



NEWSLETTER SUMMER 2017

Dear Member

This issue of our newsletter, the last one for 2017, looks at your chronic medicine benefits and Prescribed Minimum Benefits. We also introduce our brand-new website!

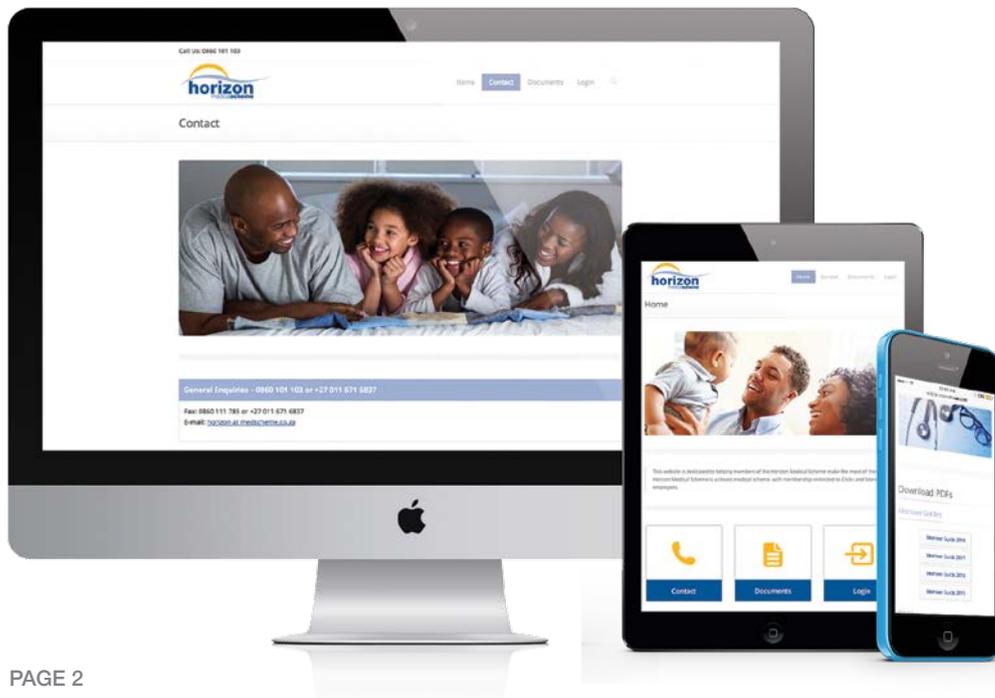
We wish you and your loved ones a happy festive season and a prosperous and healthy 2018.

Yours in health

Roy Ansell



Check out our website!



The Scheme now has a website where you can quickly find all relevant contact details, documents and interesting links, plus log in to the Member Zone to see your personal information! And because the website format has been developed to work optimally on a smartphone, you now have easy access to all the Scheme information you need, whenever you need it!

Visit horizon.medscheme.com today!

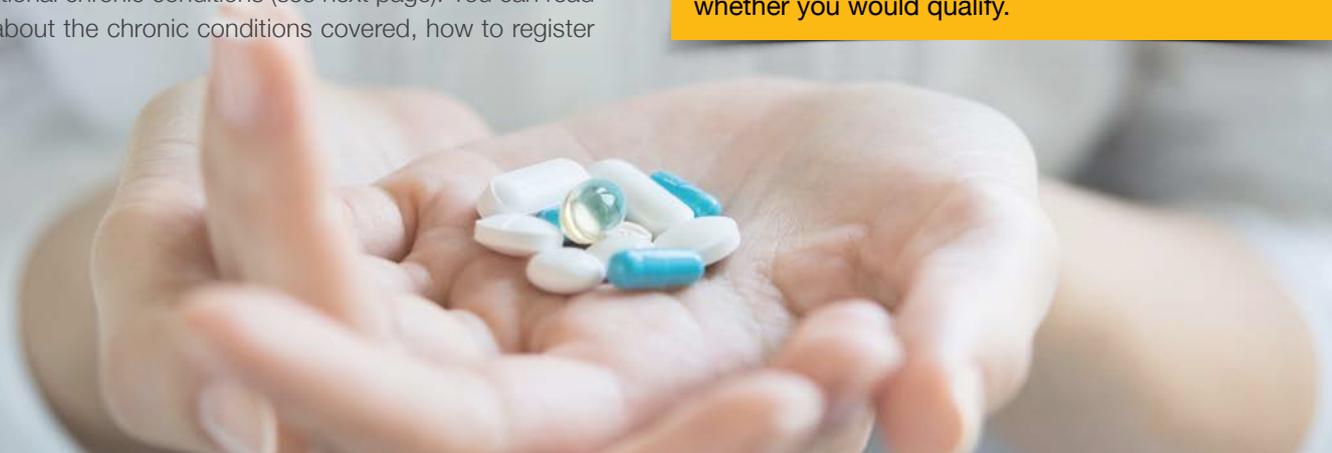
Should you register for *chronic medicine*?

