Issue 1
January 2017

SAB The South African Breweries | Medical Aid

Dear Member

Welcome to 2017!

It's a new year with new promise, new benefits and hopefully great experiences for all of our members.

We hope you enjoyed the year-end festivities and had some time to enjoy the silly season with friends and family.

Towards the end of last year, we sent you a new SABMAS Guide for 2017 and a Benefits Newsletter. We hope you've read these, but if you haven't, please make some time to familiarise yourself with your benefits and other important Scheme information for 2017.

We also use our newsletters, like this one, to keep you up to date with useful information regarding your Scheme, and we hope that you will enjoy this, our first newsletter of the year. In this issue, we focus again on the benefits of using our specialist network, while also sharing some other general information to keep in your back-pocket for 2017!

Yours in good health

Belinda

Belinda Phillips
Principal Officer

Yours in good health

CHAIRMAN'S UPDATE

On behalf of the Board of Trustees, we sincerely hope that you and your loved ones had a safe, fun and relaxing summer holiday. We wish you a happy, healthy new year.

As your Trustees, we hold the position of trust you have placed us in, very close to our hearts. Thank you for entrusting us to look after your affairs in 2016. We promise to continue applying our minds diligently and honestly to all issues affecting your medical scheme in 2017. In fact, we will be having our first Board of Trustees meeting of the year very soon (in February) so that we can get an early start!

We're here for you!

Brian

Brian Aslett
Chairman

Year-end presentations: Do you still have questions?

We hope you left the 2016 year-end presentations on the Scheme's benefits for 2017 well informed. However, if you were unable to attend these sessions or still have questions, please visit **www.sabmas.co.za** for a list of frequently asked questions (FAQs).

SAB Medical Aid *Specialist Network* Q&A

Q: What is the benefit of having this network?

A: The Scheme has contracted a network of specialists to deliver quality healthcare services to members at pre-negotiated rates. In partnering with these specialists, we can manage claims costs better, keeping contribution increases lower while still offering you great benefits. The Scheme also pays network specialists directly at pre-negotiated rates (up to any rand limits on your chosen option), so your network specialist won't ask you to pay him or her upfront.

Q: May I use a specialist outside of the network?

A: You may use a specialist of your choice, but if your specialist charges above the Scheme's rates, known as the SABMAS Tariff, you will be liable for the difference. When accounts from non-network specialists are in excess of the SABMAS Tariff, the Scheme pays the member directly and the member must pay the specialist what he or she has charged.

Q: How do I find out who is on the network?

A: Call us on **0860 002 133** to find out if your specialist is on the network, before making an appointment. Don't assume that if your primary specialist is on the network, other specialists (such as anaesthetists) who may see you in hospital are also on the network and will charge you within the Scheme's rates. Your primary specialist can tell you if he or she will be bringing other specialists (e.g. anaesthetists or surgeons) to assist in your treatment. Verify their network status with the specialist/s concerned (or with us) and discuss their rates before incurring costs.

Q: What if my specialist charges fees that are higher than the SABMAS Tariff?

A: The difference between a network specialist and a non-network specialist is that the network specialist has agreed upfront not to charge the Scheme's members more than the maximum network rate (a pre-negotiated amount). When using a non-network specialist on a voluntary basis, you will be liable for any shortfalls if the non-network specialist charges fees above what the Scheme will cover.

If you are seeing a non-network specialist who charges higher rates and you're willing to 'shop around' to limit your own portions on claims, we can send you a list of contracted specialists who should charge within the agreed network rates.

Q: What if my specialist doesn't want to join the network?

A: We can unfortunately not 'force' doctors to join the network and we have no control over what a non-network specialist will charge. Specialists belonging to the SABMAS Specialist Network do so on a voluntary basis.

While every effort has been made to contract specialists aligned to members across all geographic locations, specialists in some areas remain extremely difficult to contract. This is based either on a lack of competition – *"Why should I join the network and limit my rate if patients have nowhere else to go?"* – and/or specialists wanting higher reimbursement rates than the Scheme can reasonably afford to pay. Remember that a medical scheme cannot provide unlimited rates and benefits, or the cost of belonging to a medical scheme would be too high for most medical scheme members to afford.

