MEMBER NEWSLETTER

ISSUE 2: APRIL/MAY/JUNE 2023

Preventable medical emergencies tend to occur when you least expect them, and the costs associated with them are rarely anticipated. To help you easily navigate through those financial choppy waters, in this issue of the newsletter, the Scheme updates you on their value proposition, offers advice on how to cut back on medical expenses, helps you to interpret the new claims statements, and much more.

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.

The PG Group Medical Scheme value proposition

From time to time the PG Group Medical Scheme (the Scheme) conducts an introspection to measure itself against the rest of the medical aid and health insurance industry, to ensure that the level of cover it provides remains relevant and adds value to its employees.

Remember that the Scheme is managed for the benefit of all its members with the assistance of medical scheme administrative experts. Therefore, any accumulated reserves of the Scheme are for the exclusive benefit of members through minimum future contribution increases, and where possible, other contribution relief or increased benefits.

The Board of Trustees and Scheme management are constantly seeking new ways to lessen the burden of maintaining good health-care for its employees through benefit enhancement, easier access to benefits and keeping costs down.

The Scheme has through the past few years given its members contribution concessions, kept contribution increases to lower-than-the-industry average, and deferred the contribution increase times to coincide with salary increases. All these initiatives were taken with the aim of alleviating financial pressure on the Scheme's members caused by the rising cost of living.

Despite these cost-alleviation measures, the Scheme has maintained the same standard of benefits without cutting benefits in any category. We have recently commissioned an exercise with its external actuaries to measure itself against a number of other medical schemes in the market and the overall results are very positive in favour of the PG Group Medical Scheme.

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The survey included the eight largest open medical schemes by membership in the South African market. The results of the comparison showed that, on average, our Scheme benefits are 17% richer than the comparable comprehensive options available on the medical schemes analysed, but that our Scheme contributions are only 5% higher on average. The findings revealed that our members are 12% better off (17% minus 5%) remaining on this Scheme as the benefits are superior to the other schemes surveyed.

Furthermore, we do not enforce the use of designated service providers (DSPs) or hospital groups. This means that our members have freedom of choice to visit any healthcare provider who accepts the Scheme. The Scheme does not rest on its advantage over competing medical schemes but will continue to explore more ways in which it can offer more healthcare and easier access to benefits to its members at an affordable price.

We have also reviewed areas of improvement within our existing benefits structure and were therefore able to bolster our wellness benefits with these additional six screening and preventative blood tests for 2023:

Early detection and screening	Tariff code(s)	2023 limits
Full blood count (FBC)	3755	All adult beneficiaries, as needed
Erythrocyte sedimentation rate (ESR)	3743	All adult beneficiaries, as needed
Urea, creatinine and electrolytes	4032 4171	All adult beneficiaries, as needed
Uric acid	4155	All adult beneficiaries, as needed
Gamma-glutamyl transferase (GGT)	4134	All adult beneficiaries, as needed
Fasting glucose	4057	All adult beneficiaries, as needed

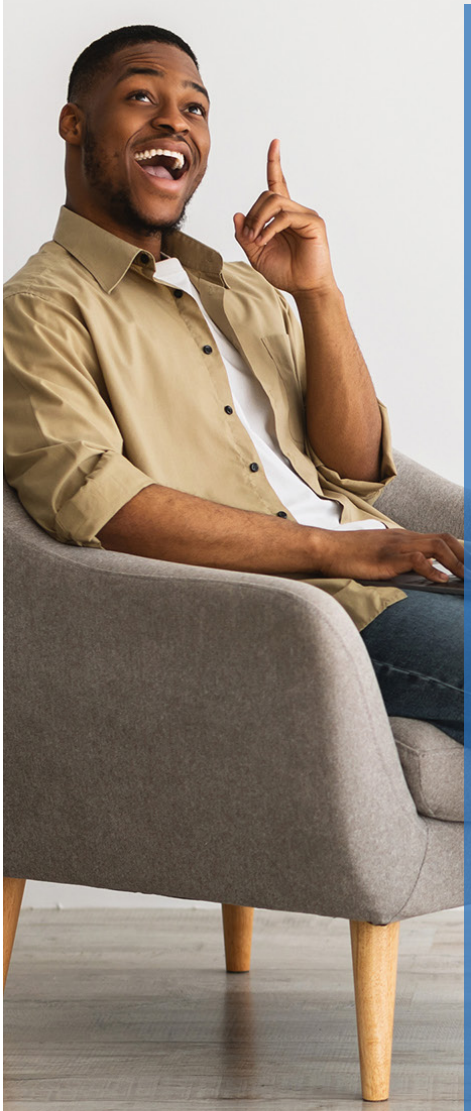
This means that members who go for these tests do not have to use their savings to fund them as it forms part of the Scheme's risk benefit. This enhancement to the wellness benefits ensures that members' savings are preserved for other day-to-day benefit requirements.

