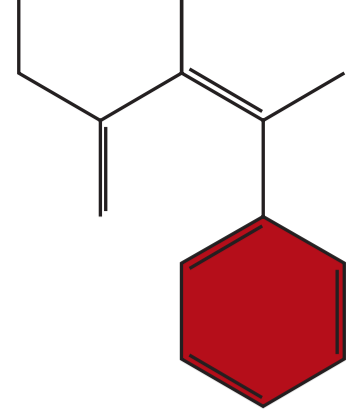


# AECI MEDICAL AID SOCIETY

## CARECROSS OPTION

### 2012 BENEFIT STRUCTURE



	LIMIT	BENEFIT
<b>Overall Annual Limit</b> All benefits and sub-limits are included in the overall annual limit	R 525 000 per member family	
<b>Ambulance Services</b> For emergency transport	Subject to the contracted ambulance services	100% of the cost if authorised by Netcare 911
<b>Appliances</b> Includes general medical and surgical appliances, wheelchairs, nebulizers and glucometers  Hearing aids and the repair thereof and stoma products	Subject to R 6 400 per member family  Subject to R 13 500 per member family	100% of Cost  100% of Cost
<b>Consultations &amp; Visits</b> In hospital Consultations and visits by Medical Specialists and General Practitioners  Out of Hospital Consultations and visits out of hospital	Included and limited to the overall annual limit  Unlimited if the CareCross provider is used, otherwise limited to day-to-day benefit	200% of Scheme Tariff  At negotiated tariffs, subject to CareCross protocols
<b>Day-to-Day</b> All benefits indicated in the schedule	R 3 200 per member family	100% of Scheme Tariff
<b>Dentistry</b> Basic Dentistry Includes all basic dentistry by dental practitioners, therapists and technicians	Unlimited if the CareCross provider is used, otherwise limited to day-to-day benefit	At negotiated tariffs, subject to CareCross protocols
<b>Hospitalisation</b> Private and Public Hospital and Clinics. Includes accomodation in general ward only, intensive care or high care wards, use of operating theatres, equipment, medicines, pharmaceuticals and surgical items	Included and limited to the overall annual limit	Subject to hospital pre-authorisation, at negotiated tariffs
<b>HIV/Aids</b> Includes all services, materials and medicines relating to the treatment of HIV/Aids	Unlimited subject to the Aid for Aids Programme	100% of the Cost
<b>Maternity</b> In Hospital Includes accomodation, use of operating theatres, hospital equipment, medicine, pharmaceuticals and surgical items Related Maternity Services Limited to 4 ante-natal and 4 post-natal consultations, 2x2D pregnancy per event scans, all pregnancy related tests and 1 amniocentesis per event	Included and limited to the overall annual limit  Included and limited to the overall annual limit	Subject to hospital pre-authorisation 200% of Scheme Tariff  100% of Scheme Tariff
<b>Medicine and Injection Material</b> Routine medicines (includes over the counter medicine)  Chronic medicines	Unlimited if the CareCross provider is used; subject to the CareCross formulary  Unlimited if the CareCross provider is used; subject to the CareCross formulary	100% of the Single Exit Price plus the dispensing fee  100% of the Single Exit Price plus the dispensing fee
<b>Mental Health</b> In Hospital Includes accomodation, procedures, and consultations by practitioner, pshychiatrist or psychologist  Out of Hospital Includes consultations, visits and procedures performed by a general practitioner, psychiatrist or psychologist	Limited to a maximum of 21 days, and included in the overall annual limit  Unlimited if the CareCross provider is used, otherwise limited to day-to-day benefit	Subject to pre-authorisation 200% of Scheme Tariff  At negotiated tariffs
<b>Oncology</b> For all cancer and cancer related treatment, include pre- and post treatment	Limited to R 100 000 per member family	Subject to pre-authorisation from oncology management, 100% of Scheme Tariff
<b>Optometry</b> Includes frames, lenses and contact lenses	Unlimited if the CareCross provider is used, otherwise limited to day-to-day benefit	100% of Scheme Tariff, subject to CareCross protocols
<b>Organ Transplants</b> Harvesting of the organ/s and the transplantation thereof	R 100 000 per beneficiary	100% of Scheme Tariff
<b>Paramedical Services</b> Includes audiology, occupational therapy, speech therapy and podiatry	Benefit included in the day-to-day benefit	100% of Scheme Tariff
<b>Pathology and Radiology</b> In hospital Out of hospital	Included and limited to the overall annual limit Unlimited if the CareCross provider is used, otherwise limited to day-to-day benefit	100% of Scheme Tariff 100% of Scheme Tariff, subject to CareCross protocols
<b>Physiotherapy</b> In Hospital Out of hospital	Included and limited to the overall annual limit Unlimited if the CareCross provider is used, otherwise limited to day-to-day benefit	100% of Scheme Tariff 100% of Scheme Tariff, subject to CareCross protocols
<b>Renal Dialysis</b> For all services, medicines and materials	R 100 000 per beneficiary	100% of Scheme Tariff
<b>Surgical Procedures</b> For surgical procedures performed by a general or dental practitioner or medical and dental specialist	Limited and included in the overall annual limit	100% of Scheme Tariff

