



DOCTOR CONSULTATIONS

- Affinity Health makes use of a Network of Doctors. Please ensure that you have obtained the most recent list of doctors in your area from our website.
- Call 0861 11 00 33 to obtain pre-authorization before utilising the GP benefit, this will ensure your plan is active.
- The Affinity Health Provider Network consists of Dispensing and Scripting doctors. Should you utilise a dispensing GP please use the dispensary located in the doctor's rooms to collect your medication (scripts cannot be collected at any other pharmacy).

The network doctor will claim directly from the Insurance, however additional administration fees are sometimes charged by the practice, these are charged separately and cannot be recovered from Affinity Health.

Members can make use of out of network doctors as well, however there are some important tips to remember here:

- The member will have to pay for the consultation, in full, up-front. R250 is claimable from Affinity Health, for assistance with reimbursements please email claims@affinityhealth.co.za.
- Out-of-Network GPs are unfamiliar with cover rules, this means that they are unaware of exactly which medication is covered. Using an Out-of-Network GP may increase the chance of having to pay excess for medication.



RADIOLOGY & PATHOLOGY

- Members can make use of any radiology or pathology laboratory.
- Pre-authorization is important to understand what will be covered before treatment.
- The formulary covers basic x-rays and blood tests only, according to Affinity Health's protocol and pricing.
- When a member is referred, we recommend that the member obtain a tariff code for the referral, that way the member can be certain whether the relative test is covered or not.



DENTISTRY

- **IMPORTANT** - Affinity Health only covers network dentists, please contact 0861 11 00 33 for the latest network provider list.**
- Pre-authorization is required, call 0861 11 00 33.
- Note that the benefit covers 1 full mouth assessment, 1 scale and polish, 2 intra-oral radiographs (x-rays), 3 extractions and 3 amalgam (silver) fillings per member per year.
- Members can have resin fillings done, however Affinity Health will only cover the value of amalgam fillings.
- NO COVER FOR IN-HOSPITAL DENTAL PROCEDURES.**



SPECIALIST VISITS

- **IMPORTANT** - Only covered if referred by a network GP, and pre-authorization is required. Please call 0861 11 00 33 with the practice number of the specialist to obtain pre-authorization.**
- Please note that only certain specialists are covered, and that the member may be required to pay up-front. This can be claimed back from Affinity Health according to maximum benefit amounts (R800 per single member policy per year, R1600 per family policy per year - R800 per 6 month interval).
- Please email claims@affinityhealth.co.za to facilitate your reimbursement.



MEDICAL SOCIETY BENEFIT

- Being an Affinity Health member gives you access to conveniently located centres with highly-skilled medical professionals that strive to provide quick service in a clean environment.
- This service includes unlimited nurse consultations, basic eye tests, child nutrition and treatment for acute illnesses.
- Centres are based in Kempton Park, Soweto, Impala, Bloemfontein, Mthatha, Durban, Pretoria, Alexandra, Rustenburg, Marikana, Cape Town, East London and Port Elizabeth.
- The medical professional can prescribe and dispense medication up to schedule 4.



ACUTE MEDICATION

- 'Over the counter' medication is not covered under this benefit.
- Affinity Health works with a medicine formulary. This means that prescribed medication not on our formulary will not be covered, and that members may be required to make a co-payment.
- Remember to ask your Network Doctor to prescribe medication in accordance with Affinity Health's formulary.
- Should you have any problems claiming medication contact Affinity Health on 0861 11 00 33, while you are at the pharmacy, so that one of our consultants can assist.
- Remember that if members use a dispensing doctor the medication must be collected from the dispensary in the doctors practice and that such a script will not be valid at any other pharmacy.



CASUALTY ROOM BENEFIT

- This benefit is available 24/7.
- Pre-authorization is required.
- Call 0861 11 00 33, press option 1 and then option 2 to speak to a pre-authorization agent.
- Maximum benefit amount on a Day-to-Day or Hospital policy is R2500 per year and R4000 on a combined policy per year.



OPTOMETRY

- Members must call Affinity Health before utilising this benefit.
- Only Spec-Savers can be utilised.
- Members are covered for one consultation, one set of standard frames (grey sticker range) and lenses (Single Vision and Bifocal lenses, Multifocal will be covered up to the amount of bifocal) every 24 months.
- Affinity Health does not cover contact lenses.



HOSPITAL BENEFITS

- Affinity Health has a 24-hour hospital pre-authorization line. Members MUST call in for pre-authorization before going to the hospital, to ensure that Affinity Health can contact the hospital to arrange admission prior to the members arrival.
- Pre-authorization can also be obtained via our 'please call me' service. All that is required is to send a 'please call me' to 071 314 5962 and one of the pre-authorization agents will contact the member back within minutes.
- Please note: Illness and planned admissions generally require specific documentation – Admission letter, quotes from the treating provider and facility, pathology and radiology reports – these can be emailed to auth@affinityhealth.co.za.
- For planned admissions please contact Affinity Health at least 48 hours prior to the procedure/admission to ensure authorisation is provided timeously.
- **IMPORTANT** Please remember to send us the cession form (which you will receive when the guarantee of payment is issued) before admission, Affinity Health cannot pay any accounts without a signed, completed cession form.**
- Members are urged to contact Affinity Health post-admission. Friendly staff will assist the member in ensuring that everything pertaining to the case is updated and ensure a smooth, hassle free claims process.
- All related accounts need to be emailed to hospitalclaims@affinityhealth.co.za within 7 days of discharge. Please note that no accounts are paid until the hospital account is received.



CHRONIC MEDICATION

- Only members of Day-to-Day or Combined plans qualify for the Chronic Medication Benefit.
- A chronic medication application form can be obtained by emailing chronic@affinityhealth.co.za.
- Both the member and the treating doctor will be required to complete specific sections of the application form.
- A complete chronic medication application and a copy of the prescription are required to begin the application process.
- Upon receipt, the chronic application will undergo a validation process. You will be notified of the outcome via email.
- There is an additional monthly surcharge, dependent on the type of chronic medication required.