The Scheme ended the 2022 financial year on a positive note and increased its reserve ratio to 117.71% of annual contributions, with accumulated funds of just over R103 million. The reserve ratio of the Scheme is well above the minimum requirement of 25% by the Council for Medical Schemes (CMS). This is testament to the commitment and dedication of the Scheme's Board of Trustees, Scheme management, our administrator, Momentum Health Solutions, and our healthcare providers in service of our valued members.

TIPS TO HELP YOU SAVE ON YOUR MEDICAL BILLS

There is no doubt about it – healthcare can become expensive, but you can save money by making use of your Scheme benefits.

There are ways in which you can manage your benefits and minimise your out-of-pocket expenses.



- Check whether minor procedures can be done in the doctor's rooms or in a day clinic, instead of in hospital.
- Before undergoing any procedure, find out whether the anaesthetist, surgeon or any other specialist or healthcare provider involved charges Scheme rates, as any costs above the Scheme rates may be for your own account.
- Negotiate with your healthcare providers for a cash discount if settling the claim at point of service, then claim it back from the Scheme.
- Make sure that you obtain pre-authorisation for all procedures, where required, and for all hospital admissions before the date of admission/ procedure.
- Arrange hospital admission after 12pm if your procedure is only scheduled for the afternoon/evening. Also ensure that you check out of the hospital before 12pm on your day of discharge. This will save you from being charged the full-day hospital rate.
- Request generic medication alternatives whenever possible – they work just as well as the original.
- Take advantage of the preventative benefits offered by the Scheme, such as flu shots, mammograms, prostate screening and the full health risk assessment, which includes body mass index (BMI), blood pressure, cholesterol and glucose (finger-prick tests).
- Register your and your dependants' chronic conditions on our managed care programmes, such as chronic medication, oncology, HIV and more. This will ensure that any related claims will be paid from the correct benefit, and not from your medical savings account (MSA).

How to apply for chronic medication authorisation

The Scheme is contracted with Momentum Health Solutions to provide a service to our members who require treatment for their chronic conditions.

The Medicine Risk Management (MRM) Programme is dedicated to managing chronic medication use in a manner that is beneficial to the health of members and to ensure quality care through integrated healthcare and holistic patient management.

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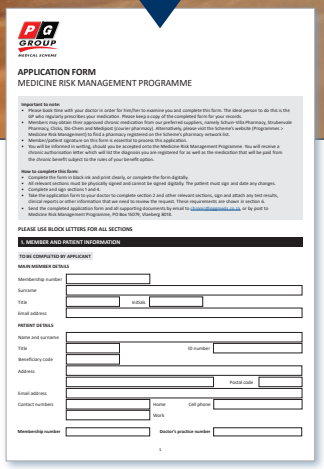

APPLICATION FORM
MEDICINE RISK MANAGEMENT PROGRAMME

There are two ways in which you can apply for your chronic medication authorisation:

