



# BENEFIT GUIDE 2015

**AMS** | ANGLO  
MEDICAL  
SCHEME



## Our Promise

We promise you lifelong, quality products that are market competitive and cost-effective in order to meet your healthcare needs. In addition, we will strive to offer you exceptional administrative efficiency and sound financial risk management.

## Your Guarantee

As a member of a medical scheme, you have access to Prescribed Minimum Benefits (PMBs). PMBs are a set of defined benefits put in place to ensure that all beneficiaries have access to certain minimum healthcare services, regardless of the benefit option they have selected.

These 270 PMBs cover the most common conditions, ranging from meningitis to various cancers, menopause management and cardiac treatment etc. (including medical emergencies). They are life threatening conditions for which cost-effective treatment would sustain and improve the member's quality of life.

PMB diagnosis, treatment and care is not limited to hospitals. Treatment can be received wherever it is most appropriate – in a clinic, an outpatient setting or even at home.

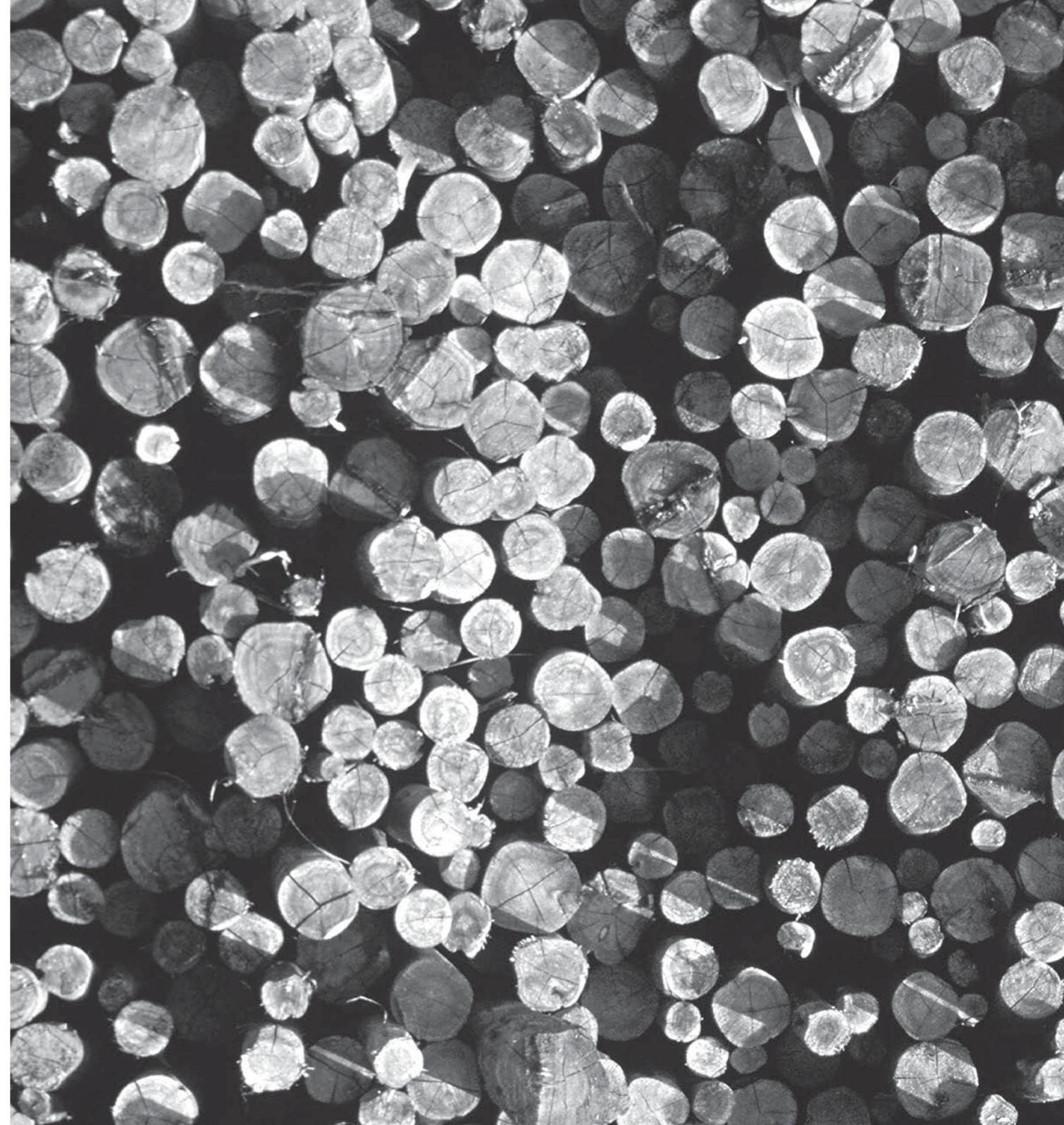
The access to diagnosis, medical or surgical management and treatment for these conditions is not limited and is paid according to specific protocols per condition.

In addition to the 270 PMBs, you are also guaranteed treatment and medication for 26 chronic conditions. Members with these chronic conditions will need to visit their practitioner who might have to register the condition on the chronic programme. Some disease management programmes are obtained from a Designated Service Provider (DSP). Once registered, members will be entitled to treatment including medication according to treatment protocols and reference pricing.

#### **PMB Chronic Conditions**

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Addison's Disease	Crohn's Disease	Hypertension
Asthma	Diabetes Insipidus	Hypothyroidism
Bipolar Mood Disorder	Diabetes Mellitus Type 1	Multiple Sclerosis
Bronchiectasis	Diabetes Mellitus Type 2	Parkinson's Disease
Cardiac Failure	Dysrhythmias	Rheumatoid Arthritis
Cardiomyopathy Disease	Epilepsy	Schizophrenia
Chronic Renal Disease	Glaucoma	Systemic Lupus Erythematosus
Chronic Obstructive Pulmonary Disorder	Haemophilia	Ulcerative Colitis
Coronary Artery Disease	Hyperlipidaemia	



# Scheme website benefits

As this Benefit Guide is a summary of the registered Scheme Rules only, we will refer you, in some instances, to the Scheme website [www.angloms.co.za](http://www.angloms.co.za) for more information. The Scheme website offers you a public area and a members only log-in area.

The public area contains

- The full set of registered Scheme Rules
- Information on how your Scheme works
- Detailed information on plans and products
- The Info Centre, containing an archive for MediBrief and news, as well as a Glossary of medical scheme terms
- All contact details and more

In the member log-in you can, after registration

- Track your claims
- Check your chronic cover
- See your hospital authorisations and events
- Update your personal details
- Change your communication preferences
- Check your plan details
- Check your Savings Account (Managed Care Plan only)
- Search for healthcare providers
- Access a library including all forms and information about procedures and medical scheme topics, and more

We encourage you to register on the Scheme website and to make use of these administrative benefits.

# Extend your Scheme benefits

As a member of Anglo Medical Scheme you are able to access certain products offered by our administrator Discovery Health.

## **Vitality**

Vitality is the wellness programme that facilitates, encourages and rewards members for getting healthier. Not only is a healthy lifestyle more enjoyable, it has been clinically proven that Vitality members live longer and have lower healthcare costs while enjoying the richest rewards. To join Vitality call 0860 99 88 77 or visit [www.vitality.co.za](http://www.vitality.co.za).

## **Optometry Network**

You can get 20% discount on your frames and eyeglass lenses when you visit an optometrist in the Discovery Health Optometry Network. The discount is immediate at point of sale. The benefit is independent of your Anglo Medical Scheme benefits. The portion payable by the Scheme is subject to Scheme Rules.

These products are not part of Anglo Medical Scheme. Participation or non-participation does not impact or influence Scheme benefits. Discovery Vitality and Vitality HealthyLiving are offered by Discovery Vitality (Pty) Ltd, registration number 1999/007736/07, the Optometry Network is offered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, authorised financial services providers. Terms and conditions apply.

More information on [www.angloms.co.za](http://www.angloms.co.za) or on **0860 222 633**



# Your Scheme at a Glance

	VALUE CARE PLAN	STANDARD CARE PLAN	MANAGED CARE PLAN
Type	Network	Traditional	Comprehensive with savings account
Provider	Prime Cure Providers and Facilities	Your choice of medical service provider	Your choice of medical service provider
Tariff	Prime Cure Tariff	Scheme Reimbursement Rate (SRR)	Scheme Reimbursement Rate (SRR) + GAP. GAP pays up to 200% of SRR for professional surgical and medical services while in hospital (excluding pathology and radiology)
Benefits	Primary healthcare  Hospital: Annual Family Hospital Limit: R150 000 (non-PMB)	Out-of-Hospital benefits: Limited  Hospital: Unlimited	Savings plan for Out-of-Hospital benefits  Hospital: Unlimited
Medicines	Dispensed by provider / network pharmacy	Strict protocol management	Moderate protocol management
Contribution Rate	Member: R650 Adult dependant: R650 Child dependant: R150	Member: R1 700 Adult dependant: R1 700 Child dependant: R510	<b>Total Contributions</b> Member: R3 170 Adult dependant: R3 170 Child dependant: R730

If you are considering switching plans (for reasons such as a change in income or medical needs, among others), you may do so at the end of the year. We recommend you speak to one of our Client Liaison Officers (CLO's) or your Paypoint Consultant for advice. Your option change form is included in the back of the Guide (page 79) and has to be handed to your employer or past employer before 31 December if you want to change your plan for the coming year.

To calculate your individual contribution visit [www.angloms.co.za](http://www.angloms.co.za) > Plans & Products > Contribution calendar.

