PG GROUP MEDICAL SCHEME

Issue 7

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Dear Member

In this edition of our newsletter we update you on the role of the Council for Medical Schemes (CMS). We will touch on your rights and duties as a member, the PG Group Medical Scheme's disputes process should you need to escalate a complaint and the complaints procedure via the CMS.

We welcome any suggestions that you may have on articles or member benefits you would like published in future newsletters. Please send your suggestions to the Scheme Manager, Aashna Albert, by email to **aalbert@mhg.co.za** or by fax to **0861 64 77 75**.

Until next time, enjoy the read.

Medical scheme members have rights

The Council for Medical Schemes (CMS)

The CMS's vision is to promote vibrant and affordable healthcare cover for all.

You have a right NOT to be unfairly discriminated against on the basis of your race, age, gender, marital status, ethnic or social origin, sexual orientation, disability and state of your health.

As an employee of the PG Group of companies it is a condition of service that you join the PG Group Medical Scheme as the principal member, provided you are not covered by your spouse's medical scheme. Your spouse and your children have the right to be covered by our Scheme. They also have the right to continue membership of the scheme if you, as the principal member, die. You will not be charged more if you are older or sicker. All medical schemes, including ours, have to provide a basic set of benefits known as prescribed minimum benefits (PMBs).

Your rights also include:

- We must pay claims timeously and provide you with regular statements. You can resubmit a claim if the Scheme has not paid a valid claim within 60 days.
- You have the right to participate in the Scheme's governance and have access to information about our Scheme.
- You have the right to confidentiality of your medical information and proof of membership.
- You have the right to complain to your medical scheme if any of these rights are not respected or if the service is deficient in some way or other.

CMS
Council for Medical Schemes

YOU HAVE A DUTY

Be honest and open with your medical scheme or when joining a medical scheme. If you are found to have provided false information, you may lose your membership or have it suspended. If you act illegally, criminal charges may be laid against you. You have a duty to pay your monthly contributions timeously.

Limitations on members' rights

Although our Scheme will pay your claims, we require you to get pre-authorisation before certain procedures are covered or performed. This and other cost-saving interventions are known as *managed care* and will be applied if they are in our rules. No person may be a dependant of more than one scheme or submit claims to more than one scheme. This can be regarded as fraud. Waiting periods and late joiner penalties will be imposed under certain circumstances, the details of which are determined by the Medical Schemes Act.

THE COMPLAINTS PROCEDURE

The PG Group Medical Scheme continually strives to ensure that its service and communication to members is of the highest standard. Unfortunately, mistakes do occur and should you be placed in a situation where you need help with resolving a query, we will provide a transparent, equitable, accessible as well as a reasonable and procedurally fair dispute resolution process. All complaints received in writing will be responded to by the Scheme, in writing, within 30 days of receipt thereof. We encourage the dedicated Scheme administration telephone number to be used by members wanting to lodge telephonic enquiries on: **0861 64 77 75**.

If, having followed this process, you are still dissatisfied, you may request that the complaint/dispute be referred to the Disputes Committee. The Disputes Committee is available to allow you, the member, the opportunity to lodge your unresolved complaints in writing with the Scheme via the Principal Officer for adjudication.