If you can't find a contracted network specialist conveniently close to you, you may find one a little further away - being willing to travel a bit further could save you a lot of money in the end.

Q: What happens in an emergency?

A: Your family's health is the most important thing to you and we don't expect you to shop around for a specialist in the event of an emergency.

Emergency-related prescribed minimum benefit (PMB) claims, such as claims related to a stroke or heart attack, will be covered in full.

PMBs

Prescribed minimum benefits (PMBs)

Certain medical conditions are classified as PMBs that medical schemes must cover in full (at cost), unless a patient voluntarily obtains these services from a non-designated service provider (e.g. a non-network specialist) in a non-emergency situation, when there is a designated service provider (e.g. a contracted network specialist) readily available and accessible to the member. Find out more about PMBs by visiting the Council for Medical Schemes' (CMS) website at **www.medicalschemes.com**, and selecting Prescribed Minimum Benefits under the quick links section of the web page. Or visit the Information Centre page on our website (**www.sabmas.co.za**) and scroll down to the section on Prescribed Minimum Benefits.

Want to know if your specialist or general practitioner (GP) is charging within the SABMAS Tariff?

Why don't you try our new SABMAS Tariff look-up facility on the website? You'll need the practice number or name of your GP/Specialist and the tariff code/s he or she will use. Get this information telephonically from the doctor or from his or her written quote, if one has been provided. Then go to **www.sabmas.co.za**, click on Member and fill in your username and password. If you have not previously registered a username and password, select Register and follow the prompts.

Once you are signed on as a member, select SABMAS Tariff Look-up on the menu tabs, and follow the prompts to find out what the Scheme will pay for a given tariff code when charged by the relevant medical practice type under normal circumstances. But please note that the look-up facility does not replace a formal quote. It is merely intended to give you an idea of what benefits the Scheme covers for a given tariff code, and whether it is in line with what your doctor is planning to charge. If you need a formal quotation, you can send an email to **info@sabmas.co.za**, or you can upload the doctor's quotation via the website, using the Request a formal quote button to do so.

Your cut-out and keep wellness benefit tracker

Stick this on your fridge to keep track of your available and used wellness benefits for the year. Make extra copies for your family.

Name:

What programmes are covered?	What do the programmes cover?	Which ages are covered?	How often are benefits allowed?	✓
Immunisation Programmes	Baby immunisations	0-6 years old	In line with Department of Health protocols	
	Tetanus diphtheria booster	As needed	As needed	
	Influenza vaccination	All	Once every year	
	Pneumococcal vaccination	60+ years old and high risk individuals	Once every year	
Early Detection Programmes	Screening benefit (health assessment) Clicks or Dis-Chem			
	• BMI (body mass index)	All adults	Once a year	
	• Blood sugar test (finger prick)	All adults	Once a year	
	• Blood pressure test	All adults	Once a year	
	• Cholesterol test (finger prick)	All adults	Once a year	
	• HIV test (finger prick)	16+ years old	Once a year	
	General physical examination (at a GP)	30-59 years old	1 medical examination every 3 years	
		60-69 years old	1 medical examination every 2 years	
		70+ years old	1 medical examination every year	
	Mammogram	Females 40+ years old	Once every 2 years	
	Prostate specific antigen test (pathologist) (for prostate cancer)	Males 40-49 years old	Once every 5 years	
		Males 50-59 years old	Once every 3 years	
		Males 60-69 years old	Once every 2 years	
		Males 70+ years old	Once every year	
	DEXA scan/bone density (for osteoporosis and bone fragmentation)	50+ years old	Once every 3 years	
	Cholesterol test (pathologist)	All adults Covered if health assessment results indicate a total cholesterol of 6mmol/L +	Once a year	
	Blood sugar/glucose test (pathologist) (for diabetes)	All adults Covered if results indicate a total cholesterol of 11mmol/L +	Once a year	
	HIV test	16+ years old	Once a year	
	Pap smear	Females 16+ years old	Once a year	
	• Pathology test	Females 16+ years old	Once a year	
	• Consultation (for cervical cancer prevention)	Females 16+ years old	Once a year	
	Glaucoma test (for blindness)	40-49 years old	Once every 2 years	
		50+ years old	Once a year	
	Maternity - subject to registration on the Maternity Management Programme **REGISTRATION ON THE MATERNITY MANAGEMENT PROGRAMME IS COMPULSORY** **Please call 0860 002 133 to register**	Antiglobulin test (Coombs)	1 test per female beneficiary per pregnancy	
		Full blood count	1 test per female beneficiary per pregnancy	
		Grouping: Rh antigen	1 test per female beneficiary per pregnancy	
		HIV Ab/Elisa	1 test per female beneficiary per pregnancy	
		Rubella-IgM: Specific antibody titer: ELISE/EMIT: Per Ag	1 test per female beneficiary per pregnancy	
		Quantitive Khan VDLR or other Flocculation	1 test per female beneficiary per pregnancy	
		Beta HCG Qualitive	1 test per female beneficiary per pregnancy	
		Hepatitis H306 Surface antigen	1 test per female beneficiary per pregnancy	
	Dentistry	General full mouth examination by a general dentist or oral hygienist (including sterile tray and gloves), plus polishing and scaling	Once a year per beneficiary	

