



TELEHEALTH CONSULTING

- Affinity Health is proud to introduce the new Telehealth Consulting benefit, a convenient way of getting the medical assistance you need telephonically, without traveling the distance or spending more money than necessary.
- Call **0861 11 00 33** to have a telephonic consultation with an Affinity Health Nurse Practitioner.
- The consultants are registered nurses who will assess your symptoms and either issue a prescription for acute medication up to schedule 4 - provided you are out of the 1 month waiting period - or refer you to your nearest primary healthcare facility or Affinity Health network GP for further assistance.
- Please note that medication will be issued according to the Affinity Health formulary.



IN-ROOM GP PROCEDURES

- **IMPORTANT** – these procedures are only covered if performed by an Affinity Health network GP.
- Pre-authorisation is required before the procedure is performed.
- These will be covered according to the Affinity Health limits that fall under this benefit.
- Call **0861 11 00 33** for assistance with obtaining pre-authorisation.



PRIMARY HEALTHCARE CONSULTATIONS (MEDICAL SOCIETY BENEFIT):

- Being an Affinity Health member gives you access to conveniently located centres with highly skilled Nurse Practitioners that strive to provide quick services in a clean environment.
- This benefit includes Nurse-led medical consultations, basic eye tests, child nutrition and treatment for acute illnesses.
- You may also use this benefit to monitor your vital signs and manage your chronic symptoms with medical and lifestyle advice provided by the professionals. The Nurse Practitioner will refer you as required, should you need further medical assistance.



DOCTOR CONSULTATIONS

- Affinity Health members may contact us on **0861 11 00 33** to consult an Affinity Health Nurse Practitioner, who will assess your symptoms and give you medical advice before issuing you with a script for medication or referring you to consult with an Affinity Health network GP.
- Please visit <https://www.affinityhealth.co.za/find-doctor/> to locate an Affinity Health network GP closest to you.
- It is important to call **0861 11 00 33** to check the status of your policy and receive pre-authorisation before visiting a GP.
- The Affinity Health Network includes Dispensing and Scripting doctors. Should you consult a dispensing GP, please note that medication will be issued to you from the dispensary within the doctor's rooms. If you consult a scripting GP, the doctor will issue you with a script to take to the pharmacy and collect medication according to the Affinity Health formulary.
- When you receive a script, please collect medication at a pharmacy linked to the Affinity Health formulary.
- Network doctors claim directly from Affinity Health, however additional administration fees may be charged separately by the practice and cannot be recovered from Affinity Health. These will be for the members' accounts.
- Members may consult out-of-network doctors as well, however important information applies:
 - The full consultation fee will have to be paid upfront by the member. Up to R250 limit may be claimed back from Affinity Health. For assistance with reimbursement, please email the detailed account and a signed Affinity Health reimbursement form to claims@affinityhealth.co.za.
 - Out-of-network GPs are unfamiliar with cover rules, which 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.



SPECIALIST VISITS

- **IMPORTANT** – these consultations are only covered if referred by a GP and pre-authorisation is required before the consultation.
- Please call 0861 11 00 33 or email info@affinityhealth.co.za with the GP's referral letter, the specialist's name, contact number and practice number to obtain a pre-authorisation number.
- Please note that only certain specialists are covered, who may require an upfront payment of the consultation fee. This can be paid by the member and claimed back from Affinity Health according to the maximum benefit amounts (R1200 per single member policy per year, R3 000 per family policy per year).
- In the event that no upfront payment was required, please ensure that the specialist's account is sent to Affinity Health to claim benefits.
- Should you be required to pay upfront, please email the detailed account and a signed Affinity Health reimbursement form to claims@affinityhealth.co.za.



OPTOMETRY

- Members must call Affinity Health on **0861 11 00 33** for pre-authorisation before using this benefit.
- Only Spec-Savers may be used, unless your nearest Spec-Savers is located more than 100km from your residential or work address.
- Members are covered for one consultation (eye test), one set of standard frames (the grey sticker range) and lenses (single vision and bifocal lenses). Multifocal lenses will be covered up to the amount for bifocal lenses).
- Spec-Savers will submit the bill directly to Affinity Health for payment processing according to the Affinity Health benefits.



