



Benefit Guide 2012

Comprehensive Option



Health-on-Line medical advice line is a unique toll-free service giving medical guidance and emotional support to all callers, 24 hours a day, 7 days a week.

The service includes the assessment of symptoms, counseling, home care and mother/baby programmes, as well as the following:

- free HIV counseling and advice
- access to Rape Crises Centers (011) 806 1888
- specialised travel advice through SAA/Netcare Travel Clinics (011) 647 3654
- confidential medical information and advice regarding:
 - general medical advice and generic medicine
 - chemical & substance abuse as well as poison information
 - alternative treatment options as well as western medicine

Netcare 911 strongly urges you to attach the car sticker to the rear-window in your motor vehicle. This will alert any Emergency Service on scene that you a member of Netcare 911.

Remember, in an emergency there is only one number to dial: 082 911.

Dial 082 911 in an emergency:

- give your name and the telephone/cellular phone number, that you are calling from
- provide a brief description of what has happened, where and how serious the situation is
- provide the address or location of the incident to assist paramedics to get there
- DO NOT cut the call until the person on the other side has disconnected

Important points to remember:

Please ensure that all of your registered dependants are aware of this service. Ensure that you have the EMERGENCY SERVICES identification sticker(s) on your vehicle(s). Make sure your child/ children and all members know the emergency number.

Netcare 911 Health-on-line medical advice line 0800 223 434 or 082 911.

CONTRIBUTION TABLE 2012

Comprehensive Option			
Income Band	Principal Member	Adult Dependant	Child Dependant
	R	R	R
Below R1,250	1,044	906	258
R1,251 to R1,850	1,518	1,332	378
R1,851 to R3,700	1,914	1,662	480
R3,701 to R5,500	2,184	1,878	546
R5,501 to R7,350	2,334	2,010	582
R7,351 to R9,200	2,526	2,178	636
R9,201 to R11,000	2,634	2,280	660
R11,001 to R12,250	2,754	2,352	690
R12,251 to R17,500	2,850	2,436	714
R17,501 to R23,300	2,856	2,448	714
R23,301 to R29,150	2,868	2,460	714
Above R29,151	2,886	2,466	720

IMPORTANT CONTACT NUMBERS

Call Centre:

T: 0860 002 103
 e-mail: aecisociety@medscheme.co.za
 website: www.medscheme.co.za

Specialist Referral Management / Preferred General Practitioner:

T: 0860 002 160
 e-mail: aecisociety@medscheme.co.za

Scheme Postal Address:

PO Box 800, Florida Hills, 1716

Fraud Hotline:

T: 0800 112 811

Aid for AIDS:

T: 0860 100 646
 F: 0800 600 773 / (021) 466 1771

e-mail: afa@afadm.co.za
 website: www.aidforaids.co.za
 SMS (please call me): 083 410 9078

Disease Management:

T: 0860 101 306

Hospital Authorisations:

T: 0860 002 144
 F: 0860 002 145
 e-mail: authorisations.cpt@medscheme.co.za

Chronic Medicine Management:

T: 0860 100 608
 F: 0800 223 670/80
 e-mail: cmm@medscheme.co.za

Centre for Diabetes:

T: (011) 712 6000

Healthline:

T: 0860 106 155

Oncology Management:

T: 0860 100 572
 F: (021) 466 2303
 e-mail: cancerinfo@medscheme.co.za

Medscheme Branches Info:
 www.medscheme.co.za

The following treatments and procedures require pre-authorisation:

- treatment for HIV/AIDS
- treatment for Oncology
- chronic medication and specialised drugs
- hospital admissions
- specialised dentistry
- alternatives to hospitalisation
- rehabilitation for substance abuse
- specific non surgical procedures in practitioner's room, routine diagnostic upper and lower gastrointestinal fibre-optic endoscopy (excluding rigid sigmoidoscopy and anoscopy), 24hr oesophageal PH studies, oesophageal motility studies, breast fine needle biopsy, prostate needle biopsy, cytology
- specific surgical procedure in practitioner's rooms - laser tonsillectomy, circumcision, vasectomy
- sleep studies
- specialised radiology
- special lenses
- organ transplants
- Prostheses and devices internal (surgically implanted) including all temporary prostheses, or/and all accompanying temporary or permanent devices used to assist the guidance, alignment or delivery of these internal prostheses and devices

Selection of a Preferred General Practitioner (PGP)

The key to good healthcare is the development of a strong relationship with a General Practitioner (GP) that you trust and respect. A family doctor who knows your medical history and background is important to ensure appropriate hospitalisation, medical testing and specialist interventions that you may require.

To deliver quality healthcare to AECI Society members. All members and their beneficiaries should each select one GP as their PGP respectively.

