ANGLOVAAL
GROUP MEDICAL SCHEME

Anglovaal Group Medical Scheme
Benefit Brochure
2017

Administered by
Discovery Health

Your Scheme

The Anglovaal Group Medical Scheme is a registered medical scheme under the Medical Schemes Act 1998.

The Scheme is a restricted access medical scheme that reserves membership for employees of participating employers. A board of trustees, that represents the employers and members, governs the Scheme. The trustees are appointed to ensure the financial soundness of the Scheme and to protect members' interests. The Scheme currently holds reserves that are well above the required minimum solvency levels, attesting to its prudent management.

Contributions for each month

Income band		Medical scheme	Medical Savings Account	Total
Below R4 600	Main member	R1 504	R376	R1 880
	Adult	R1 504	R376	R1 880
	Child	R 467	R114	R 581
R4 601 – R9 100	Main member	R1 760	R440	R2 200
	Adult	R1 760	R440	R2 200
	Child	R 533	R133	R 666
R9 101 – R13 600	Main member	R1 914	R479	R2 393
	Adult	R1 914	R479	R2 393
	Child	R 586	R147	R 733
R13 601 – R18 100	Main member	R2 028	R507	R2 535
	Adult	R2 028	R507	R2 535
	Child	R 618	R156	R 774
Above R18 101	Main member	R2 077	R519	R2 596
	Adult	R2 077	R519	R2 596
	Child	R 626	R159	R 785

What the terms we use mean

PMBs: Prescribed Minimum Benefits are a set of conditions for which all medical schemes must provide a basic level of cover.

This basic level of cover includes the costs for the diagnosis, treatment and ongoing care of these conditions.

Designated service provider: A healthcare provider (for example doctor, specialist, pharmacist or hospital) with whom we have an agreement to provide treatment or services at a contracted rate.

Cost: Fees charged by a provider that are more than the Scheme Rate. The Scheme pays at 100% of the Scheme Rate for in-hospital events.

Scheme Rate: The rate at which the Scheme pays back providers for providing health services.

All benefits are covered at 100% of the Scheme Rate unless otherwise indicated.

MSA: Medical Savings Account, according to Anglovaal Group Medical Scheme rules.

Your benefits for 2017

Hospital benefits

The Hospital Benefit covers you when you are admitted to hospital and the Scheme has confirmed your admission and treatment.

Cover for day-to-day medical expenses

We pay your day-to-day expenses from your Insured Procedures Benefit or from the available funds in your Medical Savings Account.

Cover for prescribed minimum benefits

In terms of the Medical Schemes Act and its regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of any life-threatening emergency medical condition, a defined set of 270 diagnoses as well as 26 chronic conditions. These conditions and their treatments are known as the Prescribed Minimum Benefits (PMBs).

This brochure is a summary of the benefits and features of Anglovaal Group Medical Scheme, pending formal approval from the Council for Medical Schemes. This brochure gives you a brief outline of the benefits that Anglovaal Group Medical Scheme offers. This does not replace the Scheme rules. The Registered Scheme rules are legally binding and always take precedence.

Hospital Benefit	The limit on this benefit
Please authorise all admissions beforehand **Note: Discovery Health and the Scheme's in-hospital clinical protocols will apply**	
Admission for non-Prescribed Minimum Benefits (non-PMBs)	– Unlimited – General ward at a private or state facility or day clinic – Scheme Rate
Admission for Prescribed Minimum Benefits (PMBs)	– Unlimited in terms of the Medical Schemes Act – General ward at a designated service provider – 100% of PMBs cost
Emergency evacuation (road or air) Subject to authorisation (Note: this excludes planned transfers)	R58 300 per family

Insured Procedures Benefit (IPB)	The limit on this benefit
No hospital admission required. Please authorise all procedures beforehand. The Scheme's clinical protocols will apply. After reaching the IPB limit, the balance of the account can be paid from the Medical Savings Account.	
Oncology (including chemotherapy and radiotherapy)	R308 100 per family each year
Stoma therapy and hospice	R9 450 per family each year
Audiology, including hearing aids	R18 890 per family each year
Ambulance services	R7 150 per family each year
External appliances, including artificial limbs and medical equipment such as glucometers	R7 150 per family each year
MRI and CT scans and radio-isotope scans	R16 580 per family each year
Outpatient surgical and endoscopic procedures (vasectomy, gastroscopy, colonoscopy, cystoscopy etc)	R14 260 per family each year
Home nursing or step-down after hospitalisation	R9 450 per family each year
Advanced Illness Benefit for oncology patients	Unlimited per patient, subject to clinical criteria
Basic dentistry	R540 per beneficiary each year
Screening test (blood glucose test, blood pressure test, cholesterol test and body mass index (BMI) at a Scheme Wellness Pharmacy)	Scheme rate for group of tests
Additional screening test (mammogram, pap smear, PSA (a prostate screening test) and HIV blood tests - subject to PMBs guidelines)	One test for each beneficiary per family
Seasonal flu vaccine	One vaccine for each beneficiary who meets the clinical criteria