<b>Excluding Savings</b>	
Member:	R2 380
Adult dependant:	R2 380
Child dependant:	R545
<b>Savings</b>	
Member:	R790
Adult dependant:	R790
Child dependant:	R185



# Value Care Plan

**Value Care Plan provides primary healthcare only through a network of Prime Cure facilities.**

In return for receiving quality, basic healthcare at the Scheme's most affordable contribution rate, members of this plan may only obtain healthcare services from a Prime Cure facility or network provider.

## Value Care Plan Limits unless PMB

IH

Annual Family Limit: R150 000
+
Sublimit: Private Prime Cure Hospital R65 000
+
Sublimit: Pathology R14 470 per family
+
Sublimit: Radiology R14 470 per family
+
Sublimit: Internal Prosthesis R22 260 per family
+
Sublimit: Psychiatric Services R6 200 per family, 5 days

OH

Consultations: Prime Cure Network GP's - unlimited authorisation needed after 6 <sup>th</sup> consultations per beneficiary
+
Consultations: Specialist R2 760 per family, 5 consultations per family, max 3 per beneficiary
+
Alternative Healthcare: R1 430 per beneficiary up to max R2 175 per family
+
Pharmacist Advised Therapy (PAT): R70 per script max 3 scripts up to R210 per beneficiary
+
Consultations Out-of-Network R815. 1 visit per beneficiary or 2 per family

**Contributions: Member R650, Adult Dependant: R650, Child: R150**

# How it works

## To call an ambulance

Phone **0861 665 665** and press **option 1**. Prime Cure will authorise if deemed an emergency and send an ambulance.

In a medical emergency, where authorisation was not obtained, you will need to provide details to Prime Cure by calling **0861 665 665** within 48 hours after the incident.

## To find a Prime Cure doctor or facility

Call **0861 665 665** or visit **www.angloms.co.za**. Value Care Plan Providers are paid by Prime Cure so may not ask you to settle any accounts (unless you have not complied with the Rules).

## To obtain authorisation

Phone Prime Cure on **0861 665 665**. Authorisation is required for certain procedures, treatment and hospitalisation before the event, as indicated in the Benefit Table. Remember: no authorisation, no benefit!

## To claim

If you obtained emergency medical services outside the Network which were authorised within 72 hours and were not paid by the Scheme, please submit your claim to:

Call Centre: **0861 665 665**

Email: **anglo@primecure.co.za**

Post: **Prime Cure Health, Private Bag X13, Rivonia, 2128**

Third party claims are not the responsibility of the Scheme. Emergency treatment will be paid, but will need to be refunded.

## Your responsibilities

- Comply with the Scheme Rules
- Obtain services and referrals from your Prime Cure Network Provider only
- Obtain authorisation for services listed in the Benefit Table
- Be responsible for co-payments if out-of-network services are used
- Provide a letter of undertaking to refund the Scheme for any amounts paid on your behalf where a third party is responsible for payment.

# Benefits

## Prime Cure Network only

What you are entitled to	Is authorisation required? 0861 665 665*	Limit*
<b>Alcohol and drug treatment</b> programme, including hospitalisation and medication	Y	21 days
<b>Alternative healthcare:</b> Audiology, dietetics, occupational therapy, podiatry, physiotherapy, psychology, social services and speech therapy	Y	R1 430 per beneficiary up to a maximum of R2 175 per family p.a.
<b>Ambulance services</b>	Y	
<b>Cancer treatment</b> and Oncology Management Programme including chemotherapy and radiotherapy	Y	Annual Family Hospital Limit: R150 000 p.a. unless PMB
<b>Consultations outside hospital:</b> GP visits in rooms (PMB and emergencies)	Y	
<b>Consultations outside hospital:</b> GP visits in rooms (non-PMB)	N	
<b>Consultations outside hospital:</b> GP visits out-of-network (non-PMB)	Y	R815 per consultation (including related expenses) per beneficiary, 2 visits per family p.a.
<b>Consultations outside hospital:</b> Specialist visits (non-PMB)	Y	Limited to R2 760 per family p.a., 5 consultations per family and 3 visits per beneficiary p.a.
<b>Consultations outside hospital:</b> Specialist visits in rooms (PMB and emergencies)	Y	

\* per annum, PMB rules apply

Is a referral required? **	Co-payments and comments	Is programme registration required?	IH In Hospital OH Out-of-Hospital
Y		Y	IH OH
Y	Co-payment of 50% of Prime Cure negotiated costs applies if you self-refer to any practitioner	N	OH
N	Authorisation is required within 48 hours after the incident or on the first working day after the emergency	N	OH
Y		Y	IH OH
Y	Emergencies: Authorisation must be obtained within 72 hrs after the event	Y	OH
N	Visits after 6th consultation per beneficiary must be authorised by member or GP	N	OH
N	20% co-payment per visit, subject to authorisation within 72 hours after the consultation	N	OH
Y	A 30% co-payment will apply where use of a non-designated specialist is voluntary	N	OH
Y	Emergencies: Authorisation must be obtained within 72 hrs after the event	N	OH

\*\* Subject to referral by Prime Cure practitioner

What you are entitled to	Is authorisation required? 0861 665 665*	Limit*
<b>Dentistry:</b> Conservative treatments including fillings, x-rays, extractions and consultations	N	One consultation per beneficiary p.a.
<b>Dentistry:</b> Emergency visits out-of-network (pain, sepsis and extractions)	N	One event per beneficiary p.a.
<b>Dentistry:</b> Hospital admissions for children under the age of 7 and for the removal of impacted third molars	Y	
<b>Dentistry:</b> Preventative treatment (cleaning, scaling, polishing, fluoride treatment)	N	One treatment per beneficiary p.a.
<b>Dentistry:</b> Specialised	Y	One set of acrylic dentures per family every 2 years
<b>Diabetes</b>	Y	
<b>Eye care:</b> Eye examination	N	One examination per beneficiary p.a.
<b>Eye care:</b> Lenses, frames	N	One pair of spectacles per beneficiary every 2 years
<b>HIV/AIDS:</b> Confidential management programme including medicine and related expenses	Y	
<b>Hospitalisation:</b> Auxiliary services (dietetics, occupational and speech therapy, physiotherapy, podiatry, social work and allied professionals)	Y	Annual Family Limit: R6 220
<b>Hospitalisation:</b> Blood transfusions	Y	Annual Family Limit: R12 700 for non-PMB

\* per annum, PMB rules apply

Is a referral required? **	Co-payments and comments	Is programme registration required?	IH In Hospital OH Out-of-Hospital
N	If clinically appropriate	N	OH
N		N	OH
Y		N	IH
N	Authorisation needed for children over 12 years	N	OH
N	Benefit only for members over the age of 21 years and subject to co-payment of 20% per set	N	OH
N	Must register and adhere to Scheme protocols.	N	OH
N		N	OH
N	No contact lenses or sunglasses	N	OH
N	Must register and adhere to Scheme protocols. Your status will, at all times, remain confidential	Y	IH OH
Y		N	IH
Y		N	IH

\*\* Subject to referral by Prime Cure practitioner

What you are entitled to	Is authorisation required? 0861 665 665*	Limit*
<b>Hospitalisation:</b> Hospital services including GP and Specialist consultations in hospital, day cases and 7-day supply of to-take-home medicines	Y	Annual Family Hospital Limit: R150 000. Private hospital sublimit: R65 000 per family p.a. (unless PMB)
<b>Hospitalisation:</b> Internal prosthesis	Y	Annual Family Hospital Limit plus sublimit: R22 260 per family
<b>Hospitalisation:</b> Psychiatric services	Y	5 days per admission, with a maximum of R6 200 per family p.a.
<b>Kidney disease:</b> Dialysis (heamo, peritoneal)	Y	Annual Family Hospital Limit (unless PMB)
<b>Maternity:</b> Antenatal consultations, GP, nursing practitioner and specialists	Y	2 specialist visits, 2 ultrasounds per pregnancy p.a.
<b>Maternity:</b> Confinement in hospital and delivery at home	Y	Annual Family Hospital Limit
<b>Medicine:</b> Acute, inclusive of dental medication	N	
<b>Medicine:</b> Pharmacist Advise Therapy (PAT)	N	R70 per script, maximum of 3 prescriptions per beneficiary: R210 per beneficiary p.a.

\* per annum, PMB rules apply

Is a referral required? **	Co-payments and comments	Is programme registration required?	IH In Hospital OH Out-of-Hospital
Y	R2 000 co-payment applies if no authorisation was obtained. Authorisation must be obtained within 24 hours after admission or first working day	N	IH
Y		N	IH
Y	In public psychiatric facility, PMB only	N	IH
Y		Y	IH OH
Y		Y	OH
Y		Y	IH OH
N	Subject to medicine formulary	N	OH
N	Subject to medicine formulary	N	OH

\*\* Subject to referral by Prime Cure practitioner

What you are entitled to	Is authorisation required? 0861 665 665*	Limit*
<b>Medicine</b> (PMB chronic)	<b>Y</b>	Medicine formulary
<b>PMB Chronic Conditions</b>		
Addison's Disease		Chronic Obstructive Pulmonary Disorder
Asthma		Coronary Artery Disease
Bipolar Mood Disorder		Crohn's Disease
Bronchiectasis		Diabetes Insipidus
Cardiac Failure		Diabetes Mellitus Type 1
Cardiomyopathy Disease		Diabetes Mellitus Type 2
Chronic Renal Disease		Dysrhythmias
<b>Organ transplant:</b> All services relating to organ transplant: Harvesting of the organ, post-operative care of the member and the donor, anti-rejection medicines, professional services in-hospital and payment of donor	<b>Y</b>	
<b>Pathology:</b> In hospital (including cancer screening)	<b>N</b>	Annual Family Hospital Limit and sublimit of: R14 470 per family p.a.
<b>Pathology:</b> Out-of-Hospital (PMB and non-PMB conditions)	<b>N</b>	
<b>Radiology:</b> Basic	<b>N</b>	
<b>Radiology:</b> Specialised	<b>Y</b>	Annual Family Hospital Limit and sublimit of R14 470 per family

