



NEWSLETTER

ISSUE 5 | AUGUST/SEPTEMBER 2017

Dear member

With yearend almost upon us, we are all looking for ways to stretch our day-to-day benefits as much as possible. In this edition of our newsletter, we provide you with some insight into managing your day-to-day benefits, we update you on Netcare 911's rules for ambulance services and give you some tips on how to get the best out of your visit to the doctor.

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 Fund Manager, **Eugene Eakduth**, by fax to **0861 64 77 75** or by email to **eugene.eakduth@momentum.co.za**.

Enjoy the read!

Manage your day-to-day benefits

Some important pointers to help you manage your day-to-day benefits

Always ask for a discount

If you pay cash for doctor's consultations, it's reasonable to expect discounts. Be wary of doctors and other medical practitioners who ask you to settle the account after the consultation. They sometimes charge well in excess of the Scheme rate. Always negotiate a discounted rate before the consultation.

Ask for a written quotation

In case of a planned procedure, always get a written quotation. Send the quotation to the Scheme for review so we can let you know what will be paid by the Scheme and what your portion of the account will be.

Carefully manage your treatment for prescribed minimum benefit (PMB) conditions

The Scheme lists day-to-day benefits for registered chronic conditions that are covered under PMB legislation in care plan letters. The Scheme recently sent out care plans to members who had registered on the Scheme's chronic medicine programme. These care plans contain authorisation for additional consultations and tests that allow members' conditions to be managed effectively all-year round. By registering your condition and using your care plan to pay for certain specialist consultations, you save since the consultation will not be paid for from your day-to-day benefit or medical savings account.



Buying over-the-counter medicines

Be careful when buying over-the-counter medicines. It is more affordable and convenient to buy medicine in cash. When the pharmacist has to process the purchase via the Scheme, the price of the medicine almost doubles and uses up your medical savings. It's best to pay cash for an item and claim the cost back from your medical savings account.

Treatment paid from your day-to-day benefits

Note that treatment in emergency rooms and casualty wards is paid from your day-to-day benefits, unless you are admitted to hospital in an emergency. Remember, a medical emergency is an injury or illness that is acute and poses an immediate risk to a person's life or long-term health. If you can be stabilised or treated and sent home, it is not a medical emergency (although it may feel like it).

Continued overleaf →

Carefully check the account you receive

Always check the accounts you receive from your doctor, hospital or other service providers to see that it is for services and treatment you received.

Always opt for generic medicines

The beauty of generic medicine is that it is much more affordable than original, brand-name medicine, putting it within reach of the average person who would not normally be able to buy the original medicine. Generic medicines are biologically exactly the same as the original product. It has the same active ingredients, strength and dosage, is used in the same way and has the same effect on the patient. The only difference is in the shape, packaging, colour and in some inactive ingredients, such as preservatives or flavourants.

For example:

Original Myprodol capsules currently cost R89.13, whereas its generic equivalent, Mybulen capsules, currently cost R53.11 and Gen-Payne capsules R53.09.



Make sure you comply with the following Netcare 911 rules

Co-payment for voluntary use of a non-designated service provider, i.e. for use of a service provider other than Netcare 911

– When a member voluntarily contacts a service provider other than Netcare 911 for emergency care, he or she will be liable for payment of 40% of the account and the Scheme the remaining 60%.

Non-payment of any non-emergency calls – Scheme members will be liable for the full cost of transportation for non-medically justifiable cases.

Hospital sticker – ambulance personnel must provide private hospital admission or casualty stickers with patient report forms when submitting a claim to validate transportation to a hospital.



Points to remember when calling Netcare 911:

- Dial **082 911** if there is a medical emergency.
- Give your name and the telephone number you are calling from.
- Give a brief description of the incident and try to explain how serious the situation is.
- Give the address or location where the incident took place and the nearest streets or other landmarks to assist paramedics to reach the scene as quickly as possible.
- Please inform the controller that you are a member of the PG Group Medical Scheme.
- Do not put the phone down until the controller has disconnected you.