1 Telephonic process

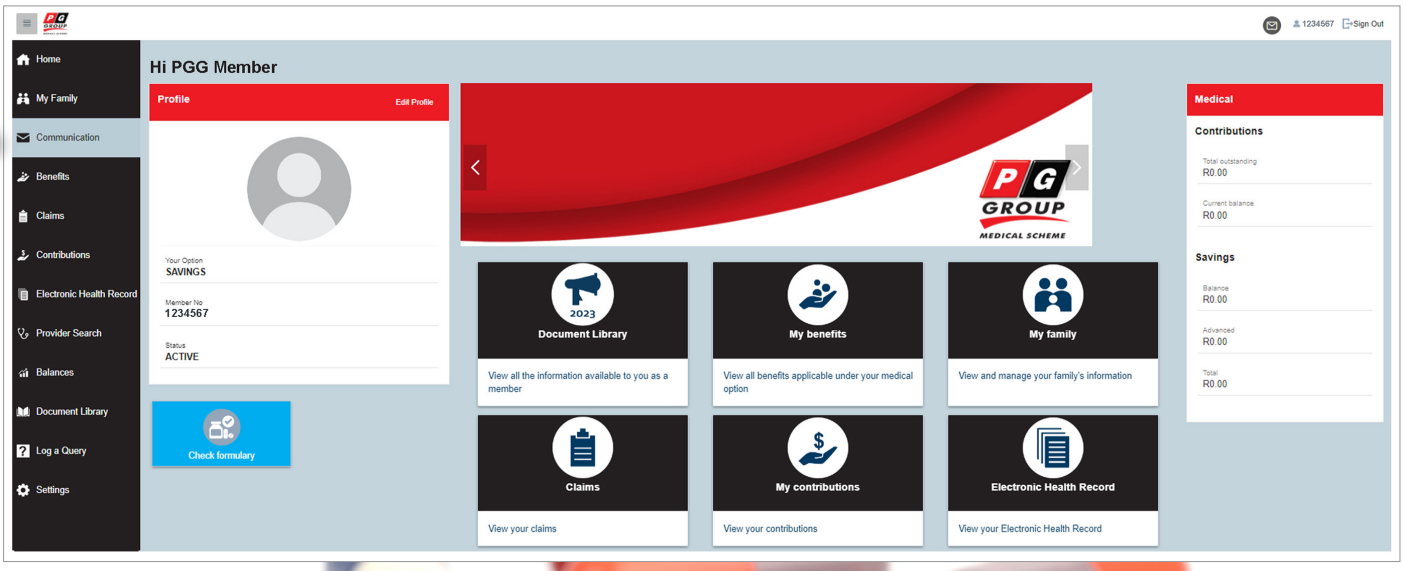
The treating doctor can contact our MRM Programme on **0860 005 037** to register your medication. This is the quickest way to get your medication authorised as being '**chronic**'.

2 Written process

The treating doctor can send us the completed MRM Programme application form, a copy of your prescription and a list of all the chronic medication you require by email to chronic@pggmeds.co.za. A chronic care consultant will be in contact with you should the Scheme require further documentation, such as blood test results, letters of motivation or specialist reports.

Once your medication has been registered as chronic, the MRM department will send you a copy of your **treatment plan**. A treatment plan letter assists your treating doctor in planning and co-ordinating your healthcare benefits. The treatment plan contains the additional treatment and services that you are entitled to from the chronic benefit.

You can also view your **chronic treatment plan** in the **Communication section** of the member portal:



