



ANGLOVAAL GROUP  
MEDICAL SCHEME

# BENEFIT BROCHURE



2020

# 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	<b>Main member</b>	R1 791	R 447	R2 238
	<b>Adult</b>	R1 791	R 447	R2 238
	<b>Child</b>	R 554	R 138	R 692
R4 601 – R9 100	<b>Main member</b>	R2 097	R 523	R2 620
	<b>Adult</b>	R2 097	R 523	R2 620
	<b>Child</b>	R 635	R 158	R 793
R9 101 – R13 600	<b>Main member</b>	R2 279	R 569	R2 848
	<b>Adult</b>	R2 279	R 569	R2 848
	<b>Child</b>	R 698	R 174	R 872
R13 601 – R18 100	<b>Main member</b>	R2 415	R 605	R3 020
	<b>Adult</b>	R2 415	R 605	R3 020
	<b>Child</b>	R 737	R 184	R 921
ABOVE R18 101	<b>Main member</b>	R2 474	R 618	R3 092
	<b>Adult</b>	R2 474	R 618	R3 092
	<b>Child</b>	R 749	R 186	R 935

### 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 2020

## 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).

HOSPITAL BENEFIT	THE LIMIT ON THIS BENEFIT
PLEASE AUTHORISE ALL ADMISSIONS BEFOREHAND NOTE: THE SCHEME'S IN-HOSPITAL CLINICAL PROTOCOLS WILL APPLY	
<b>Admission for non-Prescribed Minimum Benefits (non-PMBs)</b>	<ul style="list-style-type: none"> <li>▪ Unlimited</li> <li>▪ General ward at a private or state facility or day clinic</li> <li>▪ Scheme Rate</li> </ul>
<b>Emergency evacuation (road or air) Subject to authorisation (Note: this excludes planned transfers)</b>	R68 786 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.	
<b>Oncology (including chemotherapy and radiotherapy)</b>	R363 511 per family each year
<b>Stoma therapy and hospice</b>	R11 130 per family each year
<b>Audiology, including hearing aids</b>	R22 261 per family each year
<b>Ambulance services</b>	R8 440 per family each year
<b>External appliances, including artificial limbs and medical equipment such as glucometers</b>	R8 440 per family each year
<b>MRI and CT scans and radio-isotope scans</b>	R19 570 per family each year
<b>Outpatient surgical and endoscopic procedures (vasectomy, gastroscopy, colonoscopy, cystoscopy etc)</b>	R16 827 per family each year
<b>Home nursing or step-down after hospitalisation</b>	R11 130 per family each year
<b>Advanced Illness Benefit for oncology patients</b>	Unlimited per patient, subject to clinical criteria
<b>Basic dentistry</b>	R633 per beneficiary each year

# YOUR BENEFITS FOR 2020

INSURED PROCEDURES BENEFIT (IPB) HOSPITAL BENEFIT	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.	
<b>Screening test (blood glucose test, blood pressure test, cholesterol test and body mass index (BMI) at a Scheme Wellness Pharmacy)</b>	Scheme rate for group of tests
<b>Additional screening test (mammogram, pap smear, PSA (a prostate screening test) and HIV blood tests - subject to PMBs guidelines)</b>	One test for each beneficiary per family
<b>Seasonal flu vaccine</b>	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:	
<ul style="list-style-type: none"> <li>▪ Acute medicine</li> <li>▪ Chiropractors</li> <li>▪ Clinical psychology</li> <li>▪ Dentistry</li> <li>▪ GP visits</li> <li>▪ Homeopathy</li> <li>▪ Mental health</li> <li>▪ Occupational therapy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Optical</li> <li>▪ Over-the-counter medicine</li> <li>▪ Pathology</li> <li>▪ Private nursing</li> <li>▪ Physiotherapy</li> <li>▪ Radiology</li> <li>▪ Specialist visits</li> <li>▪ Speech therapy</li> </ul>
All benefits are limited to funds in the Medical Savings Account	



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.



# YOUR ENHANCED MATERNITY BENEFIT FOR 2020

## *Maternity Programme*

For expecting mothers and children under the age of 2 years, a defined basket of both pre-and post-natal care becomes available upon registration on the Maternity Programme. The Scheme will cover these up to the Scheme Rate, which will not affect your day-to-day benefits.

ENHANCED BENEFIT	BENEFIT ENTITLEMENT
<b>Ante-natal classes and consultations</b>	5
<b>Gynaecologist or GP visits during pregnancy</b>	8
<b>2D Ultrasound scans</b>	2
<b>Blood tests</b>	Simple basket
<b>Pre-natal screening test</b>	1
<b>Private ward cover</b>	2 nights (natural delivery) / 3 nights (caesarean section)
<b>Post-partum Gynaecologist visit</b>	1
<b>ENT/Paediatrician visit</b>	2
<b>Lactation consultation</b>	1
<b>Post-natal dietician consultation</b>	1
<b>Post-natal Psychologist or counsellor visits</b>	2
<b>Essential devices</b>	R5 275 with 25% co-payment

# YOUR CHRONIC ILLNESS BENEFIT FOR 2020

**The Chronic Illness Benefit covers approved medicines for the 27 PMB chronic conditions, including HIV and AIDS. In addition, the Scheme covers an additional 12 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.**

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*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.*

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You must apply for chronic cover by completing a Chronic Illness Benefit 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 disease list (CDL) conditions***

If your CDL 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.

# YOUR CHRONIC ILLNESS BENEFIT FOR 2020

## 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**.

## 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 do not have an impact on the member's day to day benefits.

## HIV antiretroviral information

Dischem is the preferred provider for dispensing antiretroviral medicine. If you do not use the preferred provider, the Scheme will pay your monthly antiretroviral medicine up to the Scheme Rate.

### PRESCRIBED MINIMUM BENEFIT CHRONIC CONDITIONS (CHRONIC DISEASE LIST CONDITIONS)

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

### OTHER CHRONIC CONDITIONS COVERED (ABOVE PMB ENTITLEMENT)

Allergic rhinitis	Motor neuron disease
Alzheimer's disease	Myasthenia gravis
Ankylosing spondylitis	Osteoarthritis
Cystic fibrosis	Osteoporosis
Gout	Paget's disease of the bone
Major depression	Psoriasis

Council for Medical Schemes complaints line

Customer Care Tel: 0861 123 267

Complaints Email: [complaints@medicalschemes.com](mailto:complaints@medicalschemes.com)

Administered by Discovery Health

Call Centre 0860 100 693 | [www.avgms.co.za](http://www.avgms.co.za)

Reporting fraud to your Scheme Toll-free phone: 0800 004 500

Email: [discovery@tip-offs.com](mailto:discovery@tip-offs.com)