Ambulance authorisation procedure

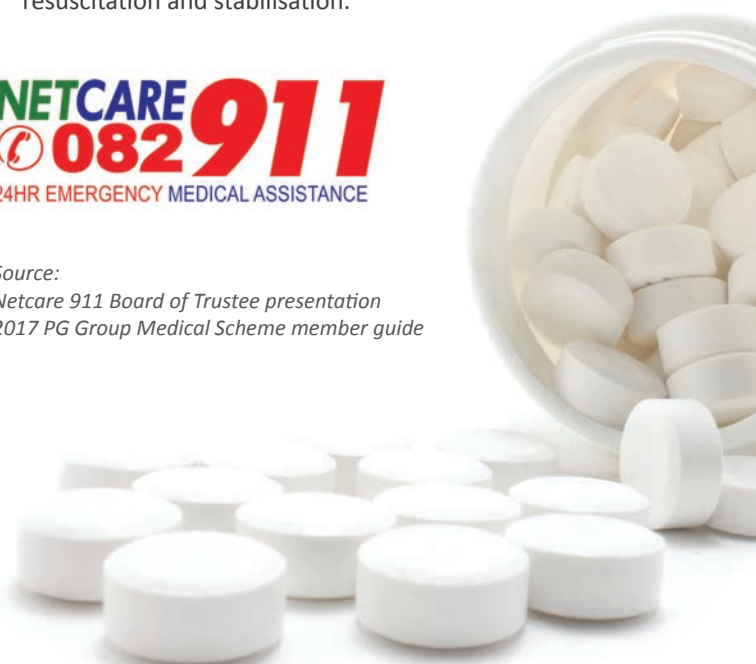
Contact Netcare 911 in an emergency. Should you be admitted to hospital and need to be transferred to another hospital (an inter-hospital transfer), please inform the admitting hospital that you are with Netcare 911 and that any transfers must be arranged by contacting **082 911**.

Please note that the benefit includes the following:

- Assistance and advice is just a phone call away through Health-on-Line, which provides emergency and non-emergency telephonic medical advice by qualified nursing sisters via the Netcare 911 24-hour emergency operations centre and in accordance with current clinical best practice.
- Netcare 911 offers immediate response in emergencies by using the most appropriate and closest road or air medical resource, which is staffed by doctors, nurses and paramedics and administers instant, life-saving treatment, resuscitation and stabilisation.

NETCARE 911
082 911
24HR EMERGENCY MEDICAL ASSISTANCE

Source:
Netcare 911 Board of Trustee presentation
2017 PG Group Medical Scheme member guide



Prescribed minimum benefit (PMB) alert

Q: Can a doctor's letter of motivation guarantee that my medication will be approved or registered as chronic medication, irrespective of whether I take it for a PMB or non-PMB condition?

A: No, a doctor's letter of motivation does not always guarantee that your medication will be approved and registered as chronic medication. The chronic medicine benefit is managed using a clinical pre-authorisation process that is governed by a formulary (a list of prescribed medication), protocols and disease-specific guidelines. The objective of this is to encourage the best use of the chronic medicine benefit by ensuring the appropriate clinical use of medicines based on cost and adherence to Scheme rules.



Did you know that you can make co-payments on medication from your medical savings account?

Co-payments on medication will only be made from your savings account upon your request.

You can contact our call centre on **0860 00 50 37** to request this or you can put your request in writing and email it to us at **info@pggmeds.co.za** or **claims@pggmeds.co.za**, along with a copy of your account and proof of payment.



Reason for delay in sending out 2017 tax certificates

The delay in sending out the tax certificates in 2017 was due to the South African Revenue Service changing their requirements for the 2017 tax year, which meant that all tax certificates had to be reissued. **If you haven't received a tax certificate yet, kindly contact us on 0860 00 50 37 to request your copy.**





Tips to get the best out of your visit with your doctor

Getting sick is bad enough without worrying about taking time off work to visit the doctor, planning for tests that need to be done and collecting medicines from the pharmacy.

