



VALUE
OPTION



Administered by
medscheme



Contents

HOW DOES THE VALUE OPTION WORK?	3
NETWORKS	3
CONSULTATIONS AND VISITS	3
DAY-TO-DAY BENEFIT	4
PRESCRIBED MINIMUM BENEFITS (PMBs)	4
COVER FOR CHRONIC CONDITIONS	4
PSYCHOSOCIAL COUNCELLING BENEFIT	5
MANAGED CARE INITIATIVES AND PRE-AUTHORISATION	5
HIV/AIDS MANAGEMENT PROGRAMME	6
COMPLAINTS AND APPEALS PROCESS	7
AMBULANCE - ER24	7
CONTRIBUTION TABLE 2021	10
BENEFITS AND LIMITS	11
IMPORTANT NUMBERS	15



NOTE: All payments are subject to 100% of Society tariffs and negotiated rates unless otherwise specified.

This summary is for information purposes only & does not supersede the Rules of the Society. In the event of any discrepancy the Rules will prevail.

A copy of the Rules can be obtained from Medscheme the Administrator of AECI Medical Aid Society.



HOW DOES THE VALUE OPTION WORK?

On the Value Option all limits link and accumulate to the Overall Annual Limit (OAL). Within the OAL there are four categories of benefits:

- Primary Care
- Day-to-day Benefit
- Hospital Benefit
- Wellness Benefit

Primary Care:

All Primary Care benefits are available within the Universal Network of providers; this benefit includes the below:

- GP consultations and visits
- Acute medication
- Chronic medication
- Basic dentistry
- Optometry
- Basic pathology and radiology

Universal Healthcare has agreements in place with their Providers whereby healthcare services are delivered subject to certain tariff codes, rates, protocols and formularies.

Day-to-day benefit:

Includes:

- Specialist visits
- Over the counter medicine (OTC)
- Out-of-network GP visits
- Any out of hospital services over and above the primary care benefit

In-hospital benefit:

Subject to OAL and pre-authorisation. Hospital authorisations can be obtained 24/7/365, in cases of emergency admissions. Please contact **0861 234 007**. For non-emergency admissions, please contact us at least 2 working days before an admission.



CONSULTATIONS AND VISITS

Beneficiaries must use a Network GP. The Network GP will treat the patient within the protocols and treatment guidelines as per the Network rules.

Acute medication

Medication prescribed by the Network GP is unlimited although certain formularies are in place. If a member chooses to use medication outside of the formularies, it will be payable from the day-to-day benefit. Medication must be obtained from a Universal Pharmacy e.g. Clicks, Dischem, MediRite, PicknPay, etc.

Chronic medication

If a beneficiary needs to take medicines for a chronic condition such as Asthma, Diabetes, High Blood Pressure, etc., please register on the Chronic Medicine Programme to ensure payment of the medication. Contact **0861 234 007** to register on the Chronic programme. Chronic medication is subject to a formulary and reference pricing.

Basic dentistry

- Limited to two consultations/visits per beneficiary.
- Fillings and extractions
- Plastic dentures (every 24 months)

Basic pathology and radiology

- Only allowed if requested by Universal GP.
- Basic list of tests allowed.

Optometry

- Annual eye test
- One pair of glasses (single or bi-focal lenses), every 24 months
- No benefit for contact lenses



NETWORKS

All network services are subject to the use of network providers.



DAY-TO-DAY BENEFIT

Specialist visits

All specialist consultations require a referral from a network GP and pre- authorisation. Phone **0861 234 007** to apply for an authorisation.

Over the counter medicine (OTC)

Members can obtain schedule 1 and 2 medicine directly from a pharmacy, without a prescription.

Claims must be dispensed by the Pharmacist. Limited to 5 events per family. Limited to R135 per event.

Out- of- network GP visits

3 per family, up to R1040 per event and including all associated costs e.g. medicine, pathology and radiology.

Specialised Radiology

Eg, MRI scan – pre-auth required.

Psychosocial Counselling

Unlimited telephonic sessions.
Contact **0800 390 003**.

