



Dear member

There are only a few months left before the holiday season starts and we hope that you will take some time off to relax and start 2020 feeling refreshed. Holidays are an enjoyable way to invest in your good health and we encourage you to make use of the Scheme's travel partner, Travel Insurance Consultants (TIC), to ensure that you have adequate travel insurance.

In this edition of the newsletter, we update you on the benefits of getting international travel cover and provide you with information on one of the factors often overlooked that could be contributing to frequent headaches. We also give you some insight about the benefits of belonging to a restricted 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 email to eugene.eakduth@momentum.co.za or by fax to 0861 64 77 75.

Until next time, enjoy the read ...

Popping pills can be such a pain

Did you know that you can get overuse or rebound headaches by long-term use of medication to treat headaches, such as migraines?

A medication overuse headache occurs when a person takes a headache pain reliever for 10 to 15 or more days per month, depending on the medication, for more than three months. Pain relievers are meant to offer relief for occasional headaches, but if you take them more than a couple of days a week, they may trigger medication overuse headaches or rebound headaches. These headaches usually stop when you stop taking pain medication.

What can I do to prevent headaches?

- Take your headache medication as prescribed and limit the use of painkillers to no more than nine days a month and avoid headache triggers. If you're not sure what triggers your headaches, keep a headache diary with details about every headache. Eventually, you may see a pattern.
- Don't skip meals. Start your day with a healthy breakfast. Make sure that you eat lunch and dinner at around the same time every day and remember to keep yourself hydrated throughout the day, especially when travelling.
- Exercise regularly as physical activity helps your body to release chemicals that block pain signals to your brain and help you lose weight. Obesity can contribute to headache development, so if you need to lose weight, find a programme that works best for you.
- Reduce stress by getting organised and simplify your schedule to plan ahead of time. Always remember to try and stay positive.

Source: <https://www.mayoclinic.org/diseases-conditions/medication-overuse-headache/symptoms-causes/syc-20377083>



IMPORTANT CONTACT DETAILS

Customer care centre

Tel: 0860 005 037
Fax: 0861 64 77 75
Email: info@pggmeds.co.za

Postal address

PG Group Medical Scheme
PO Box 2070, Bellville 7535

Membership department

Fax: 0861 22 26 64
Email: membership@pggmeds.co.za

Claims email address

claims@pggmeds.co.za

Hospital and pre-authorisation

Tel: 0860 005 037

Scheme website address

www.pggmeds.co.za

Improve the quality of your travel experience with international travel benefits offered by Travel Insurance Consultants (TIC)

It's that time of year again when everyone's planning their year-end holidays. If an overseas holiday is on the horizon for you, chances are you've started making travel arrangements. But have you thought about getting travel insurance for medical emergency cover? Did you know that PG Group Medical Scheme members have access to international travel cover via TIC when you travel outside of South Africa. This benefit offers you and your family medical emergency cover for up to 90 days from your date of departure. This allows you to enjoy your well-deserved holiday knowing that you and your family will receive quality medical assistance. TIC travel cover is open to all members of the Scheme and is your international travel partner in the event of medical emergencies. **Travel cover is offered to all members via TIC – to find out more, contact TIC directly on 011 521 4575.**

To qualify for the international travel benefit, you must be an active member of the Scheme at the time of claiming. If you have specific waiting periods applicable to your membership, e.g. a three-month general waiting period, you will not be able to claim. Before you travel, contact TIC to obtain a travel policy so that you can see what you are covered for and note the emergency number to contact TIC if you need to claim.

While you're abroad, you will be covered for medical emergency treatment, and must contact Medical Services Organisation (MSO) to assist in the event of an incident or possible admission to hospital. The cover ends when you return home or after 90 days from your date of departure, whichever occurs first. If you are travelling for longer, you can contact TIC before leaving South Africa to arrange a travel insurance policy for you at your own cost.

With the international travel benefit, you will be covered for the following:

- R5 million per member in a medical emergency, cover per 90-day trip returning to South Africa in between journeys

- 24-hour emergency medical assistance worldwide
- unforeseen and unexpected illnesses
- accidental injuries requiring medical intervention
- hospital bills payable in foreign currencies.

The international travel benefit only provides cover for emergency medical treatment while on an international journey and does not cover you for treatment received outside of the 90-day period, or upon return to South Africa. You can visit www.tic.co.za for more information about this benefit.

The medical emergencies claims process

- If a medical emergency requires surgery, expensive procedures and/or an extended stay in hospital, you will need to obtain authorisation and a payment guarantee from TIC.
- Payment will be made directly to the healthcare providers. You can inform TIC telephonically on 011 521 4575 or email them at helpdesk@tic.co.za. Claims must be made within 30 days of your return from your trip. All supporting documentation must be emailed to claims@tic.co.za.