Did you know that the Scheme offers chronic medicine benefits, over and above the regular day-to-day benefits? Although not all chronic conditions are covered by the Scheme, there are specific lists of conditions that are covered, depending on which Plan you are on.

Certain conditions are covered for members on all Plans, in terms of Prescribed Minimum Benefits. You can see a list of these conditions on the next page (also read our article on PMB for more information on how PMBs work). Members on the **Hospital plus Savings Plan** also have cover for a number of additional chronic conditions (see next page). You can read more about the chronic conditions covered, how to register

to receive chronic medicine, and which service providers you should use to avoid co-payments, in your 2018 member guide.

If you are regularly using the same medicine (for example, on a daily basis), check whether your condition isn't perhaps one of the chronic conditions covered by the Scheme. If you are uncertain whether it would be possible for you to claim under the Scheme's chronic medicine benefits, call us on 0860 101 103, or email horizoncmm@medscheme.co.za, to find out whether you would qualify.





PMB conditions covered* under all Plans

Addison's disease, Asthma, Bipolar mood disorder, Bronchiectasis, Cardiac failure, Cardiomyopathy disease, Chronic renal disease, Chronic obstructive pulmonary disease (emphysema), Coronary artery disease (angina pectoris and ischaemic heart disease), Crohn's disease, Diabetes insipidus, Diabetes mellitus type 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia (high cholesterol), Hypertension (high blood pressure), Hypothyroidism, Multiple sclerosis, Parkinson's disease, Rheumatoid arthritis, Schizophrenia, Systemic lupus erythromatosis, and Ulcerative colitis.

Chronic conditions covered* under the Hospital plus Savings Plan

For 2018, the following additional conditions will be covered for qualifying members, to a limit of R11 390 per beneficiary:

Acne, Allergic Rhinitis, Alzheimer's Disease, Anxiety Disorder, Attention Deficit Hyperactivity Disorder (6-18 years, unless clinically appropriate), Benign Prostatic Hypertrophy, Cerebral Palsy, Depression, GORD, Gout, Hyperthyroidism, Hyperparathyroidism, Hypoparathyroidism, Macular degeneration and oedema, Menopause, Myasthenia Gravis, Osteo-Arthritis, Osteoporosis, Psoriasis, Psychotic Disorders, and Pulmonary Embolism.

How can you benefit from *Prescribed Minimum Benefits?* (PMB)

Many members and even healthcare providers still don't understand how PMBs work, what benefits PMBs hold, and also what the 'dark side' of PMBs is. The Council for Medical Schemes put together a number of FAQs to help educate members on their rights and responsibilities in terms of PMBs. Let's look at a few of these...

Why are some chronic illnesses covered and some not?

The diseases that have been chosen are the most common, are life-threatening, and are those for which cost-effective treatment would sustain and improve the quality of the member's life.



Can my scheme insist that it will only fund treatment that follows the appropriate protocol?

Yes. Treatment algorithms (benchmarks for treatment) for all PMB conditions have been published in the Government Gazette. Your scheme may decide for which medicines it will pay for each chronic condition, but the treatment may not be below the standards published in the treatment protocols. If your scheme's cover conforms to that standard and you and your doctor decide that you should rather use different medication, then you may have to pay a co-payment towards the cost of that medicine. Your medical scheme must, however, pay for the treatment if your doctor can prove that the standard medication is ineffective or detrimental to your condition.

Your medical scheme may develop protocols to manage the use of benefits. Such protocols would specify, for example, types of tests, investigations and number of consultations. Members who might need more frequent or extra services than provided for in the protocols, can appeal to their scheme for these to be covered. The scheme's appeal process might include a motivation from the treating doctor that explains the clinical reasons for the additional services.

Can my scheme refuse to cover my medication if I need, or want, a brand other than that which the scheme says it will pay for?

