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<b>PRODUCT NAME</b>	<b>GENERAL MEDICAL AID PACKAGE</b>

## Summary of Cover

This package gives access to both private and public healthcare institutions. Popular with the middle income groups, access in public healthcare institutions is fully covered. Outpatients' private facilities are also fully covered. Hospitalization in a private facility paid at 60% of cost.

This is a summary of benefits on the General Package. In general benefit limits are paid per beneficiary per membership year and begin from the date the beneficiary joins the Society. Generally, awards are made at Association of Healthcare Funders of Zimbabwe (AHFoZ) rates. All benefits and benefits limits are paid up to an annual global limit.

## Medical Benefits

The following benefits are paid at AHFoZ awards.

- Hospitalization in a Government, Mission or Municipal hospital including Parirenyatwa is paid in full.
- Hospitalization in a Private Hospital is paid at 60% up to a two-bedded ward.
- In-hospital drugs are paid in full whilst in a Government, municipal or Mission hospital (To-Take-Out Drugs are paid up to 7 days stock).
- Ambulance Service- Private Critical Care Ambulance is fully covered for life threatening situations only.
- General practitioners.
- Blood Transfusion Services (BTS) (a non-refundable 20% co-payment applies).

## Drug Benefits

- There is an Annual Family Limit to cover prescription drugs. Benefit limits depend on your family size and are available to any beneficiary registered under a principal member.
- Drugs supplied on prescription outside Zimbabwe are paid at 75% of cost up to the family limit.

## Optical Benefits

- The benefit is paid at 100% of cost up to the package limit every three (3) year period.
- It caters for lenses, frames and contact lenses. Eye tests are paid for in full at Cimas rates up to an annual limit.

## Maternity Benefits

- Generally paid at 100% at Government, Municipal and Mission hospitals. This benefit caters for maternity care, delivery and hospitalization. Antenatal and postnatal visits are restricted to nine and five respectively. ~~General Practitioner~~ **Doctor's** maternity visits are paid at 70% of costs.

## Dental Benefit

- This caters for general and preventive dentistry including inlays, root treatment, fillings, crowns and bridges, implants and orthodontic work at Cimas rates. Awards are paid up to an annual limit. Prior authorization is required for crowns, bridges, dentures and orthodontic treatment.

## Foreign Treatment

This caters for treatment not available in Zimbabwe. The Society will pay 70% of cost up to 90% of the Annual Global Limit, provided approval is obtained from Cimas before treatment is rendered. Where prior-authorisation is not obtained, claims will be refunded at 50% of cost up to 50% of the Annual Global Limit. Foreign claims must be submitted within a period of six (6) months from the date of treatment.

## Prosthetics and Appliances

Awards are paid up to an Annual Limit

Internal prostheses	paid at 90% of cost
External prostheses	paid at 80% of cost
Hearing aid repairs	paid at 80% of cost
Nebulisers	paid at 50% of cost
Ostomy bags	paid at 80% of cost
Miscellaneous appliances	paid at 50% of cost

### Lifetime Limits:

Hearing Aids	paid at 80% of cost
Glucometers	paid at 80% of cost

## Rehabilitative services

This caters for Occupational and Speech Therapy, Clinical Psychology, Social Work and Physiotherapy. Awards are paid up to an annual limit.

## Alternative Services

This caters for Chiropractic, Chiropractic, Homeopathy, Osteopathy and Naturopathy provided the suppliers are registered in terms of the appropriate regulations. Awards are paid at AHFoZ rates up to an annual limit.

## Supplementary Services

Awards are paid up to an Annual Limit

- Air Evacuation
- Homes Providing Constant Nursing Care
- Homes for the disabled
- Hospital transfers
- Family Planning

## Waiting periods

The following benefit waiting periods shall apply to those who will be joining the Society for the first time or where there has been a lapse in membership. The Society reserves the right to waive waiting periods for the members transferring from AHFoZ affiliated medical aid Societies.

A mandatory three (3) months waiting period will apply to all new members:-

Subject to the foregoing, where a member downgrades to lower packages, these waiting periods will not apply.

### Six months for:-

- Specialist treatment
- MRI, CT scans and Nuclear medicine
- Admission or treatment at a hospital

- Upgrading to a higher package i.e. the benefits of the new package only accrue after the sixth month waiting period.
- Dental treatment

**Nine months for:-**

- Maternity benefits

**One year for:-**

- Homes providing constant nursing care
- Foreign Treatment
- Spectacles /Contact lenses

**Two (2) years for:-**

- All internal prosthetic devices
- Chemotherapy
- Chronic Disease Add-On
- Pre-existing chronic condition

All conditions with a two (2) year waiting period listed above or needing the remedies set out above have no cover. Cover is subject to Prior-authorisation by the Society. Prior-authorisation must be sought at all times before a service is enjoyed.

**Five Years for:-**

- Ex-Gratia Chronic Drug Award
- Orthodontic Treatment

Members must apply to the Society for ex-gratia chronic medication.

For orthodontic work, members must seek prior authorization from the Society before accessing treatment.

## Prior Authorization

For all instances requiring prior-authorisation, members must approach the Society's Marketing and Client Services Department. The Marketing and Client Services Department will readily explain the procedure and factors considered in granting or withholding such authorization. Members that require information should approach this department.

Members may also approach the Marketing and Client Services Department if they have any other queries or concerns about these benefits, waiting periods or any terms herein.