1	R496 per GP consultation	X		
		B5.1.2	Specialist consultation fees available to members from the call centre	X		
	Out of Hospital	B5.2.1	The Alliance-Midmed rate is R496 per consultation for scheduled and un-scheduled visits	X M0 - Limited to a max of 6 consults per Member Family per annum M+1: Limited to a max of 11 consults per Member Family per annum M+2: Limited to a max of 15 consults per Member Family per annum M+3: Limited to a max of 19 consults per Member Family per annum		

ALLIANCE-MIDMED MEDICAL SCHEME

ANNEXURE B

1	2	3	4	5	6	7
Category	Sub - category	Cross Ref Para	Monetary limit	MMP	LSB	PMSA
				<p>M+4: Limited to a max of 21 consults per Member Family per annum</p> <p>M+5: Limited to a max of 25 consults per Member Family per annum</p> <p>M+6: Limited to a max of 27 consults per Member Family per annum</p>		
	Enhanced Consultations – minor procedures	B5.2.2	Consultation fee - R558 per procedure Facility fee – R356 per procedure	X Limited to 3 per annum.		
	Enhanced Consultations - Circumcision	B5.2.3	Consultation fee - R558 per procedure Facility fee – R356 per procedure	X		
Consultations and visits for Specialists	In Hospital	B5.1.2		X		
	Out of Hospital	B5.2.4		X M0: Limited to a max of 4 consults per Member Family per annum		

ALLIANCE-MIDMED MEDICAL SCHEME

ANNEXURE B

1	2	3	4	5	6	7
Category	Sub - category	Cross Ref Para	Monetary limit	MMP	LSB	PMSA
D6 Dentistry	Conservative	B6.1	Subject to DMP paid at Alliance-Midmed rate.			
	Specialist Dentistry	B6.2		X		
	Anaesthetics	B6.3				
D7 Hospitalisation	In-patient	B7.1		X		
	Out-patient	B7.2		X		
	Alternatives to hospitalisation and rehabilitation	B7.3.1 & B7.4	R47 978 per Member Family	X		
D8 Immune deficiency related to HIV/AIDS	Anti-retroviral medicines	B8.1	Unlimited per Beneficiary	X		
	Related medicines	B8.2	Included in B8.1			
	All other HIV/AIDS related services	B8.3	Included in paragraph B8.1			
D9 Infertility		B9	Public Sector or PSP and subject to PMBs	X		
D10 Maternity	In Hospital	B10.1	No limit	X		

ALLIANCE-MIDMED MEDICAL SCHEME
ANNEXURE B

1	2	3	4	5	6	7
Category	Sub - category	Cross Ref Para	Monetary limit	MMP	LSB	PMSA
	Out of Hospital	B10.2	No limit	X Consultations are limited to:- One consultation per month in the first 6 months Two consultations per month in months 6 and 7 One consultation per week in month 9		
D11 Medicines and injection material	Acute medication	B11.1.1	M0 R 5 660 M1 R10 338 M2 R 12 011 M3 R 13 917 M4 R15 689 M5 R 16 336 M6 R18 119 TTO'S Included in the limits but no co-payment is applicable	X		
	PAT	B11.2	Limited to 12 purchases to a minimum of R10 and a maximum of R163 per purchase. 10% co-payment to a maximum of R20 applies.			X

ALLIANCE-MIDMED MEDICAL SCHEME

ANNEXURE B

1	2	3	4	5	6	7
Category	Sub - category	Cross Ref Para	Monetary limit	MMP	LSB	PMSA
	PMB and Non-PMB Chronic medication	B11.3	M0 R 21 025 M+ R 43 979	X		
D12 Mental health	In Hospital	B12.1	R 49 217 per Member Family at non-PSP and 100% of Alliance-Midmed rate for PMB related service at PSP.	X		
	Out of Hospital	B12.2	Subject to available benefit B5.2.1/B5.2.2	X		
D13 Non-surgical procedures and tests	In Hospital	B13.1		X		
	Out of Hospital	B13.2	M0 R 5 514 M+ R 8 565	X		
D14 Optometry	Frames	B14.1.1	Subject to Optical Management Programme.	X		X
	Lenses	B14.1.1	Subject to Optical Management Programme.	X		X
	Lenses	B14.1.1	Subject to Optical Management Programme.	X		X

