



FEBRUARY 2014

‘Health is like money, we never have a true idea of its value until we lose it’

*Josh Billings*

PSG Employee Benefits is part of the PSG Konsult Group – one of the largest independent financial services providers in South Africa today and focused on serving the SME institutional and public sector markets

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## When is a Medical Emergency not an Emergency?

YOU MAY END UP COUGHING UP FOR TESTS AND SCANS

If you land up in ER and have to undergo emergency diagnostic procedures, your medical scheme may demand that you pay the bills if you are not admitted to hospital, writes Laura du Preez.

The costs of your treatment in a medical emergency should be covered by your medical scheme, but you should be aware that the often high costs of diagnosing your condition in an emergency situation may not always be covered.

Medical schemes are obliged, in terms of regulations under the Medical Schemes Act, to cover all medical emergencies because they fall under the prescribed minimum benefits (PMBs).

But scheme members who have been in medical emergencies that turn out to be something less serious are discovering that schemes may not



cover the costs related to the emergency from their risk benefits. This occurs if your diagnosis shows that your condition neither required emergency treatment nor is listed as a separate PMB condition.

If you are admitted to hospital after being in an emergency room, the costs will normally be paid. However, if your condition is less serious than you – or even your doctor – thought and is not a PMB, you will be happy to be sent home. But be warned: your finances could take strain. This is because the emergency room fees (often amounting to hundreds of rands) and any diagnostic tests (potentially thousands of rands) will be paid from your day-to-day benefits – often a medical savings account.

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## When is a Medical Emergency not an Emergency? (Cont'd)...

### **Heart Scare**

**R**ecently, a resident of a Cape Town retirement village experienced chest pains – often an indication of heart problems, which are common in the elderly. The nursing sister at the village’s healthcare centre called an ambulance to take the woman to the emergency room at a nearby hospital.

Blood tests were performed, and the woman, who also has memory problems, was referred to a cardiologist.

The cardiologist conducted an ultrasound scan and fitted a halter monitor to track her pulse for 72 hours.

The cardiologist concluded that there were no problems with her heart.

Days later, the medical bills began to arrive. The hospital’s emergency room charged R906, the pathology laboratory R232 and the cardiologist R2 701.

The member’s medical scheme LA Health administered by Discovery Health, did not pay any of these bills from her risk benefits. Part of the cardiologist’s bill was paid from her medical savings account wiping out the entire balance for the year. The woman had to pay the balance of the cardiologist’s bill, as well as the emergency room and pathology bills, from her own pocket.

Leon Schronen, acting principal office of LA Health, says the option to which the woman belongs pays casualty-related claims from savings accounts unless the member is admitted to hospital or the diagnosis is a PMB. He says the ambulance claim will be paid if the scheme’s designated ambulance provider was used. If not, the member will be liable for a co-payment.

LA Health’s stance on the payment of these bills is in accordance with the Council for Medical Schemes Appeal Committee’s interpretation of a scheme’s liability under the law in such cases.

In a 2011 case that came before the committee, it held that Discovery Health Medical Scheme was not liable to pay for diagnostic tests that showed that no immediate treatment was necessary, but that any emergency treatment prior to diagnosis would, in all likelihood, have to be covered.

In that case, the scheme member had experienced chest pains after a game of golf and had undergone two electrocardiogram (ECG) tests at an emergency facility. The results showed that the member did not have any heart problems. Consequently, Discovery declined to pay for the ECGs from the member’s risk benefits.

One managed healthcare provider’s tariffs for an ECG range from R94 to R628, depending on whether it is performed with or without effort (such as the effort you would exert if you were on a treadmill).

But some diagnostic tests run into thousands of rands – a CT scan, for example, can cost R7000.

Schronen says for LA Health members, the first R2000 of a CT or MRI scan done on an out-patient basis (without you being admitted to hospital) is funded from your medical savings account. The balance is paid from your risk benefits.