Visiting more than one GP has major disadvantages for members such as:

- conflicting diagnosis and treatments resulting from visiting more than one GP
- additional costs being incurred where similar diagnostic tests are repeated or medicines are duplicated by different GPs
- the opportunity for fraud is greatly increased by members allowing their membership cards to be used by other persons not known to the different GPs being visited

The selection of a PGP is a further milestone in our drive to provide quality healthcare to all AECI members and also to ensure the long-term financial sustainability of AECI Medical Aid Society.

Important Process:

- new members/beneficiaries must complete a PGP selection form to load a PGP
- to update your PGP members/beneficiaries, contact the call centre at 0860 00 2160 or alternatively e-mail: aecisociety@medscheme.co.za to update
- when updating your PGP, please ensure that you provide the Society with your valid membership number and the 7 digit practice number per member/beneficiary, and
- a PGP may be changed at the principal member's discretion once every 6 months

General conditions for the selection of a Preferred General Practitioner (PGP)

Please study carefully.

It is permissible for dependants to select different PGPs, subject to the following provisions:

- adult dependants (e.g. spouses) may select a PGP of their choice
- for child dependants under the age of 16 years, a PGP is to be selected by the parent registered as the principal member of AECI Society

- child dependants over the age of 16 years may select their own PGP, with the consent of the parent registered as the principal member of AECI Society
- where a PGP is part of a group practice of general practitioners (practice under one pr no), members may visit any doctor who is part of the group practice, provided the account/claim is submitted under the group practice number
- when an AECI member is on holiday and needs to visit a doctor, such visits would be covered by the "Out of Area" benefit of 2 visits per family to a doctor other than the selected PGP
- in the event of emergencies, the PGP rules will not necessarily apply. However, AECI needs to be informed of the circumstances within 3 working days to ensure that claims arising from the event are allocated to the appropriate benefit

Specialist co-ordination of care programme

To create a specialist referral, your PGP needs to access the Medscheme interactive voice system on 086 002 160. Your PGP has been briefed on the simple procedure to be followed. The referral number will apply to either a type of specialist (for example, a dermatologist) or a specific specialist for a period of time that your GP decides on, which can be up to 6 months. Ultimately the patient still has the choice of which specialist to visit.

There are some exceptions to this rule and you will not need a specialist referral number in the following instances:

- 1 visit per year to a gynaecologist for a gynaecological check-up and pap smear for female patients
- visit to a paediatrician for children under 2 years of age
- visits to optical and dental specialists
- maternity consultations by a gynaecologist

In case of an emergency, where a patient had to consult a specialist without prior authorisation, a referral number can be obtained after the visit. The patient would need to contact his/her GP to obtain the referral number within 72 hours of the emergency.

The Scheme also takes cognisance of the fact that there might be unique cases where a member has to see a specialist on a more regular basis due to a specific condition. Members can apply to the Ex-gratia Committee for an exclusion from the Specialist Co-ordination of Care Programme. The committee will consider this request on medical and clinical evidence, assisted by the AECI Medical Advisor. Members should remember that obtaining a referral number from a PGP is not a guarantee of payment - specialist consultations will still be paid only up to the Scheme tariff.

Please contact AECI Customer Services on 0860 00 2160 for assistance.

Netcare 911

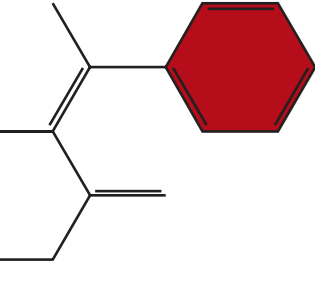
AECI Medical Aid Society has contracted Netcare 911 to provide you with ambulance and emergency evacuation services.

Netcare 911 must be contacted on 082 911 regarding ambulance transfers or emergency evacuation.

Benefits that are available through Netcare 911:

- emergency medical response by road or air to the scene of a medical emergency
- transfer by road or air to the most appropriate medical facility
- ambulance transfers to special care centers
- inter-hospital transfers only when medically justified as motivated by a Medical Practitioner

AECI MEDICAL AID SOCIETY COMPREHENSIVE OPTION 2012 BENEFIT STRUCTURE



Day-to-day benefit:

M0 - R3 300
M1 - R4 700
M2 - R5 800
M3+ - R6 700
Subject to further limit of R3 300 per beneficiary

LIMIT

BENEFIT

Alternative Healthcare

Includes consultation, medicine and treatment for acupuncture, homeopathy, naturopathy and osteopathy.

100% of Scheme Tariff

Ambulance Services

For emergency transport

Subject to the contracted ambulance services

100% of the cost if authorised by Netcare 911

Appliances

Includes general medical and surgical appliances, wheelchairs, nebulizers and glucometers.

