

**TABLE OF
BENEFITS**

2021
April



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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. Terms and Conditions apply.

\$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ 1,000,000

IN-PATIENT AND DAY-PATIENT TREATMENT		BRONZE (HOSPITAL ONLY)	SILVER	GOLD	PLATINUM	PLATINUM PLUS
1	Intensive care and theatre costs	Covered in Full				
2	Hospital accommodation - private room (subject to availability)					
3	Nursing fees, medical expenses and ancillary charges					
4	Professional services including physicians, surgeons, consultants, anaesthetists, medical practitioners' fees					
5	Prescribed medicines, drugs and dressing					
6	Reconstructive surgery following an accident or following surgery for an eligible medical condition					
7	Prostheses: artificial body parts designed to form permanent parts of a member's body or to replace a necessary limb (benefit limited to once every two years)					
8	Advanced Imaging - MRI, PET and CT Scans					
9	X-rays, diagnostic tests and procedures					
10	Pathology tests, drugs and consultant fees					
11	Oncology treatment in-hospital including chemotherapy and radiotherapy					
12	Therapies provided by a registered physiotherapist, occupational therapist, speech therapist when referred by the treating physician and when such therapy is required for the support of primary treatment of an acute condition					
13	Parental accommodation, for a member under the age of 18 years of age in hospital					
14	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		Covered in Full	Covered in Full	Covered In Full	Covered In Full
15	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)					
16	Renal and peritoneal dialysis					
17	Blood transfusions including the costs of blood and blood equivalents, blood products and transport					
18	Treatment for allergic reactions					
19	Psychiatric treatment in hospital for up to 30 days per year					
20	Joint replacements (subject to a lifetime limit of \$30,000 per member)					
21	Inpatient physical, occupational and speech therapy when such treatment forms the main activity and purpose of hospitalisation, and is designed to achieve an outcome of improved long term physical health - limited to 120 days per event					
22	Complications of Pregnancy and Maternity - treatment of a medical condition which arises during the antenatal stages of a pregnancy, or a 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 (this benefit applies only to cases where conception has been after 12 months continuous membership to the plan and benefit is restricted to in-hospital costs only)	Not Covered				
23	Newborn Benefit - 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 12 months continuous membership of the plan)		\$20,000 per membership year and maximum 30 days hospital stay	\$20,000 per membership year and maximum 30 days hospital stay	\$20,000 per membership year and maximum 30 days hospital stay	\$20,000 per membership year and maximum 30 days hospital stay
24	Pregnancy and Childbirth - Costs associated with normal pregnancy and childbirth, pre and post natal check ups and delivery costs (this benefit applies only to cases where conception has been after 12 months continuous membership to the plan)		Not Covered	Not Covered	Covered up to \$4,500 per membership year	Covered up to \$4,500 per membership year
EMERGENCY MEDICAL SERVICES						
25	Ambulance Services - advanced life support ambulance transportation to the nearest facility where appropriate treatment can be provided	Covered in Full				
26	International Medical Evacuations - transportation for out of country treatment if necessary by appropriate means of transportation to the nearest appropriate medical centre		Covered in Full	Covered in Full	Covered in Full	Covered in Full
27	Accompaniment by attendant family member when certified necessary by the treating physician					
28	Casualty and Emergency Rooms Services for Treatment of Injuries, Breathing Difficulties, Immediate Relief from Pain or Sudden High Fevers (there are no benefit limits for casualty consultations related to life threatening medical emergencies)	Covered for up to 2 visits per member per year*	Covered for up to 2 visits per member per year*	Covered for up to 2 visits per member per year*	Covered for up to 2 visits per member per year*	Covered for up to 2 visits per member per year*

*there are no limits on casualty consultations for life threatening medical emergencies