Non-hospital benefit		The limit on this benefit
All day-to-day expenses, such as:		
Acute medicine Chiropractors Clinical psychology Dentistry GP visits Homeopathy Mental health Occupational therapy	Optical Over-the-counter medicine Pathology Private nursing Physiotherapy Radiology Specialist visits Speech therapy	All benefits are limited to funds in the Medical Savings Account

Your Chronic Illness Benefit for 2017

The Chronic Illness Benefit covers approved medicines for the 26 PMB chronic conditions, including HIV and AIDS. In addition, the Scheme covers an additional 14 non-PMB chronic conditions. We will pay your approved chronic medicine in full if it is on the Anglovaal Group Medical Scheme medicine list (formulary). If your approved medicine is not on our list, we will pay your chronic medicine up to a set monthly amount (Chronic Drug Amount) for each medicine category.

If you use a combination of medicines in the same medicine category, where one medicine is on the medicine list and the other is not, we will pay for the medicines up to the one monthly Chronic Drug Amount for that medicine category.

You must apply for chronic cover by completing a Chronic Application Form with the help of your doctor and submitting it for review. You can get this form from the Scheme's website or by calling 0860 100 693. For a condition to be covered from the Chronic Illness Benefit, there are certain benefit entry requirements that you need to meet.

Treatment and care for prescribed minimum benefit chronic conditions (chronic disease list conditions)

If your Chronic Disease List condition is approved, as a PMB condition, the Chronic Illness Benefit will cover certain procedures, tests and consultations for the diagnosis and ongoing management of your condition in line with Prescribed Minimum Benefits requirements.

The Scheme will cover these tests and procedures up to the Scheme Rate, which will not affect your day-to-day benefits. Please ask your doctor to send these claims with ICD-10 diagnostic codes. Alternatively, you will need to complete the Prescribed Minimum Benefits claim form to claim for these tests and consultations. You can get this form from the Scheme's website or contact centre.

Advanced Illness benefit programme:

This programme is offered to oncology patients in the advanced stage of the illness, subject to the patients meeting clinical entry criteria. This benefit is unlimited and gives patients access to palliative care by a multidisciplinary team. The basket of care can cover medicine, oxygen, psychosocial support, nursing care, hospice, pain management, radiology, pathology and physiotherapy. The care will be based on the treatment plan submitted by the doctor and approved by the Scheme.

The costs of the programme does not have an impact on the member's day to day benefits.

Prescribed Minimum Benefit chronic conditions (Chronic Disease List conditions)

Addison's disease	Chronic renal disease	Glaucoma	Parkinson's disease
Asthma	Coronary artery disease	Haemophilia	Rheumatoid arthritis
Bipolar mood disorder	Crohn's disease	Hyperlipidae-mia	Schizophrenia
Bronchiectasis	Diabetes insipidus	Hypertension	Systemic lupus erythematosus
Cardiac failure	Diabetes mellitus type 1 and 2	Hypothyroid-ism	Ulcerative colitis
Cardiomyopathy	Dysrhythmias	HIV and AIDS	
Chronic obstructive pulmonary disease (COPD)	Epilepsy	Multiple sclerosis (MS)	

Other chronic conditions covered

Allergic rhinitis	Gout	Osteoarthritis
Alzheimer's disease	Major depressive disorders	Osteoporosis
Ankylosing spondylitis	Menopausal symptoms (hormone replacement therapy)	Paget's disease of the bone
Cancer treatment: side effects of chemotherapy	Motor neuron disease	Psoriasis
Cystic fibrosis	Myasthenia gravis	

Diabetes programme

The Diabetes Programme is offered by the Centre for Diabetes and Endocrinology. This programme is available to diabetics, who can benefit from a multidisciplinary approach to managing diabetes. The team consists of diabetic specialists, diabetic educators, dietitians, podiatrists, a resident clinical psychologist and an exercise specialist.

To access this benefit, please complete a Chronic Illness Benefit application form and send it to us for review. Once registered on the Chronic Illness Benefit for diabetes, you can register with the Centre for Diabetes and Endocrinology by calling 011 712 6000.

HIV antiretroviral information

Optipharm is the Designated Service Provider (DSP) for dispensing antiretroviral medicine. If you do not use the DSP, the Scheme will pay your monthly antiretroviral medicine up to the Scheme Rate.

Council for Medical Schemes complaints line

Customer Care Tel: 0861 123 267
Complaints Email: complaints@medicalschemes.com

Administered by Discovery Health

Call Centre 0860 100 693 | www.avgms.co.za

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