\* per annum, PMB rules apply

Is a referral required? **	Co-payments and comments	Is programme registration required?	IH In Hospital OH Out-of-Hospital
<b>N</b>	One month's supply at a time	<b>Y</b>	<b>OH</b>
<b>PMB Chronic Conditions continued</b>			
	Epilepsy		Multiple Sclerosis
	Glaucoma		Parkinson's Disease
	Haemophilia		Rheumatoid Arthritis
	Hyperlipidaemia		Schizophrenia
	Hypertension		Systemic Lupus Erythematosus
	Hypothyroidism		Ulcerative Colitis
<b>Y</b>		<b>Y</b>	<b>IH OH</b>
<b>N</b>		<b>N</b>	<b>IH</b>
<b>N</b>	Subject to approved tests	<b>Y</b>	<b>OH</b>
<b>N</b>	Subject to approved x-rays	<b>N</b>	<b>OH</b>
<b>Y</b>		<b>N</b>	<b>IH OH</b>

\*\* Subject to referral by Prime Cure practitioner

# General Exclusions

Your service provider will advise you on medicines and treatments that are excluded from your benefits. These you would need to agree to pay:

- All services not obtained through a Prime Cure Designated Service Provider (DSP), or referrals not authorised or not provided in terms of the Prime Cure protocols
- Frail care treatment
- PET scans
- Deep brain stimulator devices for Parkinson's disease or epilepsy
- Implant devices for chronic pain management
- Polysomnogram and CPAP titrations
- Where a beneficiary chooses not to make use of a DSP, a co-payment equal to the difference between the Prime Cure agreed tariff and the tariff of the non-DSP will apply
- Facility fees
- No cover for off-formulary medication as prescribed by a specialist
- Injury or illness that occur beyond the borders of the Republic of South Africa
- Dental extractions for non-medical purposes
- All costs related to radial keratotomy and refractive surgery.

The following medicines are specifically excluded unless part of a PMB treatment

- Erythropoietin (unless the beneficiary is eligible for renal transplantation)
- Interferons
- Biologicals and bio technological substances
- Immunoglobulins
- Roaccutane and Retin-A or any skin lightening treatments.

**Refer to the Scheme Rules for the full list of exclusions**

# General Rule Reminders

- Please refer to **[www.angloms.co.za](http://www.angloms.co.za)** (My Scheme, Scheme Rules) for the full set of registered Rules
- The Anglo Medical Scheme Rules are binding on the members, officers of the Scheme and on the Scheme itself
- The member, by joining the Scheme, consents on his or her own behalf and on behalf of any registered dependants, that the Scheme may disclose any medical information to the administrator for reporting or managed care purposes
- A registered dependant can be a member's spouse or partner, a stepchild or a legally adopted child or immediate family relation (first-degree blood relation) who is dependant on the member for family care and support
- To avoid underwriting, a member who gets married must register his or her spouse as a dependant within 30 days of the marriage. Newborn child dependants must be registered within 30 days of birth to ensure benefits from the date of birth
- If your dependant reaches the age of 23 and you wish to keep him/her as an adult dependant on the Scheme, you may apply for continuation of membership
- The onus is on the member to notify the Scheme of any material changes, such as marital status, home address or any other contact details and death of a member or dependant.



# Standard Care Plan

Standard Care Plan is a **traditional medical plan** with defined benefits and Out-of-Hospital Family Limits.

**Out-of-Hospital benefits** are limited and grouped by service under individual limits. Unless PMB, all benefits are paid at 100% of the Scheme Reimbursement Rate (SRR):

- The SRR is based on the previously negotiated rate between medical schemes and providers
- Providers are entitled to charge above the SRR
- Members are encouraged to request the actual costs of services before purchasing them and to compare these to the SRR
- Obtain a quotation from your provider and call **0860 222 633** to receive an estimate of the SRR
- Members may negotiate a better rate with their provider.

<b>Hospital cover</b> is unlimited and paid at 100% of SRR	Improved
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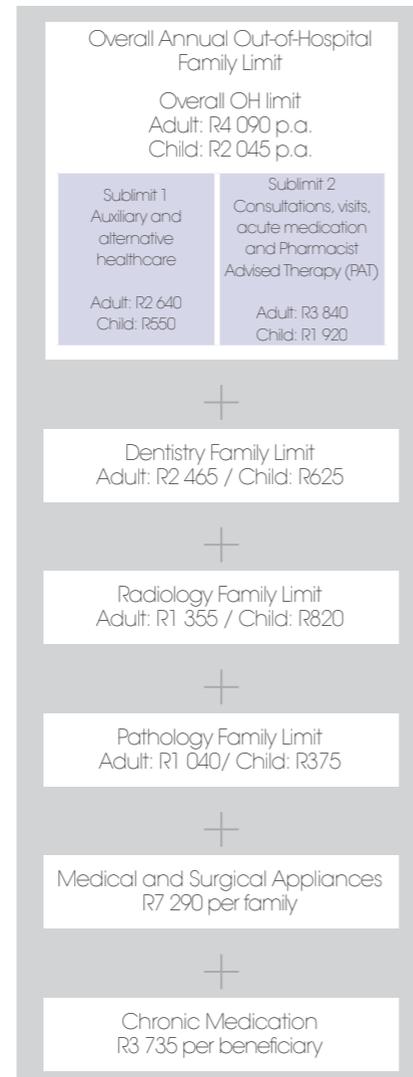
<b>Contributions: member R1 700, adult dependant: R1 700, child: R510</b>
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## Standard Care Plan Limits unless PMB

IH



OH



## How it works

### To call an ambulance

Phone **Netcare 911** on **082 911**, who will authorise a road or air ambulance if it is deemed an emergency.

In a medical emergency, where authorisation was not obtained, you need to provide details to Netcare 911 the next working day after the incident.

If no authorisation has been obtained, you will be held liable for the costs.

### To obtain authorisation

#### Procedures, treatments, hospitalisation, medical or surgical appliances.

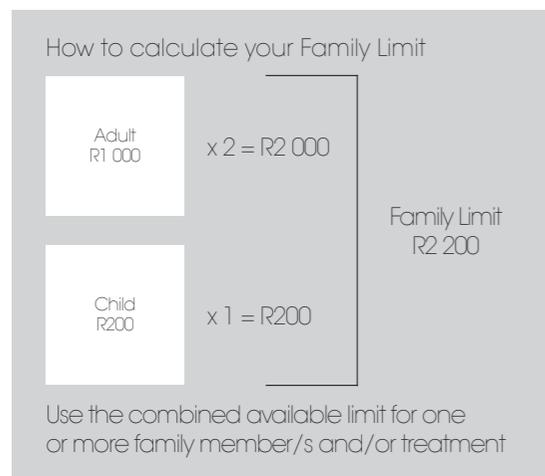
Call **0860 222 633** to receive authorisation for procedures, treatments and hospitalisation before the event and medical or surgical appliances as indicated in the Benefit Table.

Remember: No authorisation, no benefit!

Information required when calling for authorisation:

- Membership number
- Date of admission
- Name of the patient
- Name of the hospital
- Type of procedure/operation, diagnosis and the ICD-10 code (obtainable from the doctor)
- The name of your doctor or service provider and the practice number.

Example:



This authorisation number must be quoted on admission. It will be valid for a period of four months or until the end of the year, whichever comes first. Please phone **0860 222 633** if any of the details change i.e. date of operation, codes, etc. Should the admission be postponed or not taken up before it becomes invalid, a new authorisation number will need to be obtained. No co-payment may be charged if the condition is a PMB.

### **Chronic Medicine**

If you are diagnosed with a chronic condition, ask your doctor or pharmacist to register the chronic condition by calling **0860 222 633**.

Your medication will then be paid from the relevant chronic medicine benefit and not from your day-to-day benefits.

Once registered you only have to contact us again if your medication dosage changes.

### **Diabetes and HIV/AIDS management:**

Register on the programme to ensure maximum benefits:

- Diabetes – call the Centre for Diabetes and Endocrinology (CDE) on **011 712 6000**
- HIV/AIDS management – call One Health on **0860 143 258**

### **To reduce your medicine costs**

Visit **[www.angloms.co.za](http://www.angloms.co.za)** > Your Plan > Medicines to find a Scheme preferred pharmacy near you for lower medicine prices and reduced co-payment.

### **To claim**

Ensure your claim is valid, check that you've received the treatment and services you've been charged for and that the following details are correct and complete:

- Full name of main member
- Membership number
- Name of patient (main member or dependant)
- Full details of the service rendered (tariff code and explanation)
- The diagnosis code (ICD-10)
- The treatment date
- Proof of payment if you have settled your account.

Send your completed claim to:

Email: **[claims@angloms.co.za](mailto:claims@angloms.co.za)**

Post: **Anglo Medical Scheme, PO Box 652509, Benmore, 2010**

Call: **0860 222 633 for further assistance**

We can only process your claims if all details are legible. Fax submissions are therefore not recommended. If you still prefer to fax please send them to 011 539 1008.

Third party claims are not the responsibility of the Scheme. Emergency treatments will be paid, but will need to be refunded. You will need to provide a letter of undertaking to refund the Scheme for any amounts paid on your behalf where a third party is responsible for payment.

## How it works continued

You or your service provider have up to four months after the treatment date to submit a claim for payment. After four months, it will be considered 'stale' and the Scheme will no longer be liable for payment.

Keep all receipts so you can claim back from your personal tax and keep a copy in case the originals get lost.

After submission of your claim, the Scheme will:

- Notify you by SMS or email once your claim has been processed (if you have subscribed to this service)
- Pay all amounts according to the Scheme Rules and at the Scheme Reimbursement Rate
- Pay this amount directly into your bank account (or the provider's account)
- Send you a statement by email or post showing amounts paid, to whom, rejections and amounts for you to settle.