### **“Emergency” Defined**

**A** medical emergency, as defined in the regulations under the Medical Schemes Act, is “the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a body organ or part, or would place the person’s life in serious jeopardy”.

The appeal committee said that, in the case before it, the question of whether or not the member needed immediate treatment to prevent him from suffering serious impairment of a bodily function or serious dysfunction of an organ or to prevent him from dying, was answered only when his health problem was diagnosed.

## When is a Medical Emergency not an Emergency? (Cont'd)...

The committee's ruling says that in order for Discovery Health to be compelled to pay for its member's diagnostic tests, the definition of a medical emergency would need to state that "an immediate assessment or treatment of the condition is required in order to prevent serious impairment to bodily function or serious dysfunction of a body organ or part, or death".

The member was not treated for his chest pains, the appeal committee ruling notes. Had he been treated before the condition was correctly diagnosed, he could have claimed for this treatment because he could not be expected to wait for the diagnosis, it says.

The ruling says an emergency medical condition does not arise in all cases where a member or beneficiary or the attending medical staff merely "suspect that the member's life is in jeopardy".

It says each case must be considered on its own merits and circumstances.

Schronen says LA Health encourages members to understand their benefits, what exclusions or limits apply and the processes they need to follow.

### Lack of Understanding

**R**ajesh Patel, head of benefit and risk at the Board of Healthcare Funders, says it is not easy for medical scheme members always to understand their benefits. He says the PMBs need to be reviewed and aligned to government's policy to provide wide access to primary health care. The PMBs are badly defined, and this results in different interpretations of benefit entitlement, he says.

Patel says he believes the PMBs are discriminatory and therefore unconstitutional. For example, some autoimmune conditions, with similar therapy to other autoimmune conditions, are excluded from the PMBs, while some non-serious conditions are included.

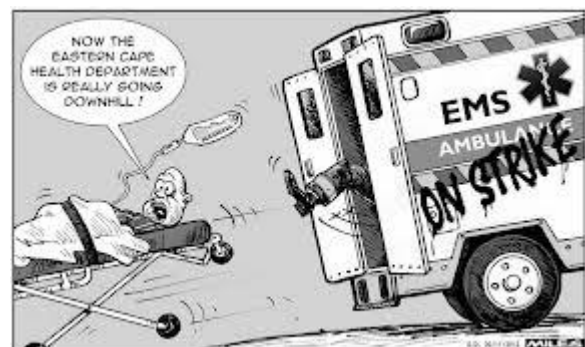
Patel says that through their choice of option, medical scheme members can decide on the level of out-of-hospital benefits they want to enjoy. When they fall ill, people may wait until the event becomes complicated and an emergency before seeking help.

He says that when you are sick, you should have access to the first point of care – typically, a general practitioner.

Patel says the current regulated minimum benefits, which list certain diseases that schemes must cover, are not ideal.

He says the solution is to review the PMBs so that they provide a more clearly defined benefit that promotes access to care for all illnesses, in line with the government's health policy.

Source: Laura Du Preez - The Independent Personal Finance 25 January 2014



## Simple Ways to Live a Healthy Lifestyle

You hear a lot about living a healthy lifestyle, enough that the phrase 'healthy lifestyle' may be one we'd like to permanently retire. The problem is, that phrase describes the life we need to live if we want to feel good and look good. So, what does it actually mean? Well, there are the obvious things that describe a healthy person: He or she doesn't smoke, is at a healthy weight, eats healthy foods and exercises on a regular basis. It sounds so simple, it's funny just how hard it is to do all of those things in our current world.

## Simple Ways to Live a Healthy Lifestyle (Cont'd)...

The good news is, you don't have to change everything at the same time. In fact, the trick to healthy living is making small changes. Take more steps each day, adding fruit to your cereal, having an extra glass of water or saying no to that second helping of buttery mashed potatoes. So, what else can you be doing to live healthy? Your first order of business is to start exercising.

