

## TABLE OF MEMBERSHIP BENEFITS\*

If during the plan year a registered enrolled member incurs a treatable medical condition, we, under the terms and conditions of the plan, will pay the necessary, customary and reasonable expenses of medically necessary treatment up to the specified overall maximum, per member. Customary and reasonable expenses are as determined by Alliance Health.

### IN-PATIENT AND DAY PATIENT TREATMENT - HOSPITALISATION AND SURGERY

- 1 Intensive care and theatre costs
  - 2 Hospital accommodation - private room
  - 3 Nursing fees, medical expenses and ancillary charges
  - 4 Professional services including physicians, surgeons, consultants, anaesthetists, medical practitioners' fees
  - 5 Private nursing - Additional and auxiliary private nursing for members who are treated at private hospitals in Zimbabwe
  - 6 Prescribed medicines, drugs and dressing
  - 7 Advanced Imaging - MRI, PET and CT Scans
  - 8 X-rays, pathology, diagnostic tests and procedures
  - 9 Oncology tests, drugs and consultant fees
  - 10 Oncology treatment in-hospital including chemotherapy and radiotherapy
  - 11 Physiotherapy by a registered physiotherapist, when referred by a medical practitioner, consultant or specialist
  - 12 Parental accommodation, for a member under the age of 16 years of age in hospital
  - 13 Infant accommodation - hospital accommodation costs relating to a new born infant (up to 18 weeks old) to accompany its mother (the member) whilst she is receiving treatment as an in-patient in a hospital
  - 14 Dental surgery for the removal of impacted, buried or unerupted teeth, wisdom teeth removal and retained dental roots (available after 12 months continuous membership of the plan, limited to \$2,000 per event)
  - 15 Renal and Peritoneal dialysis
  - 16 Blood transfusions including the costs of blood and blood equivalents, blood products and transport
  - 17 Treatment for allergic reactions
  - 18 Psychiatric treatment for up to 30 days per year (available after 12 months continuous membership of the plan)
  - 19 Prostheses: artificial body parts designed to form permanent parts of a member's body
- ### EMERGENCY MEDICAL SERVICES
- 20 Ambulance Services - advanced life support ambulance transportation to the nearest facility where appropriate treatment can be provided
  - 21 International Medical Evacuations - transportation for out of country treatment if necessary by appropriate means of transportation (hospitalisation and oncology only)
  - 22 Accompaniment by attendant family member when certified necessary by the treating physician for hospital admissions (restricted to \$800 per 12 months)
- ### OUT-PATIENT TREATMENT
- 23 Advanced Imaging - MRI, PET and CT Scans
  - 24 Oncology tests, drugs and consultant fees
  - 25 Outpatient chemotherapy and radiotherapy
- ### OPTICAL BENEFITS
- 26 Treatment Requiring Surgery (Applies to New Conditions)
- ### DENTAL BENEFITS
- 27 Emergency treatment for accidental damage to sound natural teeth for the purposes of restoring them to their previous state
- ### TRAUMA BENEFIT
- 28 Emergency treatment, including preventative and/or prophylactic ARV and HIV testing for members who have survived an incident of assault, rape or physical abuse (72 hours)
  - 29 Psychological Counselling for Trauma following an incident of assault, rape, physical abuse, or amputation

### CHRONIC MEDICAL CONDITIONS

- 30 Stabilisation of acute exacerbations/episodes of chronic medical conditions which developed after the member's original join date or covered under MHD benefit conditions

### AFTER CARE

- 31 Out Patient Rehabilitation Immediately Following Hospitalisation
- 32 Primary care services of a registered nurse in the member's home immediately after, or instead of, in-patient or day-patient treatment when medically necessary

\*Terms and Conditions Apply

Overall total  
benefits of  
\$1,500,000  
per member  
per year

\$20,000 per member per year  
\$3,500 per member per year

**ORGAN TRANSPLANT**

33 Costs of the surgical procedures in performing an organ transplant in respect of the member as recipient and not the organ donor

**\$500,000 per member per year**

**INTERNATIONAL EVACUATION, TRAVEL, ACCOMMODATION & REPATRIATION COSTS**

34 Evacuation costs of moving a member to the nearest appropriate medical facility, within the Area of Cover, for the purpose of admission to a hospital for treatment as an in-patient or day-patient

35 Reasonable travel costs for one other person to accompany the member who has been evacuated or who requires hospitalisation as an in-patient or day-patient following an evacuation (restricted to \$800 per 12 months)

