



# De Beers Benefit Society Member Guide 2010

Effective 1 January 2010

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Please note that while every effort has been made to ensure the accuracy of the information contained in this Member Guide, the De Beers Benefit Society will not accept any responsibility for any inaccuracy or omission. In case of any dispute, the registered rules of the Society will apply. Copyright protected.



## Introduction

The De Beers Benefit Society has a long and proud history of offering members a cost-effective and competitive benefit structure. As a member of the Society you are assured of individual attention, excellent service and access to private health care for you and your dependants.

In this member guide, you will find the updated benefit summary for 2010, as well as comprehensive information that aims to address questions you may have about how to effectively access these benefits.

The Trustees have approved the following designated service providers for the benefit year: Chronicare Medicines as the designated service provider (DSP) for the provision of chronic medication, and all public hospitals for the delivery of prescribed minimum benefits to Society members. ER24 also remains the designated service provider for emergency air and road transport.

In order to promote the effective utilisation of medicine benefits whilst ensuring that our members have continued access to high-quality medical care, the Trustees have introduced Generic Reference Pricing (GRP). (For more detailed information in this regard, please refer to “Generic Reference Pricing” in the Definitions section.)

Please note that the Member Guide contains only a summary of the benefits that apply to Benefit Society members. In case of any dispute, the registered rules will apply. The rules are available from the Society and are also published on the Society’s website. Should you have any queries, please contact the Society on 053 807 3400, or visit the Society’s website at [www.dbbs.co.za](http://www.dbbs.co.za). You can also visit this website for easy access to all your personal medical information online.

It is never a pleasurable experience when you suddenly require health care, but we hope that this guide will assist you to obtain the assistance you require as speedily and effortlessly as possible.

Kind regards,

*Leon Coetzee*

**Principal Officer**

## Contribution table

The table below shows the total monthly contributions payable effective from 1 January 2010.

Salary/pension (R per month)	Category	Principal member	Adult dependant	Child Dependant
R 0 - R 5 000	A, B, C, D	R1 438	R1 438	R390
R 5 001 - R 7 000	E	R1 515	R1 515	R411
R7 001 - R9 000	F	R1 592	R1 592	R431
R9 001 +	G	R1 668	R1 668	R450

**i** Please note that any Company subsidy that may apply to these contributions may vary, as it is determined by your conditions of employment.

## Benefit summary table

### Please note:

- The Society's financial year is from 1 January to 31 December. Unless otherwise specified, your benefits apply to this one-year period. Benefits are not transferable from one financial year to another, from one category to another, or from one beneficiary to another.
- Waiting periods and late joiner penalties may apply to new members. For more information in this regard, please refer to the Society's rules or contact the Society.

### Abbreviations

The following abbreviations appear in the Benefit summary table:

<b>RPL</b>	– Reference Price List	<b>TTO</b>	– To-take-out (take-home from hospital) medication
<b>CDL</b>	– Chronic Disease List	<b>GP</b>	– General Practitioner
<b>OTC</b>	– Over-the-counter	<b>MRI</b>	– Magnetic Resonance Imaging
<b>DSP</b>	– Designated Service Provider	<b>CT</b>	– Computed Tomography
<b>PMB</b>	– Prescribed Minimum Benefit	<b>SEP</b>	– Single Exit Price (for medicines)
<b>SAOA</b>	– South African Optometric Association	<b>GRP</b>	– Generic Reference Pricing (for medicines)
<b>ICU</b>	– Intensive Care Unit	<b>SAOC</b>	– South African Oncology Consortium



### CONSULTATIONS

1.	GPs, specialists and registered homeopaths	<ul style="list-style-type: none"> <li>• 90% of RPL</li> <li>• Combined GP, specialist and homeopath limit of 15 visits per beneficiary</li> <li>• For elective after-hours consultations the Society's liability is limited to the RPL rate for a normal consultation</li> </ul>
2.	GP and specialist procedures	<ul style="list-style-type: none"> <li>• 100% of RPL or scheme rate</li> <li>• No authorisation required for procedures performed in doctors' consultation rooms</li> <li>• For elective after-hours consultations the Society's liability is limited to the RPL rate for a normal consultation</li> </ul>
3.	Nursing practitioner	<ul style="list-style-type: none"> <li>• 100% of RPL</li> <li>• Consultations and procedures in rooms</li> </ul>

### DIAGNOSTIC TESTING

4.	Pathology	<ul style="list-style-type: none"> <li>• 90% of RPL or scheme rate</li> <li>• Subject to request by medical practitioner</li> </ul>
5.	Radiology	<ul style="list-style-type: none"> <li>• 90% of RPL or scheme rate</li> <li>• Subject to request by medical practitioner</li> </ul>
6.	CT and MRI scans	<ul style="list-style-type: none"> <li>• 100% of RPL</li> <li>• Pre-authorisation required</li> </ul>
7.	Bone density scans	<ul style="list-style-type: none"> <li>• 100% of RPL</li> <li>• Pre-authorisation required</li> </ul>

### ONCOLOGY

8.	In and out of hospital	<ul style="list-style-type: none"> <li>• 100% of South African Oncology Consortium (SAOC) Tier 2</li> <li>• Maximum of R160 000 per beneficiary</li> <li>• Pre-authorisation required</li> </ul>
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## MEDICATION

- Please note:
1. Pharmacists are permitted to dispense generic medication unless expressly prohibited by your doctor.
  2. In circumstances where a beneficiary is due to travel outside Southern Africa, the quantity of medication supplied may be increased to a maximum of a 3-month supply, subject to pre-approval by the Society.
  3. The Generic Reference Price (GRP) will be applied to both acute and chronic medication and any medication obtained at a value above this reference price will be the member's liability. Refer to page 13 for more information.