### Your responsibility

- Check the statement if payments have been made correctly
- Check rejections on your statements. If a mistake has been made, correct the claim and resubmit within 60 days
- Settle any outstanding amounts with your service provider.

## Overseas travel

### Emergency and acute medical treatment received when travelling overseas

Treatment can be reimbursed to you by the Scheme, in accordance with the Rules and necessary authorisations, at the SRR:

- The Scheme will not pay a doctor or service provider directly outside RSA borders. You must pay for the services at the time of the treatment and the Scheme will refund you
- Submit a fully specified account to the Scheme
- The account must give details of the service rendered and state whether the service was provided by a GP, specialist, pharmacy or hospital
- The Scheme will pay the rand value according to the relevant tariff and SRR had the service been provided in South Africa. Remember that except in the case of a medical emergency, the normal authorisation procedure should be followed before undergoing any routine or specialised treatment overseas.

We suggest you take out adequate travel insurance to cover any major medical emergency.

### Chronic medicine advanced supply

For an advanced supply of chronic medicines, please submit:

- A completed advanced supply form (available on [www.angloms.co.za](http://www.angloms.co.za))
- A prescription covering the period
- A copy of your ticket or itinerary.

Call **0860 222 633** for further assistance.

# Benefits

All benefits paid at 100% of SRR, or negotiated rate, or at cost if PMB

What you are entitled to	Is authorisation required? 0860 222 633*	Limit**
<b>Alcohol and drug treatment programme</b> , including hospitalisation and medication in hospital	Y	21 days
<b>Alcohol and drug treatment programme</b> including consultations and medicine outside hospital	Y	Annual Family Limit for consultations, visits and acute medicine. Adult: R3 840, Child: R1 920
<b>Ambulance services:</b> Life-threatening medical emergency transport	Y 082 911	
<b>Cancer treatment</b> and oncology management programme	Y	
<b>Dental hospitalisation</b>	Y	

\* unless otherwise specified

\*\* per annum, PMB rules apply

Is programme registration required?	Designated service provider	IH In Hospital OH Out-of-Hospital	Comments and co-payments
Y	SANCA and SANCA approved facilities	IH OH	Medicines provided in hospital are limited to the SANCA guidelines
Y	SANCA and SANCA approved facilities	OH	If you do not register on the SANCA programme, you may continue using your existing doctor, but you will be liable for the difference between the amount charged by your doctor and the amount the Scheme would have paid to SANCA
N	Netcare 911	OH	Notify Netcare 911 within the next working day after the emergency if authorisation was not obtained at the time of the incident
Y	N	IH OH	100% of SRR and Single Exit Price (SEP) of medicines. Subject to treatment protocols. Drug therapies for chemotherapy side effects and pain relief must be authorised. Post-oncology treatment will be recognised as part of your oncology benefits which need to be registered separately
N	N	IH	In the case of trauma or patients under the age of 7 years requiring anaesthetic and the removal of impacted molars and maxillofacial and oral surgery (PMB conditions)

Benefits continued

What you are entitled to	Is authorisation required? 0860 222 633*	Limit**
<b>Dentistry:</b> Conservative treatments including fillings, x-rays, extractions and oral hygiene. Specialised treatments including bridges, crowns, dentures, inlays, orthodontics, osseo-integrated implants or similar tooth implants and periodontics	N	Combined Conservative and Specialised Dentistry Family Limit. Adult: R2 465, Child: R625 p.a.
<b>Diabetes:</b> Consultation with doctors, dieticians, ophthalmologists, podiatrists, medicine and related products	Y 011 712 6000	
<b>Eye care:</b> Eye examinations	N	R305 per beneficiary p.a.
<b>Eye care:</b> Lenses, frames	N	R1 700 per family p.a.
<b>HIV/AIDS:</b> Confidential management programme and medicines	Y 0860 143 258	
<b>Hospice:</b> In lieu of hospitalisation (inpatient care facility and outpatient homecare)	Y	

\* unless otherwise specified

\*\* per annum, PMB rules apply

Is programme registration required?	Designated service provider	IH In Hospital OH Out-of-Hospital	Comments and co-payments
N	N	OH	
Y	CDE	IH OH	Register on the Diabetes Programme with the Centre for Diabetes and Endocrinology (CDE) to receive medicines, testing equipment and related treatments according to the programme. Should you choose not to register with CDE, you may continue using your existing doctor, but you will be liable for a co-payment of 20% on all the diabetic-related services
N	N	OH	
N	N	OH	See page 5 for information on discounts through the optometry network
Y	One Health / Optipharm	OH	Your medicines will be delivered to your place of choice. Registered members must adhere to Scheme protocols. Your status will, at all times, remain confidential.
N	N	IH OH	Subject to Scheme protocols

What you are entitled to	Is authorisation required? 0860 222 633*	Limit**
<b>Hospitalisation:</b> Hospital services including professional services, blood transfusions, 7 days to-take-home medicines and day cases	Y	Unlimited
<b>Hospitalisation:</b> Prosthesis (internal)	Y	R50 965 per person p.a.
<b>Hospitalisation:</b> Step-down in lieu of hospitalisation	Y	
<b>Kidney disease:</b> Dialysis (haemo or peritoneal)	Y	
<b>Maternity:</b> Consultations and ultrasound scans	Y	8 consultations, 2 ultrasound scans per pregnancy
<b>Maternity:</b> Confinement	Y	
<b>Medical appliances:</b> External appliances	Y	Annual Medical and Surgical Appliance Limit: R7 290 per family

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\* unless otherwise specified

\*\* per annum, PMB rules apply

Is programme registration required?	Designated service provider	IH In Hospital OH Out-of-Hospital	Comments and co-payments
N	N	IH OH	Co-payment of R140 per day, to a maximum of R420 per admission unless PMB. Notify the Scheme the next working day if authorisation was not obtained at the time of the admission
N	N	IH	
N	N	OH	Subject to Scheme protocol
Y	N	IH OH	Subject to Scheme protocols
Y	N	IH OH	Register between weeks 12 and 20 of the pregnancy to qualify for benefits
Y	N	IH OH	Home confinement or confinement in a low-risk maternity unit provided by a registered midwife if preferred
N	N	OH	Authorisation required for appliances over R1 000 each

What you are entitled to	Is authorisation required? 0860 222 633*	Limit**
<b>Medical appliances:</b> Hearing aids (1 pair every 2 years)	Y	Annual Medical and Surgical Appliance Limit
<b>Medical appliances:</b> Wheelchair (1 wheelchair every 2 years)	Y	Annual Medical and Surgical Appliance Limit
<b>Medicine:</b> Acute medicine and injection material	N	Annual Family Limit for consultations, visits and acute medicine. Adult: R3 840, Child: R1 920
<b>Medicine:</b> Chronic conditions (PMB)	Y	

**PMB Chronic Conditions**

Addison's Disease	Chronic Obstructive Pulmonary Disorder
Asthma	Coronary Artery Disease
Bipolar Mood Disorder	Crohn's Disease
Bronchiectasis	Diabetes Insipidus
Cardiac Failure	Diabetes Mellitus Type 1
Cardiomyopathy Disease	Diabetes Mellitus Type 2
Chronic Renal Disease	Dysrhythmias

\* unless otherwise specified

\*\* per annum, PMB rules apply

Is programme registration required?	Designated service provider	IH In Hospital OH Out-of-Hospital	Comments and co-payments
N	N	OH	Authorisation required for members younger than 60 years, and subject to prescription by ENT specialist
N	N	OH	
N	N	OH	100% of SEP and dispensing fee, subject to Reference Price List. Generic medicines, where appropriate, will prevent co-payments. Check generic alternatives and co-payments on <a href="http://www.angloms.co.za">www.angloms.co.za</a> > My Plan SCP > Medicines
N	N except HIV/AIDS and diabetes	OH	100% of SEP and dispensing fee, subject to Reference Price List. Generic medicines, where appropriate, will prevent co-payments. Check generic alternatives and co-payments on <a href="http://www.angloms.co.za">www.angloms.co.za</a> > My Plan SCP > Medicines. Subject to Scheme protocols. Registration by pharmacist/doctor

**PMB Chronic Conditions continued**

Epilepsy	Multiple Sclerosis
Glaucoma	Parkinson's Disease
Haemophilia	Rheumatoid Arthritis
Hyperlipidaemia	Schizophrenia
Hypertension	Systemic Lupus Erythematosus
Hypothyroidism	Ulcerative Colitis

What you are entitled to	Is authorisation required? 0860 222 633*	Limit**
<b>Medicine:</b> Additional chronic conditions (non-PMB)	<b>Y</b>	R3 735 per beneficiary p.a.
<b>Additional Chronic Conditions (non-PMB)†</b>		
Acne		Degeneration of the Macula
Allergy Management		Depression
Alzheimer's Disease		Diverticulitis
Anaemia		Fibrous Dysplasia
Ankylosing Spondylitis		Gastro-oesophageal Reflux
Anxiety Disorder		Gout (chronic)
Atopic Dermatitis (Eczema)		Hidradenitis Suppurativa
Attention Deficit Disorder		Huntington's Disease
Auto-immune Disorders		Liver Disease
Cystic Fibrosis		Meniere's Disease
Cystitis (chronic)		Migraine
<b>Organ transplant:</b> Harvesting of the organ, post-operative care of the member and the donor, anti-rejection medicines	<b>Y</b>	