36 Economy class return air tickets for the member and accompanying person to their country of residence or to the country from where the evacuation occurred

37 Reasonable travel costs for the member to travel to and from medical appointments when treatment is received as a day-patient following an authorised evacuation

38 Reasonable travel costs for an accompanying person to travel to and from the hospital to visit the member admitted as an in-patient following an authorised evacuation (limited to 50km per day)

39 Non-hospital accommodation costs for an accompanying person where the member has been admitted as an in-patient following an authorised evacuation

40 Non-hospital accommodation costs for a member while that member is receiving immediate pre and post hospital treatment, testing or advice following an authorised evacuation and provided that the member is under the care of a specialist

**\$500,000 per member per year**

**\$120 per day up to a maximum of \$3,500 per evacuation**

**REPATRIATION, BURIAL OR CREMATION OF MORTAL REMAINS**

41 In the event of a death, the costs of preparation and air transportation of the body, mortal remains or the ashes of the deceased member, from the place of death to the home country, or the preparation and local burial or cremation of the mortal remains of the member who dies outside of the home country

**\$35,000 per member**

**EMERGENCY MEDICAL SERVICES**

42 Casualty and Emergency Rooms Services for Treatment of Injuries, Sudden High Fevers or Other Life Threatening Emergency

Benefit is Limited to 2 visits per member per year

**Benefit is limited to**

43 After Hours Consultations at 24 Hour Clinics

No Benefit

**3 visits per year**

**ADDITIONAL STEP UP BENEFITS**

CORE

CORE PLUS

COMPREHENSIVE

COMPREHENSIVE PLUS

**ACCIDENT AND EMERGENCY MEDICAL TREATMENT OUTSIDE AREA OF COVER**

44 The costs of emergency medical treatment received in a country or territory outside the determined geographic area of benefits (see countries and territories listed below for use of full benefits)

No Benefit

**\$100,000 per member per year**

45 The costs of emergency medical evacuation to the nearest appropriate medical facility and costs of repatriation of the member back to the home country

No Benefit

**\$25,000 per member per year**

**HOSPICE AND PALLIATIVE CARE**

46 Hospice care and palliative treatment on diagnosis of a terminal condition

Benefit limited to \$30,000 and 120 days

**\$50,000 per member**

**BENEFITS FOR OUT-PATIENT TREATMENT**

47 Professional Services and Specialist Consultations, including physicians, surgeons, consultants, anaesthetists

48 Diagnostic Tests and Procedures (excludes check ups) - includes X-rays and Pathology

49 Physiotherapy by a registered physiotherapist, when referred by a medical practitioner, consultant or specialist (Maximum Benefit = \$1,000 per Year)

50 Family Doctor Medical Practitioner's Fees, Prescribed Medication, Acute Drugs and Dressings (excludes prescribed drugs which may be available as over the counter purchases)

51 Prescribed medicines, drugs and dressing (excludes prescribed drugs which may be available as over the counter purchases)

52 Complementary Medicine and Treatment by a Registered Therapist (Maximum Benefit = \$500 per Year)

53 Psychiatric Therapies (12 Month Waiting Period Applies to Benefits Use)

54 Hormone Replacement Therapy (conditions apply)

**\$2,000 per Year**

**\$3,000 per Year**

**\$5,000 per Year**

No Benefit

No Benefit

No Benefit

**\$250 per Year**

**CHRONIC MEDICAL CONDITIONS**

55 Routine management and treatment including check ups, diagnostics, treatments and prescribed medication of chronic medical conditions which developed after the member's join date

56 Stabilisation of acute EMERGENCY exacerbations/episodes of pre-existing chronic medical conditions (non-MHD) declared on joining