### Exercise



"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

One of the biggest reasons we have a weight problem these days is because we sit around too much. We know we need to exercise, but we have so many excuses not to do it. We're too busy, don't know where to start, we're not motivated or we're afraid we'll injure ourselves or we're afraid that exercise has to be vigorous for what our bodies can handle. The truth is, everything counts and the more you move, the healthier you'll be.

It's great if you can spend time *exercising* - Meaning you're sweating, working in your target heart rate zone and/or doing something to strengthen your body. But it doesn't always have to be that way. Moderate activities like chores, gardening and walking can make a difference.

Just adding a little movement to your life can:

- Reduce the risk of heart disease, stroke and diabetes
- Improve joint stability
- Increase and improve range of movement
- Help maintain flexibility as you age
- Maintain bone mass
- Prevent osteoporosis and fractures
- Improve mood and reduce symptoms of anxiety and depression
- Enhance self esteem
- Improve memory in elderly people
- Reduce stress

So, even if you opt for small changes and a more modest weight loss, you can see the benefits are still pretty good. One study has found that just a 10% weight reduction helped obese patients reduce blood pressure, cholesterol and increase longevity. In fact, you don't even have to have a goal to lose weight, especially if you have trouble stick to a program. Why not focus on being healthy to start and worry about the weight loss once you've got some healthy habits under your belt?

### Simple Ways to Move Your Body

You can start the process of being healthy and weight loss now by adding a little more activity to your life. If you're not ready for a structured program, start small. Every little bit counts and it all adds up to burning more calories.

- **Turn off the TV.** Once a week, turn off the TV and do something a little more physical with your family. Play games, take a walk...almost anything will be more active than sitting on the couch.
- **Walk more.** Look for small ways to walk more. When you get the mail, take a walk around the block, take the dog for an extra outing each day or walk on your treadmill for 5 minutes before getting ready for work.
- **Do some chores.** Shoveling snow, working in the garden, raking leaves, sweeping the floor...these kinds of activities may not be 'vigorous' exercise, but they can keep you moving while getting your house in order.



## Simple Ways to Live a Healthy Lifestyle ( Cont'd)...

- **Pace while you talk.** When you're on the phone, pace around or even do some cleaning while gabbing. This is a great way to stay moving while doing something you enjoy.
- **Be aware.** Make a list of all the physical activities you do on a typical day. If you find that the bulk of your time is spent sitting, make another list of all the ways you could move more--getting up each hour to stretch or walk, walk the stairs at work, etc.

### Eating Well

Eating a healthy diet is another part of the healthy lifestyle. Not only can a clean diet help with weight management, it can also improve your health and quality of life as you get older. You can use the new [MyPlate](#) to determine how many calories you need and what food groups you should focus on or, if you're looking for smaller changes, you can use these tips for simple ways to change how you eat:

- **Eat more fruit.** Add it to your cereal, your salads or even your [dinners](#)
- **Sneak in more veggies.** Add them wherever you can--a tomato on your sandwich, peppers on your pizza, or extra veggies in your pasta sauce. Keep pre-cut or canned/frozen veggies ready for quick snacks.
- **Switch your salad dressing.** If you eat full-fat dressing, switch to something lighter and you'll automatically eat less calories.
- **Eat low-fat or fat-free dairy.** Switching to skim milk or fat free yogurt is another simple way to eat less calories without having to change too much in your diet.
- **Make some substitutes.** Look through your cabinets or fridge and pick 3 foods you eat every day. Write down the nutritional content and, the next time you're at the store, find lower-calorie substitutes for just those 3 items.

Find more ideas for healthy foods with this [Healthy Foods Grocery List](#).

Creating a healthy lifestyle doesn't have to mean drastic changes. In fact, drastic changes almost always lead to failure. Making small changes in how you live each day can lead to big rewards, so figure out what you can do to be healthy today. Sources: [www.about.com](#) Fentem, P H. *ABC of Sports Medicine: Benefits of exercise in health and disease*. BMJ 1994;308:1291-1295 (14 May)Goldstein DJ. *Beneficial health effects of modest weight loss*. Int J Obes Relat Metab Disord. 1992 Jun;16(6):397-415.