9.	Acute medication	<ul style="list-style-type: none"> <li>• 70% of cost (SEP plus 26% limited to R26 per item, excluding VAT)</li> <li>• Limited to R2 780 per beneficiary</li> <li>• Includes homeopathic medication prescribed by a registered homeopath</li> <li>• Subject to GRP</li> </ul>
10.	Self-medication ("OTC" pharmacy benefit)	<ul style="list-style-type: none"> <li>• 70% of cost (SEP plus 26% limited to R26 per item, excluding VAT)</li> <li>• Limited to R145 per script and subject to acute medication limit of R2 780 per beneficiary</li> <li>• Subject to GRP</li> </ul>
11.	Chronic medication	<ul style="list-style-type: none"> <li>• 100% unlimited for CDL PMBs provided it is dispensed by a Society DSP</li> <li>• Subject to Society approval for other chronic conditions (see Frequently Asked Questions, page 14-15)</li> <li>• Subject to GRP</li> </ul> <p><i>Note: The overall cumulative benefit limit for both PMB and other chronic conditions (see page 14-15) is R24 650 per beneficiary per year. If this limit is reached before year-end, the PMB chronic conditions will continue to be covered in terms of PMB protocols.</i></p>
<b>DENTAL</b>		
12.	Conservative dentistry	<ul style="list-style-type: none"> <li>• 90% of RPL</li> <li>• Includes preventative and diagnostic consultations, cleaning, fillings, extractions and x-rays</li> </ul>
13.	Specialised dentistry	<ul style="list-style-type: none"> <li>• 90% of RPL</li> <li>• Limited to R5 700 per beneficiary</li> <li>• Includes crowns, dentures, bridges, implants and periodontal treatment</li> </ul> <p><i>Note: Gold fillings limited to R660 per beneficiary per year</i></p> <ul style="list-style-type: none"> <li>• Pre-authorisation required</li> </ul>
14.	Orthodontic treatment	<ul style="list-style-type: none"> <li>• 75% of RPL</li> <li>• Limited to R14 040 per beneficiary per lifetime</li> </ul> <p><i>Note: Treatment may not commence after beneficiary's 18th birthday.</i></p>
15.	General dentistry in-hospital	<ul style="list-style-type: none"> <li>• Limited to children under 9 years of age, or physically/mentally handicapped persons</li> <li>• Pre-authorisation required</li> </ul>
<b>OPTOMETRY</b>		
16.	Eye examinations	<ul style="list-style-type: none"> <li>• 90% of SA Optometrist Association (SAOA) Guide to Tariffs</li> <li>• Limited to 1 test per beneficiary per year</li> </ul> <p><i>Note: Standard limitations, as per the SAOA Guide to Tariffs, apply.</i></p>

