

NEWSLETTER



Message from the Principal Officer

Dear Member

Almost without being noticed, the first quarter of this year is slipping by. Darkness comes earlier in the evenings, and getting up early is no longer such fun!

This time of the year, with little cold snaps interspersing still-hot days, we tend to be more prone to catching the flu. With the days becoming shorter and colder, we are also more likely to fall into bad habits, such as exercising less and eating more comfort foods.

Of course, this is exactly what exacerbates the lifestyle diseases that are so common these days.

Why not stop any potential health down-spiral in its tracks by having some preventative screening tests done, compliments of the Scheme (see article on the right and your member guide for more information), and then taking the necessary action before winter sets in?

Let's all take up the challenge of making our health our number one priority this year!

Yours in health,

Julia le Roux
Principal Officer of Nedgroup
Medical Aid Scheme



Want to stay out of hospital? Here's how...

If you are like most people, you probably dread the idea of being admitted to a hospital. And whereas we cannot always predict accidents or serious illnesses that may result in our ending up in one of those funny-smelling white-panelled rooms, there is quite a bit we CAN do to avoid being hospitalised due to an undetected lifestyle disease.

Every year, many of our members and their dependants end up in hospital because of previously undetected, or untreated, lifestyle diseases such as high blood pressure, high cholesterol or diabetes. Many of these diseases go undetected for many years, resulting in damage that we are not even aware of until it is (almost) too late to do anything about.

The good news is that you can pick up many of these diseases before they result in a problem, at no cost to you. Under the Scheme's Wellness Benefits offering, you and your dependants are covered for a range of preventative screening tests, including -

- pharmacy-based tests (available to members on all Plans), plus
- certain non-pharmacy-based tests (available to members on all Plans except Hospital Plan).

And what with a new benefit year having started at the beginning of this year, you and your family should have more than enough benefit available to do the necessary tests.

Read more about your Wellness Benefits in your [Member Guide](#) and minimise your chances of ending up in hospital!



Under the Scheme's pharmacy-based Wellness Benefit members can obtain screening for three of the 'Big Four' lifestyle diseases:

- **Blood pressure** – 2 tests per beneficiary per benefit year.
- **Blood glucose** (to screen for diabetes) – 2 tests per beneficiary per benefit year.
- **Cholesterol** – 2 tests per beneficiary per benefit year.

You can also choose to have multiple tests of the same type (for example, cholesterol) to the limit value of R240 per beneficiary per year, if there is a specific area of your health that needs focus.

At the pharmacy clinic the nursing sister who does the screening tests will alert you if you need to consult your GP. Please call 0860 100 080 to confirm your available benefits.

Use the Specialist Network to avoid co-payments and shortfalls

If you are planning an in-hospital medical procedure, please remember about the co-payments that you will have to make if you choose to use a specialist or GP that is NOT on the Nedgroup network, and shortfalls that will result from your healthcare provider charging more than the Medical Scheme Rate (MSR).

You are encouraged to use the [Select a Provider](#) link on the logged in member zone of the Medscheme website to find out which healthcare providers are on the Nedgroup network, or to call the Nedgroup call centre on 0860 100 080.

Healthcare providers will be on the Nedgroup network where they have contracted with the Nedgroup Medical Aid Scheme to charge Nedgroup members an agreed rate when providing treatment. These healthcare providers are shown with a network status as “contracted”. Additional healthcare providers have been added to the Nedgroup network where the Scheme Actuary has verified that the specialist is suitable for the network. These healthcare providers are shown with a network status of “verified”. Some healthcare providers will have a network status of “verified and contracted”.

The following will apply to the voluntary usage of healthcare providers for all planned in-hospital admissions, but will exclude emergencies. (In an emergency admission, treatment by a non-network healthcare provider will not incur a co-payment.):

- If the admitting healthcare provider is on the Nedgroup network, no R2 500 co-payment will apply and bills will be paid up to 2 x MSR (Medical Scheme Rate). Where the healthcare provider has a network status of “verified only”, there may be a shortfall between the rate paid by the Scheme (2 x MSR) and the rate charged by the healthcare provider. If you are planning to use a healthcare provider with a network status of “verified only” then you should negotiate the rates charged by the healthcare provider to ensure that these are within 2 x MSR reimbursed by the Scheme, or use a healthcare provider with a network status of “contracted”.
- If the admitting healthcare provider is NOT on the Nedgroup network, a R2 500 co-payment will apply. You will have to pay the co-payment to the hospital before admission. In addition, all claims by healthcare providers not on the network will be paid at 1 x MSR, which may result in further out-of-pocket costs for the member when the healthcare provider’s bill is received.



USE NETWORK HEALTHCARE PROVIDERS AND PHARMACIES FOR PRESCRIBED MINIMUM BENEFITS (PMB)

If you have a treatment plan for PMB, it is important that you consult with doctors on the Nedgroup network. This will ensure payment at Scheme-agreed rates, whereas the use of non-Network providers may result in you having to meet shortfalls. For non-Network providers the Scheme benefit will be paid at 1 x MSR and from your everyday Scheme benefits. Once your everyday Scheme benefits are exhausted (or if you have no everyday Scheme benefits), the benefit will be paid at 0.75 x MSR and you will need to pay the shortfall.