Yes, the medical scheme may refuse to cover a part of the expenses. Your scheme may draw up what is known as a formulary – a list of safe and effective medicines that can be prescribed to treat certain conditions. The scheme may state in its rules that it will only cover your medication in full if your doctor prescribes a drug on that formulary. Generally speaking, schemes expect their members to stick to the formulary medication.

Often the medicines on the list will be generics – copies of the original brand-name drug – that are less expensive but equally effective. If you want to use a brand-name medicine that is not on the list, your medical scheme may foot only part of the bill and you will have to pay either the difference between the price of the medication you use and the one on the formulary, or a percentage co-payment as registered in the scheme rules.

If you suffer from specific side-effects from drugs on the formulary, or if substituting a drug on the formulary with one you are currently taking affects your health detrimentally, you can put your case to your medical scheme and ask the scheme to pay for your medicine. You can also appeal to the scheme if

the formulary drug is ineffective and does not have the desired effect. If your treating doctor can provide the necessary proof and the scheme agrees that you suffer from side-effects, or that the drug is ineffective, then the scheme must give you an alternative and pay for it in full.

Can my scheme make me pay a co-payment or levy on a PMB?

No, your scheme cannot charge you a co-payment or levy on a PMB if you follow the scheme formulary and protocol. However, if your scheme appoints a Designated Service Provider (DSP) and you voluntarily use a different provider, your scheme may charge you the difference between the actual cost and what it would have paid if you had used the DSP or the percentage co-payment as registered in the scheme rules.

Can schemes still set a chronic medicine limit?

Yes, your scheme can set a limit for your chronic medicine benefit. Any chronic medication you claim for will then reduce that limit, regardless of whether or not it is one of the PMB chronic conditions. However, if you exhaust your chronic medicine limit, your scheme will have to continue paying for any chronic medication you obtain from its DSP for a PMB condition.

THE 'DARK SIDE' OF PMBS

Unfortunately there is a growing trend of providers 'milking' the PMB system, as they know that the medical schemes must theoretically pay their costs, even if such costs are much higher than the Medical Scheme Rates. Data from various medical schemes indicate that providers are starting to charge more for their services in the case of PMB conditions than for non-PMB conditions. The reality is that providing PMBs is costing medical schemes more and more each year, with the inevitable result of contributions having to be increased by more than usual. This is also why schemes are very strict in how PMBs are covered – should a member simply be able to claim the most expensive medicine for a given PMB condition, costs will soar out of control and medical schemes will either have to charge exorbitant contributions or no longer be financially sustainable.

Contact Details

General Enquiries	Tel: 0860 101 103, +27 011 671 6837 Fax: 0860 111 785, +27 011 758 7033 Email: horizon@medscheme.co.za
Self-help Application	<ul style="list-style-type: none">• Dial 0860 101 103• First choose option 2, then option 1 for benefits, claims and member-related queries.• You will then be prompted to enter your membership number, followed by the # key.• The system will recognise your medical scheme membership number and give you the appropriate menus.
Claims Submission	Postal address: PO Box 74, Vereeniging, 1930 Email: claims@medscheme.co.za
Horizon Member Zone website	www.medscheme.co.za
MMI (previously known as CareCross) Call Centre	Tel: 0860 103 491 Chronic: 0860 102 182 Email: horizon@carecross.co.za Website: www.carecross.co.za
Your choice of Plan, Membership and Credit Control Queries. <i>(Member registrations must be done via your HR department.)</i>	Tel: 0860 101 103 Fax: 0860 111 785 Email: horizonmembership@medscheme.co.za
Hospital Benefit Management (pre-authorisation)	Tel: 0860 101 103 Fax: 0860 21 22 23 Email: Horizon.authorisations@medscheme.co.za
Chronic Medicine Management	Tel: 0860 101 103 Fax: 0800 223 670/680 Email: horizoncmm@medscheme.co.za
Clicks Direct Medicines	Tel: 0861 444 405 Fax: 0861 444 414 Postal address: P O Box 751902, Gardenview, 2047
Oncology Case Manager (for patients diagnosed with cancer)	Tel: 0860 100 572 Fax: 021 466 2303 Email: cancerinfo@medscheme.co.za
HIV and AIDS Management Programme with Aid for AIDS	Tel: 0860 100 646 Fax: 0800 600 773 Email: afa@afadm.co.za Website: www.aidforaids.co.za Mobi: www.aidforaids.mobi SMS: (call me) 083 410 9078
ER24 (24-hour emergency transport approvals)	Tel: 084 124
Whistle Blowers - Fraud Hotline	Tel: 0800 11 28 11 Email: fraud@medscheme.co.za