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582	2 046	2 334	12 251 - 17 500
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294	996	1 158	9 201 - 11 000
270	930	1 086	7 351 - 9 200
252	888	1 020	5 501 - 7 350
240	822	960	3 701 - 5 500
216	738	846	1 851 - 3 700
168	582	684	1 251 - 1 850
120	408	468	0 000 - 1 250
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<b>CONTRIBUTIONS</b>		<b>Principal Member</b>	<b>MONTHLY INCOME</b>
<b>Child Dependant (Dependants under 21 years or older)</b>	<b>Adult Dependant (Dependants over 21 years or older)</b>		

## CONTRIBUTION TABLE 2012

- Make sure that any special requests for treatment and medication are covered by the CareCross Health benefits.
- Services outside of the CareCross Health benefits and medication not on the CareCross Acute Medicine Formulary, are payable by the member.

### Important Points to Remember

- The CareCross Health benefits cover a list of X-rays that may be performed by a radiologist. Your CareCross doctor will advise you whether or not the required test is covered.
- The CareCross doctor will obtain a verification number from CareCross Health and complete a referral form for the radiologist indicating the type of X-ray to be performed.
- The X-rays will assist the radiologist and your doctor to diagnose your condition.

### What if I need X-rays?

- Your CareCross doctor will obtain a verification number from CareCross Health and complete a referral form for the pathology lab.
- The doctor may draw the specimen himself or he may send you with the completed referral form to a pathology lab to have the test.
- Your CareCross doctor will have a list of these tests and will be able to advise you whether or not the required test is covered by the CareCross Health benefits.
- Your CareCross doctor will have a list of these tests and will be able to advise you whether or not the required test is covered by the CareCross Health benefits.
- CareCross Health covers a range of common blood tests.

### What about blood tests?

- Please note that specialist visits do not form part of the CareCross Health benefits. Kindly contact AECI Medical Aid Society on 0860 002 103 to verify benefits in respect of specialist visits.

### What if my CareCross doctor refers me to a specialist?

- The optical benefit is available every 24 months.
- Directly for any additional services such as tinting as this is not covered by the benefit.
- The benefit covers an optical test, a basic frame with white standard mono- or bifocal lenses. Choosing a frame outside of the specified selection will be for the member's own account. The member will also have to pay the optometrist.
- The CareCross Client Service Centre can assist you to locate your nearest contracted optometrist.
- CareCross Health will provide cover at a CareCross contracted optometrist.

### What are my optometry benefits?

- Your benefits do not cover specialised dentistry like crowns and bridges. Please contact your medical aid for verification of your benefits.