17.	<p>Single vision lenses (incl. frame) or contact lenses</p> <p style="text-align: center;"><b>OR</b></p> <p>Bifocal or multi-/vari-focal lenses (incl. frame)</p>	<ul style="list-style-type: none"> <li>• 90% of SAOA Guide to Tariffs</li> <li>• Limited to R2 530 per beneficiary per 2-year cycle (2010 - 2011)</li> </ul> <p><i>Note: Standard limitations, as per the SAOA Guide to Tariffs, apply.</i></p> <ul style="list-style-type: none"> <li>• 90% of SAOA Guide to Tariffs</li> <li>• Limited to R3 160 per beneficiary per 2-year cycle (2010 - 2011)</li> </ul> <p><i>Note: Standard limitations, as per the SAOA Guide to Tariffs, apply.</i></p>
18.	Excimer laser eye surgery including phakic lenses	<ul style="list-style-type: none"> <li>• 50% of RPL</li> <li>• Limited to 1 procedure per eye per lifetime</li> </ul>
<b>MEDICAL EQUIPMENT</b>		
19.	External appliances	<ul style="list-style-type: none"> <li>• 50% of the cost as approved by the Society</li> <li>• Limited to R4 550 per beneficiary</li> <li>• Includes orthopaedic boots, surgical collars, external breast prosthesis, nebulisers, artificial eyes and hiring of equipment</li> <li>• Pre-authorization required</li> </ul>
20.	Colostomy bags and catheters	<ul style="list-style-type: none"> <li>• 90% of the cost as approved by Society</li> <li>• Limited to R12 180 per beneficiary</li> <li>• Pre-authorization required</li> </ul>
21.	Continuous Oxygen Supply ("COS") machine rental and/or oxygen	<ul style="list-style-type: none"> <li>• 90% of the cost as approved by Society</li> <li>• Limited to R11 120 per beneficiary</li> <li>• Pre-authorization required</li> </ul>
22.	External Prosthesis	<ul style="list-style-type: none"> <li>• 90% of the cost as approved by Society</li> <li>• Limited to R30 000 per beneficiary</li> <li>• Pre-authorization required</li> </ul>
23.	Hearing aids	<ul style="list-style-type: none"> <li>• 90% of the cost as approved by Society</li> <li>• Limited to R11 120 per beneficiary per 5-year cycle (2010 - 2014)</li> <li>• Pre-authorization required</li> </ul>
24.	Wheelchairs	<ul style="list-style-type: none"> <li>• 90% of the cost as approved by Society</li> <li>• Limited to R12 000 per beneficiary per 5-year cycle (2010 - 2014)</li> <li>• Pre-authorization required</li> </ul>
<b>AUXILLIARY HEALTH SERVICES</b>		
25.	Occupational and speech therapy	<ul style="list-style-type: none"> <li>• 90% of RPL</li> <li>• Limited to R1 810 per beneficiary</li> </ul>
26.	Physiotherapy and biokinetics	<ul style="list-style-type: none"> <li>• 90% of RPL</li> <li>• Combined physiotherapist and biokineticist limit of R5 700 per beneficiary</li> </ul>
27.	Audiology, chiropody, podiatry, chiropractic and dietician services	<ul style="list-style-type: none"> <li>• 90% of RPL</li> <li>• Combined limit of R1 240 per beneficiary for any or all services combined</li> </ul>



## OUT-OF-HOSPITAL CARE

28.	Hospice (in- and out-patient)	<ul style="list-style-type: none"> <li>• 90% of RPL at a registered hospice (Hospice Association of SA)</li> <li>• Limited to R10 500 per beneficiary</li> <li>• Pre-authorisation required</li> </ul>
29.	Private nursing and frail care by registered nurse	<ul style="list-style-type: none"> <li>• 90% of RPL</li> <li>• Limited to R7 000 per beneficiary and R132 per day</li> <li>• Pre-authorisation required</li> </ul>
30.	Mental health	<ul style="list-style-type: none"> <li>• 90% of RPL, limited to R8 050 per beneficiary</li> <li>• 100% of RPL for PMB-related services, provided a DSP is used</li> <li>• Includes consultations by psychiatrists and clinical psychologist for psychiatric and psychological conditions such as anorexia nervosa, bulimia, drug and alcohol abuse.</li> <li>• Pre-authorisation required</li> </ul> <p><i>Note: The overall cumulative benefit limit for both PMB and non-PMB conditions is R8 050 per beneficiary per year. If this limit is reached before year-end, the PMB conditions will continue to be covered in terms of PMB protocols.</i></p>

## IN-HOSPITAL

31.	Hospitalisation	<ul style="list-style-type: none"> <li>• 100% of RPL or scheme rate (scheme rate applies to network hospitals only)</li> <li>• No co-payment required</li> <li>• Pre-authorisation required</li> </ul>
32.	Professional fees in hospital	<ul style="list-style-type: none"> <li>• 100% of RPL or scheme rate (scheme rate applies to network hospitals only)</li> </ul>
33.	Surgical procedures	<ul style="list-style-type: none"> <li>• 100% of RPL or scheme rate</li> <li>• Pre-authorisation required</li> </ul>
34.	Maxillofacial and oral surgery	<ul style="list-style-type: none"> <li>• 100% of RPL or scheme rate</li> <li>• Pre-authorisation required</li> </ul>
35.	Blood transfusions	<ul style="list-style-type: none"> <li>• 100% of RPL or scheme rate</li> </ul>
36.	Psychiatric admissions	<ul style="list-style-type: none"> <li>• 100% of RPL or scheme rate</li> <li>• Limited to 21 days per beneficiary</li> <li>• Includes rehabilitation for substance abuse</li> <li>• Pre-authorisation required</li> </ul>
37.	Internal prosthesis	<ul style="list-style-type: none"> <li>• 100% of RPL or scheme rate</li> <li>• Limited to R30 000 per beneficiary</li> <li>• Pre-authorisation required</li> </ul>
38.	Cochlea implants	<ul style="list-style-type: none"> <li>• 100% of RPL or scheme rate</li> <li>• Pre-authorisation required</li> </ul> <p><i>Note: Treatment to commence prior to beneficiary's 3rd birthday, or any child dependant of 18 years or younger who meets the criteria for a cochlea implant and who was pre-lingual.</i></p>
39.	Prescribed medication	<ul style="list-style-type: none"> <li>• 100% of cost (SEP or scheme rate)</li> <li>• TTO medication (medicine to take home after discharge from hospital) subject to acute medicine limit, which carries a 30% co-payment, up to a maximum of 7 days</li> </ul>