cut along this dotted line

Did you know Tuberculosis (TB) is SA's top killer?

24 March marks **World TB Day**. It's a good time to consider that TB is the leading cause of death in South Africa.

Watch out for symptoms such as a cough that lasts three weeks or longer, coughing up discharge that looks dark or bloody and pain in the chest. **Speak to your doctor if you are at all worried.**

TB spreads through the air when a person with active TB coughs. Simple, good hygiene habits such as regular hand washing and covering your mouth and nose when coughing or sneezing help prevent the spread of TB.

Relax with the peace of mind that you are covered for this potentially serious health threat. Should you or a dependant be diagnosed with TB, a range of benefits will be authorised as soon as we receive your treatment plan from your doctor. This includes benefits for blood tests, consultations, X-rays, a pulmonary test and any additional tests appropriate for treatment.

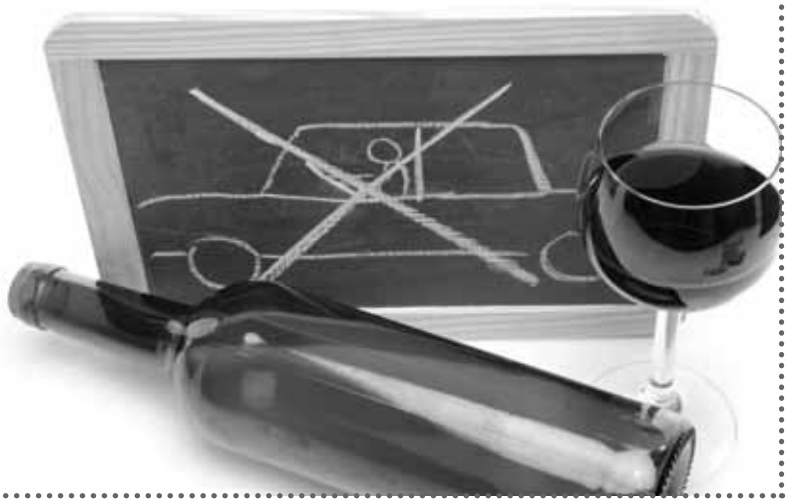
Using a network specialist will also ensure that you avoid inconvenient and expensive co-payments. There are also specialised TB units at various State facilities that provide TB medication and treatment.

Substance abuse – Could you have a dependency problem?

Use of substances such as alcohol and drugs can easily progress into dependency or abuse, however many of us remain unaware that our drinking, drug use or misuse of over-the-counter medication and prescription medicines has become a real problem. If you suspect that your drinking or use of drugs (prescribed or otherwise) is taking over your life, **take action** before it creates chaos and serious damage.

The SAB Medical Aid is there to assist members in their battle to overcome substance abuse by providing a drug and alcohol rehabilitation programme. The programme offers **21 days of treatment** at an **approved SANCA** (South African National Council for Alcoholism and Drug Dependence) **facility**, subject to pre-authorisation.