\* unless otherwise specified

† when recognised as chronic according to Scheme protocol

\*\* per annum, PMB rules apply

Is programme registration required?	Designated service provider	<span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">IH</span> In Hospital <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">OH</span> Out-of-Hospital	Comments and co-payments
<b>N</b>	<b>N</b>	<b>OH</b>	100% of SEP and dispensing fee, subject to Reference Price List. Generic medicines, where appropriate, will prevent co-payments. Check generic alternatives and co-payments on <a href="http://www.angloms.co.za">www.angloms.co.za</a> > My Plan > SCP > Medicines. Subject to Scheme protocols. Registration by pharmacist/doctor
<b>Additional Chronic Conditions (non-PMB) continued</b>			
Motor Neurone Disease			Polyneuropathy
Muscular Dystrophy and other inherited myopathies			Psoriasis
Narcolepsy			Pulmonary Intestinal Fibrosis
Obsessive Compulsive Disorder			Restless Leg Syndrome
Osteoarthritis			Sarcoidosis
Osteopaenia			Systemic Sclerosis
Osteoporosis			Tourette's Syndrome
Paget's Disease			Trigeminal Neuralgia
Pancreatic Disease			Urinary Calculi
Peptic Ulcer			Urinary Incontinence
Polymyositis			
<b>Y</b>	<b>N</b>	<b>IH OH</b>	All costs for organ donations to any person other than to a member or registered dependant of the Scheme are excluded

Benefits continued

What you are entitled to	Is authorisation required? 0860 222 633*	Limit**
<b>Out-of-Hospital services:</b> Including consultations, visits, auxiliary and alternative healthcare services and acute medicine and Pharmacist Advised Therapy (PAT)	N	Overall Annual Out-of-Hospital Family Limit: Adult: R4 090, Child: R2 045
<b>Sublimit 1</b> Acupuncture, audiology, chiropody, chiropractic services, dietetics, homeopathy, naturopathy, occupational therapy, orthoptics, physiotherapy, podiatry, psychology, social services, speech therapy	N	Annual Family Limit for alternative and auxiliary healthcare: Adult: R2 640 Child: R550 and Overall Annual Out-of-Hospital Family Limit
Private nursing in lieu of hospitalisation	Y	
<b>Sublimit 2</b> <b>GP and specialist visits in rooms</b> (non-PMB), procedures and treatments in rooms, acute medicine and injection material outside hospital	N	Annual Family Limit for consultations, visits, acute medicines and PAT Adult: R3 840 Child: R1 920 and Overall Annual Out-of-Hospital Family Limit
<b>PAT medicines:</b> R85 per prescription, 5 prescriptions per family every 3 months	N	

Is programme registration required?	Designated service provider	<span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">IH</span> In Hospital <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">OH</span> Out-of-Hospital	Comments and co-payments
N	N	OH	Sublimits to Overall Limit: Sublimit 1: Auxiliary and alternative healthcare services. Sublimit 2: Consultations, visits, acute medicine outside hospital and PAT
N	N	OH	

\* unless otherwise specified

\*\* per annum, PMB rules apply

Benefits continued

What you are entitled to	Is authorisation required? 0860 222 633*	Limit**
<b>Oxygen therapy:</b> At home, cylinder and concentrator	Y	
<b>Pathology (PMB)</b>	N	
<b>Pathology:</b> Cancer screening	N	
<b>Pathology:</b> In hospital (non-PMB)	N	
<b>Pathology:</b> Out-of-Hospital (non-PMB)	N	Family Limit: Adult: R1 040 Child: R375 p.a.
<b>Pathology:</b> Out-of-Hospital (PMB) Chronic disease conditions requiring registration on a programme	Y	
<b>Radiology:</b> In hospital	N	
<b>Radiology:</b> Out-of-Hospital, x-rays (non-PMB)	N	Family Limit: Adult: R1 355, Child: R820 p.a.
<b>Radiology:</b> Specialised radiology, isotope therapy, MRI and CT scans, bone densitometry and mammograms	Y	
<b>Vaccines:</b> Flu	N	
<b>Vaccines:</b> Pneumococcal	N	

\* unless otherwise specified

\*\* per annum, PMB rules apply

Is programme registration required?	Designated service provider	IH In Hospital OH Out-of-Hospital	Comments and co-payments
N	VitalAire	OH	You are liable for the difference in costs when using a non-DSP
N	N	OH	Subject to Scheme protocols
N	N	IH OH	
N	N	IH	
N	N	OH	The Scheme will not pay for DNA testing and investigations, including genetic testing for familial cancers and paternal testing
Y	N	OH	Subject to Scheme protocols
N	N	IH	
N	N	OH	
N	N	IH OH	1 scan per beneficiary p.a. for bone densitometry
N	N	OH	Cost of vaccine, one per beneficiary p.a.
N	N	OH	Cost of vaccine, one per beneficiary over the age of 55 per lifetime

# Ex Gratia

Members may apply for benefits in addition to those provided in the Rules. An application will be considered by the Scheme which may assist members by awarding additional funding.

These awards are granted in cases of exceptional clinical circumstances and/or extreme financial hardship. Decisions shall not set a precedent or determine future policy as each case is dealt with on its own merits.

Call **0860 222 633** or download the application form at **[www.angloms.co.za](http://www.angloms.co.za)**

Submit the completed application to **[ex-gratia@angloms.co.za](mailto:ex-gratia@angloms.co.za)**

Upon approval email your claims to **[ex-gratiacclaims@angloms.co.za](mailto:ex-gratiacclaims@angloms.co.za)**

# General Exclusions

The following exclusions apply:

- Services rendered by any person who is not registered to provide healthcare services, as well as medicines that have been prescribed by someone who is not registered to prescribe
- Experimental or unproved services, treatments, devices or pharmacological regimes
- Patent and proprietary medicines and foods, including anabolic steroids, baby food and baby milk, mineral and nutritional supplements, tonics and vitamins except where clinically indicated in the Scheme's managed care protocols
- Cosmetic operations, treatments and procedures, cosmetic and toiletry preparations, medicated or otherwise
- Obesity treatment, including slimming preparations and appetite suppressants
- Examinations for insurance, school camps, visas, employment or similar
- Holidays for recuperative purposes, regardless of medical necessity
- Interest and/or legal fees relating to overdue medical accounts
- Stale claims, which are claims that are submitted more than four months after the date of treatment
- Claims for appointments that a member fails to keep
- Travelling costs
- Costs that exceed any annual maximum benefit and costs that exceed any specified limit to the benefits to which members are entitled in terms of the Rules

- All costs related to:
  - anaesthetic and hospital services for dental work (except in the case of trauma, patients under the age of seven years and the removal of impacted third molars)
  - bandages, dressings, syringes (other than for diabetics) and instruments
  - lens preparations
  - DNA testing and investigations, including genetic testing for familial cancers and paternal testing
  - gum guards, gold in dentures, gold used in crowns, inlays and bridges
  - immunoglobulins except where clinically indicated against the Scheme's protocols
  - in vitro fertilisation, including GIFT and ZIFT procedures, and infertility treatments which are not PMBs
  - organ donations to any person other than to a member or registered dependant
  - sports injuries arising from professional sport, speed contests or speed trial
  - wilful self-inflicted injuries.

**Refer to the Scheme Rules for the full list of exclusions**

# General Rule Reminders

- Please refer to **www.angloms.co.za** (My Scheme, Scheme Rules) for the full set of registered Rules
- The Anglo Medical Scheme Rules are binding on the members, officers of the Scheme and on the Scheme itself
- The member, by joining the Scheme, consents on his or her own behalf and on behalf of any registered dependants, that the Scheme may disclose any medical information to the administrator for reporting or managed care purposes
- A registered dependant can be a member's spouse or partner, a stepchild or a legally adopted child or immediate family relation (first-degree blood relation) who is dependant on the member for family care and support
- To avoid underwriting, a member who gets married must register his or her spouse as a dependant within 30 days of the marriage and newborn child dependants must be registered within 30 days of birth to ensure benefits from the date of birth
- If your dependant reaches the age of 23 and you wish to keep him/her as an adult dependant on the Scheme, you may apply for continuation of membership
- The onus is on the member to notify the Scheme of any material changes, such as marital status, home address or any other contact details and death of a member or dependant.



# Managed Care Plan

Managed Care Plan has defined benefits and annual limits structured around three elements:

- Comprehensive, unlimited **hospital cover** paid at 100% of the Scheme Reimbursement rate (SRR)
- An additional benefit, known as **GAP**, which pays up to 200% of the SRR for professional and specialist services in hospital, excluding pathology, radiology and auxiliary services
- A **savings plan** for Out-of-Hospital and discretionary benefits.

This plan provides generous radiology and pathology benefits, extensive chronic medication, as well as frail care where clinically required.

Contributions are to be split as follows:

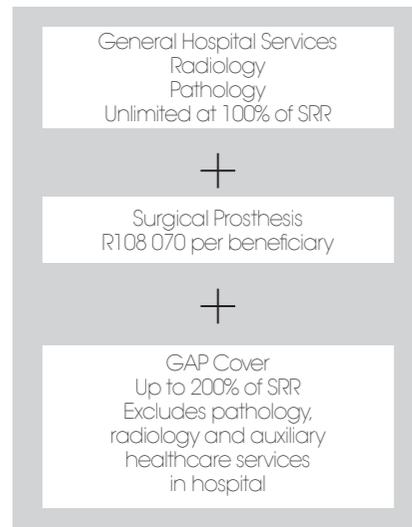
- 75% goes to the Scheme Risk/major medical benefit
- 25% goes to savings, for discretionary spend.