40.	Physiotherapy	<ul style="list-style-type: none"> <li>• 100% of RPL or scheme rate</li> <li>• Pre-authorisation required</li> </ul>
41.	Pathology	<ul style="list-style-type: none"> <li>• 100% of RPL or scheme rate</li> <li>• Pre-authorisation required</li> </ul>
42.	Radiology (including MRI and CT scan)	<ul style="list-style-type: none"> <li>• 100% of RPL or scheme rate</li> <li>• Pre-authorisation required</li> </ul>
43.	Day clinic	<ul style="list-style-type: none"> <li>• 100% of RPL or scheme rate</li> <li>• Pre-authorisation required</li> </ul>
<b>EMERGENCY TRANSPORT</b>		
44.	Emergency road and air transport	<ul style="list-style-type: none"> <li>• 100% unlimited, subject to pre-authorisation by ER24</li> <li>• No benefit for use of any other ambulance services. ER24 is the DSP for all emergency and ambulance services.</li> </ul>

## Exclusions

The Society's liability is limited to expenses in respect of relevant health services as defined in the Medical Schemes Act and as provided for in the rules of the Society. Any expenses in connection with any of the following shall not be paid by the Society unless provision is made for it under prescribed minimum benefits in terms of the Act:

1. Compensation for pain and suffering, loss of income, funeral expenses or any other claim for damages.
2. Service charges that are in excess of the maximum benefits to which the member is entitled in terms of the rules.
3. Expenditure incurred by the member, or his dependants, arising from wilful, self-inflicted injury, attempted suicide or the excessive use of an intoxicating substance or drug.
4. Expenses arising from injuries sustained as a result of participation in professional sport.
5. Examinations, treatment and/or operations for cosmetic purposes, obesity, bariatric surgery, infertility, artificial insemination, impotency and any complication that may arise from such examinations or treatment.
6. Expenses incurred for recuperative or convalescent holidays.
7. Any expenses incurred outside the Republic of South Africa, Botswana, Lesotho, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe.
8. Any expenses incurred by a member or dependant during any waiting period imposed by the Society in terms of the Medical Schemes Act.



9. The Society will have no liability for “Endoscopic Disposable Stapling Devices”, when used for laparoscopically assisted vaginal hysterectomies, including the Essure Hysteroscopy Sterilisation and other stapling devices (STARR and PPH) used without prior approval from the Society.
10. Any expenses for the treatment of learning, marital and family problems.
11. Patent and household remedies.
12. Contraceptive preparations and devices.
13. Medical examination for insurance purposes.
14. Reduction mammoplasty.
15. Travel and subsistence.
16. Anti-addiction and anti-habit agents, with the exception of Antabuse.
17. All cosmetic items, including hair restorers.
18. Telephonic consultations.
19. Telephone prescriptions, other than for repeat prescriptions, may also be excluded.
20. Demand prescriptions.
21. Diagnostic preparations and instruments, soaps, shampoos and other topical applications (of a cosmetic nature), medicated or otherwise, but excluding those intended for treatment of lice, scabies and other parasitic or fungal infections.
22. Sun-screening and sun-tanning agents, except those intended for the treatment of skin disorders as authorised.
23. Homeopathic and herbal medicines and remedies purchased from anyone else than a registered homeopath.
24. Food supplements, including all patent and baby foods and special milk preparations.
25. Household bandages and dressings.
26. Syringes and needles, except for use in the treatment of diabetes.
27. All vitamins, mineral supplements, growth hormones, tonics (including Efamol G and similar products) and stimulants (e.g. Reactivan), except vitamins needed in conjunction with antibiotics, e.g. vitamin B. However, a benefit will be granted for the following:
  - a. Pre-natal vitamins and geriatric vitamins
  - b. Vitamin B tablets and ampoules if prescribed for neurological disorders, e.g. Neurobion.
  - c. Calcium supplements, when prescribed specifically for the treatment of osteoporosis.
28. Contact lens preparations.
29. Expenses for which a third party is liable, including expenses associated with occupational injuries and diseases, motor vehicle accidents and medical services covered by other forms of insurance. The Society may, at its sole discretion, provide benefits until the third party’s liability has been established, at which time the costs shall be recovered from the third party, or the member, as the case may be.

## Prescribed minimum benefits (PMBs) ▶

- **What are prescribed minimum benefits (PMBs)?**

Prescribed minimum benefits are provided for in the Medical Schemes Act (Act No 131 of 1998). In terms of the Act, medical schemes are required to cover major medical treatment (typically in-hospital treatment) for certain conditions as defined in the regulations of the Act and featured on the Chronic Disease List (CDL).

- **Prescribed minimum benefits**

The cover for PMBs is 100% of cost for diagnosis, treatment and care.

**Please note the following conditions:**

- » There is no benefit limit, provided that services are rendered by Public Hospitals and/or designated service providers (see below).
- » If you choose not to use a designated service provider, the PMB becomes subject to the normal benefit limitations and you may have to make a co-payment.
- » If a benefit that is also defined as a PMB becomes exhausted, you will have to use a designated service provider.
- » The Society will pay 100% of the cost if you involuntarily receive treatment and care for a PMB condition from a non-designated service provider in the following circumstances:
  - a. The service was not available from the designated service provider or would not be provided without unreasonable delay;

- b. Immediate medical or surgical treatment for a prescribed minimum benefit condition was necessary under circumstances or at locations where it was not practically possible to get this treatment from a designated service provider; or
- c. There was no designated service provider within reasonable distance from your home or workplace.

