

HEALTH NEWSFLASH



John Cranke
National Manager
Employee Benefits

Handy tips to make the most of your medical scheme benefits

Welcome to the July Health Newsflash

As we move into the second half of the year, it makes sense to take stock of one's medical scheme benefits for the remainder of the year. Here are some useful tips to help you get value for money.

Understand your benefits

Take the time to read the information available. With a better understanding of your benefits, you are able to make better decisions and stretch your medical scheme benefits.

Get value for money from your hospital cover

- If your scheme has appointed a Designated Service Provider (DSP) network for hospitals, you will usually pay a lower monthly contribution in exchange for using a hospital from a defined network for planned procedures, in exchange for giving up your freedom of choice.
- In the same manner, if your scheme has an arrangement in place for doctors and specialists, there will usually be an incentive (full cover by the scheme) for using 'their' providers. For planned procedures, it is also worth checking with your scheme if you will obtain better cover by using contracted providers or having the procedure performed in the doctor's rooms or day clinic, where possible.
- If you are going to be admitted to hospital for a planned procedure, always check with your scheme, at authorisation stage, if there are any co-payments or sub-limits that will apply.

Know your rights

In terms of a High Court ruling, Medical Schemes are obliged to meet the cost of 270 in-hospital *Prescribed Minimum Benefit* procedures at cost, in full. So, if you have been, or are going to be, admitted to hospital, check with your doctor if it is for one of these procedures. As a general rule, you shouldn't have to pay for any shortfalls.

Gap cover may be worth investigating

Gap cover may be worthwhile if your option applies copayments for defined procedures or covers you for only 100% of the medical scheme's rate (and not the rate actually charged by the doctor). This is a separate insurance policy you can take out to cover the difference between the medical scheme rate and what the provider has charged you (up to a maximum defined level). On some gap cover products the co-payments (deductibles) are also included. The monthly premium for the gap cover products varies depending on the level of cover. For individual families (not part of a corporate group) the ballpark is around R150 per family per month.

Be smart about your chronic illness medication

 All options on all schemes are required to pay for medication and treatment for 27 chronic illnesses.
 Almost all options on all medical schemes apply a medicine formulary. This is a list of drugs that the

- scheme will pay for in full. If you use medication that is not on the scheme's formulary, you will be liable for the difference. Discuss the formulary medication with your doctor to see if this is appropriate for you.
- The schemes can also specify that you obtain your medication from DSP pharmacies. Check to see if you are able to use the scheme's DSP pharmacy.

Make the most of your day-to-day benefits

- Using contracted or network doctors usually means obtaining full or improved cover levels, while using doctors outside of the network usually results in restricted benefits or co-payments.
- Must you be referred to a specialist by your GP?
- Does your scheme pay for additional GP consultations if you have used up your day-to-day benefits?
- Does your scheme option cover emergency treatment in a casualty facility from risk benefits?
- Use generic medication wherever possible get into the habit of asking your doctor and pharmacist about this.
- Try to keep your claims within any specified sub-limits such as for optometry.
- Find out if your option has any day-to-day benefits that are paid by the scheme from risk (not from your day-today sub-limits or savings).
- Try to pay for non-critical items such as Schedule 0, 1 and 2 drugs – from your pocket to stretch your day-today benefits.

Supplementary benefits can help you save

Many schemes offer supplementary benefits that could potentially save you significant day-to-day expenses such as:

- Preventative care benefits, ranging from basic screenings (blood pressure, cholesterol, blood sugar and body mass index measurements) through to mammograms, pap smears, prostrate testing.
- Loyalty programmes offered by schemes usually incentivise healthy lifestyles by offering discounts for gym membership. There are often other incentives such as discounts from retail and travel partners, and cash back rewards. The savings could offset other costs.

Talk to your providers and us

Talk to your doctor or specialist. Check what they are going to be charging and what your scheme will cover. Don't be afraid to ask if they are prepared to adjust their fee, especially if you could afford to pay upfront.

Contact us to make the most of your healthcare benefits As a valued client of PSG, you have access to a dedicated team of healthcare consultants who will assist you with your medical scheme queries. Speak to your financial adviser today for more information.