Where a healthcare provider is on the Nedgroup network but does not have a network status as “contracted”, reimbursement by the Scheme will be up to 2 x MSR and you will need to negotiate the actual rate charged by the healthcare provider to ensure that no shortfalls occur.

Where possible, Nedgroup members are encouraged to use healthcare providers on the Nedgroup network with a network status of “contracted and verified”. Where a specialist has a network status of “contracted only”, the Scheme Actuary will be monitoring the cost and outcomes from the healthcare provider’s admissions, and there is the risk that the healthcare provider will be taken off the Nedgroup network at some point in the future.

SAVINGS PLAN MEMBERS

Are you registered for chronic medicine?

As communicated in last year’s Quarter 4 newsletter, please remember that ALL your chronic medicines (Prescribed Minimum Benefits (PMB) and non-PMB) are first paid from your R8 650 chronic medicine benefit limit. Thereafter all non-PMB medicines are paid from your savings benefit, while PMB chronic medicine will be funded from the unlimited PMB benefit, subject to collection at a DSP (Nedgroup Network Pharmacy). Once your savings benefit has been depleted, you will have to pay for non-PMB chronic medicines from your own pocket.

You may want to track your benefit limits on your monthly statement, so that you can plan for the payment of any non-PMB medicines you may need after you have depleted your benefits. You can read more about your benefits in your [Plan-specific online guide](#).

HOSPITAL PLAN MEMBERS

Although your Plan aims mainly to cover your expenses if you or your dependants are hospitalised, please remember that there are two other categories of out-of-hospital benefits for which you are covered:

- [Prescribed Minimum Benefits](#)
- [Pharmacy-based Wellness Benefits](#)

You can read more about your benefits in your [Plan-specific online guide](#).

Scheme picks up fraud

The Scheme recently became aware of a type of fraud that members may commit without realising that they are doing something wrong.

A member was treated for a PMB condition that is usually paid at the Medical Scheme Rate, but which – due to its emergency status – qualified for payment at the full cost. However, it turned out that the member had also applied to the Gap cover provider for the difference, which essentially could have resulted in the member receiving double compensation. We want to alert members that this activity is viewed as fraud – please do not do this, as you will face serious consequences when the system picks up the duplication.

If you suspect a service provider, colleague or any other person or organisation of fraud, please contact the Fraud Hotline on 0800 112 811. This hotline is managed by an independent company, Tip-Offs Anonymous, and you can choose to remain anonymous. You can also email fraud@medscheme.co.za to report your suspicions.

“Thank You!”

We received a wonderful letter of thanks from a member recently, complimenting the outstanding service by one of our call-centre agents. We unfortunately don't have space for the whole letter, but would like to share a few words:

“I really do appreciate the lengths you've gone to for us today. There are still pockets of awesome service in this country.”



084 124

**IN AN EMERGENCY,
CALL ER24.**

Tell the operator that you are a Nedgroup Medical Aid Scheme member. He/she will prompt you or the caller through all the information needed. (If you are calling from outside the borders of South Africa, dial +27 10 205 3038.)



How to save costs and make your benefits last longer

Even though you are a member of a medical scheme and enjoy cover for a range of medical services and treatments, there are often instances where you also have to pay some costs out of your own pocket. You can minimise these costs in various ways:



CONSULTATIONS & PROCEDURES

Your general practitioner should always be your primary doctor. Only if the general practitioner is unable to assist you, should he or she refer you to a specialist. Certain specialists have an interest in a narrow field or specific disease profile and these specialists are sometimes referred to as “super specialists”. A super specialist should only be consulted after referral from a specialist. If you do consult a specialist, negotiate with him/her to charge the recommended tariff or to align with your treating Designated Service Provider, if he or she has opted out of charging medical scheme rates.



MEDICINES

Talk to your doctor about prescribed medicines. An alternative generic medicine may be as effective, and cost you much less. If you are too shy to approach the doctor, the dispensing pharmacist can do this for you.



CASH DISCOUNTS

Where there are discounted rates for cash members, consider paying cash and claiming from the Scheme.



HOSPITAL ADMISSIONS

If an operation is scheduled for the afternoon or evening, please arrange for the hospital admission after 12pm. That way the Scheme will only pay for the afternoon (i.e. a half-day).



GET THE INFO YOU NEED, QUICKLY

The Scheme's various communication channels make it easy for you to find the information you need to make informed decisions about your healthcare and medical expenses. Read on to see how you can keep up to date and in touch with the Scheme...

LOOKING FOR INFO?