In view of the above, and notwithstanding any other provisions in the rules, the Society will cover in full the diagnosis, medical management and medication for prescribed chronic conditions (see p.15) to the extent that this is provided for by way of a therapeutic algorithm\* for a specified condition, as published by the Minister of Health by notice in the Government Gazette.

\* A therapeutic algorithm refers to the package of minimum benefits, e.g. tests, procedures, treatment and medication, appropriate to a specified prescribed chronic condition. This means that although PMBs are fully covered by law, this cover is not unlimited. For example, should you suffer from asthma, you will not have an unlimited choice of medication - the therapeutic algorithm will determine which appropriate medication you are entitled to.

- **Designated service providers**

The Society designates the following service providers for the delivery of PMBs to members:

- » All public hospitals
- » Chronicare Medicines
- » ER 24



## Definitions

### • **Waiting period**

A period after joining the Society during which a beneficiary is not entitled to claim any benefits if a general 3-month waiting period has been imposed. In cases where a condition-specific waiting period of 12 months has been imposed, the beneficiary is not entitled to claim any benefits related to the condition in question.

### • **Late joiner penalties**

Late joiner penalties may be imposed on beneficiaries over the age of 35. Depending on the number of years that they have not belonged to a medical aid, a late joiner penalty will be added to the member's monthly contribution in respect of the beneficiary. It is based on the total number of years the beneficiary has not been a medical aid member since the age of 35 years and is calculated as a percentage of the contribution as shown in the table below. Late joiner penalties will be applied to the contribution applicable to the beneficiary.

Penalty bands	Maximum penalty
1 – 4 years	0.05 x contribution
5 – 14 years	0.25 x contribution
15 – 24 years	0.50 x contribution
25 + years	0.75 x contribution



For more information about late joiner penalties, please refer to the Society's rules, available from the Society and on the website at [www.dbbs.co.za](http://www.dbbs.co.za).

### • **Dependant**

- » A member's spouse or partner who is not a member, or a registered dependant of a member, of another medical scheme; or
- » A member's child who is dependent on the member and is not a member, or a registered dependant of a member, of another medical scheme; or
- » Someone in the member's immediate family for whom the member is liable for family care and support; or
- » The ex-spouse of a member who joined the Society as a result of the transfer of De Beers employees from the Anglo American Corporation Medical Scheme (AACMED) to the Society in 2002, and who was registered as a dependant of this member in terms of the rules of AACMED.

### • **Child**

A natural child, stepchild or legally adopted child of a member, or a child who has been placed by a competent authority in the custody of the member or his spouse or partner, or the child born by a member's natural child, or a stepchild or legally adopted child who is registered as a dependant at the time of the birth of such a child.

### • **Child dependant**

A dependent child who is under the age of 26.

### • **Dependent child**

- » A child under the age of 21; or
- » A child over the age of 21, but under the age of 26, who is not in receipt of a regular income of more than R2 500 per month; or

- » A child over the age of 21 who, due to a mental or physical disability, is dependent upon the member.

- **Reference Price List (RPL)**

Benefits are calculated according to the Reference Price List (RPL), except where preferred provider arrangements have been concluded at the scheme rate.

The RPL was established by the Council for Medical Schemes and the Board of Healthcare Funders as a guideline for annual tariff increases by service providers (e.g. doctors and hospitals) and benefit increases by medical schemes.

Where a service provider charges in excess of the RPL tariff, the Society will settle this account in full with the service provider, unless the service provider charges more than the scheme rate, in which case only the Society's liability will be paid to the service provider. However, your benefit will remain based on the RPL tariffs and the difference will be deducted from your salary or pension. If you do not want the Society to pay the higher tariff, please notify the Society in writing and all accounts will only be settled directly with the service provider in terms of the Society's liability according to the rules.

- **Scheme rate**

This rate refers to the reimbursement rate negotiated with service providers making use of authorised preferred provider network hospitals. Where no such rate exists, the Reference Price List rate will apply.

- **Generic Reference Pricing (GRP)**

Generic Reference Pricing is a tool used in the healthcare industry to promote the effective utilisation of medicine benefits while ensuring patients continued access to high quality care. The GRP model calculates the average price of generically equivalent products that have been grouped together

(generically equivalent products are those that are identical in terms of active ingredient and strength). This average price is reviewed by a panel of clinical experts to ensure the appropriateness thereof as well as the availability of products contained within this reference price. Patients claiming for products priced above the reference price will be subject to an additional co-payment calculated as the difference between the claimed amount and the reference price.

Only if your doctor can give proof that the specific generic medicine has been shown in clinical trials to be less effective than the original brand-name medicine, will a benefit be granted for non-generic medicines.