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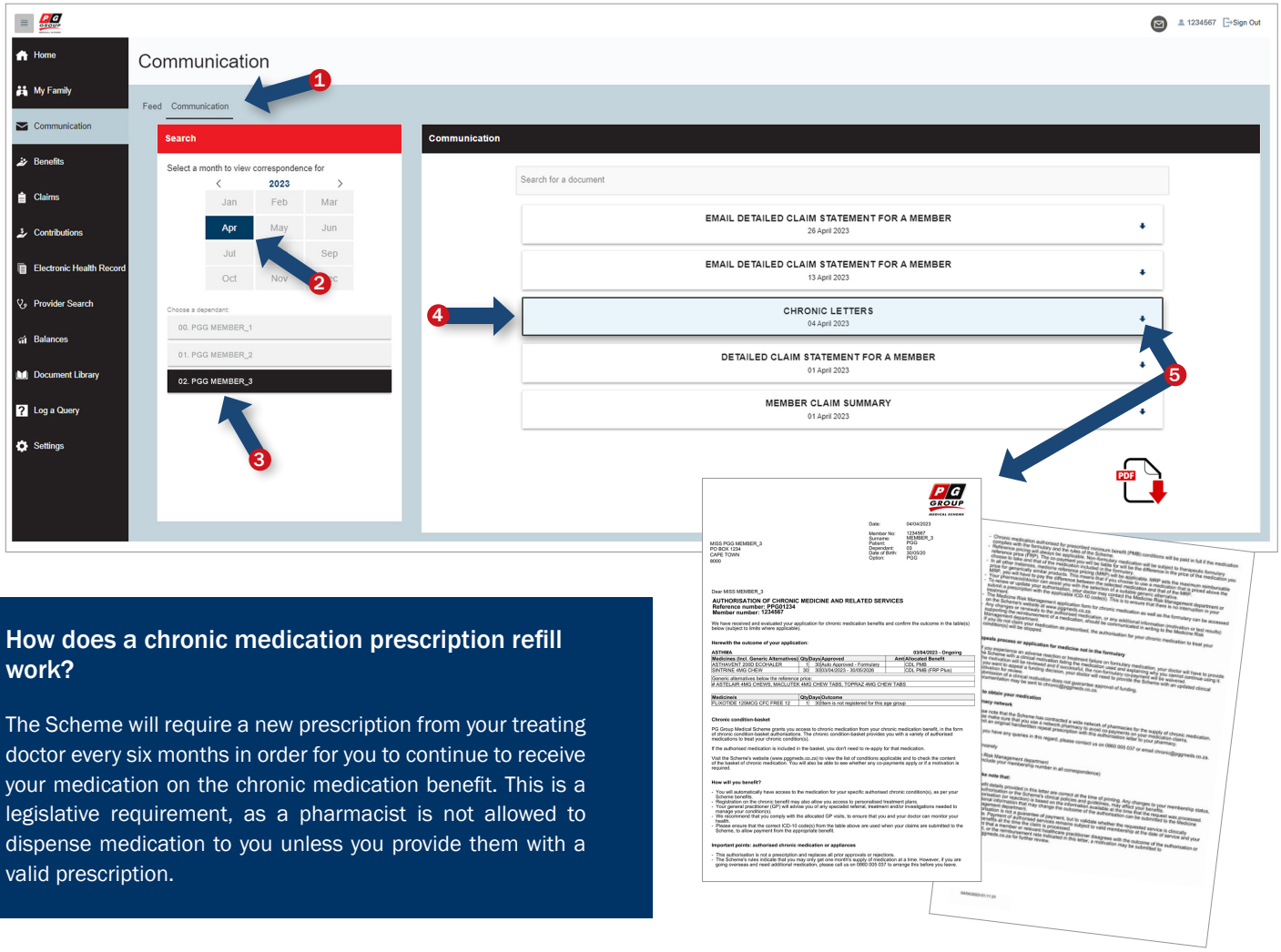
On the **Communication** screen, select the **Communication** tab (**1**), then the applicable month from the calendar view (**2**). Choose a dependant whose treatment plan you would like to view (**3**). The treatment plan can be found under **CHRONIC LETTERS** (**4**). Click on the drop-down arrow (**5**) and the treatment plan letter will display on the screen as an easily downloadable PDF.



How does a chronic medication prescription refill work?

The Scheme will require a new prescription from your treating doctor every six months in order for you to continue to receive your medication on the chronic medication benefit. This is a legislative requirement, as a pharmacist is not allowed to dispense medication to you unless you provide them with a valid prescription.

How to avoid delays when you have made an upfront payment for medication and want a refund

If you have already paid for a healthcare service and need a refund, please send the proof of payment and a fully detailed invoice to the Scheme for processing. The invoice must reflect your membership details, the relevant healthcare provider's practice number, the ICD-10 diagnosis codes and medication NAPPI codes. This will prevent delays in processing your claims and getting your refund. If the claim is approved for payment, the Scheme will refund you directly into your bank account.

You must submit your valid medical claims within four months from the date of service. Any claims received after four months of the service being received, is considered a 'stale claim'. Stale and rejected claims will not be paid by the Scheme but will reflect on your tax certificate. You will need to provide this proof to the South African Revenue Service (SARS).

Points to remember when requesting a refund out of your MSA

- When submitting requests to the Scheme for co-payments to be paid out of your medical savings account, please specify **who must be paid**. In other words, must the refund be paid to the service provider or to you directly?
- Most claims are paid at Scheme rates. When requesting a reimbursement from your medical savings account, make sure to let the Scheme know if you want the full amount refunded to you or paid at the Scheme rate only.
- Members may submit requests for claims refunds by email to claims@pggmeds.co.za.

How to update your banking details

Remember to let the Scheme know when your contact details have changed. If the Scheme doesn't have updated details for you, the administrator is unable to send you any communication. It is just as important that you inform the Scheme if your banking details are changing.

If your banking details have changed, simply send us a certified copy of your ID with a stamped bank account confirmation letter from your bank with your new banking details, and ask to update it on our systems. If you are still employed, please also inform the human resources department that your details have changed. If you are a pensioner or continuation member, email the new banking details to info@pggmeds.co.za. Alternatively, you can post it to: PO Box 2070, Bellville 7535.

Remember:

Please include your membership number on all correspondence to the Scheme.