Source: TIC



Points to remember when submitting overseas claims

- The Scheme does not have direct payment arrangements with healthcare providers outside of South Africa, which means you will first have to pay the healthcare provider and then submit the detailed claim with receipts to the Scheme for a refund.
- Amounts indicated in foreign currency will be converted to South African rand at the conversion rate applicable at the time the service was provided. You will be reimbursed in accordance with Scheme tariff codes. Exclusions and sub-limits will apply to these claims as they would apply if the services were obtained locally.
- The Scheme will not pay more for a service provided outside the borders of South Africa than for an equivalent South African claim.
- Medical claims that are in a foreign language must be accompanied by an acceptable translation otherwise we will be unable to process them.
- All claims must be submitted no later than the last day of the fourth (4) month following the month in which the service was rendered. If the claim is submitted later than this period, it will be rejected as a stale claim, in which case you will be required to provide a motivation for the reasons for late claim submission.

Did you know???

ADMINISTRATOR NAME CHANGE

The Scheme's Administrator, MMI Health (Pty) Ltd changed its name to **Momentum Health Solutions (Pty) Ltd** with effect from 1 July 2019.

This name change was effected as the wider group name changed from MMI Holdings to Momentum Metropolitan Holdings Limited.

The change was necessitated as South African consumers have come to trust and value both of these client-facing brands due to their solid track record and reputation built over many years.

The Scheme's day-to-day administration will not be impacted by this name change.

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health solutions

Positive aspects of belonging to a restricted medical scheme

Medical schemes, who are regulated by the Medical Schemes Act, determine their benefits and contribution rates annually. For some employers, membership of an in-house restricted medical scheme is a condition of employment. This allows employers to create a good value proposition for their employees and also identifies the employer as a responsible corporate citizen.

Since employers influence the recruitment of employees, it often means that there are many younger and healthier people on in-house medical schemes, which contributes to these medical schemes' financial sustainability. It's been proven that a person who has adequate medical cover is more productive in the workplace as there is peace of mind concerning his or her healthcare cover. Ultimately, this equates to the employer having a healthier and happier workforce.

Listed below are some of the **common differences** between **restricted** and **open medical schemes**:

RESTRICTED MEDICAL SCHEME	OPEN MEDICAL SCHEME
Generally offer more benefits per rand spent (on average restricted medical schemes are 150% richer in benefits).	More co-payments on elective procedures in hospital.
Contribution increases are controlled by the Board of Trustees, which means that the medical scheme increases are driven by the group's utilisation and not the general population's claims profile.	Contribution increases are decided upon by a panel of Trustees from various employers.
The medical scheme designs benefits around its members' needs, with input from the Board of Trustees, who are chosen from amongst the members.	Benefit design considerations are dictated by the greater population of members who belong to the medical scheme.
Restricted medical schemes have better reserve ratios, which allow them to pass lower annual contribution increases.	Reserve ratios are volatile and above average annual increases are required to sustain reserve levels.
Restricted medical schemes provide members with a wider choice of healthcare providers, especially for hospitals and specialists.	Open medical schemes normally utilise network hospitals and specialists on many of their options in order to reduce costs.
As with other financial products like life insurance, by allowing only certain people to belong to a medical scheme, restricted medical schemes may be able to minimise their risk and therefore the drain on the medical scheme's resources.	This does not necessarily mean that an open medical scheme is more exposed to risk, but there is more control to manage members in a restricted medical scheme by enrolling them on the employer's employee assistance programme, which is not always possible in an open medical scheme environment.
Restricted medical schemes require no additional marketing costs as the employer will market the medical scheme to the potential member through their orientation at the company.	Open medical schemes invest in brokers to market their medical scheme benefits, which is an added non-healthcare expense for them and results in higher contributions over a period of time.

The above comparison indicates that restricted medical schemes offer medical scheme benefits and also greater integration for members to be part of the bigger group and have a sense of belonging.

There are many compelling benefits for employers to retain their restricted medical scheme offerings – most notably the data allows restricted medical schemes to better manage health risk, stratify employee risk and implement well-being measures (e.g. changing the company's canteen menus to healthier alternatives, encouraging employees to use the stairs instead of taking the lift and having regular wellness days at the company) that impact favourably on financial indicators like leave liability, performance, focused employee assistance programmes and so on.

Gingivitis

Gingivitis is an early stage of gum disease that makes your gums look red and swollen. This is caused by plaque, which builds up on your teeth after meals. If the plaque is not removed by daily brushing and flossing, it produces toxins that can irritate the gums. This in turn causes the gums to bleed when you brush your teeth.

How can you prevent gingivitis?

- Limit sweets, sugary foods and sugar-filled drinks.
- Brush your teeth in the morning and at night.
- Floss once a day to clean between your teeth.
- Visit your dentist or dental therapist at least once a year for a check-up and professional cleaning (scale and polish).

Did you know?

Effective 1 October 2019, DENIS will no longer be issuing cheques for the reimbursement of dental claims to you and healthcare providers – only EFT payments will be made in future. It is imperative that you contact the Scheme's Administrator on 0860 00 50 37 and DENIS on 0860 10 49 39 to update your banking details. Your assistance in this regard is appreciated.



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Multiply the good vibes

Upgrade your Multiply membership to score even greater discounts on Multiply Premier.

The holiday season is almost upon us.

Kick off your vacation plans with great discounts on travel and accommodation with your Multiply Starter membership.

7,5% off



10% off



20% off



7,5% off

AVIS

To upgrade to Multiply Premier:

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Contact the call centre on **0861 886 600**

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