- **Pre-authorisation**

Pre-authorisation means obtaining prior approval for a benefit in terms of the rules, for example for the provision of chronic medication and the prior approval of any planned admission to a hospital. This includes an associated treatment or procedure (also dental procedures) performed during hospitalisation. In the case of emergency hospitalisation, the Society must be notified within 24 hours or on the first working day after such an admission or treatment was initiated. In cases where the required pre-authorisation is not obtained, no benefit will apply.

## Frequently asked questions

### A. Medication

- **Where can I collect acute medication?**

If you live in the vicinity of the Kimberley, Lime Acres and Cullinan dispensaries, you may collect your acute medication from them at an agreed lower tariff, and no additional administration levies will be charged (as is generally the case with other retail pharmacies).



If this is not convenient, you may also collect your acute medication from any other retail pharmacy in South Africa. If you choose this option, it is important that you check that the pharmacy charges the current SEP with a professional fee added at 26%, limited to a maximum of R26 per item dispensed. If a higher pricing structure applies, you will have to pay the difference as an additional administration levy. This is in addition to the normal 30% co-payment in terms of the rules of the Society for acute medicines.

It is also possible to have your acute medication delivered with your chronic medication, provided that it is available from Chronicare and ordered along with your chronic medication. Please see the information on chronic medication below for more information.

- **How do chronic medication benefits work?**

If you or any of your dependants suffer from the chronic conditions listed below and require chronic medication, your doctor must register you (or your dependants) on the Society's Chronic Medication Programme and obtain authorisation before prescribing chronic medication by calling 086 000 4747.

Once you have been registered on the programme and the proper authorisation has been granted, the Society will pay 100% of the cost, on the condition that you obtain your chronic medication from the DSP (Chronicare), and subject to the limits as described on page 6. Please note that if you receive original brand-name medicine, and not a generic equivalent (subject to GRP), you will be liable for a co-payment. If you do not register on the Chronic Medication Programme, or do not obtain your medication from the DSP, the cost of your chronic medication will be deducted from your

acute medication benefits and you will be liable for the 30% co-payment of the acute benefit provided for.

- **Information 1:** All prescriptions are only valid for 6 months from the date of issue. Members must obtain a new prescription before this period expires.
- **Information 2:** Please note that homeopathic medication does not qualify for chronic medication benefits.

- **What process must be followed before I can get my chronic medication?**

Once you have been registered on the Society's Chronic Medication Programme and the proper authorisation has been granted for your medication, fax your prescription to 086 688 0070 or email it to [info@chronicare.co.za](mailto:info@chronicare.co.za). Please note that this does not automatically instruct Chronicare to forward your chronic medication. You have to give them specific instruction that they must forward your medication, specifying each item required and providing your preferred delivery method, address and contact numbers.

- **Where can I get my chronic medication?**

If you live in the vicinity of the Kimberley, Lime Acres and Cullinan dispensaries, or the Namaqualand Pharmacy in Springbok (for members living in this area), you may collect your chronic medication from them. If collection is not possible, your chronic medicine will be delivered to you free of charge by Chronicare, either via courier or to your nearest post office. You will be notified via SMS by Chronicare when medicine is dispatched.

Generic Reference Pricing (GRP) applies to both acute and chronic medication. See page 13 for details.



- **What chronic illnesses are covered?**

Prescribed minimum benefit (PMB) chronic conditions (as per the CDL):

- |  |                                   |
|--|-----------------------------------|
| 1. Addison's Disease                     | 14. Epilepsy                      |
| 2. Asthma                                | 15. Glaucoma                      |
| 3. Bipolar Mood Disorder                 | 16. Haemophilia*                  |
| 4. Bronchiectasis                        | 17. HIV/AIDS                      |
| 5. Cardiac Failure                       | 18. Hyperlipidaemia               |
| 6. Cardiomyopathy Disease                | 19. Hypertension                  |
| 7. Chronic Obstructive Pulmonary Disease | 20. Hypothyroidism                |
| 8. Chronic Renal Disease                 | 21. Multiple Sclerosis*           |
| 9. Coronary Artery Disease               | 22. Parkinson's Disease           |
| 10. Crohn's Disease                      | 23. Rheumatoid Arthritis          |
| 11. Diabetes Insipidus*                  | 24. Schizophrenia                 |
| 12. Diabetes Mellitus Type 1 and 2       | 25. Systemic Lupus Erythromatosis |
| 13. Dysrhythmias                         | 26. Ulcerative Colitis            |

In addition to the above chronic conditions, the Society will also cover the following conditions (which do not qualify for PMBs and are subject to the annual chronic medication limit):