The process and role of the Disputes Committee

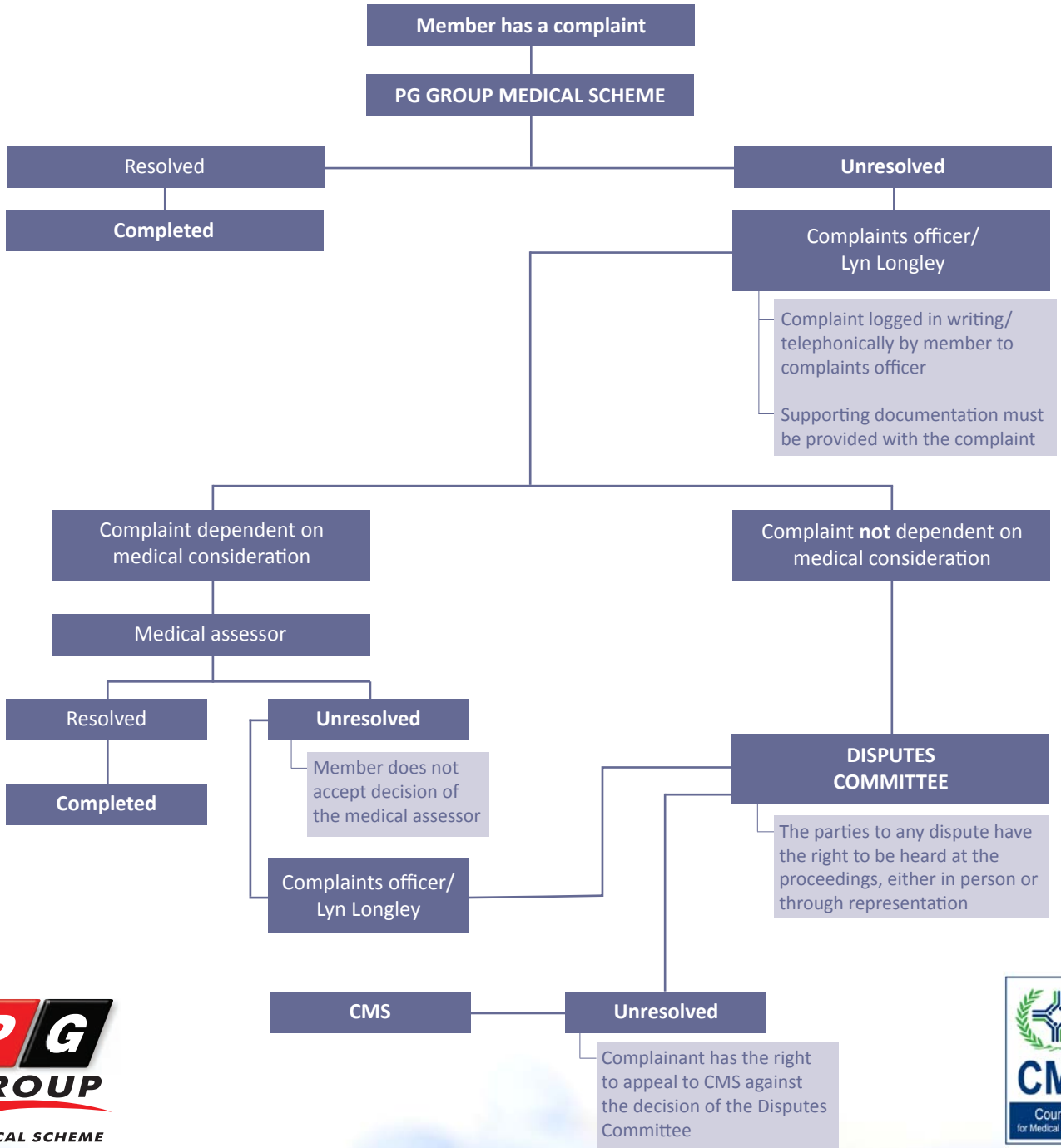
The role of the Disputes Committee is to deal with any complaints members may have that have not been resolved. After exhausting the normal channels available, members must lodge the complaint in writing, together with any supporting documentation, with the Complaints Officer.

The complaint will be referred to a Medical Assessor if it is primarily dependent on medical considerations. Should the member not accept the decision of the Medical Assessor, the Complaints Officer will refer it to the Disputes Committee. Where the complaint does not depend on medical considerations, it will be referred directly to the Disputes Committee. The Complaints Officer will convene a meeting of the Disputes Committee by giving at least 21 days' notice in writing to the complainant and committee members stating the venue, date and time of the meeting, as well as the particulars of the dispute.

The parties to any dispute have the right to be heard at the proceedings, either in person or through a representative. The complainant also has the right to appeal to the Council for Medical Schemes against the decision of the Disputes Committee.

We have included a flowchart for ease of reference, determining the process, as detailed on page two.

DISPUTES COMMITTEE PROCESS



Snippets you may not be aware of

1. **Wellness benefits**

   Glaucoma test – this benefit is available to beneficiaries who are 40 years old and older.

2. Registration on the **HIV YourLife Programme** is **not** compulsory, but by registering we will be able to assist you to manage the disease.

3. **Acute medication** – to-take-out (TTO) medicines are limited to a seven-day supply.

4. Benefits for the **following services** will be paid at cost, provided the claims and treatment are PMB-related:

   4.1 **Maternity benefits**
   - confinements in hospital
   - home deliveries by a registered nurse/midwife

   4.2 **Renal disorders** (in-hospital and home dialysis)

   4.3 **Organ transplants**

   4.4 **Psychiatry in and out of hospital**, including for psychological conditions - limited to 21 days per beneficiary

   4.5 **Oncology claims**

   4.6 **Rehabilitation**, **blood transfusions** and **technologists**