Here are some important tips to help you get the best from visiting your doctor:

- Most important is to **plan** what you want out of your visit. Think carefully through the two or three most important things you want help with and stick with your plan. Before you end your discussion with your doctor, check that you've run through your plan.
- **Know the basics about your own health** and make sure that you share them with your doctor. Are you allergic to anything? Are you taking medication for anything? Do you have long-standing, underlying health issues or chronic conditions? Are there any health issues that run in the family? What blood type are you? These are all really important details that a doctor can use to help diagnose and treat whatever might be bothering you.
- If you're sent for tests, **make sure you know what the test is for**, why it is required and when you will hear the results. Check your previous test results and avoid incurring costs on repeated tests. Take note of any procedure, tariff or diagnosis codes should you need to be sent for a specialised scan. This information will be needed in the event that you require an authorisation.
- **Ask questions:** doctors study for seven years and only then do they specialise! There really isn't such a thing as a stupid question, so talk to your doctor until you fully understand what's going on. Your doctor will have a wealth of important information to share with you. Never be afraid or anxious to speak to your doctor.
- **Get a second opinion if you think this is helpful.** Contrary to popular belief in South Africa, your doctor should not feel slighted if you thought a second opinion would help you make decisions that are right for you. Be open with your doctor about why you might want a second opinion and get your doctor's support in doing so.
- **Understand your diagnosis** and remember its name in case you need to explain it to another healthcare professional. Write it down to be very certain you understand it fully.
- **What's the plan?** What are you going to do if your problem gets worse? Will there be a follow-up visit? Make sure you know what to do when you leave your doctor's office.
- Modern medicines are near-miraculous, but **make sure you know what you're taking** and for how long. Sometimes, for example, you'll need to keep taking medicine for some time after you feel better. Make sure that you understand and follow the doctor's instructions carefully. Be certain to take a written record of your medicines with you whenever you are away from home for an extended time.

Source: www.health24.com



Get the most from your wellness

UNLOCKING FINANCIAL WELLNESS

momentum



Complete a **Multiply** fitness assessment and earn points.

Whether you are super-fit and a serious trainer, if you are just starting out on being more active or you're interested in weight management, a fitness assessment will help you set your fitness goals.



Biokinetics Association of South Africa (BASA)

Complete a Multiply fitness assessment with an accredited biokineticist with BASA. Know your fitness, for less.

What do you get?

Pay only R175 for a Multiply fitness assessment

Earn points for completing a Multiply fitness assessment through a Biokinetics Association of South Africa (BASA) accredited biokineticist. After the assessment, the following points will be allocated on the first of each following month, depending on the fitness level achieved:

Level 1	Level 2	Level 3	Level 4	Level 5
3 points monthly for 6 months (18 points total)	6 points monthly for 6 months (36 points total)	9 points monthly for 6 months (54 points total)	12 points monthly for 6 months (72 points total)	15 points monthly for 6 months (90 points total)

Visit www.momentum.co.za/multiply for more partner benefits and the BASA and Multiply terms and conditions.

How to get this benefit

- Visit <https://basa.recomed.co.za/>
- Select the nearest location.
- Choose a biokineticist.
- Complete the form and under reason for appointment select 'Multiply assessment'.
- Pay the biokineticist directly - call ahead to confirm cash or card payments.
- This can be claimed back from medical scheme savings accounts if the medical scheme plan covers the cost.

What to expect

- The assessment takes 20 minutes.
- A fitness test to determine cardiovascular fitness and flexibility; a lung capacity test and a body composition evaluation.
- Comprehensive feedback and an overall fitness level (between 1 – 5), which can be printed and/or emailed.
- Multiply members can go for as many Multiply fitness assessments as they like in a year. Multiply will always consider the highest fitness level that a member achieved when determining points and rewards to be allocated.

Take along: 1- ID or driver's license 2 - Comfortable clothing, like track pants, tights or shorts and running or walking shoes 3 - A gym towel