- |  |  |
|--|--|
| 1. Acne*                                     | 17. Motor Neuron Disease   |
| 2. Allergic Rhinitis*                        | 18. Myasthenia Gravis  |
| 3. Alzheimers Disease*                       | 19. Osteoarthritis   |
| 4. Ankylosing Spondylitis                    | 20. Osteoporosis*  |
| 5. Benign Prostatic Hypertrophy              | 21. Paget's Disease  |
| 6. Cushing's Disease                         | 22. Paraplegia, Quadriplegia*  |
| 7. Cystic Fibrosis*                          | 23. Peripheral Vascular Disease  |
| 8. Deep Vein Thrombosis                      | 24. Pituitary Adenomas   |
| 9. Gastro-Oesophageal Reflux Disorder*       | 25. Psoriasis  |
| 10. Gout*                                    | 26. Pulmonary Interstitial Fibrosis  |
| 11. Hyperpara-thyroidism                     | 27. Stroke / Cerebro-vascular Accident   |
| 12. Hyperthyroidism                          | 28. Systemic Connective Tissue Disorders (incl. Scleroderma & Dermatomyositis) |
| 13. Hypoparathyroidism                       | 29. Attention Deficit Hyperactivity Disorder                                   |
| 14. Major Depression                         |  |
| 15. Ménière's Disease*                       |  |
| 16. Menopausal and Peri-menopausal Disorders |  |

\* Under certain conditions only. Please contact the Society for details in this regard.

## B. Hospitalisation

### • What must I do if I require hospitalisation?

All admissions to hospital require pre-authorisation, which can be obtained by contacting the Society toll-free at 0800 111 669.

The Society has a preferred provider arrangement with a number of hospitals throughout South Africa. These hospitals are known as 'network hospitals'. If you have a procedure for which you have obtained pre-authorisation from the Society at a network hospital, you will not have to pay any additional charges from the hospital. (See the List of network hospitals from p 18).

Please note that if you have a procedure for which you have obtained pre-authorisation from the Society at a non-network hospital, you may not receive the same level of benefit as you would have if you had used a network hospital.

The Society will settle the account directly and in full if the procedure is for a day admission, i.e. admitted and discharged on the same day. Should you have to stay overnight or longer, the Society will only settle the account at RPL rates and you will be liable for any difference.

Please remember that when you are in hospital, there are also other costs to consider apart from the actual hospitalisation, e.g. for specialists. It is your responsibility to check what the specialists' charges will be and what portion will be covered by the Society. If the service providers charge in excess of the RPL tariffs, the Society will apply the scheme rate to these claims only if the hospitalisation has been pre-authorised at a network hospital.

### • How can I minimise costs not covered by the Society should I need to have an operation?

Find out from your referring doctor or specialist what service providers (other than the network hospital) will be involved in your case, for example:

- » the surgeon(s)
- » the anaesthetist
- » any doctors or specialists assisting the surgeon
- » follow-up treatments in hospital, such as physiotherapy, pathology tests, x-rays, etc.

Ask the doctors/service providers what they will charge in comparison with the RPL tariffs. (You can also phone the Society on 053 807 3400 for information on RPL tariffs.) Try to negotiate with all your service providers to charge the RPL tariff if they quote a higher rate. If you are not successful, consider using an alternative specialist.

**If you need emergency assistance,  
contact ER24 at:**

**084 124 (South Africa)**

**+27 390 1601 (Botswana)**

**+27 11 847 4424 (Lesotho/Swaziland)**

**+27 61 230 505 (Namibia)**

## C. Emergencies

- **What happens if I need to be admitted to hospital in case of an emergency?**

The Society will cover the hospital and specialist charges for emergency\* hospital admissions at cost, provided that the Society is informed on the next working day.

\* Definition of emergency: The sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide such medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the patient's life in serious danger.

- **What if I need an ambulance in an emergency?**

You and your registered dependants are covered in South Africa, Botswana, Namibia, Lesotho and Swaziland and have unlimited access to emergency medical transportation 24 hours a day, provided that this is authorised by ER24.

### Services offered by ER24:

- » 24-hour access to the ER24 Emergency Call Centre
- » Dispatch of emergency response
- » Medical transportation by ambulance or aircraft
- » Authorised inter-hospital transfers

In addition to emergency transportation, you will also receive emergency medical advice and assistance. ER24's operators will guide you through a medical crisis situation, provide emergency advice and organise for you to receive the support you need – available at all times.


## D. General

- **How much time do I have to claim?**

Please submit your claims as soon as possible, but no later than four months from the date on which the service was rendered. In terms of the Medical Schemes Act, claims not submitted within four months will not be paid by the Society.

- **What do I do if I suspect that someone is defrauding the Benefit Society?**

Phone the Society's toll-free Fraud Line on 0800 204 724 or use the anonymous email facility on [www.dbbs.co.za](http://www.dbbs.co.za) (under Fraud).

 All calls and emails will be treated confidentially and you will not have to disclose any personal details. Please give as much detail about the suspected instance of fraud as possible to assist in the investigation.

- **Can I belong to more than one medical scheme?**

No. It is illegal to belong to more than one medical scheme at the same time.

- **How can I ensure that my GP and other health-care service providers are paid timeously?**

In the interest of efficiency and reduced risk insofar as fraud is concerned, the Society's policy is to pay all service providers only via electronic funds transfer (EFT). In view of this, members are encouraged to advise their service providers accordingly to ensure that they receive their payment timeously.



