

HIVCare Programme 2019

Who we are

The Anglovaal Group Medical Scheme (referred to as 'the Scheme'), registration number 1571, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

Overview

This document gives you information about the Scheme's HIVCare Programme. It explains your cover for HIV- and AIDS-related hospital admission and HIV Medicine. We also give you information on the doctor consultations and laboratory tests and x-rays we cover.

Some of the commonly used terms we use in this document

There are a number of other terms we refer to in the document that you may not be familiar with. We give you the meaning of these terms:

Terminology	Description
Chronic Drug Amount	A monthly amount we pay up to for a Medicine class subject to plan type. This applies to Medicine that is not listed on the formulary or Medicine list.
Day-to-day benefits	These are the funds available in the Medical Savings Account or Insured Procedures benefit.
Deductible	This is the amount that you must pay upfront to the hospital or day clinic. You must pay this amount from your pocket.
Scheme Health Rate	This is the rate that the Scheme sets for paying claims from healthcare professionals.
Payment arrangements	We have payment arrangements in place with specific specialists to pay them in full at a higher rate.

The HIVCare Programme at a glance

You have access to clinically sound and cost-effective treatment

The Scheme base the HIVCare protocols on the Southern African HIV Clinicians' Society and South African Department of Health guidelines. Approval of HIV-related services is subject to Prescribed Minimum Benefits guidelines and your benefits.

We deal with each case with complete confidentiality

HIV and AIDS is a sensitive matter, whether one has the condition or not. Our HIV healthcare team respects your right to privacy and will always deal with any HIV- and AIDS-related query or case with complete confidentiality.



No overall limit for hospitalisation for members who register on the HIVCare Programme

For members who register on the HIVCare Programme, there is no limit to the hospital cover. Subject to preauthorisation and Anglovaal Scheme rules.

Anglovaal covers a specified number of consultations and HIV-specific blood tests for your condition

For members who are registered on the HIVCare Programme, we pay for four GP consultations and one specialist consultation for the management of HIV.

The Scheme also pays HIV-specific blood tests for members who are registered on the HIVCare Programme. These tests are a measure of the extent of the HI virus and are instrumental in managing the patient's response to treatment. The specific tests are listed in the *Benefits as shown below*.

HIV drug resistance test

You do not automatically qualify to have this test covered from the Scheme's risk benefits, authorisation for the test is a prerequisite. Authorisation applies for requests for tests done in-hospital and out-of-hospital.

The authorisation process is used to manage risk to ensure that you receive best-practice HIV care, based on clinical evidence, to ensure optimal quality of care and health outcomes. It is important that the authorisation process be followed for every request.

If you have not registered on the HIVCare Programme, the test costs will be paid from your available day-to-day benefits. If you have run out of funds, you must pay for these costs yourself.

Cover for antiretroviral medicine from our HIV medicine list up to Scheme Rate

Members who test positive for HIV have cover for antiretroviral medicines that are on our HIV medicine list (formulary). This includes treatment for prevention of mother-to-child transmission, treatment of sexually transmitted infections and HIV-related (or AIDS-defining) infections. We will fund for supportive medicine whose conditions meet our requirements for cover (clinical entry criteria). Our case managers will coordinate HIV medicine applications and monitor the member's use of antiretroviral treatment to ensure the treatment is effective.

For preventive treatment in case of sexual assault, mother-to-child transmission, trauma or workman's compensation, any HIV waiting periods do not apply to preventive medicine. Cover is subject to national treatment guidelines and benefit confirmation. Members do not need to register on the HIVCare Programme for this preventive treatment.

Cover for nutritional feeds to prevent mother-to-child transmission

Nutritional feeds are covered for babies born to HIV-positive mothers up to six months old from date of birth as per nutritional and mother-to-child prevention milk formula list (formulary).

Getting the most out of your benefits

Register on the HIVCare Programme to access comprehensive HIV benefits

You need to register on the Anglovaal HIVCare Programme to access the benefits available on the Anglovaal HIVCare Programme. Call us on **0860 100 693**, fax **011 539 3151** or email HIV_Diseasemanagement@discovery.co.za to register.

HIVCare team will only speak to you as the patient or your treating doctor about any HIV-related query.

Use approved medicine on our medicine list

The Scheme does not cover experimental, unproven or unregistered treatments or practices.

You have full cover if your healthcare provider charges the Scheme Medication Rate. For clinically appropriate ARV medicine that is not on the list, we will pay up to a set monthly amount (Chronic Drug Amount). You will be responsible to pay any shortfall from your pocket for medicines not on the list or if the pharmacy charges more than the Scheme Medication Rate.

Get your Medicine from a healthcare provider who is part of our network

Dischem- Direct is the designated service provider (DSP) for dispensing antiretroviral medicines.

Use a healthcare provider who participates in our payment arrangements

If the GP, specialist or other healthcare provider participates in our payment arrangements, we will pay the account up to the agreed rate.