Three face-to-face sessions with a Psychologists or Social Worker (upon referral).



PRESCRIBED MINIMUM BENEFITS (PMBs)

Will be paid in full and unlimited subject to Society protocols and formularies

- Hospitalisation – subject to pre authorisation
- Medication – CDL conditions are unlimited, subject to a formulary and dispensing by a Universal Network Provider
- Medical management in and out of hospital - 100% of the negotiated tariff, subject to protocols and treatment by a Universal Network Provider.



COVER FOR CHRONIC CONDITIONS

The Value Option offers extensive cover for 27 PMB CDL conditions. If you suffer from one of the chronic conditions on the list, you need to register on the Universal Chronic Management Programme.

Chronic medication is subject to a formulary and reference pricing. Chronic medication is unlimited, only if prescribed by a Universal Network Provider. Any voluntary use of chronic medicine prescribed by an out-of-network provider and any non-formulary medicines are for the member's own account, unless pre-authorized by the Medical Advisor. PMB rules apply.

Please contact the chronic medicine management department on:

Tel: **0861 234 007**

Fax: **0862 957 301**

Chronic diseases that are covered as PMBs

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



PSYCHOSOCIAL COUNSELLING BENEFIT

As a member of the AECI Medical Aid Society – Value Option, you now have access to the Universal Psychosocial Counselling Benefit.

The psychosocial counselling services are run by Universal's Wellness Care Centre and national psychosocial provider network. The team provides confidential, professional consultation and referral services to address any personal, social or work-related concerns that may affect your overall health and wellbeing. All beneficiaries have unlimited free access to our telephonic counselling services, and up to a maximum of three face-to-face counselling sessions with one of our psychosocial network providers per annum.

The Psychosocial Counselling Benefit is available 24/7/365 and accessing these services will not affect your day-to-day benefits. To access the benefit please contact the Universal Care Centre on **0800 390003**. Alternatively send a "Please Call Me" to *134*952# and one of our professional counsellors will call you back.



MANAGED CARE INITIATIVES AND PRE-AUTHORISATION

At AECI Value Option, taking good care of our members is what matters most. For this reason we have implemented managed care initiatives designed to ensure that members receive the correct care at an affordable cost, whilst ensuring the long-term sustainability of the Society.

Hospital utilisation management

One such initiative is the full hospital management service that we provide to our members. It involves the implementation of specific systems to ensure that our members experience the highest possible levels of specific systems to ensure that our members experience the highest possible levels of hospital services and that their needs are met effectively and satisfactorily.

The following in-hospital procedures are not covered on the AECI Value Option, unless it is a PMB:

Dentistry, back and neck surgery, hip and knee replacement, auditory brain implants and internal nerve stimulators, Nissen fundoplication (reux surgery), treatment for obesity, skin disorders, functional nasal problems, elective caesarean section and refractive eye surgery.

The Value Option offers cover for step down nursing facilities, Hospice and rehabilitation. Cover is subject to pre-authorisation, protocols and case management.

Hospital authorisation

For non-emergency admissions, members must contact the Society at least two working days in advance. In the case of an emergency admission, the Society should be contacted on the first working day following the hospital admission. Members should please take note that they are responsible for ensuring that all hospital admissions are authorised. However, the hospital or healthcare provider may assist with obtaining authorisation.

What information should you have ready when you apply for an authorisation?

- Membership number;
- The name and date of birth of the patient;
- Date of admission and procedure;
- Name and practice number of the treating healthcare provider;
- Name and practice number of the hospital;
- Reason for the admission, treatment and diagnosis; and
- Tariff and ICD 10 codes for the procedure.

Please contact Universal Healthcare on **0861 234 007** to apply for authorisation for a hospital admission.

Please note:

- The Society has the right to apply managed care principles, protocols and exclusions.
- While the Society may authorise the hospital stay and procedure, this is not a guarantee of payment.
- All claims will be paid at Society tariffs. In order to avoid a co-payment, members are advised to enquire in advance as to whether their healthcare provider charges at society tariff or not.



