

Update your contact details here to ensure you don't miss out on important information from the Scheme.

How to submit a claim

Claiming is easier than it seems, read on to find out how you can claim without hassle. SAB Medical Aid usually settles claims directly with healthcare providers at the Scheme Rate. If healthcare providers charge more than the Scheme Rate, we will pay you the Scheme's portion and you will have to settle the balance with the healthcare provider. Kindly ensure you submit your claim within a 4-month period after the visit with the provider. If you do not submit within 4 months of the visit date, your claim may be considered "Stale" and will not be processed.

Ask your doctor whether they will send the claim to us. If they will not, you must send us the claim yourself. When sending a claim to us, remember to make sure the following details are clear:

- Your membership number
- The service date
- Your doctor's details and practice number
- The amounts charged
- The relevant consultation, procedure, NAPPI or diagnostic (ICD-10) codes
- The name and birth date of the dependant for whom the service was done
- If paid, attach your receipt or detailed account to get a refund.

Please remember to keep copies of your claim for personal reference.

When sending claims to the Scheme, please make sure you do the following:

- Check your personal file with your doctor to ensure all your details are up-to-date
- Ask if your doctor charges the Scheme Rate or a higher rate and negotiate with him or her to charge at the Scheme Rate
- If your doctor sends the claim to the Scheme electronically, you do not need to send a copy to us
- If you send your claim to the Scheme, please send the original copy with your correct membership number
- Send us a detailed claim and not just a receipt.
 We need the details so we can process your claim

There are various ways of sending claims to the Scheme for processing:

- Discovery app: Upload an image of your claim
- Send your claim electronically by email to claims@sabmas.co.za
- Website: Scan and upload your claims, you will need to be logged in.
- Post your claim to the Scheme. Send your claims to SABMAS Claims, P O Box 652509, Benmore 2010

What happens after you send your claim

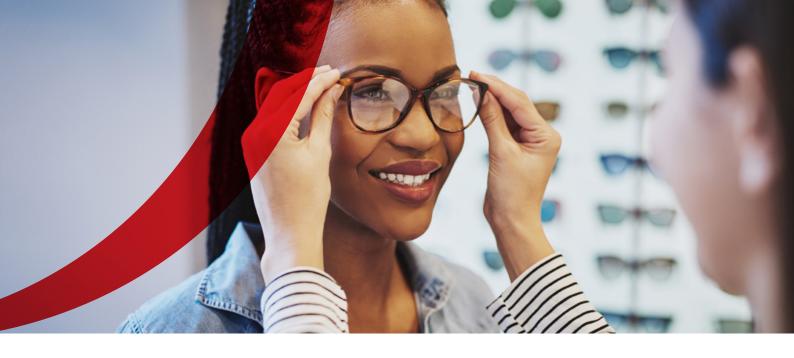
Once we receive your claim, we scan and capture it on our system. We will then assess the claim and make sure all the information on the claim matches the information we have on record for the patient.

It is then approved or declined for payment. Once we have made the payment, you will receive your claims statement detailing all the claims payments.

How to check on the status of your claim

If we have your email address, you can now receive a claims payment notification, that will provide you with all the information about the latest claims we have processed for you – how it was assessed against your available benefits, how it was paid and what the latest balances are – MSA or others.

Remember to log in and update your information on the website.



Make the most of your optical benefits

SAB Medical Aid offers you great optical benefits to keep your pretty peepers in great condition.

Basic optometry

Our Optometry Benefit includes cover for lenses, frames and contact lenses. Here's how it works:

Comprehensive Option

You have cover for eye examinations and tests from your Day-to-day Benefit. We pay 100% of the claimed amount or the Scheme Rate (whichever is lower) if you use an optometrist in the Preferred Provider Optometry Network. If you do not use an optometrist in the network, we pay 80% of the claimed amount or the Scheme Rate, whichever is lower.

Frames and readers are paid from your Optical limit, once every two years. One pair of eyeglass lenses are paid from your Day-to-day Benefit per year, with a sub-limit for lens hardening and tinting up to 35%.

Contact lenses do not qualify for a 20% discount. They are covered from your annual Contact Lenses limit at 100% of claimed amount or the Scheme Rate (whichever is lower) via preferred network Optometrist or 80% of the claimed amount or the Scheme Rate (whichever is lower) when a non-Network Provider is used.

Consultations with an Ophthalmologist will be covered from your Consultations and Visits limit, at 80% of the claimed amount or the Scheme Rate, whichever is lower. If we have negotiated rates with the specialist, we will pay for specific treatments up to the agreed rate. If you don't use a specialist in the network, you will be responsible for any shortfall between what the Healthcare Provider charges and the Scheme Rate – a 20% co-payment will apply.

