



ISSUE 1 | January/February 2019
NEWSLETTER

Dear member

By now you would have received your 2019 member guide and DENIS booklet – kindly familiarise yourself with their contents.

In this edition we explain how your medical savings account work in more detail. We would also like to inform you of further benefit changes for 2019 and lots more.

We welcome any suggestions that you may have on articles or member benefits you would like to see published in future newsletters. Please send your suggestions to the Scheme Manager, Eugene Eakduth, by fax to 0861 64 77 75 or by email to eugene.eakduth@momentum.co.za.

Yours in health.

What's new for 2019?

Did you know that the Scheme's website has been updated recently with information on your 2019 benefits and contributions? Please visit www.pggmeds.co.za for more information.

2019 benefit changes

- **Pharmacy network list:** In 2019 members will be able to make use of the Scheme's new preferred pharmacy network provider, who will charge negotiated rates to reduce costs. The list of pharmacies on the network can be viewed at www.pggmeds.co.za.
- **Over-the-counter (OTC) medication benefit:** The OTC medication benefit for 2019 is limited to a maximum amount of R250 per day to assist in curbing overuse of OTC medication.
- **Benefit for hearing aids:** From 2019, the Scheme will cover the cost of hearing aids at R14 140 per ear every four years, subject to pre-authorisation.

The medical savings account

How to obtain a refund from your medical savings account

Your medical savings account (MSA) works like a bank account. What you do not spend, gets carried over to the next year. You need to submit claims by not later than the last day of the fourth month following the month in which the services were rendered. In instances where you have settled the account directly with the healthcare provider, you need to submit the account with proof of payment,

Continued overleaf →

whereafter the Scheme will reimburse you according to the Scheme rates. If the doctor has charged fees in excess of the Scheme rates, you will be responsible to pay the difference directly to the doctor.

You may request the Scheme to pay the difference in the fees charged from your savings account. Such requests must be made in writing and submitted to info@pggmeds.co.za. This also provides us with valuable information to actively address the service providers that charge above the Scheme rates. The Scheme will send you regular claims statements on a monthly basis that provides details of claims processed as well as your current MSA balance, so that you can track payments made.

What are the benefits of having an MSA?

- It gives you control over your day-to-day healthcare expenses such as day-to-day general practitioner (GP) consultations, over-the-counter medication, etc.
- Unused savings balances can be carried over from one year to the next.
- You can use your savings to pay for claims when your available insured benefits are depleted.
- Savings can be used to cover items that are excluded in terms of the Scheme's rules, e.g. vitamins.

Do you need to continue to submit accounts even if your MSA is depleted?

Yes, you may continue to submit accounts with proof of payment to the Scheme – these accounts will be captured for income tax purposes.

When would you owe the Scheme money in respect of your MSA?

This occurs when you or one of your beneficiaries terminate your membership of the Scheme and have used more than the allocated amount in your MSA than was due to you. *Example: Your 12-month savings allocation is made available to you on 1 January but if you or a dependant resign in June of that year and have used the full savings allocation, you will owe the Scheme in respect of the six months allocation used after June.*

How to keep track of your MSA balance if you haven't received your member claims statement

- Access your personal information and view your benefits via the Customer Online functionality on the Scheme's website at www.pggmeds.co.za.
- Request a copy of your claims statement by sending us an email to info@pggmeds.co.za or by contacting us on 0860 005 037.

Non-emergency treatment in emergency rooms

Don't rush off to the emergency room too quickly – it may cost you more than you realise.

Did you know that many hospitals outsource emergency room services to private practices? This means that the emergency room does not always form part of the hospital and that being admitted to hospital is different from being treated in an emergency room. Medical schemes are obliged to cover emergencies as part of prescribed minimum benefits if a member is admitted to an emergency room for a genuine emergency, such as a heart attack or injuries sustained in a car accident, but not for day-to-day events.

The Scheme covers treatment for in-patients, but not outpatient or out-of-hospital treatment in emergency rooms, whether the rooms are based at the hospital or not. When a member has a planned admission for treatment in-hospital, he or she will be admitted to a ward and an authorisation will be obtained from the Scheme.

If the person is treated in the emergency room for a non-emergency and is thereafter sent home, it is not seen as an admission to hospital, but treatment that was received at an outpatient facility, which will be covered from your medical savings account, subject to the availability of funds.

You have to obtain pre-authorisation from the Scheme to ensure that your treatment is covered. For planned procedures, you, your doctor and the hospital must contact the Scheme for pre-authorisation for the procedure. This benefits you, because should the procedure not be covered in full or not be covered at all, you will find out at that point.

There are many drawbacks to visiting emergency rooms at a hospital for non-emergencies, one major drawback being that you might receive tests that are unnecessary and normally very expensive. It will also lead to disjointed patient care, since the treatment is removed from the primary caregiver, which is your general practitioner.



Did you know?

On PG Group Medical Scheme, visits to an emergency room that do not result in admission to hospital are paid from your medical savings account, subject to the availability of funds.