If you don't use a healthcare provider who participates in our payment arrangements, you will be responsible for any shortfall between what the provider charges and what the Scheme pays.

Tell us about where you'll be having your treatment and who your treating doctor is and we'll confirm if the healthcare provider participates in one of our payment arrangements. If you choose to have your treatment at a provider who is in one of our payment arrangements, there will be no shortfall in payment. Remember that any plan benefits still apply in this case.

Discovery Health MaPS (Medical and Provider Search) on www.avgms.co.za helps you find Medical services and providers where you will be covered without a co-payment.

Take your HIV medicine as prescribed and send test results when we ask for them

We will only fund your HIV treatment if it has been approved and you remain compliant with your treatment plan. Once you've registered on the HIVCare Programme, you'll need to send us follow-up tests, when we ask for them, for us to assist you in the ongoing management of your condition.

Prescribed Minimum Benefits (PMBs) cover

The Prescribed Minimum Benefits are guided by a set list of medical conditions as defined in the Medical Schemes Act of 1998. These conditions include 270 defined diagnoses and their associated treatments, as well as 27 chronic conditions.

All Medical schemes in South Africa have to include Prescribed Minimum Benefits in the health plans they offer to their members. There are, however, certain requirements that a member must meet before he or she can benefit from Prescribed Minimum Benefits.

These are the requirements that apply to access Prescribed Minimum Benefits

- Your condition must be part of the list of defined conditions for Prescribed Minimum Benefits. You may need to send us the results of your medical tests and investigations that confirm the diagnosis for your medical condition.
- The treatment you need must match the treatments included as part of the defined benefits for your medical condition.
- You must use a doctor, specialist or other healthcare provider that has negotiated a specific payment arrangement with the Scheme. There are some cases where this is not necessary, for example a life-threatening emergency.

HIV infection is classified as a Prescribed Minimum Benefit condition for members who qualify for cover. However, only certain treatment protocols are available for funding from this benefit.

More information on our approach to Prescribed Minimum Benefits is available at www.agvms.co.za.

Your doctor can appeal for additional cover

We cover certain basic out-of-hospital treatments related to HIV infection as a Prescribed Minimum Benefit. You can ask for additional cover if your condition requires this through an appeals process. Once we have approved the additional cover, we will pay the claims for these treatments in full, if your doctor participates in one of our payment arrangements. You may be responsible to pay part of the claim if your doctor does not participate in one of our payment arrangements.

We pay all other out-of-hospital treatments from the available funds in your day-to-day benefits.

Benefits available for your HIVCare management

Hospital admissions

Cover for all costs while you are hospitalised is not automatic. When you know you are going to hospital, you need to tell us beforehand. You must preauthorise your admission to hospital at least 48 hours before you go in. Please phone our Hospital Services on **0860 100 693** and follow the prompts to obtain approval.

When you contact us, please have specific information about your procedure and admission available, so that we are able to assist you.

GP and specialist consultations

For members who have registered on the HIVCare Programme, we pay for four GP consultations including one specialist's consultation for HIV for each person for the year. We may pay more consultations including pediatricians, if required.

If you haven't registered, we pay the consultation costs from available funds in the day-to-day benefits. We pay these claims up to the Scheme Rate. You will be responsible to pay any shortfall from your pocket.

HIV antiretroviral and HIV-supportive medicine

We cover approved Medicine not on our HIV medicine list up to a set Chronic Drug Amount (CDA). You will be responsible to pay any shortfall from your pocket. We cover approved medicine in full up to the Scheme Rate if the medicine is on the supportive formulary. Medicine not listed on the formulary, will be covered up to the Reference Price. The patient may be responsible for a co-payment.

Members have cover of up to R535 per person per year for the multivitamins and vaccination shown below. Flu vaccinations will be paid from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin forte	715460001
Multivitamin orange	838500005
Heberbio hbv sgl dose 1ml adult	701659001

HIV-monitoring blood tests

For members registered on the HIVCare Programme, we cover the following blood tests, up to the Scheme Health Rate:

Test	Number of tests we cover for each person a
CD4 count	4
Viral load	4
ALT	3
Full blood count (FBC)	4
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	1
Liver function test (LFT)	1
HIV drug resistance test (genotype)	1 (we only cover this test if we have approved funding before the test is done)

For members not registered on the HIVCare Programme, we pay the test costs from available funds in the day-to-day benefits, if available.



ANGLOVAAL
GROUP MEDICAL SCHEME



Contact us

Tel: **0860 100 693** • P O Box 652509, Benmore, 2010

Complaints process

You may lodge a complaint or query with Anglovaal Group Medical Scheme directly on **0860 100 693** or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following Anglovaal Group Medical Scheme's internal disputes process. Members, who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or email complaints@medicalschemes.com. Customer Care Centre: **0861 123 267**/website www.medicalschemes.com.