ALLIANCE-MIDMED MEDICAL SCHEME

ANNEXURE B

1	2	3	4	5	6	7
Category	Sub - category	Cross Ref Para	Monetary limit	MMP	LSB	PMSA
D16 Oncology		B16	Subject to pre- authorisation and PMB. R514 5000 per Beneficiary overall limit unless PMB criteria are met.	X		
D17 Pathology & medical technology	In Hospital	B17.1	Unlimited	X		
	Out of Hospital	B17.2	M0 R 5 837 M+ R 9 067	X 5% co-payment to a maximum of R50		
D18 Physical therapy & Biokinetics	In Hospital	B18.1	R 7 161 per Member Family. No limit in Intensive Care	X		
	Out of Hospital	B18.2	R 4 163 per Member Family			X
D19 Prostheses – Internal and External	Cardiac / Vascular Prostheses and Appliances	B19.1 B19.1.1	R56 723 per Member Family per annum	X		
	Joint Prostheses	B19.1.2	Maximum of one per beneficiary per year R 48 215 per Member Family per annum. R5 000 co-payment per joint	X		

ALLIANCE-MIDMED MEDICAL SCHEME
ANNEXURE B

1	2	3	4	5	6	7
Category	Sub - category	Cross Ref Para	Monetary limit	MMP	LSB	PMSA
	Orthopaedic Prostheses and Appliances	B19.1.3	R 56 723 per Member Family per annum	X		
	Neuro Stimulators and Deep Brain Stimulators	B19.1.4	R 34 034 per Member Family per annum	X		
	Internal Sphincters and Stimulators	B19.1.5	R 54 454 per Member Family per annum	X		
	Intraocular Lenses	B19.1.6	R 3 765 per lens per annum			
	External Prostheses (not surgically implanted)	B19.2	R 43 684 per Member Family per annum	X		
D20 Renal dialysis	Acute and chronic	B20		X		
D21 Radiology & Radiography	General In Hospital	B21.1 B21.1.1	MO R 1 551 M1 R 2 422 M2 R 3 608 M3 R 4 538	X		
	Specialised In Hospital	B21.2 B21.2.1	R 12 110 per Member Family	X		
	General Out of Hospital	B21.1 B21.1.2	M0 R1 551 M1 R2 422 M2 R3 608 M3 R4 538	X		

ALLIANCE-MIDMED MEDICAL SCHEME
ANNEXURE B

1	2	3	4	5	6	7
Category	Sub - category	Cross Ref Para	Monetary limit	MMP	LSB	PMSA
	Specialised Out of Hospital	B21.2 B21.2.2	R12 110 per Member Family	X		
D22 Remedial & Other Therapies Hospital	General services – as listed – In Hospital Out of Hospital	B22.1 B22.1	R 5 015 per Member Family	X X		
	Homeopathy	B22.2		X Subject to a co- payment of R10 per consult.		
	Autism	B22.3		X Subject to Managed Care Protocols		
	Attention Deficit Hyperactivity Disorder	B22.4		X Subject to Managed Care Protocols		
	Out-of- hospital wound care	B22.6	R 11 937 per Member Family per annum.			
D23 Surgical procedures		B23.1 B23.2	Subject to pre- authorisation	X		
D24 Life Stages Benefit	Compulsory immunisations	B24	All benefits are subject to the Lifestage Benefit Programme	X	X	
	Flu vaccines	B24.1.1				
	Pneumococcal Vaccination	B24.1.2				

ALLIANCE-MIDMED MEDICAL SCHEME

ANNEXURE B

1	2	3	4	5	6	7
Category	Sub - category	Cross Ref Para	Monetary limit	MMP	LSB	PMSA
	Cervical Cancer Vaccines	B24.1.3				
	Male HPV Vaccines	B24.1.4				
	Diagnostic tests	B24.2				
	Cholesterol test	B24.2.1				
	Prostate Antigen	B24.2.2				
	Blood sugar test	B24.2.3				
	Pap Smear	B24.2.4				
	Mammogram	B24.2.5				
	Bone Densitometry	B24.2.6				
	Infant Hearing Screening	B24.2.7				
	Colorectal cancer screening (faecal occult blood test)	B24.2.8				
	The cost of counselling related to a traumatic violent event	B25	R2 573	X		