Source: <https://mayaonmoney.co.za/2018/10/when-your-emergency-is-not-paid-by-your-medical-scheme/>

Women's health – taking care of you

Because of women's inherent desire to take care of others, it is natural that they sometimes put their own needs lower down on their to-do list and sooner or later may be left physically and mentally exhausted. How can you get a handle on juggling it all?



Physical

Make sure to go for your check-ups and essential health screenings tests. Did you know that the Scheme covers the following important preventative cancer screenings for women from your wellness benefit?

Screening tests	Limitations
Mammograms (radiologists)	Limited to one per beneficiary per year for women who are 40 years old and older or for females with risk factors and a family history of cancer
Mammograms (gynaecologists)	Limited to one every two years for women who are 40 years old and older or for females who are at high risk
Pap smears	Limited to one per beneficiary per year who is 15 years old and older

Mental

If you aren't doing so already, start taking an omega-3 supplement. According to a recent HealthyWomen poll, 41% of responders are missing out on the joint, heart and, yes, brain-boosting benefits of the essential fatty acid found in salmon, walnuts and flaxseed oil. Research shows omega-3 may have potential health benefits to stave off such mental disorders as depression and dementia.



Treatment plans

If you are registered on the Medicine Risk Management programme for the treatment of a chronic condition, you will receive a treatment plan for 2019. The treatment plan details services such as consultations with certain specialists and blood tests, which will be covered from chronic medication benefits instead of acute medication benefits or your medical savings account.

If you have not received your treatment plan or want to request it, please contact us on 0860 005 037 or send an email to pgmrm@mhg.co.za.

Source: <https://www.healthywomen.org/content/blog-entry/womens-health-week%E2%80%94taking-care-of-you>

Antibiotics for children:

A mother's most common questions answered

It's back to school for most children with the start of the new year and many parents are already up at night due to their children's sniffles. To help you understand when it is best to treat them with antibiotics, we answer six of your most common questions.

My child has a really bad cold. Why won't the doctor prescribe an antibiotic?

Colds are caused by viruses. Antibiotics are used specifically for infections caused by bacteria. In general, most common cold symptoms – such as a runny nose, cough and congestion – are mild and your child will get better without using any medicines.

Don't some colds turn into bacterial infections? Why wait to start using antibiotics?

In most cases, bacterial infections do not progress from viral infections. Using antibiotics to treat viral infections may instead lead to an infection caused by resistant bacteria. Also, your child may develop diarrhoea or other side-effects. If your child develops watery diarrhoea, diarrhoea with blood in it or other side-effects while taking an antibiotic, inform your child's doctor immediately.

Aren't antibiotics supposed to treat ear infections? Not all ear infections are treated with antibiotics. At least half of all ear infections go away without antibiotics. If your child does not have a high fever or severe ear pain, his or her doctor may initially recommend observation. Because pain is often the first and most uncomfortable symptom of ear infection, your child's doctor will suggest pain medicine to ease his or her pain. In most cases, pain and fever will improve within the first one to two days. There are also eardrops that may help ease ear pain for a short time. You can ask your child's doctor if he or she should use these drops. Over-the-counter cold medicines such as decongestants and antihistamines don't help clear up ear infections and are not recommended for young children. Your child's doctor may prescribe antibiotics if he or she has fever that is increasing, more severe ear pain and infection in both eardrums.

Aren't antibiotics used to treat all sore throats? No. More than 80% of sore throats are caused by a virus. If your child has a sore throat, runny nose and a barking cough, a virus is the likely cause and a test for strep throat, i.e. sore throats caused by group A streptococci, is not needed and should not be performed. Strep throat generally affects school-aged children and not children younger than three. If your child's doctor suspects strep throat based on your child's symptoms, a strep throat test should always be performed. If the test is positive, antibiotics will be prescribed.

Do antibiotics cause any side-effects? Side-effects can occur in one out of every 10 children who take an antibiotic. Side-effects may include rashes, allergic reactions, nausea, diarrhoea and stomach pain. Make sure you let your child's doctor know if he or she has had a negative reaction to antibiotics. Sometimes a rash will occur during the time a child is taking an antibiotic. However, not all rashes are considered allergic reactions. Tell your child's doctor if you see a rash that looks like hives (red welts); this may be an allergic reaction. If your child has an allergic reaction that causes an itchy rash or hives, this will be noted in his or her medical records.

How long does it take an antibiotic to work? Most bacterial infections improve within 48 to 72 hours after starting a course of antibiotics. If your child's symptoms get worse or do not improve within 72 hours, call your child's doctor. If your child stops taking the antibiotic too soon, the infection may not be treated completely and the symptoms may start up again.

Source: <https://www.healthychildren.org/English/safety-prevention/at-home/medication-safety/Pages/Antibiotic-Prescriptions-for-Children.aspx>



IMPORTANT CONTACT DETAILS

Customer care centre

Tel: 0860 005 037

Fax: 0861 64 77 75

Email: info@pggmeds.co.za

Postal address

PG Group Medical Scheme
PO Box 2070, Bellville 7535

Membership department

Fax: 0861 22 26 64

Email: membership@pggmeds.co.za

Claims email address

claims@pggmeds.co.za

Hospital and pre-authorisation

Tel: 0860 005 037

Scheme website address

www.pggmeds.co.za