

ANGLO MEDICAL SCHEME

RULES

Effective 1 January 2025

must, on admission, elect to participate in one of the available benefit options.

- 16.2 A member is entitled to change from one benefit option to another, subject to the following conditions -
- 16.2.1 the change may be made only with effect from 1 January of any financial year, provided that the Board may, in its discretion, permit a member to change from one benefit option to another on any other date
- 16.2.2 application to change from one benefit option to another must be in writing and lodged with the principal officer by no later than 15 December of the year prior to the one in which it is intended that the change will take place, provided that the member has had at least thirty days prior notification of any intended changes in benefits or contributions for the next year
- 16.2.3 if diagnosed with cancer, the member will have the option to upgrade to the Managed Care Plan within three months of the initial diagnosis or the commencement of oncology treatment.
- 16.3 Subject to Rule 15, where an account has been submitted to the Scheme and the claim is valid, the Scheme shall pay to the member, or the supplier, any benefit due to that member within thirty days of receipt of the claim. Where a member or supplier has been notified that a claim is erroneous or unacceptable for payment, the Scheme shall pay such benefit within thirty days of receipt of a corrected claim, provided that the corrected claim is valid.

- 16.4 The benefit options offered in Annexures B1, B2 and B3 –
- 16.4.1 include the prescribed minimum benefits, which are not subject to any exclusions or limitations; and
 - 16.4.2 are subject to such limitations as are set out in Annexures B1, B2, B3 and C.
- 16.5 The services that are set out in Annexure C are excluded from all the benefit options.
- 16.6 The Board may, in its discretion, exclude a beneficiary from benefits if he/she is found guilty of any misconduct mentioned in terms of Rules 8.9 or 12.6.

17 PAYMENT OF ACCOUNTS

- 17.1 Payment of an account is restricted to the maximum amount of the member's benefit entitlement in terms of the applicable benefit option chosen by the member.
- 17.2 The Scheme may, whether or not by agreement with the member, pay the benefit to which the member is entitled, directly to the supplier who rendered the service.
- 17.3 Where the Scheme has paid an account, or a portion of an account, or any benefit to which a member is not entitled, the amount of such overpayment is recoverable by the Scheme.
- 17.4 Notwithstanding the provisions of this Rule, the Scheme has the right to pay any benefit directly to the member concerned.

18 GOVERNANCE

- 18.1 **Board of Trustees**

- 18.1.1 The affairs of the Scheme shall be managed, according to these Rules, by a Board comprising a minimum of six and a maximum of twelve persons, who are fit and proper to be trustees.
- 18.1.2 The following persons are not eligible to serve as members of the Board -
- 18.1.2.1 a person under the age of eighteen years;
 - 18.1.2.2 an employee, director, officer, consultant or contractor of the administrator of the Scheme, or of the holding company, subsidiary, joint venture or associate of that administrator;
 - 18.1.2.3 a broker;
 - 18.1.2.4 the principal officer of the Scheme;
 - 18.1.2.5 the auditor of the Scheme; and
 - 18.1.2.6 as from the date of the first election held after 1 January 2020, a trustee who has served more than a total of three terms in office.
- 18.1.3 The Board shall be comprised as follows: -
- 18.1.3.1 ACSSA, Mondi and Mpact will each be entitled to appoint, remove, and replace 2 (two) trustees and their alternates, by giving the principal officer written notice to that effect"; and
 - 18.1.3.2 the other half will be elected by members from amongst members, in accordance with the Act.