Administered by Discovery Health

Member Brochure

2014

Anglovaal Group Medical Scheme

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				
Income band		**Medical scheme**	**Medical Savings Account**	**Total**
Below R4 600	Main member	R1 216	R304	R1 520
	Adult	R1 216	R304	R1 520
	Child	R378	R92	R470
R4 601 – R9 100	Main member	R1 424	R356	R1 780
	Adult	R1 424	R356	R1 780
	Child	R432	R108	R540
R9 101 – R13 600	Main member	R1 548	R387	R1 935
	Adult	R1 548	R387	R1 935
	Child	R475	R120	R595
R13 601 – R18 100	Main member	R1 640	R410	R2 050
	Adult	R1 640	R410	R2 050
	Child	R499	R126	R625
Above R18 101	Main member	R1 679	R421	R2 100
	Adult	R1 679	R421	R2 100
	Child	R506	R129	R635

What the terms we use mean:

PMB: 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.

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

Important contact details

Scheme contact centre
0860 100 693

Scheme website address
www.avgms.co.za

YOUR BENEFITS FOR 2014

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 27 chronic conditions. These conditions and their treatments are known as the Prescribed Minimum Benefits (PMB).

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 a non-Prescribed Minimum Benefit (non-PMB)	- Unlimited - General ward at a private or state facility or day clinic - Scheme Rate
Admission for a Prescribed Minimum Benefit (PMB)	- Unlimited in terms of the Medical Schemes Act - General ward at a designated service provider - 100% of PMB Tariff
Emergency evacuation (road or air) Subject to authorisation by ISOS (Note: this excludes planned transfers)	R48 950 a 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)	R258 700 a family each year
Stoma therapy and hospice	R7 930 a family each year
Audiology, including hearing aids	R15 860 a family each year
Ambulance services	R5 990 a family each year
External appliances, including artificial limbs and medical equipment such as glucometers	R5 990 a family each year
MRI and CT scans and radio-isotope scans	R13 910 a family each year
Outpatient surgical and endoscopic procedures (vasectomy, gastroscopy, colonoscopy, cystoscopy etc)	R11 970 a family each year
Home nursing or step-down after hospitalisation	R7 930 a family each year
Basic dentistry	R450 a beneficiary each year
Screening test (blood glucose test, blood pressure test, cholesterol test and body mass index (BMI) at a Scheme Wellness Pharmacy	R145 a beneficiary each year
Additional screening test (mammogram, pap smear, PSA (a prostate screening test) and HIV blood tests - subject to PMB guidelines)	One test for each beneficiary each year
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	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 2014

The Chronic Illness Benefit covers approved medicines for 27 chronic conditions, including HIV and AIDS. 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 medicine in the same medicine category, where one medicine is on the medicine list and the other is not, we will pay for the medicine 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 Presribed Minimum Benefit chronic conditions (Chronic Disease List conditions)

If your Chronic Disease List condition is approved, 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 costs 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 from the Scheme's website or contact centre.

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	Hyperlipidaemia	Schizophrenia
Bronchiectasis	Diabetes insipidus	Hypertension	Systemic lupus erythematosus
Cardiac failure	Diabetes mellitus type 1 and 2	Hypothyroidism	Ulcerative colitis
Cardiomyopathy	Dysrhythmias	HIV and AIDS	
Chronic obstructive pulmonary disease (COPD)	Epilepsy	Multiple sclerosis (MS)	

The cover for chronic medicine is subject to the Scheme medicine list (formulary) or monthly Chronic Drug Amount.

Other chronic conditions covered			
Allergic rhinitis	Cushing's disease	Major depressive disorders	Paget's disease of the bone
Alzheimer's disease	Cystic fibrosis	Menopausal symptoms (hormone replacement therapy)	Peripheral vascular disease
Ankylosing spondylitis	Gout	Motor neuron disease	Pituitary disease (pituitary adenomas)
Benign prostatic hypertrophy (BPH)	Hyperthyroidism	Myasthenia gravis	Psoriasis
Cancer treatment: side effects of chemotherapy	Hypoparathyroidism	Osteoarthritis	
Cerebrovascular accident (stroke)	Ischaemic heart disease	Osteoporosis	

There is no medicine list (formulary) for these conditions. We pay for approved medicine for these conditions up to the monthly Chronic Drug Amount.

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.

This brochure is a summary of the benefits and features of Anglovaal Group Medical Scheme, pending formal approval from the Council for Medical Schemes.
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