AMBLEDOWN GAP COVER

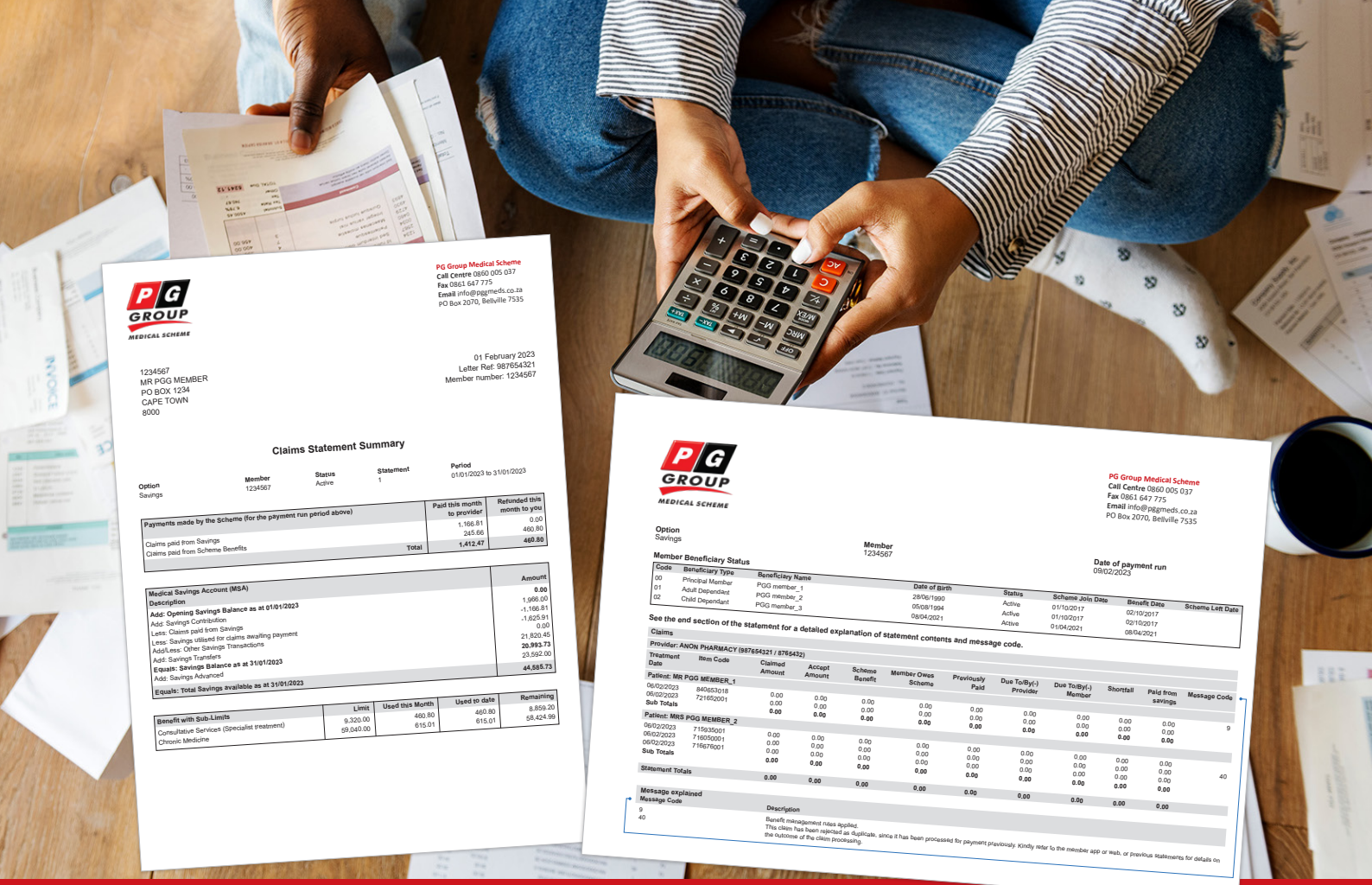
For many South Africans, it may come as a shock to realise that even though you have medical aid, you could be faced with crippling medical costs in the event that you or your family member requires treatment for an illness.

Gap cover is a short-term insurance product designed to provide extra protection for those who already have medical aid. It closes the gap between you and your medical aid, ensuring that you can afford the care that you and your family need. Gap cover covers the deficit between the Scheme's rates and the actual rates charged by your private healthcare professionals.