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## Stretch your Medical Cover over the Year

In order not to run out of medical aid benefits before year-end, follow these 10 tips and extend your medical cover.



### Use generic medicines wherever possible

You can cut the amount you spend on medicines, especially chronic medication by as much as

30% by choosing generics rather than the more expensive original if your doctor approves it. Some medical schemes make it compulsory to use a generic if it is available on the market, but check with your doctor first.

### Make sure your healthcare provider charges medical scheme rates

Some doctors and specialists charge more than the medical scheme rate. Shop around, as there are many doctors who agree to charge medical scheme rates. You will find doctors who are part of a medical scheme network will offer more affordable rates.

### Prevention is cheaper than cure

Taking preventative measures to manage your health not only saves you money in the end, but helps saves lives too. Each year, you should plan to go for tests appropriate for your age such as cholesterol, insulin, blood pressure, mammograms or prostate checks as well as dental and eye check-ups. These types of tests can pick up serious diseases such as diabetes, cancer and heart disease early on, allowing you to manage them rather than landing up in hospital. Some schemes cover these types of tests out of the risk portion of your medical scheme contribution, meaning you do not have to use your savings account to manage your health better.

## Stretch your Medical Cover over the Year (Cont'd)...

### Avoid going to specialists directly



It is easy to think that only a specialist can treat you, but many conditions that are more common can be identified and treated by your GP. Avoid going directly to a more expensive specialist, unless

recommended by your GP.

### Keep the costs of diagnostic tests low

Few people realise how much they spend on unnecessary blood tests each year. Your GP should keep a comprehensive file of all your visits and test results and build up a holistic picture of your health over time. Avoid chopping and changing doctors if at all possible, as different doctors may order the same blood tests for the same symptoms.

### Understand how your scheme works

Often medical scheme members feel baffled by the amount of information they are given about payment limits, savings accounts and in- and out-of-hospital allowances. Read all the information you can and do not be afraid to ask questions. Your financial advisor or call centre staff should be able to explain to you how much you are able to spend on different providers, such as GPs and specialists and medical procedures before having to pay out of your own pocket.

### Play by the rules

An unauthorised operation or medical procedure can be expensive, so always remember to phone ahead for pre-authorisation from your scheme. Make sure your medical scheme covers emergency events, such as car accidents, automatically. When applying for medical cover, be honest about your state of health and any pre-existing conditions, or the scheme can refuse to pay for certain treatments based on your non-disclosure.

### Keep a record

It is easy to lose track of which claims you have submitted and which have been refunded to you and

at what rate. Keep a file detailing all claims and monthly statements. This will help you manage your medical cover better and it will help you analyse whether you need to upgrade your cover to a higher option, even if it seems more expensive. A young family, for example, may find that it's more cost effective to take out day-to-day cover that covers GP visits rather than funding those visits themselves.

### Budget

While health problems are difficult to predict, it is wise to try to spread out your medical expenditure throughout the year. In winter, for example, it is more likely that you or your family will require more GP visits to treat upper respiratory infections. Plan to put extra money away each month at the beginning of the year to fund any shortfalls later on. If you require surgery, like any other service, do not be afraid to ask for a quote beforehand.

### Empower yourself

People often do not question their healthcare provider and ask if a treatment or medication is necessary or negotiate a price, because they do not have the knowledge to help them make a proper decision. Educate yourself about your health, your cover and ask your financial advisor or medical scheme for information and advice. By actively managing your health and medical cover, you can make each rand go further. Source: [By: www.biz.community.com](http://www.biz.community.com) - Andrew Edwards | 28 Jan 2014

## Reproductive Health Month – 1 to 28 February

**R**eproductive health implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. Source: [World Health Organisation](http://WorldHealthOrganisation.org) - Reproductive health

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