



ISSUE 1 NEWSLETTER

JANUARY/FEBRUARY 2018

Dear member

We hope that 2018 has started off on a positive note and that you had a well-deserved break and managed to relax and spend some quality time with family and friends. By now you should have received your 2018 member and Denis guides and should be familiar with the benefit changes. In this edition of our newsletter we update you on your new contribution rates for 2018 and about honesty in disclosing your medical history when applying for membership to a medical scheme.

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.

Have a healthy 2018!

The 2018 contribution increase and new contribution rates

The Trustees have worked really hard at keeping contribution increases to a minimum and, where possible, tried to ensure that the increases are closely aligned with the consumer price index (CPI). For 2018 your contribution increase is **8.5%**.

Contributions

Total consolidated contribution tables

Gross Income	Member	Adult Dependant	Child Dependant
R0 - R4 100	R1 900	R1 900	R500
R4 101 - R7 100	R2 400	R2 400	R640
R7 101 - R10 000	R2 660	R2 660	R670
R10 001 - R13 500	R2 880	R2 880	R720
R13 501 - R17 000	R3 050	R3 050	R740
R17 001 +	R3 170	R3 170	R760

Monthly member medical savings account contribution tables

Gross Income	Member	Adult Dependant	Child Dependant
R0 - R4 100	R418	R418	R110
R4 101 - R7 100	R528	R528	R141
R7 101 - R10 000	R585	R585	R147
R10 001 - R13 500	R634	R634	R158
R13 501 - R17 000	R671	R671	R163
R17 001 +	R697	R697	R167



REGISTRATION ON MANAGED CARE PROGRAMMES

If I was registered on a managed care programme in 2017, will I stay on this programme in 2018 or do I have to register again?

The managed care programmes relate largely to prescribed minimum benefits and include, among others:

- Maternity Management Programme
- HIV Programme via LifeSense
- Oncology Management Programme.

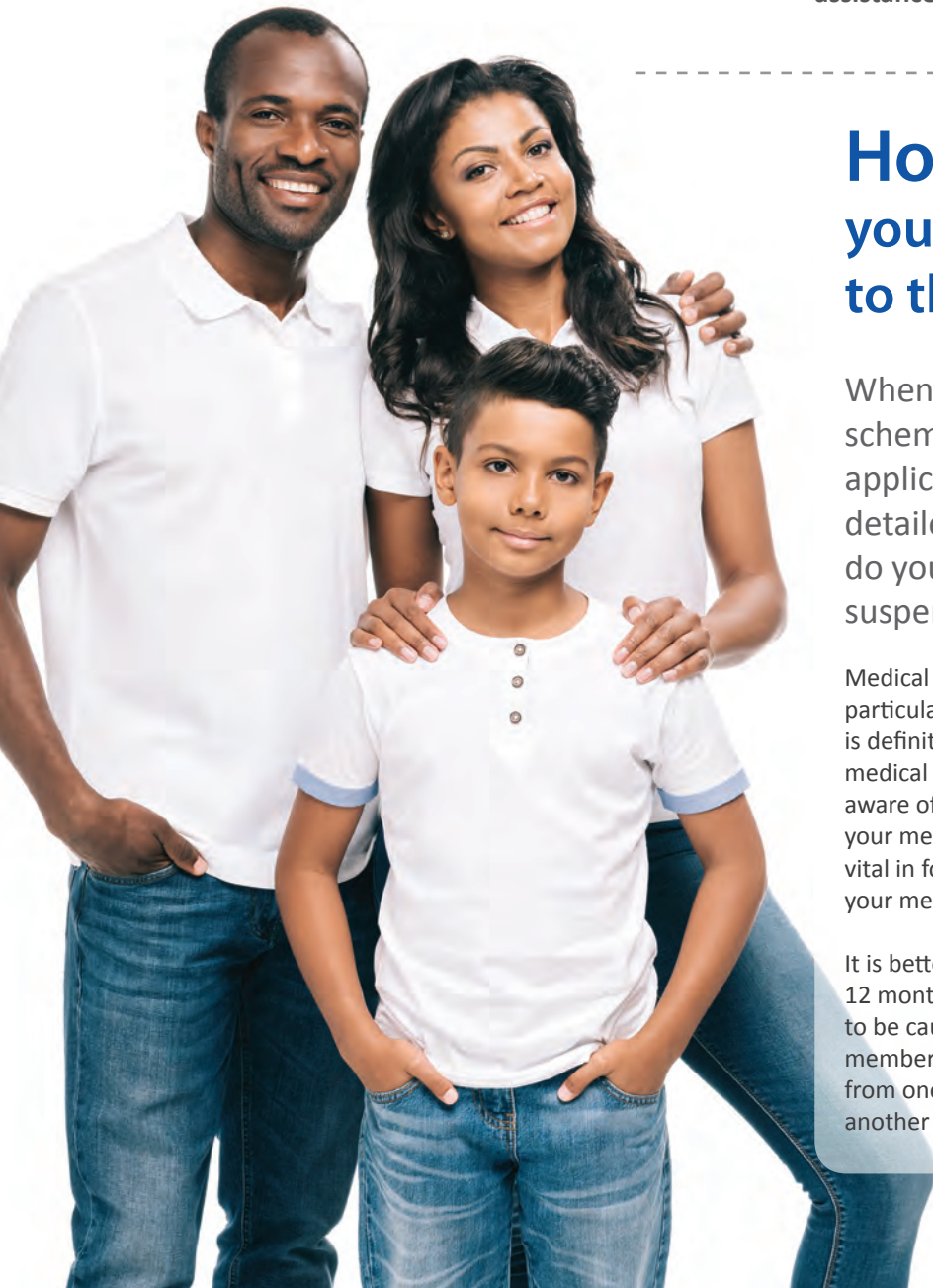
If you were registered on a managed care programme in 2017, your registration would have rolled over into 2018.

