

Advanced Illness Benefit

Who we are

SAB Medical Aid (referred to as ‘the Scheme’), registration number 1209, is a not-for-profit organisation, registered with the Council for Medical Schemes.

3Sixty Health (Pty) Ltd, registration number 1978/001109/07, (referred to as ‘the administrator’) is a separate company and an accredited administration and managed care service provider and is responsible for the administration of your membership on behalf of the Scheme.

Overview

The Advanced Illness Benefit (AIB) provides members with advanced cancer access to comprehensive palliative care, provided by a multidisciplinary team, in the comfort of their own home or in a hospice facility.

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 Medical Savings Account and Above Threshold Benefit, where applicable. Depending on the plan you choose, you may have cover for a defined set of day-to-day benefits.
Scheme Rate	This is the rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
ICD-10 code	A clinical code that describes diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).

Your doctor is required to register you for cover on the Advanced Illness Benefit

To register, your doctor needs to complete the Advanced Illness Benefit and Compassionate Care Benefit application form and email it to AIB@sabmas.co.za. The application form is available on our website www.sabmas.co.za

Access to the Advanced Illness Benefit is voluntary and is subject to clinical entry criteria

This benefit funds for palliative care for members in advanced stages of cancer, where curative treatment has ceased and there is a palliative care plan to address symptoms related to the cancer. If your application is approved, you will have access to the benefits offered by the Advanced Illness Benefit.

The Advanced Illness Benefit at a glance

Members on the Advanced Illness Benefit 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 Advanced Illness Benefit. The care coordinator will support you and your family and will work closely with your GP and/or specialist to ensure you receive the best of care at all times.

Personalised support and counselling

Members registered on the Advanced Illness Benefit and their family will have access to counselling services for support during this difficult time.

Comprehensive home-based care

Members registered on the Advanced Illness Benefit will have access to personalised home-based care services such as:

- Medical care by palliative care trained doctors
- rental of home oxygen concentrator
- pain management and symptom control
- psychosocial support from social workers, counsellors or psychologists trained in palliation
- limited bereavement counselling for the family

The following services are subject to additional authorisation and managed care entry criteria may apply:

- home based visits from a nurse specialising in palliative care
- limited home nursing care- (excludes frail care)
- hiring/rental of specific equipment
- Hospice care at home and/or in-patient units, where available
- Limited radiology and pathology

Access to specialised telephonic support

Members registered on the Advanced Illness Benefit can contact 0860 002 133 during working hours for assistance with Advanced Illness Benefit related authorisations, oxygen or benefit and claims related enquiries.

Your cover on the Advanced Illness Benefit

The Advanced Illness Benefit pays for services provided by a multidisciplinary team

We will pay for healthcare services provided by any of the healthcare professionals 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 Scheme Rate from the Hospital Benefit, but up to the overall annual limit on the Essential Option.

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

The Scheme 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.

We need the appropriate ICD-10 codes on 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 medical aid, you can complete a third-party consent form. This form is available on www.sabmas.co.za. If at any stage, you wish to revoke consent for sharing of information, you can notify us accordingly.

Contact us

You can call us on 0860 002 133 or visit our website at www.sabmas.co.za for more information.

Complaints process

You may lodge a complaint or query with SAB Medical Aid by writing directly to the Principal Officer. If your complaint remains unresolved, you may lodge a formal dispute by following the Scheme's internal dispute process on the SABMAS website. 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 email complaints@medicalschemes.co.za. Customer Care Centre: 0861 123 267 / website www.medicalschemes.co.za