As a member of the SAB Medical Aid, you have additional wellness benefits. As part of your wellness benefits, you have access to a Glaucoma screening test once every two years if you are between the age of 40 and 50, and one test every year if you are over the age of 50.

Essential Option

You have cover for eye examinations and tests from your Overall Annual Limit, at 100% of claimed amount or the Scheme Rate (whichever is lower) via a preferred network Optometrist or 80% of the claimed amount or the Scheme Rate (whichever is lower) when a non-Network Provider is used.

Frames, eyeglass lenses and readers are paid from your Optical limit up to the Overall Annual Limit, once every two years.

You can get a discount

We believe that every single member deserves great sight. You can get a 20% discount on your frames and eyeglass lenses when you visit an optometrist in the **Preferred Provider Optometry**

Discount Network* The discount is immediate at point of sale as a value-added benefit to help preserve your available funds.

The discount is only applicable to frames, eyeglass lenses and add-ons. The discount is not available for contact lenses and professional services such as the fees for the eye examination.

How to find a provider in our network

*The **Find a doctor tool** on the Scheme website, helps you find Healthcare Providers in the Preferred Provider Optometry Discount Network.



It's time to get your yearly flu jab

The first two years after COVID-19 arrived in South Africa, we didn't have much of a flu season. That might change this year. The National Institute of Communicable Diseases (NICD) already detected flu in November 2021, months before the start of the usual yearly flu season (winter).

The best way to protect yourself from flu is to get the yearly flu vaccination as soon as the vaccine becomes available. While most cases of flu are mild, flu can lead to serious complications like sinus infections and pneumonia. And since the symptoms of flu can look like COVID-19, flu symptoms also mean your doctor will send you for an uncomfortable COVID-19 test.

Why should I worry about flu (again)?

The things we do to prevent COVID-19 from spreading (wearing a mask, social distancing and washing hands) also protect us from other germs like flu. As the COVID-19 regulations relax, viruses like the flu spread more easily.

Professor Cohen from the NICD thinks flu might start doing the rounds again because of "an immunity gap due to influenza not circulating for two years (2020 and 2021) in South Africa". Getting the flu vaccine can help protect you from this gap. The vaccine will let your immune system defend you from flu so you either won't get sick at all, or you won't become seriously ill.

When should I get vaccinated? Can I get my COVID-19 and flu shots at the same time?

The flu vaccine usually comes out at the end of March or April. While you should get vaccinated as soon as you can, you can get vaccinated against flu any time in winter.

You can get vaccinated against COVID-19 and the flu at the same time. If you go to a clinic that does both vaccinations, they will usually inject the COVID-19 vaccine in the one arm and your flu vaccine in the other arm.

Your cover for the flu vaccine

We pay for the flu vaccine from the Wellness Benefit (without using your day-to-day benefits).

This Benefit is available to all members and their registered beneficiaries. The Wellness Benefit empowers you with better awareness of your health status through the Early Detection Programmes.

The Early Detection and Immunisation Programmes not only assist to avoid expensive medical costs in the future but encourage you to keep healthy and improve your quality of life. For your convenience there is no need to register for this benefit; your membership qualifies you automatically.



Medical tax certificates vs tax summary – do you need your claims details?

Every July, we send you your medical tax certificate to submit with your income tax return. The Scheme is required by SARS to provide you with the total contributions paid in the current tax period, the total value of claims not covered by the Scheme and the confirmation of the beneficiaries on your membership. This is the two-page medical tax certificate we provide to you. In the past, we also sent a separate attachment with the details of your claims – the tax summary. This is not a SARS requirement, but rather a supporting document for members who needed the detail to reconcile their medical expenses or to respond to SARS queries.

POPIA has required us to reconsider the content and form of all communication we distribute to our membership with the aim of reducing the risk of your personal information falling into the wrong hands. Tax summaries are large files full of personal information which are seldom used by all members which when emailed to the membership increases the risk.

From 2022, we will only be sending you your tax certificate. However, you will always be able to request the tax summary from the Call Centre by calling 0860 002 133 or by email to info@sabmas.co.za.

The easiest and most secure way to obtain it is to download it from the member log in area on the Scheme website, www.sabmas.co.za by navigating to My Profile > Your personal information > Tax certificate. Or access it in the Discovery App. For the above reasons, and to improve your online safety, we will not be emailing the tax summary in the future unless requested to do so.