

Dear Member

Benefit Newsletter for 2016

COMMED continues to provide peace of mind through affordable healthcare.

Despite difficult economic conditions, the scheme acquired new members and more than doubled its membership during 2015. This growth was not without challenges, but the new membership has now settled down and we look forward to continuous and substantial growth during 2016.

Your peace of mind is important to the scheme and therefore the benefit offering was reviewed, keeping health and financial wellness in mind. We have made every effort to keep the contribution increases low, whilst enhancing the benefit offering to better take care of your healthcare needs during 2016.

In this newsletter, we highlight the contribution changes, benefit changes, service offering and provide you with additional information to enhance your overall experience with the scheme.

Please read the information carefully and should you wish to change options or require more information, please visit our website on www.commed.co.za or contact our membership department on membership@allcare.co.za

On behalf of the COMMED Board of Trustees, we thank you for your loyal support during 2015 and wish you and your loved ones a good, healthy and happy 2016.

Thabisile Mfaba
Principal Officer – Community Medical Aid Scheme

Board of Trustees: Dr TM Gumma (Chairperson), AB Mhlongo (Deputy Chairperson),
LE Ncala, PZ Monyeboodi, MM Mabaso, Dr NCOB Khalele, LT Mokhega, SP Myeza, LC Mohalaba
Principal Officer: T Mfaba

COMMUNICATION

Newsletters

Newsletters are usually distributed to members at year end to introduce the benefit enhancements and changes for the following year.

In an effort to better communicate with members, the scheme will introduce regular newsletters, focusing on specific areas to increase knowledge and enhance the member's experience with the

scheme. Some of the planned topics for the 2016 include:

- Disease Management
 - Diabetes
 - Hypertension
- Lifestyle Management
 - Know your health
 - Exercise
 - Nutrition
- Living with HIV

Brochures

Summarised brochures are distributed to all members at the

end of every year for the option which they have chosen.

Detailed brochures and benefit guidelines are available online at www.commed.co.za. Select DASHBOARD and register if you have not already done so. Once logged in, select MEMBER COMMUNICATION to access the brochures.

Dashboard

The Dashboard contains a summary of the membership, contributions, benefits, claims, communication and multimedia linked to all each member.

Once a member is registered and logged in, a menu of services will be available to select and view.

All communication to and from the scheme are captured under MultiMedia and all e-mail communication to the member from the scheme, is captured under the Communication menu.

The Dashboard also contains the benefit brochures, guidelines and lists of designated service providers.

To register, go to www.commed.co.za

Remittance Advices

Remittance advices are e-mailed to members after every payment run. Payment runs are scheduled twice per month, roughly fourteen days apart.

Members will only receive remittance advices when claims have been processed against their membership numbers.

Remittance advices are also available at any time on the DASHBOARD, under the MultiMedia menu or by calling the call centre.

Membership Certificates

Membership certificates are sent to members on request. The membership certificate may be posted or e-mailed and is available

on the DASHBOARD, under the MultiMedia menu.

Membership certificates may be requested by calling the Call Centre or by sending an e-mail to membership@allcare.co.za.

Tax Certificates

Tax certificates are automatically generated and e-mailed to all members once per year.

The Tax certificate may also be posted or e-mailed and is available on the DASHBOARD, under the MultiMedia menu.

Contribution Statements

Contribution statements are sent to members on request. The statement may be posted or e-mailed and is available on the DASHBOARD, under the MultiMedia menu.

Contribution statements may be requested by calling the Call Centre or by sending an e-mail to membership@allcare.co.za.

Savings Statements

Savings statements are sent to members on request. Statements may be posted or e-mailed and are available on the DASHBOARD, under the MultiMedia menu.

Savings statements may be requested by calling the Call Centre or by sending an e-mail to membership@allcare.co.za

Authorisation Confirmation

Currently, authorisation confirmation is only sent to hospitals directly.

We are in the process of implementing the automation of authorisation confirmation e-mails to all members where authorisations are created or amended.

Should a hospital or specialist contact the scheme directly for authorisation, a copy of the

authorisation confirmation will be e-mailed to the member.

Authorisation confirmations will be available on the DASHBOARD, under the Communication menu.

SMS

The scheme regularly shares information and news with members via SMS. Notification of new publications like tax certificates are sent to members automatically.