Healthcare is expensive, and members may need to pay co-payments upfront for certain procedures for which medical providers may charge up to five times more than medical scheme tariffs. With gap cover, you protect yourself and your family against this financial disparity and potentially avoid significant out-of-pocket medical expenses. As a member of the PG Group Medical Scheme, you can pay **as little as R134** towards an Ambledown gap cover premium for 2023.

Visit the Ambledown website at https://www.ambledown.co.za/affordable-gap-cover/ to view the 2023 Ambledown gap cover benefits or call **0861 262 533** for more information.

Source:
Independent Financial Consultants (IFC)



Understanding your CLAIMS STATEMENTS

Most healthcare providers submit claims directly to the Scheme – a process that works extremely well and ensures quick and direct payment of claims. However, others may prefer that the patient pay them directly after the consultation or treatment. If payment has been made by the member, the Scheme will reimburse the member once a valid claim has been received and processed.

Members are responsible for ensuring the payment of accounts or any co-payment, where applicable. You can submit your claim to the Scheme by scanning or taking a photo of your paid account/invoice. Please make sure the scan or photo is of a good, readable quality. Avoid making any manual modifications to the account as this will invalidate your claim. The Scheme does not accept claims in text document or spreadsheet formats (e.g. Microsoft® Word or Excel, Google Docs or Sheets), and all claims must be submitted to the Scheme within four months of the treatment/service date.

Please ensure that the following information is on the account so that your claim is valid in accordance with the Medical Schemes Act 131 of 1998 and the Schemes rules:

- Your membership number
- Full name and surname of the patient
- Dependant code(s)
- Identity number of the patient
- Scheme name
- The treating healthcare practitioner or facility's full name and practice number
- Detailed copy of the account/invoice including service dates, applicable ICD-10 codes and NAPPI codes of the healthcare services, products or procedures
- Copy of your receipt or statement reflecting the amount you have paid.

You will receive a claims statement once your claim has been processed indicating what will be paid and when it will be paid. **Always check your claims statement and contact the Scheme if there are any errors or omissions.**

PG Group Medical Scheme has two member claims payment runs per month, i.e. in the middle and at the end of the month.

See below for a detailed explanation of your claims statement layout to help you understand what each item represents.

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Claims statement summary explained

PG Group Medical Scheme
Call Centre 0860 005 037
Fax 0861 647 775
Email info@pggmeds.co.za
PO Box 2070, Bellville 7535

1 1234567
MR PGG MEMBER
2 PO BOX 1234
CAPE TOWN
8000

01 February 2023 3
Letter Ref: 987654321 4
1 Member number: 1234567

Claims Statement Summary

5 Option	1 Member	6 Status	7 Statement	8 Period
Savings	1234567	Active	1	01/01/2023 to 31/01/2023

9 Payments made by the Scheme (for the payment run period above)	Paid this month to provider 10	Refunded this month to you 11
Claims paid from Savings	1,166.81	0.00
Claims paid from Scheme Benefits	245.66	460.80
Total	**1,412.47**	**460.80**

12 Medical Savings Account (MSA) Description	Amount
13 **Add: Opening Savings Balance as at 01/01/2023**	**0.00**
14 Add: Savings Contribution	1,966.00
15 Less: Claims paid from Savings	-1,166.81
16 Less: Savings utilised for claims awaiting payment	-1,625.91
17 Add/Less: Other Savings Transactions	0.00
18 Add: Savings Transfers	21,820.45
19 **Equals: Savings Balance as at 31/01/2023**	**20,993.73**
20 Add: Savings Advanced	23,592.00
21 **Equals: Total Savings available as at 31/01/2023**	**44,585.73**

22 Benefit with Sub-Limits	Limit	Used this Month	Used to date	Remaining
Consultative Services (Specialist treatment)	9,320.00	460.80	460.80	8,859.20
Chronic Medicine	59,040.00	615.01	615.01	58,424.99

PLEASE NOTE:

We have provided an explanation for every possible field or scenario on this claims statement. Should any of these fields not appear on your statement, this means that there is no related transaction that requires this field to be populated.

