

November 2021

Dear Member

PG GROUP MEDICAL SCHEME | 2022 BENEFIT UPDATE

2021 continued in the same trajectory as 2020, with the pandemic still affecting lives in South Africa and around the world. Many people realised the importance of having medical cover as public health facilities came under some pressure when infection levels rose across the country. The membership of the Scheme remained quite stable for the year, which is encouraging in the current economic climate.

With ever-increasing healthcare costs and an increased prevalence of fraud, wastage and abuse, healthcare prices are increasing 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. Our benefit offering continues to offer value for money, and through stringent financial discipline, the Board of Trustees was able to limit the 2022 contribution increase to 4.2% effective from 1 April 2022. This increase is a positive development, as it is still below the industry average projected for next year.

By the end of August 2021, the Scheme had accumulated funds of R90 million, which is equal to a solvency level of 94.82%. The Scheme continues to explore and implement solutions to keep contribution increases to a minimum as much 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 towards 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 proactive controls and risk management initiatives for 2022, 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.

An important development across the globe was the introduction and administration of various COVID-19 vaccines, which positively influenced the fight against the number of deaths caused by this deadly virus. Businesses and livelihoods should be able to return to 'normal' if more citizens take up the call to get vaccinated. The future risk of infection, 'waves' and death will become a thing of the past, if we all pull together in the fight against COVID-19. **The Scheme therefore encourages vaccination for all eligible members and their beneficiaries.**

With regards to the long-term impact of the virus, experts warn that individuals previously infected by, or recovered from, COVID-19, could develop complications affecting their existing co-morbidities (chronic conditions). Increased fatigue levels, shortness of breath and a rise in mental illness have been observed in many individuals who were infected with COVID-19. These factors must be considered as it will drive the Scheme's future claims costs.

Thank you for your continued support in 2021, and as we look ahead in the hope of returning to a normal way of life, remember that we must always stay vigilant and safe. If you are travelling, please be safe and always carry your Scheme membership card/details with you. On behalf of the Scheme, its Board of Trustees and administrator, we wish you and your loved ones a safe and blessed festive season.

We look forward to welcoming you back in 2022, refreshed and invigorated.

Yours in good health



Lyn Longley
Principal Officer
PG Group Medical Scheme

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Summary of benefits for 2022

In reviewing the benefits for 2022, the Scheme's main focus was to ensure that the reserves of the Scheme remain stable, whilst continuing to provide you with a comprehensive range of benefits at an affordable contribution.

To ensure that you have a good understanding of the benefits for 2022, please take the time to thoroughly read the **PG Group Medical Scheme 2022 Member Guide** and the **DENIS 2022 Dental Benefit Information booklet**. For a better understanding of the benefit changes for 2022, see this summarised version below:

1. 2022 contributions

The Board of Trustees has limited the annual contribution increase to 4.2% with effect from 1 April 2022.

2. 2022 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. 2022 medical savings account

Savings allocations will increase in line with contribution increases.

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

Multiply Starter membership is free to all PG Group Medical Scheme members. See your **Multiply information leaflet** for 2022. 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 that 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 also offer courier services. The next time you visit one of these pharmacies, ask about this service at the counter.

6. DENIS dental management

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 703** per implant) per beneficiary in a five-year period – pre-authorisation is required

- 6.6 Orthodontics for beneficiaries younger than 18 years; includes a benefit of **R15 520** per beneficiary per lifetime – 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 Negotiators (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 415 for frames and/or lens enhancements per beneficiary at a PPN provider and R1 061 per beneficiary at a non-PPN provider every two years
One pair of clear single-vision lenses; or	R210 per lens
One pair of clear bifocal lenses; or	R445 per lens
One pair of base multifocal lenses	R770 per lens
OR	
Contact lenses	R2 015
Contact lens re-examination (subject to the Scheme rules, and can only be claimed in six-monthly intervals)	R255 x 3

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, artificial intelligence 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 in lieu of spectacle lenses.

Out-of-network benefits

- One consultation paid at **R350** for either spectacles or contact lenses.
- It is in your best interest to find an optometrist who forms part of the PPN network – visit 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 (HIV Management Programme)

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

8.2 Oncology Risk 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.

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8.3 Renal Management Programme

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

8.4 Maternity Programme

It is important to register on the programme as soon as your pregnancy is confirmed by your doctor in the first trimester (weeks 0 - 13).

Enrollees will benefit from:

8.4.1 12 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.