HOW TO ENHANCE YOUR EXPERIENCE

Who can join as your Dependants

- Your spouse or partner who you are in a permanent relationship with
- Your children up to the age of 25 years. Your child must still be financially dependant on you.
- You must register a new spouse within 30 days of your marriage.
- You must register a new-born baby within 30 days of his/her birth

Pre-Authorisation

Please be sure to obtain pre-authorisation before you go into hospital.

Authorisation must also be obtained before the following treatment:

- Renal dialysis
- Oncology and radiotherapy
- Hospice
- Step-down / Rehabilitation
- Specialised dentistry
- MRI/CAT scans
- Physiotherapy
- Hearing Aids

Generic Medication

Generic medicines are produced once the patents of the original medication has run out. The ingredients are the same as the

original patent medication. They may however not look the same, have a different name and may be in different packaging. The quality of the medication will not be affected as all generic medication must be approved by the Medicines Control Council.

By using generic medication your medication benefit will last longer and you will avoid co-payments.

Over-the-counter Medicines

You can get schedule 0, 1 and 2 medication directly from your pharmacy. This would include medication for minor ailments such as headaches, sinusitis, stomach cramps, dyspepsia, diarrhoea, coughs and colds, flu, insect bites, rashes, nausea and vomiting etc. The scheme will pay these and the cost will be deducted from your acute medicine benefit.

How to register for Chronic Medication

HEALTHCARE PROVIDERS may contact ChroniLine™ on 0860119553 to obtain pre-authorisation for chronic medication.

A ChroniLine™ pharmacist will perform the authorisation by applying criteria and clinical protocols as mandated by the medical scheme.

They will advise if the medication is authorised to be paid from the chronic benefit or not.

Additional information may be requested if needed.

OR

Members may contact ChroniLine™ on 0860119553 to enquire if prescribed medication qualifies for payment from the chronic benefit.

To obtain pre-authorisation, members must fax (0866151508/9)

or email (preauth@mediscor.co.za) the relevant doctor's prescription.

A ChroniLine™ pharmacist will perform the authorisation by applying criteria and clinical protocols as mandated by the medical scheme.

Additional information may be requested if needed.

www.mediscor.net

Remember to renew your script every six months

Designated Service Providers

To further prevent co-payments on medication please make use of the scheme's designated service providers for both acute and chronic medication:

- Pharmacy Direct
- Dischem
- Medirite
- Clicks

Emergency Services

ER24 will be your Emergency Medical Services provider with effect from 1 January 2016 and can be contacted on **084 124** in the case of a medical emergency.

Teach your family members to call **084 124** in case of an emergency and store **084 124** under "Medical Emergency" on your cell phone

In an accident, take note of road names and numbers as this will expedite the emergency response.

Should you require a **COMMED-ER24**

Vehicle decal or an ER24 cell phone sticker, you can call **COMMED** ON 0861 311 911

Motor Vehicle Accidents

Please inform the scheme as soon as possible about the accident.

The scheme will pay for the accident related costs in accordance with scheme rules and benefit schedules.

If there is a possible claim against the Road Accident Fund the scheme must be kept update on the progress of the claim. If the Road Accident fund pays for medical expenses, also paid by the scheme the scheme must be re-imbursed.

GLOSSARY EXPLAINED

Detailed definitions of important concepts and phrases

CDL – Chronic Disease List

The Chronic Disease List (CDL) specifies medication and treatment for the 25 chronic conditions that are covered in this section of the Prescribed Minimum Benefits

- Addison's disease
- Asthma
- Bronchiectasis
- Cardiac failure
- Cardiomyopathy
- Chronic obstructive pulmonary disorder
- Chronic renal disease
- Coronary artery disease
- Crohn's disease
- Diabetes insipidus
- Diabetes mellitus types 1 & 2
- Dysrhythmias
- Epilepsy
- Glaucoma
- Haemophilia
- Hyperlipidaemia
- Hypertension
- Hypertension
- Hypothyroidism
- Multiple sclerosis
- Parkinson's disease
- Rheumatoid arthritis
- Schizophrenia
- Systemic lupus erythematosus
- Ulcerative colitis
- Bipolar Mood Disorder

The Scheme has protocols, formularies and Designated Service Providers in place for the management of this benefit.

PMBs – Prescribed Minimum Benefits

PMBs remains a topic that is fairly confusing and often contentious, but at the heart of it PMBs help to ensure that members don't run out of benefits for life-threatening conditions or when they experience an emergency medical condition – in other words, when they need their medical scheme the most.