HIV/AIDS MANAGEMENT PROGRAMME

As with any chronic condition, effective treatment can help to ensure that an HIV positive person enjoys a healthy and fulfilled life. It is therefore important to know your status. Only when you know you are HIV positive can you take the necessary steps to protect your partner and family, and to manage your own health and wellness. The Society has the utmost respect for patient confidentiality and will not disclose any information about your status to anyone but you.

If your tests show that you are HIV positive, you or your treating doctor should contact us to register you on the HIV Management Programme. This programme is operated by highly skilled, dedicated nurses who provide continuous telephonic support and counselling to HIV positive persons. The nurses are trained and experienced in assisting people to develop life skills for the optimal management of HIV and in ensuring that effective, appropriate medical care is provided. The sooner you are registered, the quicker the appropriate treatment can commence.

Please contact us on **0861 234 007** for any further information or assistance.

Disease management

All members with a chronic disease condition such as asthma, cardiac failure, Chronic Obstructive Pulmonary Disease (COPD)

and diabetes mellitus will be contacted by Universal Healthcare to enroll on the Disease Management Programme. This programme provides telephonic support and personalised health and wellness information to assist members in managing their chronic conditions.

If you have been diagnosed with one of these chronic conditions, you or your doctor may enroll you or the Society will identify you through claims, chronic medicine registrations and hospital admissions. Members are also invited to contact the Disease Management Call Centre should they wish to speak to a nurse counsellor. Please contact us on **0861 234 007** for any further information or assistance.

Please remember to register your chronic medication with Universal.

Oncology Management

We understand that battling cancer is a difficult and emotional experience. Our Oncology Management Programme offers members with cancer the support they need to manage this condition.

With the incredible advancements that have been made and the current treatments available, cancer can be beaten. However, treatment is often draining and the last thing on a patient's mind should be: "Will my treatment be paid by my Society?" It is important that your treating doctor contacts the Society as soon as you are diagnosed with cancer and that he/she registers you on the Oncology Management Programme.

Your doctor will submit a proposed treatment plan to treat your condition to the Society as soon as possible. A medical professional will review the treatment plan according to accepted treatment guidelines and protocols. If necessary, your doctor will be contacted to discuss more appropriate treatments. Once the treatment plan has been approved, your treatment may commence. You will not have to obtain a separate medicine authorisation, as this will form part of your approved oncology treatment plan.

Most oncology treatment takes place on an out-patient basis. Please remember to get a separate authorisation if you require hospitalisation during your oncology treatment period.

You may contact us on **0860 111 900** for any further information or assistance.

Authorisation for Specialised Radiology

When a patient requires specialised radiology, such as an MRI scan, PET scan or a CT scan, please contact the Society for authorisation. An appropriate motivation must accompany the request for the scan. This is a requirement for both in- and out-of-hospital patients. Please contact us on **0861 234 007** for any further information or assistance.



COMPLAINTS AND APPEALS PROCESS

Contact the Universal contact centre or send an email to correspondence@universal.co.za in order to try and resolve the query. If you are not satisfied with the manner in which your query was resolved, lodge a complaint in writing to escalations@universal.co.za for the attention of the Principal Officer, Freddie Modisakeng detailing the nature of the dispute/complaint.

The Principal Officer will try and resolve your query or alternatively convene a Disputes Committee meeting to adjudicate your complaint and/or dispute. You have the right to be heard at these proceedings if you so wish; if you are still not satisfied after the decision has been made by the Disputes Committee you may take your appeal further by approaching the Council for Medical Schemes (CMS).

You need to ensure that all relevant information and processes followed by yourself to resolve the query must be submitted to them for consideration.

Their contact details are as follows; Council for Medical Schemes, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Street, Ecopark, Centurion, 0157

Website: www.medicalschemes.com

Email: information@medicalschemes.com

Tel no: **(012) 431 0500**

Fax no: **(012) 431 7544**

Sharecalls no: **0861 123 267**



AMBULANCE - ER24

What to do in a medical emergency. Always call or get someone to call ER24 on **084 124**

They will prompt you or the caller through all the information they require to get help to you.