ACUTE MEDICATION

- No OTC medication is covered under this benefit.
- Affinity Health works with a medicine formulary. This means that the prescribed medication that is not on our formulary will not be covered, and that members may be required to make a co-payment.
- Remember to ask your 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 for further assistance.
- Remember that if members use a dispensing doctor, the medication must be collected from the dispensary within the doctor's practice and that a script from a dispensing doctor will not be valid at any other pharmacy.



MATERNITY SCANS

- This benefit covers two growth sonars referred by your network GP, subject to the Affinity Health Formulary.
- Call us on **0861 11 00 33** so we can refer you to a network GP who provides this service from within their practice rooms.
- Members may also ask us for assistance via **WhatsApp** on **079 479 3230** or chat to us live during office hours on www.affinityhealth.co.za.



HIV CHRONIC MEDICATION MANAGEMENT PROGRAMME

- The programme caters to the medical and lifestyle needs of members living with HIV/AIDS by providing them with suitable treatment and tools to live a healthy life.
- Members are required to email their latest prescription, updated viral load report and a complete chronic medication application form to chronic@affinityhealth.co.za for further assistance.
- Contact us on **0861 11 00 33** for more information.



DENTISTRY

- **IMPORTANT** – Affinity Health only covers in-chair dental procedures done by network dentists. Please contact **0861 11 00 33** or visit <https://www.affinityhealth.co.za/find-doctor/> to obtain the latest provider list.
- Pre-authorisation is required, call **0861 11 00 33**.
- Note that the benefit covers 1 full mouth assessment, 1 scale and polish, 2 intraoral radiographs (x-rays), 3 extractions and 3 fillings per member per year.



PATHOLOGY & RADIOLOGY

- Members can make use of any Radiology or Pathology laboratory, as referred by a medical practitioner.
- Pre-authorisation is important for you to understand what will be covered.
- The formulary includes 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. In this way, the member can be certain whether the relevant test is covered or not.
- Call **0861 11 00 33** or email info@affinityhealth.co.za with the relevant tariff codes for pre-authorisation.



CHRONIC MEDICATION

- Only members on the Day-to-day or Combined Plans qualify for the Chronic Essential 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 form, your most recent prescription and pathology report are required to begin the application process.
- Upon receipt, the chronic application will undergo a validation process, and you will be notified of the outcome via email or SMS within 48 hours.
- There is an additional monthly surcharge per condition per member.



CASUALTY ROOM BENEFIT

- Affinity Health provides an immediate Casualty Room Treatment benefit as a result of an accident, which is activated as you apply. The benefit is an amount of up to **R1 000** per policy.
- This benefit is available 24/7, to be claimed for accident or illness emergencies.
- This benefit pays up to **R3 000** per policy per year.
- Pre-authorisation is required. Call **0861 11 00 33** in the event of an emergency.



HOSPITAL BENEFITS

- **PRE-AUTHORISATION IS REQUIRED:** Affinity Health has a 24-hour hospital pre-authorisation line. Members MUST call in for pre-authorisation before going to the hospital to ensure that Affinity Health can contact the hospital to arrange admission prior to the members arrival.
- Pre-authorisation can also be obtained via our **WhatsApp** line **071 314 5862** or you may send us a **please-call-me** request to **071 314 5862**, and one of our pre-authorisation agents will contact you back within minutes. Call **0861 11 00 33** to speak to a pre-authorisation agent and let us know what has happened.
- The agent will assess and define the event as either an illness or accident event, according to the Affinity Health Hospital benefits.
- Please note: illness and planned admissions generally require specific documentation – the admission letter, quotes from the treating provider and facility, pathology and radiology reports and a signed cession form – these can be emailed to auth@affinityhealth.co.za.
- An injury report is required in the event of an accident.
- 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 cession form.
- If the Casualty Benefit was previously claimed within the year, only the remaining benefit amount will be payable.
- Continuation of cover for illness events will be considered part of the same claim event and only the maximum benefit amount will be payable. This will be for admissions for the same or a related illness condition with a 6 month period.
- Accident continuation will also be linked to the initial accident event, as readmission for surgery or further treatment may be required. Treatment cover period up to 6 months.
- Members are urged to contact Affinity Health post – discharge. Friendly staff will assist the member in ensuring everything pertaining to the case is updated to secure a smooth, hassle-free claims process.
- If there are any changes to your treatment plan during admission, please contact Affinity Health.
- All related accounts need to be emailed to hospitalclaims@affinityhealth.co.za within 7 days of discharge. Please note that no accounts may be paid until the hospital account has been received.