Savings improved  
21% > 25%

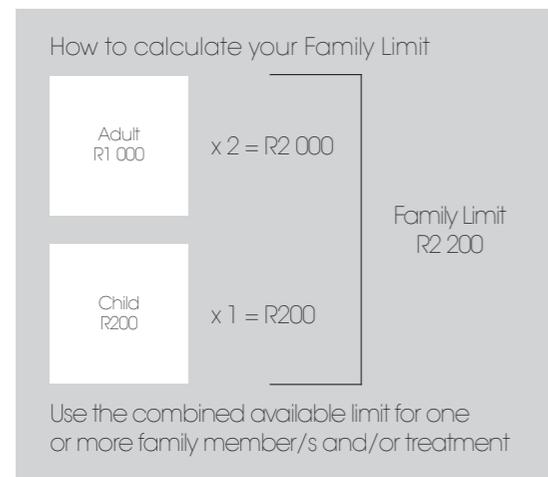
Contributions		
<b>Excl. Savings</b> Member: R2 380 Adult dependant: R2 380 Child: R545	<b>Savings</b> Member: R790 Adult dependant: R790 Child: R185	<b>Total Contributions</b> Member R3 170 Adult dependant: R3 170 Child: R730

## Managed Care Plan Benefits unless PMB

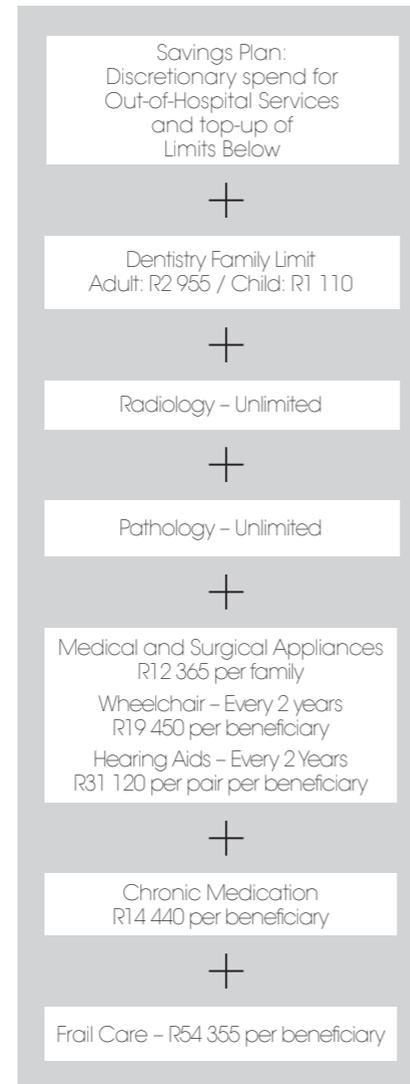
IH



Example:



OH



## Medical Savings Account

The Medical Savings Account (MSA) offers the flexibility to pay for:

- Non-PMB GP and specialist consultations and procedures
- Acute medicine, including Pharmacist Advised Therapy (PAT) medicine
- Eye care, spectacles, lenses and contact lenses
- Dental services (after your dentistry benefit has been exhausted)
- Chiropractic services
- Homeopaths and naturopaths, including medicine
- Chiropody and podiatry
- Out-of-Hospital physiotherapy
- Audiology
- Speech and occupational therapy
- Clinical psychology
- Dietician services
- Social and other auxiliary services.

Any unspent savings belong to the member and roll over to the next year. Positive savings carried forward from previous years allows you to build up a healthy savings balance for a time when you need extra medical cover.

# How it works

## To call an ambulance

Phone **Netcare 911** on **082 911**, who will authorise a road or air ambulance if its deemed an emergency.

In a medical emergency, where authorisation was not obtained, you need to provide details to Netcare 911 the next working day after the incident.

If no authorisation has been obtained, you will be held liable for the costs.

## To obtain authorisation

### **Procedures, treatments, hospitalisation, medical or surgical appliances.**

Call **0860 222 633** to receive authorisation for procedures, treatments and hospitalisation before the event and medical or surgical appliances as indicated in the Benefit Table.

Remember: no authorisation, no benefit!

Information required when calling for authorisation:

- Membership number
- Date of admission
- Name of the patient
- Name of the hospital
- Type of procedure/operation, diagnosis and the ICD-10 code (obtainable from the doctor)
- The name of your doctor or service provider and the practice number.

This authorisation number must be quoted on admission. It will be valid for a period of four months or until the end of the year, whichever comes first. Please phone **0860 222 633** if any of the details change i.e. date of operation, codes, etc. Should the admission be postponed or not taken up before it becomes invalid, a new authorisation number will need to be obtained. No co-payment may be charged if the condition is a PMB.

## **Chronic Medicine**

If you are diagnosed with a chronic condition, ask your doctor or pharmacist to register the chronic condition by calling **0860 222 633**.

Your medication will then be paid from the relevant chronic medicine benefit and not from your day-to-day benefits.

Once registered you only have to contact us again if your medication dosage changes.

## **Diabetes and HIV/AIDS management:**

Register on the programme to ensure maximum benefits:

- Diabetes – call the Centre for Diabetes and Endocrinology (CDE) on **011 712 6000**
- HIV/AIDS management – call One Health on **0860 143 258**

## To reduce your medicine costs

Visit **[www.angloms.co.za](http://www.angloms.co.za)** > Your Plan > Medicines to find a Scheme preferred pharmacy near you for lower medicine prices and reduced co-payment.

## To claim

Ensure your claim is valid, check that you've received the treatment and services you've been charged for and that the following details are correct and complete:

- Full name of main member
- Membership number
- Name of patient (main member or dependant)
- Full details of the service rendered (tariff code and explanation)
- The diagnosis code (ICD-10)
- The treatment date
- Proof of payment if you have settled your account.

Send your completed claim to:

Email: **claims@angloms.co.za**

Post: **Anglo Medical Scheme, PO Box 652509, Benmore, 2010**

Call: **0860 222 633 for further assistance**

We can only process your claims if all details are legible. Fax submissions are therefore not recommended. If you still prefer to fax please send them to 011 539 1008.

Third party claims are not the responsibility of the Scheme. Emergency treatments will be paid, but will need to be refunded. You will need to provide a letter of undertaking to refund the Scheme for any amounts paid on your behalf where a third party is responsible for payment.

You or your service provider, have up to four months after the treatment date to submit a claim for payment. After four months, it will be considered 'stale' and the Scheme will no longer be liable for payment.

Keep all receipts so you can claim back from your personal tax and keep a copy in case the originals get lost.

After submission of your claim, the Scheme will:

- Notify you by SMS or email once your claim has been processed (if you have subscribed to this service)
- Pay all amounts according to the Scheme Rules and at the Scheme Reimbursement Rate
- Pay this amount directly into your account (or the provider's account)
- Send you a statement by email or post showing amounts paid, to whom, rejections and amounts for you to settle.

## Your responsibility

- Check the statement if payments have been made correctly
- Check rejections on your statements. If a mistake has been made, correct the claim and resubmit within 60 days
- Settle any outstanding amounts with your service provider.

## Overseas travel

### Emergency and acute medical treatment received when travelling overseas

Treatment can be reimbursed to you by the Scheme, in accordance with the Rules, and necessary authorisations, at the SRR:

- The Scheme will not pay a doctor or service provider directly outside RSA borders. You must pay for the services at the time of the treatment and the Scheme will refund you
- Submit a fully specified account to the Scheme
- The account must give details of the service rendered and state whether the service was provided by a GP, specialist, pharmacy or hospital
- The Scheme will pay the rand value according to the relevant tariff and the SRR had the service been provided in South Africa. Remember that except in the case of a medical emergency, the normal authorisation procedure should be followed before undergoing any routine or specialised treatment overseas.

We suggest you take out adequate travel insurance to cover any major medical emergency.

### Chronic medicine advanced supply

For an advanced supply of chronic medicines, please submit:

- A completed advanced supply form (available on [www.angloms.co.za](http://www.angloms.co.za))
- A prescription covering the period
- A copy of your ticket or itinerary

Call **0860 222 633** for further assistance

# Benefits

All benefits paid at 100% of SRR, GAP or negotiated rate or at cost if PMB

What you are entitled to	Is authorisation required? 0860 222 633*	Limit**	Is programme registration required?
<b>Alcohol and drug treatment</b> programme, including hospitalisation and medication in and out of hospital	Y	21 days in hospital	Y
<b>Alternative healthcare:</b> Acupuncture, chiropody, chiropractic services, homeopathy, naturopathy	N	Available savings	N
<b>Ambulance services:</b> Life-threatening medical emergency transport	Y 082 911		N
<b>Auxiliary services:</b> Audiology, dieticians, occupational therapy, orthoptics, physiotherapy, podiatry, psychology, social services, speech therapy	N	Available savings	N
<b>Cancer treatment:</b> Oncology Management Programme	Y		Y
<b>Consultations outside hospital:</b> Specialist for chronic PMB conditions	N		N

\* unless otherwise specified

\*\* per annum, PMB rules apply

Designated service provider	Savings or scheme account	IH In Hospital OH Out-of-Hospital	Comments and co-payments
SANCA and SANCA approved facilities	Scheme to pay	IH OH	If you do not register on the SANCA programme, you may continue using your existing doctor, but you will be liable for the difference between the amount charged by your doctor and the amount the Scheme would have paid to SANCA. Medicines are limited to SANCA guidelines
	Member savings	OH	
Netcare 911	Scheme to pay	OH	Notify Netcare 911 within the next working day after the emergency if authorisation was not obtained at the time of the incident
	Member savings	OH	Physiotherapy, psychology and related services provided in support of in hospital procedures are paid by the Scheme and not from member savings
	Scheme to pay	IH OH	Subject to treatment protocols. Drug therapies used for chemotherapy side effects and pain relief must be authorised. Post-oncology treatment will be recognised as part of your oncology benefits which need to be registered separately
	Scheme to pay	OH	Subject to Scheme protocols Tariff: 100% of SRR

