Cover for pregnancy and childbirth 2025

Who we are

The Anglovaal Group Medical Scheme (referred to as 'the Scheme'), registration number 1571, is the medical scheme that you are a member of. This is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

Overview

This document tells you about how Anglovaal Medical Aid Scheme covers pregnancy and childbirth. Read further to understand what we include for your specific plan and how to get the most out of your maternity benefits.

Terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. We give you the meaning of these terms in the table below.

Terminology	Description
Prescribed Minimum Benefits (PMBs)	A set of conditions that all medical schemes must provide a basic level of cover for. This basic level of cover includes the diagnosis, treatment and costs of the ongoing care of these conditions.
Related accounts	Any account other than the hospital account for in-hospital care.
Scheme Rate	This is how much the Scheme will pay, and is based either on a rate determined by the Scheme or a specific negotiated rate with the healthcare professional.
Board of Healthcare Funders (BHF)	Board of Healthcare Funders (BHF) is the representative organisation for the majority of medical schemes throughout South Africa.
Shortfall	Anglovaal Medical Aid Scheme pays designated service providers at the Anglovaal Scheme Rate. If the doctor's rates are higher than the Scheme Rate, the member will have to pay the outstanding amount.
Private ward	A hospital ward in a private hospital containing a single bed, that gives a patient privacy.

ANGLOVAAL GROUP MEDICAL SCHEME

Administered by Discovery Health

Maternity Programme

You get comprehensive maternity and post-birth benefits

For expectant mothers and children under the age of 2 years, a defined basket of both pre-and post-natal care becomes available upon registration on the Maternity Programme. The Scheme will cover these up to the Scheme Rate, which will not affect your day-to-day benefits.

During your pregnancy

These healthcare services are covered from the Maternity Benefit at the Scheme Rate from the date of activation. This cover does not affect your day-to-day benefits. Once you have used up your Maternity Benefit, we pay for out-of-hospital healthcare expenses related to your pregnancy from your available day-to-day benefits. If you do not have day-to-day benefits, or if you have run out of funds, you will have to pay for these costs.

Antenatal classes and consultations

We will pay the initial ante-natal consultation to confirm your pregnancy with either your gynaecologist, GP or midwife, from the Maternity Benefit as long as you activate the benefit within 30-days of the diagnosing consultation.

You are covered for up to five pre- or postnatal classes (including online classes) up until two years after birth, from the date of activation. If your healthcare professional charges for a combination of classes, it will count towards your allocation of five classes. You will have to pay the difference between the amount charged and the amount we pay.

Ultrasound scans and prenatal screening

You are covered for up to two **2D ultrasound scans** including one nuchal translucency test. **3D** and **4D scans are paid up to the rate we pay for 2D scans**. You are also covered for one **Non-Invasive Prenatal Test (NIPT)** or a **Chromosome Test**. You have the option to choose between **one Chromosome test** or **Non-Invasive Prenatal Test (NIPT)**, if you meet the clinical entry criteria.

Once activated, you have cover for up to two 2D ultrasound scans or one 2D ultrasound scan and one nuchal translucency test. 3D and 4D scans are paid up to the rate we pay for 2D scans from the date of activation of the Maternity Benefit.

You also have cover for one non-invasive prenatal test (NIPT) or T21 chromosome test if you meet the clinical entry criteria, and/or amniocentesis or chorionic villus sampling (CVS). Once activated, we pay for non-invasive prenatal test (NIPT) screening or T21 chromosome test from the Maternity Benefit up to 100% of the Scheme Rate if you use of one of our preferred providers:

- Ampath Laboratories
- Lancet Laboratories
- Next Biosciences (Blood draws done at Pathcare Laboratories)
- Professor E Nicolaou (Practice number 1608495)
- Dr Lou Pistorius (Practice number 1607391)
- Dr M Venter (Practice number 0951846)
- Pathcare Laboratories

If you use any other provider, you will have to pay the difference between what is charged and what we pay. If you do not meet the clinical entry criteria, the test will be covered from your available day-to-day benefits, up to 100% of the Scheme Rate. Any additional costs such as consultations with a genetic counsellor or any other healthcare provider, or additional tests that might be needed, will be covered according to the benefits on your health plan.

Essential registered devices

Members have cover for up to **R6 758 with 25%** co-payment for **essential registered devices** from the Maternity Benefit e.g. breast pumps and smart thermometers. These items must be registered products that are bought from registered providers.

Blood tests

Once activated you have cover for a defined basket of blood tests per pregnancy from the Maternity Benefit that includes one of each of the following:

- **To confirm pregnancy (bHCG)**
- **HIV (Elisa)**
- **Syphilis (RPR and TPHA)**
- **German Measles (Rubella)**
- **Hepatitis B**
- **Glucose**
- Blood cross-matching (Rh antigen)
- Anaemia (Haemoglobin)
- Blood group (A, B and O antigen)

Birth-related benefits

Your cover for your hospital stay depends on the type of delivery

You have cover for your delivery from your Hospital Benefit, once approved. Where we confirm cover, we will give you an authorisation number to use when booking your bed at the hospital.

You have cover for **three (3) days** and **two (2) nights** for a **normal delivery** and **four (4) days** and **three (3) nights** for a **caesarean section**, if approved. The day of the delivery is counted as day one. If you need to stay in hospital longer than the number of days we approved, your doctor will need to send a letter to motivate why you need to stay in hospital longer.

We cover home births with a registered midwife

Home births are covered from the Hospital Benefit. We will cover the cost of a midwife who is registered with BHF and has a valid practice number up to the maximum Scheme Rate that the limit on your plan option covers, for up to three days after the delivery.

We cover water births in hospital or at home

If you choose to have a water birth in hospital, we will pay for up to three (3) days and two (2) nights. If you choose to have a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit. This must be hired from a provider who has a registered practice number.

If you choose to have a water birth or normal delivery at home, we will pay for up to two (2) days' midwifery care (including delivery) from your Hospital Benefit. The midwife must be registered with a valid practice number.

Private ward cover

You have private ward cover up to **R2 700** per day for their approved hospital stay for the delivery. If you require an extended length of stay it will be covered in a general ward, once approved.

GP and Specialist visits

Your baby is covered for up to **two** visits with a **GP**, **paediatrician** or an **ENT** from the Maternity Benefit over the two-year period. We cover these claims at the Scheme Rate.

Post-natal consultation

Pre or post-natal classes are limited to **5** consultations with a registered nurse.

Lactation consultation

You are covered for **one** lactation consultation with a registered nurse or lactation specialist at the Scheme Rate. Benefit is available from the date of activation.

Nutrition assessment

You are covered for **one** nutrition assessment with a dietitian at the Scheme Rate. Benefit is available from the date of activation.

Mental Health

You are covered for up to **two** mental health consultations with a counsellor or psychologist at the Scheme Rate. Benefit is available from the date of activation.

Contact us

Tel: **0860 100 693** • PO Box 536 Rivonia 2128 • www.avgms.co.za.

Complaints process

You may lodge a complaint or query with Anglovaal Group Medical Scheme directly on **0860 100 693** or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following Anglovaal Group Medical Scheme's internal disputes process. Members, who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or email complaints@medicalschemes.co.za. Customer Care Centre: **0861 123 267**/website www.medicalschemes.co.za.