

Advanced Illness Benefit

Overview

The Advanced Illness Benefit (AIB) is available on Option A, Option B and Option B Classic. It provides members with advanced stage illnesses access to a comprehensive palliative care programme. This programme offers unlimited cover for approved care in the comfort of your own home or a hospice facility. Palliative care is provided by a multidisciplinary team, in partnership with the Hospice Palliative Care Association of South Africa.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

Terminology	Description
Day-to-day benefits	These are the available funds allocated to the annual day-to day benefit. Depending on the option you choose, you have cover for a defined set of day-to-day benefits.
Medical Scheme Rate (MSR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare providers and other providers of relevant health services.
ICD-10 code	A clinical code that describes diseases and signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).
Palliative care	Palliative Care is an approach that improves the quality of life of patients and their families' facing problems associated with life-threatening illness. This includes the prevention and relief of suffering, the early identification and assessment and treatment of pain as well as other physical, psychosocial and spiritual problems.

Your healthcare provider must register you for cover on the AIB

To register, your doctor needs to complete the AIB application form and email it to AIB@medipos.co.za. Up-to-date forms are always available on www.medipos.co.za.

Access to the AIB is voluntary and is subject to clinical entry criteria

This benefit covers palliative care for members in the advanced stages of illness, where curative treatment has stopped and there is a palliative care plan in place to manage symptoms. If your application is approved, you will have access to the benefits offered by the AIB.

The AIB at a glance

Members on the AIB have access to the following:

- **Support from a dedicated care coordinator**
A dedicated care coordinator, who is a registered nurse, will contact you (or your family member) once we have registered you on the AIB. The care coordinator will support you and your family and will work closely with your GP and/or specialist to ensure you always receive the best care.
- **Personalised support and counselling**
Members registered on the AIB and their family will have access to counselling services for support during this difficult time.
- **Comprehensive home-based care**
Members registered on the AIB will have access to personalised home-based care services such as oxygen, pain management and limited home nursing, subject to authorisation and managed care criteria.
- **Access to limited home nursing and in patient hospice care**
Members enrolled on AIB have access to home nursing or in-patient hospice care, for a limited duration, subject to authorisation and managed care criteria.
- **Access to specialised telephonic support**
Registered members can contact 011 529 6797 during working hours for assistance with AIB-related authorisations, oxygen, as well as benefit and claims-related enquiries.
- **We do not pay for frail care**
Frail care includes assistance with activities of daily living. Please note that frail care is a general scheme exclusion on all options and we will not consider cover for any member.

Your cover on the AIB

The AIB pays for services provided by a multidisciplinary team

We will pay for healthcare services provided by any of the Healthcare providers represented in the palliative multidisciplinary team, according to a specific basket of care and the agreed individual member care plan.

These costs will not affect your day-to-day benefits and will be paid at the Medical Scheme Rate from the major medical expenses benefit.

Palliative care must be accessed from providers who are registered with the Board of Healthcare Funders

We will pay for these healthcare services or treatments as long as the application is approved, and you use appropriately registered providers (with a valid Board of Healthcare Funders (BHF) registration number) who use valid tariff codes for the healthcare service or treatment.

Palliative care must be medically necessary

The funding of treatment from the AIB Benefit is restricted to treatment that is medical in nature and is deemed as medically necessary as per the Scheme rules.

We need the appropriate ICD-10 codes on all accounts

All accounts for palliative care must have a relevant and correct ICD-10 code (diagnosis code) for us to pay it from the correct benefit. To ensure there isn't a delay in paying your healthcare providers' accounts, please notify the team managing your treatment (or your loved one's treatment) about this requirement.

Nominating a person to assist you

Where you, as the patient, choose to nominate someone to assist you with managing your benefits, you can complete a third-party consent form. Up-to-date forms are always available on www.medipos.co.za.

If at any stage, you wish to revoke consent for the sharing of information, you can notify us accordingly.

For more information on the AIB, visit our website www.medipos.co.za or email AIB@medipos.co.za.

Contact us

Telephone: 0860 100 087

Complaints process

You may lodge a complaint or query with MEDiPOS directly at 0860 100 078 or send an email to enquiries@medipos.co.za.

If your query or complaint is not resolved to your satisfaction, address a complaint in writing to the Principal Officer at the Scheme's registered address. Please be sure to include the reference number obtained through your direct contact with the Scheme.

Should your complaint remain unresolved, you may lodge a formal dispute by following the MEDiPOS Medical Scheme internal disputes process, which is explained on the website at www.medipos.co.za.

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 via email at complaints@medicalschemes.co.za. Contact centre: 0861 123 267/ website www.medicalschemes.co.za.