CONTRIBUTION TABLE 2021

Salary band	Principal Member	Adult Dependant (over 21 years)	Child Dependant (under 21 years)
Below R1 580	R816	R702	R198
R1 581 to R2 330	R1 188	R1 008	R300
R2 331 to R4 675	R1 446	R1 272	R366
R4 676 to R6 945	R1 656	R1 422	R420
R6 946 to R9 290	R1 758	R1 536	R438
R9 291 to R11 620	R1 872	R1 602	R468
R11 621 to R13 818	R2 004	R1 722	R504
R13 819 to R15 480	R2 142	R1 926	R528
R15 481 to R22 100	R2 538	R2 358	R618
R22 101 to R29 450	R2 952	R2 796	R702
R29 451 to R36 800	R3 456	R3 330	R834
R36 801 to R48 950	R4 236	R4 140	R1 002
R48 951 to R65 100	R4 338	R4 242	R1 026
R65 101 to R86 500	R4 446	R4 338	R1 050
Above R86 501	R4 548	R4 446	R1 080



BENEFITS AND LIMITS

BENEFIT CATEGORY	BENEFITS AND LIMITS
OVERALL ANNUAL LIMIT (OAL)	Unlimited
AMBULANCE SERVICES	For Emergency Ambulance Services only. Subject to ER24 approval, 100% of cost if authorised by ER24
APPLIANCES In and out of Hospital General Medical and Surgical Appliances, approval required incl nebulizers and glucometers	Subject to R9 318 per family 100% of cost.
Hearing aids, wheelchairs and stoma products approval required.	Subject to R18 810 per family 100% of cost.
CONSULTATIONS AND VISITS	
In hospital: Medical Specialists and General Practitioners	200% of Society Tariff.
Out of hospital: General Practitioner: Selected Network GP	Unlimited Negotiated Universal tariffs.
General Practitioner: Out-of-network 3 per family	Limited to R1 040 per event, negotiated Universal tariffs including visit, medicine and treatment
Specialists	Subject to the day-to-day limit, paid at 200% of the Society Tariff.

BENEFIT CATEGORY	BENEFITS AND LIMITS
DAY-TO-DAY Out of hospital	R4 690 per family
Specialist consultations and visits	Pre-authorisation required
Over the Counter Medication (OTC)	Included and limited to above. Further limited to R135 per event and a maximum of 5 events per annum
Out of Network	GP visits 3 per family, limited to R1100 per event
Physiotherapy, Dieticians, Occupational and Speech therapy and Social Workers.	Subject to Day-to-Day benefit
DENTISTRY Basic Dentistry	2 visits per beneficiary Negotiated Universal tariffs
Cleaning, fillings and extractions	Universal Network Dentists only
Dentures	1 set per beneficiary every 24 months
Specialised Dentistry	No benefit
Maxillo Facial Surgery	R16 120 per beneficiary Society Tariff, Pre-authorisation required
HOSPITALISATION Private and public hospitals and clinics	Pre-authorisation required, limited to Society Tariffs Includes accommodation in general, intensive care, high care wards, operating theatres, equipment, medicine, surgical items and alternatives to hospitalisation. Co-payment applies on certain procedures
Trauma Benefit	Consultations and associated claims for physical injury caused by an external force, poisoning and burns
HIV/AIDS	Includes all services, materials and medicine related to Unlimited, subject to the use of the Society Tariff, Universal Network GP