Treatment plans

Many members were sent their treatment plans last year confirming the conditions that they were registered for. If you haven't received a copy of your treatment plan, please contact us on 0860 00 50 37.



Note: This year the Scheme will base its medication benefits on the price of generic instead of brand-name medication for HIV, organ transplants and oncology. If you want to register or simply require more information, contact us on 0860 00 50 37 for assistance.



Honesty in disclosing your medical history to the medical scheme

When you want to join a new medical scheme, you have to complete an application form that will request your detailed medical history. So how much do you tell? And can the medical scheme suspend your membership?

Medical schemes can refuse to pay for treatment for a particular condition for 12 months. So the temptation is definitely there to not tell all. Problem is, when the medical scheme starts to process claims and becomes aware of the history, the medical scheme can suspend your membership. Full disclosure of any health issues is vital in forging and maintaining a good relationship with your medical scheme.

It is better to be honest and rather be excluded for 12 months for treatment of a particular condition than to be caught out for non-disclosure, and having your membership suspended. Once you have been suspended from one medical scheme, it will be very difficult to join another one.

Continued overleaf →

Large, unpaid bills for your account

Too often consumers are faced with large medical bills when a medical scheme refuses to pay due to undisclosed health issues – this can easily be avoided if consumers answer the questions honestly – are there any health conditions that might impact on your health? ‘This question is a standard question on a medical scheme application form, but consumers often regard it as rhetorical or unimportant,’ says Joslinah Heyman, healthcare consultant to AON SA, a leading risk management and insurance consulting organisation in South Africa. ‘Disclosure will assist you in gaining access to medical care funding – but non-disclosure can lead to funding being refused.’

‘You have to accept that if, for example you suffer from a heart condition, and have not disclosed this on your application, the medical scheme will exclude benefits for this condition for 12 months. If, however, you have disclosed your condition, and a waiting period has been applied the medical scheme cannot refuse treatment after the expiry of the waiting period.’

Why these rules?

The rules regarding disclosure are in place to prevent an individual from only joining a medical scheme when he or she needs serious medical treatment, for example a bypass operation, and one can understand the industry wanting to protect itself against this. When you apply to become a member of a medical scheme, it is crucial to complete the membership application form comprehensively. This is especially true with regards to the section that deals with your medical history – it is important to disclose any condition (illness) that you have suffered from in the past that may be relevant in terms of insuring a health risk. By disclosing your health status in detail, the medical scheme can ensure that the clinical and the financial risk of both the member and the medical scheme are well managed. In order to manage risk effectively, the medical scheme holistically manages each individual member’s unique healthcare funding needs.

While a medical scheme may not refuse an applicant cover, they can refuse to cover that person for a specific, disclosed medical condition for 12 months.

New medical scheme members must remember that there is usually a waiting period of three months before they can claim for services rendered. This does not apply to individuals who have changed from one medical scheme to another without a break in cover. It also does not apply to claims for prescribed minimum benefits.

So, the bottom line is that it is in your best interest to be as honest as possible.

Source: <https://www.health24.com/Medical-schemes/Choosing-a-medical-scheme/Honesty-and-your-medical-history-20131218>

Prescribed minimum benefit (PMB) alert

Q: Do I still need pre-authorisation for hospitalisation if my condition is related to PMBs and I have registered my condition?

A: The following numbers are in place for obtaining pre-authorisation, making queries and registering your condition (a Scheme requirement), regardless of whether your condition qualifies for PMBs:

- **hospitalisation and scans** – call 0860 00 50 37 and select the options related to hospitalisation
- **chronic medication** – call 0860 00 50 37 and select chronic medication or send us an email at poggmrm@mhg.co.za
- **oncology (cancer) treatment** – call 0860 00 50 37 and select Oncology Programme
- **HIV management** – contact LifeSense on 0860 50 60 80
- **renal dialysis** – call 0860 00 50 37 and select hospital authorisation
- **ambulance** – contact Netcare 911 on 082 911.





Did you know that as a member of PG Group Medical Scheme, you automatically qualify for Multiply Starter?

Your PG Group Medical Scheme membership gives you **FREE** access to Multiply Starter membership and basic discounts on products and services.

Some of our partner rewards:

TRAVEL 7,5% off 10% off 10% off	ENTERTAINMENT Pay as little as R50 Domestic 25% off International 15% off	HEALTHY LIVING 30% off 25% off 2% off
SAFETY AND SECURITY 20% off 22,5% off	ONLINE SHOP VOUCHERS 5% off	SPORT AND FITNESS 10% off 15% off
FITNESS DEVICES 10% off	ELECTRONICS Authorised Reseller 10% off	KIDS AND EDUCATION 20% off 10% off 25% off
MAGAZINES 25% off		

Your Multiply Starter membership is your gateway to even greater rewards on the Multiply Premier membership option. For a monthly membership fee, Multiply Premier offers you access to activities, which earns you points - the more points, the greater the rewards.

MULTIPLY PREMIER

You can upgrade to Multiply Premier - a monthly membership fee option, which gives you greater discounts and rewards.

Single R219	Family of 2 R269	Family of 3 or more R299
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To upgrade to Multiply Premier

- SMS 'JOIN' to 40717
- Visit multiply.co.za
- Contact the call centre on 0861 886 600

Enjoy a #LifeMultiplied!

Scan this QR code to download our brochure and



read more about your Multiply Starter membership