What you are entitled to	Is authorisation required? 0860 222 633*	Limit**	Is programme registration required?	Designated service provider	Savings or scheme account	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">IH</span> In Hospital <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">OH</span> Out-of-Hospital	Comments and co-payments
<b>Consultations outside hospital:</b> GP and specialist for treatment of general conditions	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span>	Available savings	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span>	Member savings	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">OH</span>	Cost in excess of SRR can be paid from available savings upon special request
<b>Consultations in hospital:</b> Specialist visits in hospital including all procedures	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Y</span>		<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span>	Scheme to pay	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">IH</span>	All costs relating to operations, treatments and medicines for obesity or cosmetic purposes are excluded Tariff: up to 200% of SRR or Scheme negotiated rate or in full if a PMB
<b>Dental hospitalisation:</b> In the case of trauma, patients under the age of 7 years requiring anaesthetic and the removal of impacted molars and maxillofacial, oral surgery (PMB conditions), medicine and related product	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Y</span>		<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span>	Scheme to pay	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">IH</span>	Tariff: up to 200% of SRR or Scheme negotiated rate or in full if PMB
<b>Dentistry:</b> Conservative treatments including fillings, x-rays, extractions and oral hygiene. Specialised treatments including crowns, bridges, inlays, study models, dentures, orthodontics, osseointegrated implants or similar tooth implants and periodontics	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span>	Family Limit Adult: R2 955 Child: R1 110	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span>	Scheme to pay	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">IH</span> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">OH</span>	Claims in excess of the limit or the SRR may be paid from your savings account

\* unless otherwise specified

\*\* per annum, PMB rules apply

Benefits continued

What you are entitled to	Is authorisation required? 0860 222 633*	Limit**	Is programme registration required?
<b>Diabetes:</b> Consultations with doctors, dieticians, ophthalmologists, podiatrists, medicine and related product	 011 712 6000		
<b>Eye care:</b> Eye examinations, lenses, frames and contact lenses		Available savings	
<b>Frail care:</b> Medically related frail care services where clinically appropriate		R54 355 per beneficiary p.a.	
<b>Hearing aids</b> (1 pair every 2 years)		R15 560 per hearing aid per beneficiary every 2 years	
<b>HIV/AIDS:</b> Confidential management programme and medicines	 0860 143 258		
<b>Hospice:</b> In lieu of hospitalisation (inpatient care facility and outpatient homecare)			
<b>Hospitalisation:</b> Hospital services including day cases, blood transfusions, professional services, 7 day supply of to-take-home medication		Unlimited	

\* unless otherwise specified

\*\* per annum, PMB rules apply

Designated service provider	Savings or scheme account	 In Hospital  Out-of-Hospital	Comments and co-payments
CDE	Scheme to pay	 	Register on the Diabetes Programme with the Centre for Diabetes and Endocrinology (CDE) to receive medicines, testing equipment and related treatments according to the programme. Should you choose not to register with CDE, you may continue using your existing doctor, but you will be liable for a co-payment of 20% on all the diabetic-related services
	Savings		Tariff: 100% of cost. See page 5 for information on discounts through the optometry network
	Scheme to pay		According to protocol. Only registered or Scheme approved facilities
	Scheme to pay		Subject to a prescription from ENT for beneficiaries younger than 60 years
One Health / Optipharm	Scheme to pay		Your medicines will be delivered to your place of choice. Registered members must adhere to Scheme protocols. Your status will, at all times, remain confidential
	Scheme to pay	 	Subject to Scheme protocols
	Scheme to pay		Co-payment of R315 per day to a maximum of R945 per admission, unless PMB. Notify the Scheme the next working day if authorisation was not obtained at the time of the admission

Benefits continued

What you are entitled to	Is authorisation required? 0860 222 633*	Limit**	Is programme registration required?
<b>Hospitalisation:</b> Step down and private nursing in lieu of hospitalisation	Y		N
<b>Kidney disease:</b> Dialysis (haemo or peritoneal)	Y		Y
<b>Maternity:</b> Consultations and ultrasound scans	Y	12 consultations and 2 ultrasound scans per pregnancy	Y
<b>Maternity:</b> Confinement	Y		Y
<b>Medical and surgical appliances</b>	Y	R12 365 per family p.a.	N
<b>Medicines:</b> Acute medicine and injection material, homeopathic medicine and PAT medicine	N	Available savings	N

\* unless otherwise specified

\*\* per annum, PMB rules apply

Designated service provider	Savings or scheme account	IH In Hospital OH Out-of-Hospital	Comments and co-payments
N	Scheme to pay	IH OH	Subject to Scheme protocols
N	Scheme to pay	IH OH	Subject to Scheme protocols
N	Scheme to pay	IH OH	Register between weeks 12 and 20 of the pregnancy to qualify for benefits. Tariff: 100% of SRR
N	Scheme to pay	IH OH	Home confinement or confinement in a low-risk maternity unit provided by a registered midwife if preferred
N	Scheme to pay	IH OH	Hearing aids and wheelchairs have separate benefit limits. Authorisation required for appliances over R1 000 each
N	Member savings	OH	Subject to Reference Price List. Generic medicines, where appropriate, will prevent co-payments. Check generic alternatives and co-payments on <a href="http://www.angloms.co.za">www.angloms.co.za</a> >My Plan >SCP >Medicines. Tariff: 100% of SEP and dispensing fee

What you are entitled to	Is authorisation required? 0860 222 633*	Limit**	Is programme registration required?
<b>Medicines:</b> Chronic conditions (PMB)	Y		Y

**PMB Chronic Conditions**

Addison's Disease	Chronic Obstructive Pulmonary Disorder
Asthma	Coronary Artery Disease
Bipolar Mood Disorder	Crohn's Disease
Bronchiectasis	Diabetes Insipidus
Cardiac Failure	Diabetes Mellitus Type 1
Cardiomyopathy Disease	Diabetes Mellitus Type 2
Chronic Renal Disease	Dysrhythmias

\* unless otherwise specified

\*\* per annum, PMB rules apply

Designated service provider	Savings or scheme account	IH In Hospital OH Out-of-Hospital	Comments and co-payments
N except HIV/AIDS and diabetes	Scheme to pay	OH	One month's supply at a time, 100% of SEP and dispensing fee, subject to Reference Price List. Generic medicine, where appropriate, will prevent co-payments. Check generic alternatives and co-payments on <a href="http://www.angloms.co.za">www.angloms.co.za</a> > My Plan > SCP > Medicines. Subject to Scheme protocols. Registration by pharmacist/doctor

**PMB Chronic Conditions continued**

Epilepsy	Multiple Sclerosis
Glaucoma	Parkinson's Disease
Haemophilia	Rheumatoid Arthritis
Hyperlipidaemia	Schizophrenia
Hypertension	Systemic Lupus Erythematosus
Hypothyroidism	Ulcerative Colitis

What you are entitled to	Is authorisation required? 0860 222 633*	Limit**	Is programme registration required?
<b>Medicines:</b> Additional chronic conditions (non-PMB)		R14 440 per beneficiary p.a	

**Additional Chronic Conditions (non-PMB)†**

Acne	Degeneration of the Macula
Allergy Management	Depression
Alzheimer's Disease	Diverticulitis
Anaemia	Fibrous Dysplasia
Ankylosing Spondylitis	Gastro-oesophageal Reflux
Anxiety Disorder	Gout (chronic)
Atopic Dermatitis (Eczema)	Hidradenitis Suppurativa
Attention Deficit Disorder	Huntington's Disease
Auto-immune Disorders	Liver Disease
Cystic Fibrosis	Meniere's Disease
Cystitis (chronic)	Migraine

<b>Organ transplant:</b> Harvesting of the organ, post-operative care of the member and the donor, anti-rejection medicines		
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<b>Oxygen therapy:</b> At home, cylinder and concentrator		
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\* unless otherwise specified

† when recognised as chronic according to Scheme protocol

\*\* per annum, PMB rules apply

Designated service provider	Savings or scheme account	In Hospital Out-of-Hospital	Comments and co-payments
	Scheme to pay		One month's supply at a time, 100% of SEP and dispensing fee, subject to Reference Price List. Generic medicine, where appropriate, will prevent co-payments, Check generic alternatives and co-payments on <a href="http://www.angloms.co.za">www.angloms.co.za</a> >My Plan >SCP >Medicines. Subject to Scheme protocols. Registration by pharmacist/doctor

**Additional Chronic Conditions (non-PMB) continued**

Motor Neurone Disease	Polyneuropathy
Muscular Dystrophy and other inherited myopathies	Psoriasis
Narcolepsy	Pulmonary Intestinal Fibrosis
Obsessive Compulsive Disorder	Restless Leg Syndrome
Osteoarthritis	Sarcoidosis
Osteopaenia	Systemic Sclerosis
Osteoporosis	Tourette's Syndrome
Paget's Disease	Trigeminal Neuralgia
Pancreatic Disease	Urinary Calculi
Polymyositis	Urinary Incontinence
Peptic Ulcer	

	Scheme to pay		All costs for organ donations to any person other than to a member or registered dependant of the Scheme are excluded
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 VitalAire	Scheme to pay		You are liable for the difference in cost when using a non-DSP
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Benefits continued

What you are entitled to	Is authorisation required? 0860 222 633*	Limit**	Is programme registration required?
<b>Pathology:</b> (PMB) Chronic disease conditions requiring registration on a programme	Y		N
<b>Pathology:</b> In and out of hospital	N		N
<b>Prostheses:</b> Surgical prosthesis (internal)	Y	R108 070 per beneficiary p.a.	N
<b>Procedures in rooms:</b> Minor Procedures by doctors in rooms	N		N
<b>Procedures in rooms:</b> Specialist procedures performed in rooms instead of hospital	Y		N
<b>Radiology:</b> General services	N		N
<b>Radiology:</b> MRI, CT scan and isotope therapy	Y		N
<b>Radiology</b> (preventative care): Bone densitometry, mammograms	Y	One scan per beneficiary p.a.	N
<b>Wheelchair</b> (1 wheelchair every 2 years)	Y	R19 450 per beneficiary	N
<b>Vaccines:</b> Flu	N		N
<b>Vaccines:</b> Pneumococcal	N		N

\* unless otherwise specified

\*\* per annum, PMB rules apply

Designated service provider	Savings or scheme account	IH In Hospital OH Out-of-Hospital	Comments and co-payments
N	Scheme to pay	IH OH	Subject to Scheme protocols
N	Scheme to pay	IH OH	The Scheme will not pay for DNA testing and investigations, including genetic testing for familial cancers and paternal testing. Members may claim these from their savings
N	Scheme to pay	IH	
N	Scheme to pay	OH	Subject to Scheme protocols
N	Scheme to pay	OH	Procedure specific. Tariff: up to 200% of SRR Subject to Scheme protocols
N	Scheme to pay	IH OH	
N	Scheme to pay	IH OH	
N	Scheme to pay	OH	
N	Scheme to pay	OH	Authorisation is required for appliances over R1 000 each
N	Scheme to pay	OH	Cost of vaccine, one per beneficiary p.a.
N	Scheme to pay	OH	Cost of vaccine, one per beneficiary over the age of 55 per lifetime

# Ex Gratia

Members may apply for benefits in addition to those provided in the Rules. An application will be considered by the Scheme which may assist members by awarding additional funding.