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		\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
OUT-PATIENT BENEFITS FOR TREATMENT OF ACUTE CONDITIONS		BRONZE* (HOSPITAL ONLY)	SILVER	GOLD	PLATINUM	PLATINUM PLUS
29	Advanced Imaging - MRI, PET and CT Scans ONLY	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
30	Oncology tests, drugs and consultant fees					
31	Outpatient chemotherapy and radiotherapy					
32	Pathology and laboratory tests (Maximum benefit = \$800 per Year) EXCLUDES CHECK UPS	Not Covered	Covered up to \$2,000 per medical condition for consultative and diagnostic costs, 30 days prior to and 90 days immediately following hospitalisation	Covered up to \$3,000 per year	Covered up to \$5,000 per year	Covered up to \$5,000 per year
33	X-rays and Ultrasounds (Maximum benefit = \$500 per Year) EXCLUDES CHECK UPS					
34	Professional Services and Specialist Consultations, including physicians, surgeons, consultants, anaesthetists					
35	Complementary Medicine and Treatment by a Registered Therapist (Maximum Benefit = \$500 per Year)					
36	Prescribed physiotherapy by a registered physiotherapist, when referred by a medical practitioner, consultant or specialist (Maximum benefit = \$800 per Year)					
37	Prescribed physiotherapy by a registered physiotherapist, when pre-authorised specifically for treatment of conditions of the lower spine					
38	Family Doctor Medical Practitioner's Fees					
39	Prescribed medicines, drugs and dressings (excludes any prescribed drugs which may be available as over the counter purchases)					
40	Hormone Replacement Therapy for Menopause (conditions apply)					
41	Routine medical care, check ups and preventative tests, including vaccinations (12 Month Waiting Period Applies to Benefits Use - Authorisation is Required)					
OUT-PATIENT BENEFITS FOR TREATMENT OF CHRONIC MEDICAL CONDITIONS*						
42	*Routine management and treatment including check ups, diagnostics, treatments and prescribed medication of chronic medical conditions which developed after the member's join date to their particular Multimed plan (no upgrade available)	Not Covered	Covered up to \$1,000 per year	Covered up to \$1,500 per year	Covered up to \$2,500 per year	Covered up to \$2,500 per year
43	*Psychiatric benefit for specialist treatment (Maximum benefit = \$800 per Year)					
44	*Prescribed physiotherapy by a registered physiotherapist, when referred by a medical practitioner, consultant or specialist (Maximum benefit = \$500 per Year)					
45	*Treatment for acquired autoimmune/immuno deficiency disorders, including HIV/AIDS (no upgrade available, 24 MONTH WAITING PERIOD APPLIES)					
46	*Treatment of acute exacerbations of chronic conditions where the chronic condition developed after the member's join date to Multimed, or where MHD benefits may apply	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
*REGISTRATION IS REQUIRED. THESE BENEFITS CAN ONLY BE USED FOR CONDITIONS THAT DEVELOP AFTER THE MEMBER'S JOIN DATE UNLESS MHD BENEFITS APPLY.						
MATERNITY BENEFITS - 12 Month Waiting Period before Conception Applies						
47	Complications of Pregnancy and Maternity	Not Covered	Not Covered	Not Covered	Covered up to \$4,500 per year	Covered up to \$4,500 per year
48	All inpatient and day patient hospital services					
49	Inpatient obstetric, gynaecological, midwife, paediatrician and other services required					
50	Outpatient obstetrical expenses including pre-natal and post-natal care					
51	Outpatient obstetrical expenses relating to Caesarian Section Deliveries including pre-natal and post-natal care					
DENTAL BENEFITS - 6 Month Waiting Period Applies to Routine Treatment						
52	Consultations, Imaging and Treatment which is to assess and repair accidental damage to sound natural teeth	Covered up to \$4,000 per event	Covered up to \$4,000 per event	Covered up to \$4,000 per event	Covered up to \$4,000 per event	Covered up to \$4,000 per event
53	X-rays	Not Covered	Not Covered	Covered up to \$250 per year	Covered up to \$850 per year	Covered up to \$850 per year
54	Treatment - including fillings, extractions, crowns and bridges					
55	Palliative (emergency) treatment of dental pain (as a minor procedure), typically reported on a "per visit" basis for emergency treatment of dental pain					
56	Consultation and examination fees (limited to 2 per year per member)					
57	Hygienist: cleaning, polishing and scaling			Not Covered	Not Covered	Not Covered
ORGAN TRANSPLANT						
58	Costs of the surgical procedures in performing an organ transplant in respect of the member as recipient and not the organ donor	Covered up to \$350,000 per year	Covered up to \$350,000 per year	Covered up to \$350,000 per year	Covered up to \$350,000 per year	Covered up to \$350,000 per year
NURSING AT HOME						
59	Primary care services of a registered nurse in the member's home immediately after, or instead of, in-patient or day-patient treatment	Not Covered	Covered up to \$3,000 per year	Covered up to \$3,000 per year	Covered up to \$3,000 per year	Covered up to \$3,500 per year
HOSPICE AND PALLIATIVE CARE						
60	Hospice care and palliative treatment on diagnosis of a terminal condition	Covered up to \$30,000, and limited to 60 days	Covered up to \$30,000	Covered up to \$30,000	Covered up to \$30,000	Covered up to \$30,000

*NOTE - There are NO benefits for any costs once the member has been discharged from hospital for members of the BRONZE plan