**(ONLY APPLIES TO EMERGENCIES REQUIRING IMMEDIATE HOSPITALISATION AND LIMITED TO 72 HOURS PER EVENT)**

No Benefit

**\$1,500 per Year**

**\$2,000 per Year**

No Benefit

**\$5,000 per life time**

**ROUTINE CHECKUPS - Minimum 6 Month Waiting Period Applies**

57 PAP Smears, Mammograms and Bone Density Scans

58 Annual Medical Check Ups and Cancer Screening (including Prostate)

59 Vaccinations

No Benefit

**\$350 per Year**

**\$850 per Year**

## ADDITIONAL STEP UP BENEFITS

CORE

CORE PLUS

COMPREHENSIVE

COMPREHENSIVE PLUS

### MATERNITY BENEFITS - Minimum 10 Month Waiting Period Applies

- 60 Complications of Pregnancy and Maternity** - treatment of a diagnosed medical condition which arises during the antenatal stages of a pregnancy, or a diagnosed medical condition that arises during childbirth and requires a recognised obstetric procedure, or treatment that is required as a result of conception or the treatment of a conception. These benefits are restricted to emergency medical services, casualty and in hospital services.
- 61 Newborn Benefits** - costs related to the assessment and treatment of new born babies in hospital at birth or after birth for seven days after birth (available after 10 months continuous membership of the plan), including congenital disorders
- 62** All inpatient and day patient hospital services relating to maternity (up to 21 days)
- 63** Inpatient obstetric, gynaecological, midwife, paediatrician and other services required
- 64** Outpatient obstetrical expenses including pre-natal and post-natal care
- 65** Pregnancy and Childbirth - Costs associated with normal pregnancy and childbirth, pre and post natal check ups and delivery costs
- 66** Outpatient obstetrical expenses relating to Caesarian Section Deliveries including pre-natal and post-natal care

No Benefit	Full Benefit (up to \$1,500,000)		
	\$100,000 per member per year		
	No Benefit		\$6,500 per year

### DENTAL BENEFITS - Minimum 6 Month Waiting Period Applies

- 67** Dental Treatment - including fillings, extractions, root canals, gum treatment
- 68** Dental X-rays, including x-rays required for orthodontics
- 69** Crowns and Bridges
- 70** Dental consultations and examination fees including orthodontic consultations
- 71** Hygienist: cleaning, polishing and scaling

No Benefit	\$650 per Year		\$850 per Year
	No Benefit		

### OPTICAL BENEFITS - Minimum 6 Month Waiting Period Applies

- 72** Optical examination
- 73** Prescription eyeglasses or contact lenses

No Benefit			\$450 per 2 Years
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### AUDITORY HEALTH BENEFITS - Minimum 6 Month Waiting Period Applies

- 74** Hearing tests and examinations
- 75** Hearing aid apparatus

No Benefit			\$450 per 2 Years
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### OPPORTUNISTIC INFECTIONS BENEFIT (Additional Benefit Requires Registration - per Member per Year)

- 76** Prophylactic Anti-Retroviral medication for childbirth to prevent mother to child transmission of HIV/AIDS
- 77** Consultations and treatments for the immune system control and/or suppression of opportunistic infections for registered members (Subject to a 36 month waiting period)
- 78** Prescribed drugs and medication for the immune system control and/or suppression of opportunistic infections for registered members (Subject to a 36 month waiting period)
- 79** Laboratory testing of the immune system control and/or opportunistic infections for registered members (Subject to a 36 month waiting period)

\$500	\$500	\$500	\$500
No Benefit		\$850	\$850
		\$1,000	\$1,000
		\$500	\$500

### ANCILLIARY & OTHER BENEFITS (per Member per Year)

- 80** Reconstructive surgery following an accident or surgery for an eligible medical condition
- 81** Contraceptive treatment when used to treat any other condition
- 82** Costs of use/ hire/ purchase of specified equipment including back braces, crutches, dentures, epipens, moon boots, slings, when medically necessary and subject to authorisation and specifically listed items

\$500,000	\$500,000	\$500,000	\$500,000
	No Benefit	\$150	\$150
\$500	\$500	\$500	\$500

## Countries and Territories in Which Full Benefits Use May be Authorised

### War and Civil Unrest Waiver

There are no benefits for treatment resulting from acts of war, invasion, act of foreign enemies, hostilities (whether declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law, loot, sack or pillage unless the member sustains bodily injury whilst an innocent bystander. If the member sustains bodily injury whilst an innocent bystander, then the member is only covered up to a maximum amount of US\$100,000 per member per incident.

Botswana	Namibia
India	South Africa
Kenya	Swaziland
Lesotho	Tanzania
Malawi	Uganda
Mauritius	Zambia
Mozambique	Zimbabwe

Terms and conditions apply  
Errors and omissions

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Alliance Health  
7 Fleetwood Road, Alexandra Park Harare  
7 Oak Avenue, Suburbs, Bulawayo  
2nd Floor, Joina City, CBD Harare  
[www.alliancehealth.co.zw](http://www.alliancehealth.co.zw)

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