Subject to R6 400 per member family

100% of Cost or Scheme Tariff, whichever is less

Hearing aids and the repair thereof

Subject to R13 500 per member family

100% of Cost or Scheme Tariff, whichever is less

Stoma products

Unlimited

100% of Cost or Scheme Tariff, whichever is less

Consultations & Visits

In hospital
Consultations and visits by Medical Specialists and General Practitioners

200% of Scheme Tariff

Out of Hospital

Consultations and visits by Medical Specialists and General Practitioners
Members are required to select a Preferred General Practitioner and obtain a referral for a Specialist visit.
Failure to comply will result in non-payment of claims.

100% of Scheme Tariff

2 out of network visits per family

further limited to R3 200 per beneficiary

Dentistry

Basic Dentistry
Includes all basic dentistry by dental practitioners and therapist

100% of Scheme Tariff

Special Dentistry
Includes all crowns, bridges, orthodontics, oral surgery and osseointegrated implants

Limited to R6 400 per beneficiary further limited to R13 000 per member family

100% of Scheme Tariff
Subject to prior authorisation by the Society

Orthodontic Treatment

Limited to R4 600 per beneficiary further limited to R9 200 per member family

100% of Scheme Tariff
Subject to prior authorisation by the Society

Hospitalisation

Private and Public Hospital and Clinics. Includes accommodation in general ward only, intensive care or high care wards, use of operating theatres, equipment, medicine, pharmaceuticals and surgical items

Unlimited

Subject to hospital pre-authorisation
100% of Scheme Tariff

Alternatives to hospitalisation

R22 500 per member family

Subject to hospital pre-authorisation
100% of Scheme Tariff

HIV/AIDS

Includes all services, materials and medicines relating to the treatment of HIV/AIDS Programme

100% of the Cost

Maternity

In Hospital
Includes accommodation, use of operating theatres, equipment, medicine, pharmaceuticals and surgical items

Subject to hospital pre-authorisation
200% of Scheme Tariff

Related Maternity Services

Unlimited

Subject to hospital pre-authorisation
200% of Scheme Tariff

Includes antenatal consultations, 2x2D pregnancy scans, all pregnancy related tests and 1 amniocentesis per event

R5 350 per event

100% of Scheme Tariff

Medicine and Injection Material

Routine medicine (includes over the counter medicine)
Includes legally prescribed medicine

100% of the Single Exit Price plus the dispensing fee

Chronic medicine

Limited to R24 000 per beneficiary

Subject to authorisation by Chronic Medicine Management. 100% of the Single Exit Price, plus the dispensing fee

Mental Health

Treatment
Includes accommodation, operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items, procedures, and consultations by practitioner, psychiatrist or psychologist

Limited to R20 000 per member family

Subject to pre-authorisation
200% of Scheme Tariff

Consultations and Visits (In and Out of Hospital)

Limited to R20 000 per member family

100% of Scheme Tariff

Includes consultations, visits, procedures, assessments, therapy, treatment and/or counselling performed by a general practitioner, psychiatrist or psychologist

Oncology

For all cancer and cancer related treatment, include pre- and post treatment

Limited to R250 000 per member family

Subject to pre-authorisation from oncology management. 100% of Scheme Tariff

Optometry

Includes frames, lenses and contact lenses

Limited to R3 000 per beneficiary, in a 2 year period, commenced 2011
Included in above with a sub-limit of R500

100% of Scheme Tariff

Frames

Limited to one eye test per beneficiary per annum

100% of Scheme Tariff

Eye test

Limited to R8 000 per member family

Subject to pre-authorisation

Organ Transplants

For the work up and harvesting of the organ/s or haemopoietic stem cells and the transplantation thereof

Unlimited

100% of Scheme Tariff
Subject to pre-authorisation

Additional Medical Services

Includes, audiology, dietetics, genetic counseling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, speech therapy, social workers

Benefit included in the day-to-day benefit

100% of Scheme Tariff

Pathology and Medical Technology

In hospital
Out of hospital

Unlimited
Limited to R2 400 per beneficiary

100% of Scheme Tariff
100% of Scheme Tariff

Physical Therapy

In Hospital
Out of hospital

Unlimited
Included in the day-to-day benefit

100% of Scheme Tariff
100% of Scheme Tariff

Prostheses and Devices

Internal and external

Limited to R21 500 per beneficiary

100% of Scheme Tariff
Subject to pre-authorisation

Radiology

In hospital

Unlimited

100% of Scheme Tariff

Out of hospital

M0 - R2 400
M1 - R3 800
M2 - R5 000
M3+ - R6 300
Further limited to R2 400 per beneficiary

100% of Scheme Tariff

100% of Scheme Tariff

Specialised Radiology:

In Hospital
Out of Hospital

Unlimited
R9 600 per beneficiary

Subject to pre-authorisation
Subject to pre-authorisation

Renal Dialysis

Haemodialysis and peritoneal dialyses
For all services, medicine and materials

Unlimited

100% of Scheme Tariff
Subject to pre-authorisation

Surgical Procedures

For surgical procedure performed by a general or dental practitioner, medical or dental specialist

Unlimited

100% of Scheme Tariff
Subject to pre-authorisation