1. **Membership number:** This is our PG Group Medical Scheme membership number.
2. **Principal member name and postal address:** This reflects the full name and surname and the postal address of the principal member.
3. **Date of statement:** This is the date that the statement is generated.
4. **Our reference number:** This is the Administrator's reference number which you need to quote in all related correspondence and calls with the Scheme.
5. **Scheme benefit option:** This indicates which Scheme benefit category your benefits are being paid from.
6. **Membership status:** This refers to your current membership status at the time of this claims statement.
7. **Statement number:** This is the number of the statement that has been generated.
8. **Statement period:** This indicates the claims payment run period that is reflected on this claims statement.
9. **Payments made by the Scheme:** This shows payments made from the applicable Scheme benefit category.
10. **Paid this month to provider:** The amount paid by the Scheme to the healthcare provider in this period.
11. **Refunded to you this month:** The amount paid from the Scheme to the member in this period.
12. **Medical savings account (MSA):** The details of your MSA and how it is allocated.

Please note the following for your medical savings account (MSA):
If any items under your medical savings summary are not showing on this claims statement, this means that there is no related transaction that would result in this item reflecting on your statement – *see note 18. Savings Transfer* below as an example. This item would have appeared on your previous month's statement and would therefore appear as *note 13. Add Opening savings balance* on future monthly statements. *Note 17 Add/Less Other savings transactions* will only appear if there were changes made as per the scenarios listed below.

13. ***Add*** **Opening savings balance:** This amount reflects your savings balance carried over from the previous month. Please note that your December 2022 balance carried forward for January 2023 will reflect under *note 18. Savings transfer* below.
14. ***Add*** **Savings contribution:** This is your accumulated monthly savings contribution to your MSA.
15. ***Less*** **Claims paid from savings:** This reflects any claims that have been paid from your MSA up until the specified date.
16. ***Less*** **Savings utilised for claims awaiting payment:** This reflects any claims that are pending payment from your MSA on the next claims payment date.
17. ***Add/Less*** **Other savings transactions:** This reflects any payments from or into your MSA for the month as a result of electronic fund transfers (EFTs), membership adjustments, claims reversals, etc.
18. ***Add*** **Savings transfer:** This is your 2022 MSA balance that was carried over to 2023.

    The amount includes/excludes:
    - ***Add:*** Your November 2022 MSA contribution.
    - ***Less:*** The one-month contribution holiday granted by the Scheme during the COVID-19 pandemic.
    - ***Less:*** Any claims paid from your MSA in December 2022.
19. ***Equals*** **Savings balance:** This is the total balance of all MSA transactions listed above as at the end of the month.
20. ***Add*** **Savings advanced:** This is the total annual allocation to your MSA, minus the savings contributions you have made to date for the year.
21. ***Equals*** **Total savings available:** This is your total available MSA balance at the end of the month.
22. **Benefit with sub-limits:** This indicates the benefits used and what is available.

Detailed claims statement explained

PG Group Medical Scheme
Call Centre 0860 005 037
Fax 0861 647 775
Email info@pggmeds.co.za
PO Box 2070, Bellville 7535

1 **Option**
Savings

2 **Member**
1234567

3 **Date of payment run**
09/02/2023

4 **Member Beneficiary Status**

5 Code	Beneficiary Type 6	Beneficiary Name 7	Date of Birth 8	Status 9	Scheme Join Date 10	Benefit Date 11	Scheme Left Date 12
00	Principal Member	PGG member_1	28/06/1990	Active	01/10/2017	02/10/2017	
01	Adult Dependant	PGG member_2	05/08/1994	Active	01/10/2017	02/10/2017	
02	Child Dependant	PGG member_3	08/04/2021	Active	01/04/2021	08/04/2021	

See the end section of the statement for a detailed explanation of statement contents and message code.

13 **Claims**

14 **Provider: ANON PHARMACY (987654321 / 8765432)**

Treatment Date 15	Item Code 16	Claimed Amount 17	Accept Amount 18	Scheme Benefit 19	Member Owes Scheme 20	Previously Paid 21	Due To/By(-) Provider 22	Due To/By(-) Member 23	Shortfall 24	Paid from savings 25	Message Code 26
Patient: MR PGG MEMBER_1											
06/02/2023	840653018	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9
06/02/2023	721652001	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Sub Totals		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	
Patient: MRS PGG MEMBER_2											
06/02/2023	715935001	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
06/02/2023	716050001	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40
06/02/2023	716676001	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Sub Totals		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	
27 **Statement Totals**		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	

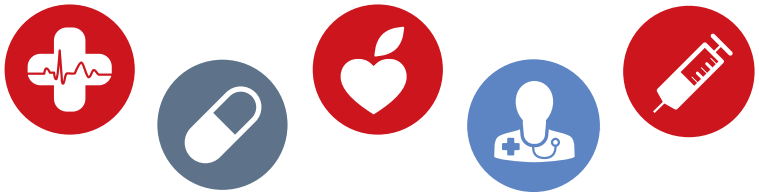
28 **Message explained**

Message Code	Description
9	Benefit management rules applied.
40	This claim has been rejected as duplicate, since it has been processed for payment previously. Kindly refer to the member app or web, or previous statements for details on the outcome of the claim processing.