PMBs cover any emergency medical condition, a limited set of 270 medical conditions and 26 chronic conditions referred to as the Chronic Disease List (CDL).

An emergency medical condition is defined as *'the sudden and, at the time, unexpected onset of a health condition that failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction to a bodily organ or part, or would place the person's life in serious jeopardy'*.

The Council for Medical Schemes (CMS) has simplified the concept of PMBs in an easy-to-understand consumer guide, which is readily available on their website at www.medicalschemes.com

Simply select 'Publications', 'Consumer Education' and then 'Consumer Guide on Prescribed Minimum Benefits (PMBs) and Chronic Medication'. We encourage members to visit the CMS website and download this guide to learn more about PMBs.

DSP – Designated Service Provider

Designated Service Providers (doctors, pharmacists and hospitals) have been established by the scheme which should be your first choice provider when you need treatment or care for any condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP you

may have to pay a portion of your bill as a co-payment.

Tariff

All claims are paid at the Scheme Tariff which is the tariff which is negotiated with Service Providers each year. In the past medical schemes paid at either the laid down BHF or SAMA tariff – which were commonly known as “medical aid rates” and “private rates”. These tariffs no longer exist and medical schemes now negotiate the tariff they are going to pay at with the various service provider group. Hence medical schemes pay at different tariffs.

Limits

All limits indicated in the benefits tables are annual limits unless this is specifically indicated to be a different period such as “every 24 months”

Formulary

Formularies are the approved medications for conditions based on clinical protocols.

IMPORTANT CONTACT DETAILS

Commed Share Call

- 0861 311911

Dental Care Authorisation

- 0861 311 911

Ambulance Services

- 084 124

Chronic Authorisation

- 0860 119 553

Hospital Pre-Authorisation

- 0861 311 911

HIV/AIDS – Contact Lifesense

- 0860 506 080

Pharmacy Direct

- 0860 072 800

Dischem

- 011 589 2200

Medirite

- 0800 222 617

Clicks

- 0860 254 257

E-mail

- admin@allcare.co.za

SAVINGS AND THRESHOLD

The savings account concept was introduced on the De Luxe Option from January 2011. 10% of the contribution paid by the member each month is allocated to the Personal Savings Account (PSA).

All out-of-hospital benefits /expenses such as consultations, acute medicines, dentistry etc. are paid out of the PSA.

In some instances, (especially at the beginning of the year), a member's claims may be more than the amount paid into the member's PSA. To lessen the problem, Commed grants the member a credit limit equivalent to his/her expected remaining payments to the PSA for the rest of the year's membership. As claims are received and paid, the available credit in the PSA reduces.

To demonstrate how the savings option works, as a single member, once your claims reach R6 276 (annual savings amount)¹, the PSA will be spent and a member will progress into the Self Payment Gap (SPG) phase. The SPG, is equivalent to 50% of the amount paid into the member's PSA i.e. R3 138². After the R3 138 (maximum SPG amount) has been funded by the member, the member reaches the Annual Threshold (AT) and claims submitted will be paid by the Scheme subject to Scheme tariff and sub limits.

It is important for members to note that claims must at all times be submitted to the Scheme to ensure processing through the (SPG).

As per the requirements of the Medical Schemes Act, any balance left in the PSA belongs to the member and can only be used for the member's medical expenses. It is therefore in the interest of the

member to monitor the use of benefits and expenditure carefully.

Should member resign from the Scheme anytime during the financial year with utilized benefits in excess of the amount paid towards the PSA, monies owed to the Scheme will be due immediately and must be paid immediately.

GETTING HELP

Claims Enquiries

1. Call the Call Centre 08:00 to 17:00 Monday to Friday and from 08:00 to 13:00 on Saturdays
Share Call Number: 0861 311 911
2. Send an e-mail to claimsenquiries@allcare.co.za
3. Visit us at 82 Maude Street, Sandown
4. Send a “Please call” to 079 247 7678
5. Chat to us on Whatsapp on 079 247 7678

Pre-Authorisation

1. Call the Authorisations Department from 08:00 to 16:00 Monday to Friday
2. Send an e-mail to auths@allcare.co.za
3. Chat to us on Whatsapp on 079 247 7678

Membership

1. Call the Membership Department from 08:00 to 16:00 Monday to Friday
2. Send an e-mail to membership@allcare.co.za
3. Chat to us on Whatsapp on 079 247 7678

Please remember to register on the Dashboard to access your information and various publications to enhance your overall experience with the scheme.