# IMPORTANT CONTACT NUMBERS

**Business Hours: 08:30 - 16:00**

**CareCross Call Centre:**

T: 0860 101 159

e-mail: [aecisociety@medscheme.co.za](mailto:aecisociety@medscheme.co.za)

website: [www.medscheme.co.za](http://www.medscheme.co.za)

**Scheme Postal Address:**

PO Box 800, Florida Hills, 1716

**Fraud Hotline:**

T: 0800 112 811

**Hospital Authorisations:**

T: 0860 002 144

F: 0860 002 145

e-mail: [authorisations.cpt@medscheme.co.za](mailto:authorisations.cpt@medscheme.co.za)

**Aid for Aids:**

T: 0860 100 646

F: 0800 600 773 / (021) 466 1771

e-mail: [afa@afadm.co.za](mailto:afa@afadm.co.za)

website: [www.aidforaids.co.za](http://www.aidforaids.co.za)

SMS (please call me): 083 410 9078

**Chronic Medicine Management:**

T: 0860 100 608

F: 0800 223 670/80

e-mail: [cmm@medscheme.co.za](mailto:cmm@medscheme.co.za)

**Oncology Management:**

T: 0860 100 572

F: (021) 466 2303

e-mail: [cancerinfo@medscheme.co.za](mailto:cancerinfo@medscheme.co.za)

**Medscheme Branches info:**

[www.medscheme.co.za](http://www.medscheme.co.za)

- The CareCross Health dental benefits are limited to fillings and extractions only.
- Dental benefits are obtainable from a contracted CareCross dentist. You can contact the Personal Health Advisor line for your nearest contracted dentist.

### What are my dental benefits?

- Remember to schedule your visit to your doctor well before your chronic medication runs out.
- Approved chronic medication will be sent to your preferred address i.e. either your doctor, nearest post office or the nearest contracted pharmacy.
- On completion and approval of your chronic application form CareCross Health will send a letter of confirmation to your doctor.
- Chronic Formulary: If necessary, they will contact your doctor for more information regarding your case. CareCross Health will only cover the cost of the medications listed on the CareCross Formulary.
- The CareCross Health clinical division has developed an extensive list of medications which are considered suitable for certain chronic conditions. The clinical assessment process will evaluate the appropriateness of the medications faxed to the CareCross Health clinical division for assessment.
- Health chronic medication application. After you have signed the form, the doctor will arrange for the application to be visited by your CareCross doctor for confirmation of your diagnosis. The doctor will, on your behalf, complete the CareCross Health chronic medication application.

### What if I need chronic medication?

- The doctor will provide you with acute medication from the list of medicines on the CareCross Acute Medication Formulary.
- CareCross will only cover the cost of listed medications.
- Your doctor should advise you if the medicine you need is not on the list.
- You will be required to pay for medicine, that is not on the list.

### What if I need acute medication?

- CareCross Health offers basic primary healthcare at a CareCross General Practitioner of your choice.
- The benefits cover diagnosis and treatment of most ailments as well as basic surgical procedures.
- You will not be required to pay for CareCross Health services from a CareCross doctor.
- The claims for services rendered will be submitted to CareCross on your behalf by your doctor.

### What are the day-to-day benefits covered by CareCross Health doctors?

- Under certain circumstances, you may access a non-CareCross health provider but you are required to first phone the CareCross Health Client Service Centre line on 0860 101 159.
- The out of area benefit is limited and may only be used when you require services.
- In most instances, you will be required to pay for this treatment and medicine before receiving it.
- You may however claim back the costs of these services by completing a reimbursement form obtainable from your medical aid scheme.
- Complete the form and submit the account to CareCross Health for evaluation.
- Once validated, CareCross Health will refund you the appropriate costs within 30 days from date of receipt of your claim. Please note that your claim must reach CareCross Health within 4 months from the date of treatment.

- In the event of an emergency
- After hours
- Over weekends
- During public holidays
- When you are out of town
- When you are on holiday

### What happens if I have an emergency and my chosen doctor is not available?

- Call the CareCross Health Client Service Centre line on 0860 101 159. If you need to visit a doctor, the helpline will refer you to your nearest CareCross Health General Practitioner.
- Consulting hours for individual CareCross Health doctors may vary but doctors will in general be open during office hours week days and on Saturday mornings.
- The benefits for after hour emergencies are limited to 3 visits per family. Make sure that these visits are used appropriately.

### What should I do if I need to visit a doctor and don't know where to go?

We want to help you make the Basic CareCross option work efficiently for you and your family. With this in mind, we have compiled a list of frequently asked questions.

The Basic CareCross option offers affordable day to day primary healthcare benefits managed by your chosen CareCross General Practitioner.

## CARECROSS

# Benefit Guide 2012

CareCross Option