- Website** - If you have not registered on the website member zone yet, **do so now!** Here you can access your membership certificate, claims information and tax certificates, check Medical Scheme Rates for specific treatments, find healthcare providers on the Network, and so much more!
- Plan-specific online guide** - Not always sure what information in the member guide applies to the Plan you are on? Our new **online guide** has been split per Plan, making it easier to find the information that applies to your specific Plan.
- Tax certificates** – Due to the instability of the postal service, you will now receive your tax certificate via email instead of by post. It is also available via the Self-help facility (see below) and the logged-in

member zone. Should you not have access to electronic communication channels, please ask a family member to receive your Tax certificate on your behalf to ensure successful receipt. Please call the Call centre to make an arrangement.

HAVE A QUERY?

- Live Chat** - In a hurry with your query about benefits or claims? No need to call the Call Centre or sending emails; simply use Live Chat to connect with a consultant, instantly! Available from 08:30 to 17:00, Mondays to Fridays (excluding public holidays). **Don't have it yet?** SMARTPHONE users, download **'NMAS Live Chat'** from your app store and start chatting. COMPUTER users, click the Nedchat widget in the logged-in zone of the **NMAS member zone**.
- Self-help facility** - Simply call the Call Centre on 0860 100 080, follow the member option as an existing member, choose option number 1 and follow the prompts to find the information you are looking for.
- Call Centre** - See details below on contacting us by phone, fax or email!

Contact Details

Administrator	Platinum Plan, Traditional Plan, Savings Plan and Hospital Plan	Traditional Plus Plan
	Medscheme	ONECARE Health
General Enquiries	Tel: 0860 100 080 / 011 671 6833 Fax: 0860 111 784 / 011 758 7041 Faxed accounts: 0860 111 784 Scanned accounts: Current First-Time Claims (including refund claims) nedgroup.newclaims@medscheme.co.za All claims for services rendered outside the borders of RSA Email: foreign.hos@medscheme.co.za Benefit enquiries: nedgroup.enquiries@medscheme.co.za Membership enquiries: nedgroupregistry@medscheme.co.za	Tel: 0860 103 491 Fax: 021 673 1811 Faxed accounts: 021 673 1811 Claims/scanned accounts: nedgroupclaims@onecarehealth.co.za Benefit enquiries: nedgroup@onecarehealth.co.za
ER24	Tel: 084 124 or 0861NED911 (0861 633 911)	Tel: 084 124 or 0861NED911 (0861 633 911)
Hospital Benefit Management	Tel: 0860 100 080 Fax: 0860 21 22 23 or 021 466 1913 E-mail: nedgroup.authorisations@medscheme.co.za	Tel: 0860 102 183 Fax: 021 413 0512 Email: crc@onecarehealth.co.za
HIV and AIDS Management	Programme with Aid for AIDS Tel: 0860 100 646/021 466 1700 Fax: 0800 600 773 Email: afa@afadm.co.za Website: www.aidforaids.co.za Mobi: www.aidforaids.mobi SMS: (call me) 083 410 9078	Programme with CareWorks Tel: 0860 101 110 or 021 413 1606 Fax: 0860 105 147
Oncology Management Programme (for cancer patients)	Tel: 0860 100 572 Fax: 021 466 2303 E-mail: cancerinfo@medscheme.co.za	Tel: 0860 102 183 Fax: 021 413 0512 E-mail: crc@onecarehealth.co.za or oncology@onecarehealth.co.za
Chronic Medicine Authorisation (PMB and other Scheme-approved chronic conditions only)	ScriptPharm Risk Management Tel: 010 591 0150 Fax: 086 679 1579 E-mail: nedgroup@scriptpharm.co.za Web: www.scriptnet.co.za	Scriptpharm Risk Management Tel: 010 591 0150 Fax: 086 679 1579 E-mail: onecare@scriptpharm.co.za Web: www.scriptnet.co.za
PMB Treatment Plans	Tel: 0860 100 080 E-mail: nedgroupapmb@medscheme.co.za	Tel: 0860 102 183 Fax: 021 413 0512 Email: nedgroup@onecarehealth.co.za
Nedgroup Specialist Network	Tel: 0860 100 080 Provider Look-up Tool	Tel: 0860 102 183 Provider Look-up Tool
Website	www.medscheme.co.za	www.carecross.co.za
Self Help Facility	<ol style="list-style-type: none"> Dial 0860100 080 When the following menu is read out, choose option number 1, "For Benefits, Claims and Membership related enquiries please press 1". You will then be prompted to enter your membership number, "Please enter your membership number followed by the # key". The system will recognise your medical scheme membership number and offer you the appropriate menus. 	
Nedgroup Fraud Hotline	0800 112 811	
Postal address	Nedgroup Medical Aid Scheme PO Box 74, Vereeniging, 1930	ONECARE Health, PO Box 44991, Claremont, 7735
Physical address	Nedgroup Medical Aid Scheme, 37 Conrad Road, Florida North, Roodepoort, 1709	Nedgroup Medical Aid Scheme, ONECARE Health 10 Mill Street, Newlands