These awards are granted in cases of exceptional clinical circumstances and/or extreme financial hardship. Decisions shall not set a precedent or determine future policy as each case is dealt with on its own merits.

Call **0860 222 633** or download the application form at **[www.angloms.co.za](http://www.angloms.co.za)**

Submit the completed application to **[ex-gratia@angloms.co.za](mailto:ex-gratia@angloms.co.za)**

Upon approval email your claims to **[ex-gratiacclaims@angloms.co.za](mailto:ex-gratiacclaims@angloms.co.za)**

# General Exclusions

The following exclusions apply:

- Services rendered by any person who is not registered to provide healthcare services, as well as medicines that have been prescribed by someone who is not registered to prescribe
- Experimental or unproved services, treatments, devices or pharmacological regimes
- Patent and proprietary medicines and foods, including anabolic steroids, baby food and baby milk, mineral and nutritional supplements, tonics and vitamins except where clinically indicated in the Scheme's managed care protocols
- Cosmetic operations, treatments and procedures, cosmetic and toiletry preparations, medicated or otherwise
- Obesity treatment, including slimming preparations and appetite suppressants
- Examinations for insurance, school camps, visas, employment or similar
- Holidays for recuperative purposes, regardless of medical necessity
- Interest and/or legal fees relating to overdue medical accounts
- Stale claims, which are claims that are submitted more than four months after the date of treatment
- Claims for appointments that a member fails to keep
- Travelling costs
- Costs that exceed any annual maximum benefit and costs that exceed any specified limit to the benefits to which members are entitled in terms of the Rules

## General Exclusions continued

- All costs related to:
  - anaesthetic and hospital services for dental work (except in the case of trauma, patients under the age of seven years and the removal of impacted third molars)
  - bandages, dressings, syringes (other than for diabetics) and instruments
  - lens preparations
  - DNA testing and investigations, including genetic testing for familial cancers and paternal testing
  - gum guards, gold in dentures, gold used in crowns, inlays and bridges
  - immunoglobulins except where clinically indicated against the Scheme's protocols
  - in vitro fertilisation, including GIFT and ZIFT procedures, and infertility treatments which are not PMBs
  - organ donations to any person other than to a member or registered dependant
  - sports injuries arising from professional sport, speed contests or speed trial
  - wilful self-inflicted injuries.

**Refer to the Scheme Rules for the full list of exclusions**



# General Rule Reminders

- Please refer to **www.angloms.co.za** (My Scheme, Scheme Rules) for the full set of registered Rules
- The Anglo Medical Scheme Rules are binding on the members, officers of the Scheme and on the Scheme itself
- The member, by joining the Scheme, consents on his or her own behalf and on behalf of any registered dependants, that the Scheme may disclose any medical information to the administrator for reporting or managed care purposes
- A registered dependant can be a member's spouse or partner, a stepchild or a legally adopted child or immediate family relation (first-degree blood relation) who is dependant on the member for family care and support
- To avoid underwriting, a member who gets married must register his or her spouse as a dependant within 30 days of the marriage and newborn child dependants must be registered within 30 days of birth to ensure benefits from the date of birth
- If your dependant reaches the age of 23 and you wish to keep him/her as an adult dependant on the Scheme, you may apply for continuation of membership
- The onus is on the member to notify the Scheme of any material changes, such as marital status, home address or any other contact details and death of a member or dependant.

# Glossary

## Authorisation

Members of medical schemes are required to notify and obtain authorisation from their medical schemes before going in to hospital if they are to receive non life-threatening or non-essential hospital treatment. This is known as authorisation. Your medical scheme will supply you with prior approval in the form of a authorisation number.

## Co-payment

A co-payment is a certain percentage of the cost of a medical procedure for which the member is held liable. The member pays the co-payment directly to the service provider for services not covered by the medical scheme in full.

## Designated service provider (DSP)

Medical schemes select preferred providers (doctors, hospitals, health facilities, pharmacies, etc.) to provide diagnosis, treatment and care of a PMB condition. This relationship often brings the benefit of negotiated, preferential rates for the members.

## Disease management

Is an approach focusing on the patient's disease or condition. It can include patient counselling and education, behaviour modification, therapeutic guidelines, incentives and penalties and case management. The beneficiary usually has to co-operate with the programme in order to receive the benefits.

## Emergency

An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or intervention. If the treatment/intervention is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or would place the person's life in jeopardy.

## Formularies

Medicine lists defined by the medical scheme, managed care organisations and administrators used to treat various diseases and to control costs associated with medicines.

## Generic medicine

A medicine with the same active ingredients as original brand name medicines, usually at lower cost.

## ICD-10 codes

ICD stands for International Classification of Diseases and related problems. By law, every claim that is submitted to a medical scheme must include an ICD-10 code. Every medical condition and diagnosis has a specific code. These codes are used primarily to enable medical schemes to accurately identify the conditions for which you sought healthcare services. This coding system then ensures that your claims for specific illnesses are paid out of the correct benefit and that healthcare providers are appropriately reimbursed for the services they rendered.

## PAT (Pharmacist Advised Therapy)

Most common ailments can be treated effectively by medicines available from your pharmacy without a doctor's prescription. If your medical scheme option offers you a PAT benefit, it means that some of these costs will be paid for by your medical scheme.

## Protocols

Guidelines set for the procedures in which certain health conditions are to be diagnosed and treated.

## Service date

This can be the date on which you are discharged from hospital or the date you have received a medical service or medical supplies.

For more information go to the full Scheme Glossary at [www.angloms.co.za](http://www.angloms.co.za) > Info Centre > Glossary



- Only the employer or pension fund can instruct the Scheme on option changes.
- The option change will be effective 1 January.
- The option change will apply to the main member and dependants.
- Please return the completed form to your employer or pension fund before 31 December to make sure your request is captured.
- If you are a direct paying member, please submit this form to the Scheme.

**1. MEMBER DETAILS**

Member name

Telephone (H)  (W)

Cellphone  Fax

Email

Member number  Payroll number

I want to change my Benefit Option to Managed Care Plan  Standard Care Plan  Value Care Plan

with effect

Signature of main applicant  Date

Ensure you understand the financial and, if relevant, subsidy implications of your requested change or discuss it with your HR Department or Pension Office.

**Change from:**

Managed Care Plan R

Standard Care Plan R

Value Care Plan R

**To:**

Managed Care Plan R

Standard Care Plan R

Value Care Plan R

**2. EMPLOYER OR PENSION FUND APPROVAL (IF APPLICABLE)**

Name

Phone  Approved Yes  No

Signature

Employer stamp

# Contact us

## GENERAL

**Principal Officer**  
011 638 5471  
PO Box 62524, Marshalltown 2107

**Ex-gratia Applications**  
ex-gratia@angloms.co.za

**Fraud Hotline (Ethics Line)**  
0800 004 500

**Web**  
www.angloms.co.za

## VALUE CARE PLAN

0861 665 665

- Ambulance Services
- Chronic authorisation and registration
- Claims
- HIV/AIDS management programme
- Authorisation and health advice  
or [anglo@primecure.co.za](mailto:anglo@primecure.co.za)

**Please call me line**  
079 502 6748

## STANDARD & MANAGED CARE PLAN

**Ambulance Services**  
Netcare 911  
082 911 (emergency)

**Administration**  
0860 222 633  
(Overseas call +27 11 529 2888)

- Chronic authorisation and registration
- Oxygen management
- Authorisation
- Third Party Claims department
- General enquiries  
or [member@angloms.co.za](mailto:member@angloms.co.za)

P.O. Box 652509, Benmore 2010

**Claims**  
[claims@angloms.co.za](mailto:claims@angloms.co.za)  
Fax 011 539 1008 (not recommended)

**Diabetes Management**  
Centre for Diabetes and Endocrinology (CDE)  
011 712 6000  
PO Box 2900, Saxonworld 2132  
[members@cdecentre.co.za](mailto:members@cdecentre.co.za)

**HIV/AIDS  
Management Programme**  
One Health  
0860 143 258  
[anglo@onehealth.co.za](mailto:anglo@onehealth.co.za)

**Chronic Medicine**  
Optipharm  
0860 906 090

## WALK-IN CENTRES

**Durban**  
41 Invubu Park Place  
River Horse Valley Business Estate  
031 576 7061

**Cape Town**  
Knowledge Park  
Heron Crescent  
Century City  
021 527 1367

**Johannesburg**  
16 Fredman Drive  
Sandton  
011 529 2360

**Pretoria**  
Highveld Techno Park  
Cnr Oak and Tegel Avenue  
Centurion  
012 676 4193

**Port Elizabeth**  
Coega BPO Park  
Zone 4  
Coega, IDZ 6001  
041 409 7194