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INTERNATIONAL EVACUATION, TRAVEL, ACCOMMODATION AND REPATRIATION COSTS	BRONZE	SILVER	GOLD	PLATINUM	PLATINUM PLUS
61 Evacuation costs of moving a member to the nearest appropriate medical facility, within the Area of Cover, for treatment that requires hospitalisation					
62 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 economy class airfares on commercial flights)	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
63 Economy class return air tickets for the member and accompanying person to the member's declared country of residence					
64 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					
65 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	\$100 per person per day up to a maximum of \$2,000 per person per event	\$100 per person per day up to a maximum of \$2,000 per person per event	\$120 per person per day up to a maximum of \$2,500 per person per event	\$150 per person per day up to a maximum of \$3,500 per person per event	\$150 per person per day up to a maximum of \$3,500 per person per event
66 Non-hospital accommodation costs for the 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					
67 Non-hospital accommodation costs for an accompanying person where the member has been admitted, or was admitted as an in-patient following an authorised evacuation and provided the member is under the care of a specialist					
REPATRIATION, BURIAL OR CREMATION OF MORTAL REMAINS					
68 In the event of a death, the costs of preparation and air transportation of the body (where appropriate) mortal remains or the ashes of the deceased member, from the place of death to the country of declared residence, 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	\$35,000 per member	\$35,000 per member	\$35,000 per member	\$35,000 per member
ACCIDENT AND EMERGENCY MEDICAL TREATMENT OUTSIDE AREA OF COVER					
69 The costs of emergency medical treatment received in a country or territory outside the determined geographic area of benefits (refer to countries and territories specified in their Terms and Conditions of Membership to Multimед)	\$50,000 per member per year (Hospitalisation ONLY)	\$50,000 per member per year (Hospitalisation ONLY)	\$50,000 per member per year	\$50,000 per member per year	\$50,000 per member per year
70 The costs of emergency medical evacuation to the nearest appropriate medical facility and costs of repatriation of the member back to the home country	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
71 Travel cover for tourism and certain other leisure activities for trips of up to 180 days outside of the members declared country of residence (pre-notification of travel is required) This benefit is only available to members who are Zimbabwean residents and are aged over 6 months and under 80 years. Specific Terms and Conditions apply.	\$500,000 per member per year	\$500,000 per member per year	\$500,000 per member per year	\$500,000 per member per year	\$500,000 per member per year
OPTICAL BENEFITS - 6 Month Waiting Period Applies					
72 Optical examinations; Frames; Single vision, Bi-focal and Veri-focal generic lenses (glass & plastic); Generic add-ons (tints, coatings, powders, designs, materials, branded lenses) for generic glass and plastic photo chromatic lenses including fixed tint; Contact lenses. Specific exclusions: Sunglasses or lens tint >35%; Repairs; Contact lens solution; Coloured contact lenses	Not Covered	Not Covered	Not Covered	Not Covered	Covered up to \$750 (every 2 years)
73 Cover in case of accidental death and accidental permanent disability (Underwritten by Alliance Insurance Company)	Covered up to \$25,000	Covered up to \$25,000	Covered up to \$25,000	Covered up to \$25,000	Covered up to \$25,000

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\$250,000 per member per incident.

Multimed Private Medical Cover is administered by Alliance Health (Pvt) Ltd.
All queries and complaints should be addressed in writing to:-

The General Manager
Alliance Health (Pvt) Ltd
7 Fleetwood Road
Alexandra Park
Harare, Zimbabwe

All queries regarding pre-authorisations for treatment, claims settlements and benefits eligibility should be addressed to:- clientservices@healthzim.com

Terms and conditions apply

Errors and omissions

Correct at the time of going to print as per the month indicated. Please request the latest version of this document from clientservices@healthzim.com

Rates and benefits are subject to change with notice being given. Date of last revision: April 2021

Authorisations tel: +263 (0)772 126 129, (0)8677000716, (0)8677020406

Members and prospective applicants should note the following:-

Elective treatment, including inpatient (hospitalisation and/or surgery) elective treatment for tonsillectomies, ear, nose and throat infections is subject to a 12 month waiting period after the member's join date

Outpatient psychiatric and/or mental health treatment, including consultations and prescribed medication - 12 month waiting period after the member's join date.

Inpatient (hospitalisation and/or surgery) treatment for psychiatric and/or mental health problems - 12 month waiting period after the member's join date.

Treatment for complications of maternity and conception, (for members of Silver, Gold, Platinum and Platinum Plus plans) - 12 month waiting period before conception.

Benefits related to maternity and child birth, (for members of Platinum and Platinum Plus plans) are subject to a 12 month waiting period before conception.

Treatment for dermatology, including skin blemishes, moles, keratoses, and suspected melanomas is subject to a 12 month waiting period after the member's join date.

Dental surgery, for the removal of impacted, buried or unerupted teeth is subject to a 12 month waiting period after the member's join date.

Routine Dental Treatment - (for members of the Gold, Platinum and Platinum Plus plans) is subject to a 6 month waiting period after the member's join date.

Wellness Benefit - (for members of the Platinum and Platinum Plus plans) is subject to a 12 month waiting period after the member's join date.

New Born Benefit - subject to a 12 month waiting period after the member's join date.

HIV/AIDS - subject to a 2 year waiting period.

24 Month Moratorium for pre-existing conditions

Definition: A period of 24 (twenty-four) months from the date of joining, or the date specified on the special terms section of the members' Certificate of Membership, that must have elapsed before claims for pre-existing conditions may be eligible under the plan.

After a period of 24 months continuous cover under the plan, pre-existing medical conditions may become eligible for benefit, if the member has not:

- a. Experienced symptoms,
- b. Sought advice,
- c. Required or received treatment, medication, or special diet in respect of such.

If the member has experienced any of the above, they will be required to wait a further 24 months from the last day of treatment, testing or medication and must meet the above criteria, before being eligible to claim benefit for the pre-existing medical condition in question and related medical condition. This constitutes the rolling part of the moratorium.

The final adjudication of pre-existing medical conditions, and of further conditions related to thereof or considered to be complications thereof by the Alliance Health Medical Advisory Board is acknowledged by all parties to be binding and final.