Once authorised, funding of the rehabilitation is covered at SANCA rates. All services that are delivered to support the treatment, such as consultations with psychologists, group therapy and psychiatric consultations, are covered within this benefit, and the Scheme pays the SANCA facility directly.



Wellness benefits for EVERYONE!

The Scheme covers a host of wellness benefits for the whole family, from baby immunisations to early detection programmes such as HIV and cholesterol testing, to wellness benefits for pregnancy.

Have a look on page 8 of the 2017 Benefits Newsletter you will have received in October 2016 for details, or use our handy cut-out-and-keep wellness benefit tracker on **page 4** of this edition to keep track of your wellness benefits utilisation for the year. Make additional copies for your dependants.

Pre-authorisation – take the hassle out of your hospital stay

If your doctor schedules a hospital procedure, please notify us as soon as possible before being admitted. You can call us during office hours on **0860 002 133** – 7am to 7pm, Mondays to Fridays and 8am to 12pm on Saturdays **(excluding public holidays)**.
If authorisation is granted, you will receive an authorisation number that you must give to the hospital or clinic you are being admitted to.

Take note: While you are in hospital, you are only covered for clinically appropriate treatment associated with your authorised admission. If, for example, you received authorisation to stay in hospital for three days for one condition, but end up staying for five days and/or receive different treatment for something else, the Scheme may not be liable to cover you for the additional time and treatment not directly related to the authorised admission. The Scheme will only cover what is authorised. So please be sure to request and obtain authorisation for any treatment you plan to receive in hospital – before incurring costs.

What should I do in an emergency?

Sometimes illness or injury can take you by surprise and you may need to be hospitalised on short notice. In this case, you can contact the customer care centre on **0860 002 133** up to 48 hours after the admission. If you are not able to call us, the doctor, hospital, a relative or a friend can call on your behalf.

View your medical scheme information and transactions online

Did you know that you can view all your medical scheme information and transactions online via our password protected Customer Online tool? To sign on, log on to **www.sabmas.co.za** and select the Member tab at the top of the home page. Click on the Register button and simply enter the required details to complete the registration process. If you have already registered, but cannot remember your logon credentials, choose the Can't remember your logon credentials link and it will take you through the steps to retrieve your credentials.

SAB Medical Aid exclusions

Exclusions are expenses related to procedures and treatment that may be performed by medical practitioners, but that are not covered by a medical scheme.

The Scheme applies exclusions and limitations on specific procedures and treatments, thereby ensuring that you have sufficient cover for the more important major medical and day-to-day expenses. By doing this, we maximise the benefits available to you and your dependants.

Cosmetic procedures for non-medical reasons and holidays for recuperative purposes are examples of Scheme exclusions. Visit the Information Centre at **www.sabmas.co.za** for a complete set of Scheme rules. The exclusions are listed in Annexure C.

Comprehensive Option members: Medical schemes may not fund PMB co-payments from savings

Although many of the Scheme's exclusions may be funded from 'positive' savings if you are on the Comprehensive option, we regret to inform you that the Scheme may not, by law, fund co-payments on PMB claims from savings. So if, for example, you choose to see a specialist who is not on the Scheme's specialist network for a PMB condition, the Scheme can no longer fund the difference between the SABMAS Tariff and the non-network specialist's claim for the PMB condition, from savings. Similarly, if you use chronic medicine for a PMB condition and you choose a more expensive medicine when there is a more cost-effective medicine that the Scheme covers in full, the difference in cost becomes your co-payment for exercising your choice. Members have to fund this from their own pocket even if they have positive savings available. This is a clear directive from the CMS and is contained in the Medical Schemes Act and Regulations – co-payments in respect of the costs of PMBs may not be paid out of medical savings accounts.

In what instances will exclusions be covered?

Any of the exclusions will be covered if they are PMBs or if the treatment is required for medical reasons. For example, reconstructive surgery may be covered in the case of a traumatic event, such as an accident.

How can I find out more information?

For a full list of the Scheme exclusions and limitations, please refer to Annexure C of the Scheme rules, which is available on our website at **www.sabmas.co.za**, under the Information Centre tab. Alternatively, contact our customer care centre on **0860 002 133** for more information.