PLEASE NOTE:

We have provided an explanation for every possible field or scenario on this claims statement. Should any of these fields not appear on your statement, this means that there is no related transaction that requires this field to be populated.

1. **Scheme benefit option:** This indicates which Scheme benefit category your benefits are being paid from.
2. **Membership number:** This is your PG Group Medical Scheme membership number.
3. **Date of payment run:** Date of this claims statement payment run.
4. **Membership details and status:** Details of the principal member, dependants and their membership status.
5. **Dependant code:** Unique principal member or dependant code.
6. **Beneficiary type:** This indicates the type of beneficiary e.g. principal member, child dependant.
7. **Beneficiary name:** The name of the patient/dependant.
8. **Date of birth:** The patient/dependant's date of birth.
9. **Membership status:** This refers to your current membership status at the time of this claims statement.
10. **Scheme join date:** The date that you became a registered member of PG Group Medical Scheme.
11. **Benefit date:** The date when you are entitled to your Scheme benefits.
12. **Scheme left date:** The date on which your Scheme membership and benefits are terminated.
13. **Details of your claims transactions:** This table shows the claims that have been submitted in more detail.
14. **Healthcare provider:** Details of the healthcare provider where service was obtained.
15. **Treatment date:** The date that you visited the healthcare provider.
16. **Item code:** The code used to identify the type of medical treatment/services.
17. **Claimed amount:** The amount that the healthcare provider has billed for services rendered.
18. **Accepted amount:** The amount accepted for payment.
19. **Scheme benefit:** The amount paid to the healthcare provider according to your available Scheme benefits.
20. **Member owes Scheme:** The amount owed by the member to the Scheme.
21. **Previously paid:** Indicates the portion of the accepted amount that was previously paid to you prior to this statement period.
22. **Due to/by healthcare provider:** Amount due to the healthcare provider by the Scheme (negative amounts mean amount is *owing* by the healthcare provider to the Scheme).
23. **Due to/by member:** Amount due to the member by the Scheme (negative amounts mean amount is *owing* by the member to the Scheme).
24. **Shortfall/co-payment:** Possible member liability (excluding electronic rejected pharmacy claims) for payment out of pocket.
25. **Paid from savings:** Portion of claim that was paid from your available medical savings account (MSA).
26. **Message code:** Refers to the messages at the end of the statement, with explanations/reasons for each claim being paid/rejected, where applicable.
27. **Statement totals:** This reflects the total amounts paid out following the claims payment run.
28. **Message code explained:** Corresponds with the message code in the claims statement above, and provides explanations/reasons for each claim being paid/rejected, where applicable.



Annual General Meeting (AGM) 2023

PG Group Medical Scheme's Annual General Meeting (AGM) will take place at the PG Group Head Office, 18 Skeen Boulevard, Bedfordview, Johannesburg 2007 and via Zoom video conference on Thursday, 13 July 2023 at 10:00am.

The AGM serves as an important platform for members to monitor some of the activities of the Scheme and to help you understand what the Scheme is all about. Participation in the Scheme's AGM is a right afforded to our members in terms of the Medical Schemes Act 131 of 1998.

The Scheme will be sending out communication to all of our members regarding the details of the AGM in due course.

The notice will provide members with the date of the meeting, the agenda for the meeting, as well as the relevant supporting documents relating to the issues that will be discussed at the AGM.

The AGM will be a virtual meeting via Zoom video conference. Your will need to register to attend the AGM (a link will be provided). After registering, you will receive a confirmation email with details of the video conference.

The agenda for the AGM usually covers the following:

- Presentation of the Scheme's Annual Financial Statements
- The appointment of external auditors
- The election of members to serve on the Board of Trustees (where applicable)
- A report from the Principal Officer and the Chairperson of the Board of Trustees
- Other matters, such as motions raised by members in writing prior to the meeting, and member-related concerns about the affairs of the Scheme.

It is important that you use this opportunity to make your voices heard.
By so doing, members influence the course taken by the Scheme on issues affecting continued access to quality healthcare. We look forward to your attendance.