



Select 2017

	Select 1	Select 2	Select 3	Select 4	Benefit Requires Pre-Authorisation	WAITING PERIOD
Annual Global Limit	\$ 15,000	\$ 20,000	\$ 35,000	\$ 75,000		
A&E, 24 HR Clinics and Casualty	\$ 200	\$ 250	\$ 300	\$ 500	✓	
Air Ambulance Services	\$ -	\$ -	\$ 8,000	\$ 20,000	✓	
Ambulance Services	\$ 1,000	\$ 1,200	\$ 2,000	\$ 5,000	✓	
Appliances and Equipment	\$ 300	\$ 400	\$ 700	\$ 1,000	✓	12 Months
Auto-immune Health	\$ 1,000	\$ 2,000	\$ 4,000	\$ 8,000	✓	3 Months
Consultations	\$ 750	\$ 1,000	\$ 1,750	\$ 3,750		3 Months
Dental & Orthodontics	\$ 600	\$ 800	\$ 1,400	\$ 2,000		Refer to T's & C's
Dialysis	\$ 5,000	\$ 6,667	\$ 11,667	\$ 25,000	✓	3 Months
→ Foreign Treatment*	\$ -	\$ -	\$ 20,000	\$ 35,000	✓	Refer to T's & C's
Hospital and Surgery	\$ 7,500	\$ 10,000	\$ 17,500	\$ 37,500	✓	3 Months
Imaging - MRI, CT & PET	\$ 1,000	\$ 1,500	\$ 2,500	\$ 5,000	✓	6 Months
Imaging - Radiology and Ultrasounds	\$ 300	\$ 400	\$ 700	\$ 1,500		3 Months
Maternity	\$ 1,500	\$ 2,000	\$ 3,000	\$ 4,000	✓	12 Months
Nursing and Hospice	\$ 1,500	\$ 2,000	\$ 3,000	\$ 7,500	✓	3 Months
Oncology	\$ 7,500	\$ 10,000	\$ 17,500	\$ 37,500	✓	3 Months
Optical	\$ 150	\$ 200	\$ 350	\$ 750	✓	9 Months
Other Outpatient Services	\$ 500	\$ 650	\$ 850	\$ 1,000		3 Months
Pathology	\$ 400	\$ 500	\$ 700	\$ 900		3 Months
Prescribed Medication	\$ 500	\$ 667	\$ 1,167	\$ 2,500		3 Months
Prosthetics	\$ 2,000	\$ 3,000	\$ 5,000	\$ 8,500	✓	Refer to T's & C's
Reproductive Health & Wellness	\$ 150	\$ 200	\$ 350	\$ 750		9 Months
Therapy	\$ 300	\$ 400	\$ 700	\$ 1,500	✓	12 Months
Territory of benefits use =	Zimbabwe	Zimbabwe	ZW + South Africa	ZW + South Africa		

→ *THIS IS A BENEFIT CEILING, NOT AN ADDITIONAL BENEFIT

Claims Payment Terms	AHFoZ Tariffs (member pays shortfall)	AHFoZ Tariffs (company pays shortfall)	AHFoZ PLUS*	AHFoZ PLUS*
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*Up to 200% of AHFoZ

Alliance Options Select Contribution Rates for Group Employees

Monthly Premiums - GROUPS	SELECT 1	SELECT 2	SELECT 3	SELECT 4
ADULT	\$ 36	\$ 56	\$ 79	\$ 105
CHILD	\$ 26	\$ 39	\$ 52	\$ 79

Notes:

Benefits may be used for pre-existing conditions, subject to the underwriting of applications, for GROUP members only. Contributions will be loaded. Contributions may be loaded at renewal for serious pre-existing conditions or ongoing chronic conditions. Completed application forms are required two weeks before enrolment

Minimum group size is 20 employees

Alliance Options Select Contribution Rates for Individuals

Monthly Premiums	SELECT 1	SELECT 2	SELECT 3	SELECT 4
ADULT	\$ 46	\$ 103	\$ 137	
CHILD	\$ 31	\$ 68	\$ 100	

Individual applicants over the age of 54 cannot be accepted