

PG Group Medical Scheme

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December 2019

Dear member

PG GROUP MEDICAL SCHEME BENEFIT UPDATES 2020

2019 has been a challenging year for the medical scheme industry as a result of the unstable economic climate in South Africa, with ever-increasing healthcare costs and an increased prevalence of fraud, wastage and abuse, causing healthcare prices to rise at an alarming rate. When comparing the PG Group Medical Scheme's benefit offering with similar products available in the industry, the Scheme offers a competitive benefit structure across all income categories, giving you better access to healthcare providers and reducing your out-of-pocket expenses.

By offering an integrated product, the key focus this year is on individual, holistic wellness outcomes. Our benefit offering continues to offer value for money and, through stringent financial discipline, the Board of Trustees was able to limit the 2020 contribution increase to 6.7%.

At the end of October 2019, the Scheme had accumulated funds of R70.7 million, which is equal to a solvency level of 74.93%. The Scheme continues to explore and implement solutions to contain contribution increases as far as possible so that you can continue to receive quality healthcare cover. The engineered administration and managed care client value proposition has indeed contributed positively to many successful outcomes within a very volatile and dynamic medical scheme landscape.

The philosophy of the Board is to continually review the benefit structure, ensuring that you are offered the most optimal and affordable healthcare solution. To curb the spiralling cost of medication, the Scheme has implemented pro-active controls and risk management initiatives for 2020, allowing your benefits to last longer. You will continue to benefit from generous day-to-day benefits, including access to health assessments and early detection benefits. **Creating a balance in life is the key to good health and longevity.**

Summary of benefits 2020

In reviewing the benefits for 2020, the Scheme's main focus was to ensure that the reserves of the Scheme remained stable whilst continuing to provide you with a comprehensive range of benefits at an affordable contribution.

For a better understanding of the changes, a brief summary has been included below. However, to ensure you have a good understanding of the benefits, please take the time to thoroughly read the 2020 member guide, the DENIS dental benefit information booklet, as well as this summarised version of the benefit changes for 2020.

1. 2020 contributions

The Board of Trustees has limited the annual contribution increase to 6.7%.

2. **2020** benefits

- 2.1 The overall annual limit remains R400 000 per beneficiary.
- 2.2 All category sub-limits have been increased in line with inflation.

3. 2020 medical savings account

Savings allocations will remain at 20.3% of your contributions.

4. Value-added products

4.1 Netcare 911 emergency services

In emergency situations, Netcare 911 provides ambulance services by air and road throughout South Africa.

4.2 Multiply – Momentum's wellness programme

Whilst membership is not compulsory, this rewards programme helps you get active, stay healthy and offers discounts on various products and lifestyle programmes. Please visit www.multiply.co.za for more information.

5. Chronic medication

You may continue to obtain your chronic medication from our preferred suppliers, namely Schuin-Villa pharmacy, Strubenvale pharmacy, Clicks, Dis-Chem and Medipost (courier pharmacy). Alternatively, visit www.pggmeds.co.za for a list of pharmacies who are registered on the Momentum Health Solutions network of pharmacies — you will hopefully find one close to you. Please keep in mind that both Dis-Chem and Clicks Direct Medicines do offer courier services. The next time you visit one of these pharmacies, ask about this service at the counter.

6. **Dental management - DENIS**

- 6.1 two annual check-ups per beneficiary once every six months
- 6.2 two scale and polish treatments per beneficiary once every six months
- 6.3 root canal therapy and extractions
- 6.4 three crowns per family per year; benefit is granted once per tooth in a five-year period subject to pre-authorisation
- 6.5 two implants (R2 604 per implant) per beneficiary in a five-year period pre-authorisation is required

Dental management - DENIS (continued)

- 6.6 orthodontics for beneficiaries younger than 18 years of age; includes a benefit of R14 952 per beneficiary per life time pre-authorisation is required
- 6.7 periodontics, conservative and non-surgical dentistry pre-authorisation is required
- 6.8 maxillofacial surgery pre-authorisation is required.

Please note: Shortfalls will be paid automatically from your available positive savings account.

7. Optical benefits – Preferred Provider Network (PPN)

Once you have claimed for any of the products below, you may only do so again after 24 months.

In and out of network	
Frame and/or lens enhancements	R1 350 for frames and/or lens enhancements per beneficiary at a PPN provider and R945 per beneficiary at a non-PPN provider every two years
One pair of clear Aquity single vision lenses; or	R185 per lens
One pair of clear Aquity bifocal lenses; or	R420 per lens
One pair of multifocal lenses	R745 per lens
OR	
Contact lenses	R1 875
Contact lens re-examination (subject to the Scheme rules and can only be claimed in six-monthly intervals)	R245 x three

In addition to the above benefits, beneficiaries have access to the following:

Network benefits

- One composite consultation, inclusive of refraction, tonometry and visual field screening and either spectacles or contact lenses. These claims will be paid at 100% of the prescribed benefit limits.
- Ready-made readers: two pairs (in a two-year cycle) R150 per pair.

Out-of-network benefits

- One consultation paid at R325 for either spectacles or contact lenses.
- It is in your best interest to find an optometrist who forms part of the PPN network. This can be done easily by visiting www.ppn.co.za. During the consultation process, please remember to inform the optometrist that any shortfalls may be paid from your available savings.

8. Managed healthcare programmes:

8.1 LifeSense Disease Management programme

You and your beneficiaries have access to benefits for the treatment and management of HIV/AIDS, which focuses on the overall wellness of HIV-positive individuals.

8.2 Oncology Management Programme

All members diagnosed with cancer need to register on the programme to ensure that individual treatment plans for chemotherapy, radiotherapy, pathology and radiology are pre-authorised according to clinical protocols. This will enable oncology claims to be paid from the correct benefit area.

8.3 Renal Management Programme

All patients with impaired renal function need to register on the programme to ensure detailed treatment plans and protocols are adhered to.

8.4 Maternity Programme

Registration on the programme is compulsory during the first trimester of pregnancy (between eight and 12 weeks). Enrollees will benefit from the following:

- 8.4.1 Twelve antenatal consultations.
- 8.4.2 Two antenatal ultrasound scans (one before and one after 24 weeks).
- 8.4.3 Two visits to a paediatrician in baby's first year.

Pre-authorisation for hospitalisation

Please ensure that you obtain pre-authorisation for hospitalisation where required. Failure to obtain pre-authorisation may result in you being liable for the full cost of the hospitalisation and any related costs, such as specialist, physiotherapy and pathology services. It is also important to note that an authorisation number confirms that benefits are available and guarantees your admission to hospital; however, it is not a guarantee of payment.

On behalf of the Trustees and management of PG Group Medical Scheme, I wish you and your loved ones a very safe and blessed festive season. If you are travelling, remember to always carry your medical scheme card/details with you. The Scheme looks forward to welcoming you into 2020, refreshed and invigorated.

Yours in good health

Lyn Longley

PRINCIPAL OFFICER

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