

Making the most of your AMS membership

Your AMS membership is designed to support your health and protect you from unexpected, high medical costs. The Scheme's benefits are carefully structured to assist you at every life stage. Yet, many members don't take full advantage of everything the Scheme offers. Here's how you can get the best value from your membership and reduce unnecessary out-of-pocket expenses.

Know your Plan, know your cover

Each AMS Plan is thoughtfully designed with subtle differences in cover levels. To get the most value from your membership, it's essential to understand the details of your Plan. We encourage you to familiarise yourself with your benefit guide to ensure you don't miss out on valuable services like preventative screenings or chronic care support. If anything is unclear, our team is available to assist and clarify your cover.



Preventative care: Your most valuable benefit

Many members overlook the value of preventative care, yet it's one of the most important benefits the Scheme offers. Services like childhood and flu vaccines, cholesterol and blood pressure checks, mammograms, prostate checks, HPV vaccinations and others are funded from the Scheme's risk pool, so they don't affect your day-to-day benefits or your medical savings account. Making use of these benefits supports early detection – often allowing for less complex, more effective treatment and better long-term outcomes.

Stick to the network – and save

Using healthcare providers within the Scheme's network is one of the easiest ways to avoid unnecessary co-payments. AMS partners with a carefully selected network of health service providers, all chosen for their commitment to quality care and good clinical outcomes.

Choose day clinics to reduce your costs and protect your benefits

For certain planned procedures, using a day clinic instead of a traditional hospital, can help you avoid unnecessary co-payments and reduce overall healthcare costs, for both you and the Scheme.

In recent years, the Scheme has seen higher-than-necessary costs for procedures that could have been safely performed in more cost-effective settings such as day clinics or a doctor's rooms. That's why AMS, through Discovery Health, has negotiated preferential rates at day clinics for a range of procedures, including routine diagnostic gastroscopies, colonoscopies and other minor endoscopic procedures as well as for cataract surgeries.

Choosing one of these facilities not only helps you avoid paying extra but also ensures that Scheme benefits are used wisely, helping to keep contributions affordable and protecting cover for all members.

When you request authorisation for a planned procedure, the Call Centre will be able to confirm if the selected facility is accredited or if a co-payment will be required.

Make chronic care count

You have access to a list of both Prescribed Minimum Benefit (PMB) and non-PMB chronic medications. If you've been diagnosed with a chronic condition, it's important to register it to ensure appropriate funding in line with your treatment plan. This also guarantees that your chronic medication is covered according to the Scheme's approved formulary.

Choose generics and pharmacies in our network

When filling prescriptions, opt for generics where appropriate – they offer the same clinical benefit at a lower cost. Be sure to use a pharmacy in our network to avoid unexpected costs.

Oral health, covered

Basic dental services on the Standard Care Plan through the Dental Risk Company (DRC) dental network are charged at agreed rates, meaning no upfront payments or co-payments for covered services. That's peace of mind for you and your wallet.

Maternity support you can trust

Expecting a little one? Register on the AMS Maternity Programme for access to consultations, scans, antenatal supplements and delivery – either in a network hospital or in a registered midwife-run low-risk facility.

Choosing a non-network hospital on the Standard Care Plan for delivery, comes with a co-payment, so it's worth checking your options.

Sustaining value for members

AMS is here to protect your health and sustainability of your medical scheme through carefully structured benefits, sound governance and a commitment to quality care. With strong reserves and responsible management, the Scheme remains financially secure and focused on delivering real value to members. When benefits are used wisely and waste is avoided, it helps stretch the Scheme's resources further, allowing AMS to offer more support to more members when it's needed most.

Update on the Diabetes Care Programme

At our recent AGM, it became clear that some members were still unsure about the recent changes to the Scheme's diabetes management arrangements, particularly around the discontinuation of the Centre for Diabetes and Endocrinology (CDE) Programme.

Julia le Roux, Principal Officer of AMS, explained that the Scheme was given very short notice by the CDE regarding the termination of its services to all clients, including AMS, effective 30 April 2025. As a result, there was unfortunately limited time to notify members in advance.

Importantly, although the CDE is no longer managing the diabetes programme, members are assured of continued care. Members will still have access to the Diabetes Care Programme through a network of healthcare providers. The key change is that doctors no longer dispense medication directly. Instead, members must now collect their diabetes medication from a network pharmacy.

Is your healthcare provider on the network?

To check whether your current provider is on the network:

- Visit www.angloms.co.za and use the Find a Provider tool



- Call us on 0860 444 439
- Email us at Members_DCP@angloms.co.za

If you've recently been diagnosed with diabetes or are not yet registered on the AMS Diabetes Care Programme, please speak to your healthcare provider about joining the programme.

For any diabetes-related queries, contact us on 0860 444 439 or email Members_DCP@angloms.co.za.

Ozempic and AMS: What You Need to Know

Ozempic (semaglutide) is a prescription medicine for people with type 2 diabetes that's been in the news recently. At our recent AGM, someone asked if AMS helps pay for this medication. Ozempic belongs to a group of drugs called GLP-1 agonists, which can be an important part of some diabetes treatment plans.

At AMS, we base our support on medical evidence. We do provide coverage for this kind of treatment for members with type 2 diabetes – but only if they meet specific medical criteria and the medication is prescribed appropriately.

Do you have membership or Scheme questions? Contact us on the numbers and addresses listed here:

Value Care Plan: 0861 665 665 | support@kaelo.co.za | Standard and Managed Care Plans: 0860 222 633 | member@angloms.co.za and claims@angloms.co.za

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