BENEFIT CATEGORY	BENEFITS AND LIMITS
MATERNITY In hospital (please refer to hospitalisation)	200% Society Tariff, Pre-authorisation required
Related Maternity Services	2X 2D scans per pregnancy Included and limited to OAL Society Tariff Foetal cost of 3D Scan limited to cost of a 2D Scan
Network GP consultations and visits	Unlimited - please refer to consultations and visits. Negotiated Universal tariffs.
Specialists, Midwife consultations and visits	Limited to 6 per pregnancy. Pre authorisation required; Society Tariff
MEDICINE AND INJECTION MATERIAL	
Over the Counter Medication (schedule 1 and 2)	Subject to the day-to-day limit. Further limited R135 per event, and maximum of 5 events per family per annum
Acute Medication	Unlimited if prescribed by the Network GP and obtained from a Network Pharmacy
Chronic Medication	Unlimited if prescribed by the Network GP and obtained from a Network Pharmacy. Society approval required; subject to Network formulary and protocols
MENTAL HEALTH including substance abuse In hospital	Including accommodation, treatment and consultations. Limited to a maximum of 21 days. 200% of Society Tariff; Pre-authorisation required
Out of hospital: Consultations, visits and procedures	Unlimited - please refer to consultations
Emotional Counselling benefit	Unlimited telephonic counselling. Contact 0800 390 003. Three face-to-face counselling sessions per beneficiary with a Psychologist, Social Worker or Registered Counselor (upon referral)
ONCOLOGY For all cancer related treatment	Limited to R147 680 per beneficiary. Subject to authorisation of the treatment plan and Society tariff
OPTOMETRY Spectacles	Limited to one pair of spectacles per beneficiary in a 24 month period, obtained from a Universal Network Optometrist.
Eye test	One test per beneficiary per annum, obtained from a Universal Network Optometrist
Contact lenses	No benefit
Refractive Surgery	No benefit

BENEFIT CATEGORY	BENEFITS AND LIMITS
ORGAN TRANSPLANTS Harvesting of the organ and transportation thereof	Limited to R147 680 per beneficiary. Society tariff; Pre-authorisation required
PATHOLOGY AND RADIOLOGY	
In-hospital	Limited to Society Tariff
Out of hospital	Unlimited if obtained from the Selected Negotiated Universal tariffs and Universal Network GP
Specialised Radiology out of hospital	Limited to day-to-day. Pre-authorisation required
PHYSIOTHERAPY	
In hospital	Limited to Society Tariff
Out of hospital	Day-to-day benefit. Society Tariff
PROSTHESIS Internal and external	In and Out of hospital. R30 680 per beneficiary 100% of cost, Pre-authorisation required
RENAL DIALYSIS	For all services, medicine and materials R147 680 per beneficiary Society Tariff; Pre-authorisation required
WELLNESS BENEFIT The following benefits can be obtained from the network GP or a pharmacy clinic:	<ul style="list-style-type: none"> • Flu vaccinations – one per beneficiary per annum • HPV (Cervical Cancer) – for female beneficiaries between the ages of 12 and 18. • Adult pneumococcal vaccine - one per beneficiary according to pneumonia vaccine schedule • Tetanus vaccine • Malaria prophylaxis • Mammogram – one per female beneficiary per annum over the age of 40 • Pap smear - one per female beneficiary per annum • Prostate specific antigen for male beneficiaries over the age of 40 • Glaucoma screen test – one per beneficiary
COVER FOR OTHER TYPES OF HEALTHCARE PROFESSIONALS	We do not cover other types of alternative healthcare professionals such as chiropractors, homoeopaths and podiatrist

IMPORTANT NUMBERS

CALL CENTRE MEMBERSHIP:

Tel: 0860 002 103

E-mail: aecisociety@medscheme.co.za

Website: www.medscheme.com

Scheme Postal Address:

PO Box 800, Florida Hills, 1716

CLAIM QUERIES AND BENEFIT

CONFIRMATIONS:

Tel: 0861 234 007

E-mail: aeci@universal.co.za

Website: www.universal.co.za

HOSPITAL AUTHORISATIONS:

Tel: 0861 234 007

CHRONIC MEDICINE MANAGEMENT:

Tel: 0861 234 007

Fax: 086 295 7301

E-mail: chronicmedicine@universal.co.za

ONCOLOGY MANAGEMENT:

Tel: 0861 234 007

E-mail: oncology@universal.co.za

EMERGENCY AMBULANCE:

Tel: 084 124