## List of network hospitals



TOWN	HOSPITAL NAME	TEL. NUMBER	STREET ADDRESS
<b>Western Cape</b>			
Athlone	Gatesville Medical Centre	(021) 637-8100	Clinic Road, Gatesville
Bellville	Cape Eye Hospital	(021) 948-8884	Cnr Oosterzee & DJ Wood Way
Bellville	Louis Leipoldt Medi-Clinic	(021) 957-6000	Broadway
Cape Town	Cape Town Medi-Clinic	(021) 464-5500	21 Hof Street, Oranjezicht
Cape Town	UCT Private Academic Hospital	(021) 442-1800	D 18 New Main Building, Anzio Road, Observatory
Ceres	Ceres Private Hospital	(023) 316-1304	2 Faure Street
Durbanville	Durbanville Medi-Clinic	(021) 980-2100	45 Wellington Road
George	Geneva Medi-Clinic	(044) 873-6200	7 Varing Avenue, Dornehlsdrift
George	George Medi-Clinic	(044) 803-2000	Cnr York Street & Gloucester Avenue
Hermanus	Hermanus Medi-Clinic	(028) 313-0168	Hospital Street
Knysna	Knysna Private Hospital	(044) 384-1083	Hunters Drive
Milnerton	Milnerton Medi-Clinic	(021) 529-9000	Cnr Racecourse & Koeberg Roads
Mitchells Plain	Mitchells Plain Medical Centre	(021) 392-3126	Symphony Walk, Town Centre
Mossel Bay	Bayview Hospital	(044) 691-3718	Cnr Alhof Drive & Ryk Tulbach Street
Oudtshoorn	Klein Karoo Medi-Clinic	(044) 272-0111	185 Church Street
Paarl	Paarl Medi-Clinic	(021) 807-8000	Berlyn Street, Noorder Paarl
Parow	Panorama Medi-Clinic	(021) 938-2111	Rothschild Boulevard, Panorama
Plettenberg Bay	Plettenberg Bay Medi-Clinic	(044) 501 5100	Muller Street, Plettenberg Bay
Plumstead	Constantiaberg Medi-Clinic	(021) 799-2911	Burnham Road
Somerset West	Vergelegen Medi-Clinic	(021) 850-9000	Main Road, Somerset West
Stellenbosch	Stellenbosch Medi-Clinic	(021) 861-2000	Cnr Saffraan & Rokewood Avenue



Strand	Medi-Clinic Strand	(021) 854-7663	Altena Road
Vredenburg	West Coast Private Hospital	(022) 719-1030	22 Voortrekker Road
Worcester	Worcester Medi-Clinic	(023) 348-1500	67 Fairbairn Street

Northern Cape			
Alexander Bay	Alexkor Hospital	(027) 831-1453	Hospital Street
Kathu	Kathu Medi-Clinic	(053) 723-3231	Frikkie Meyer Road
Kimberley	Kimberley Medi-Clinic	(053) 838-1111	177 Du Toitspan Road
Nababeep	Nababeep Private Hospital	(027) 713-8360	Hill Street
Upington	Upington Medi-Clinic	(054) 338-8900	Cnr 4th Avenue & Du Toit Street

Gauteng			
Alberton	Mulbarton Hospital	(011) 432-3930	25 True North Road
Alberton	Clinton Clinic	(011) 724 2300	62 Clinton Road, New Redruth
Alberton	Union Hospital	(011) 724-2000	47 Clinton Road, New Redruth
Bedfordview	Bedford Gardens Private Hospital	(011) 677-8500	7 Leicester Road
Benoni	The Glynnwood Nursing Home	(011) 422-1970	33-35 Harrison Street
Benoni	Sunshine Hospital	(011) 420-3000	1522 Soma Street, Actonville
Benoni	Optiklin Eye Hospital	(011) 918-5478	104 Klein Street, Lakefield Ext
Boksburg	Sunward Park Hospital	(011) 897-1600	Cnr Kingfisher Avenue & Bert Lacey Drive
Brakpan	Dalview Clinic	(011) 740-9026	11 Hendrik Potgieter Road
Bryanston	Sandton Medi-Clinic	(011) 709-2000	Cnr Peter Place & Hendrik Verwoerd Drive
Cramer View	Medfem Clinic	(011) 463-2244	Cnr Peter Place & Nursery Road, Bryanston
Halfway House	Carstenhof Clinic	(011) 655-5500	21 Dane Road, Glen Austin, Midrand
Heidelberg	Suikerbosrand Clinic	(016) 349-2431	Cnr H F Verwoerd & Maré Streets



Honeydew	Wilgeheuwel Hospital	(011) 796-6500	Amplifier Road, Radio Kop Ext 13, Roodepoort
Johannesburg	Brenthurst Clinic	(011) 647-9000	4 Parklane Road, Parktown
Johannesburg	Wits University Donald Gordon Medical Centre	(011) 356-6000	21 Eton Road, Parktown
Johannesburg	Garden City Hospital	(011) 495-5000	Bartlett Road, Mayfair West
Kempton Park	Arwyp Medical Centre	(011) 922-1000	20 Pine Avenue
Krugersdorp	Bellstreet Hospital	(011) 954-1023	Cnr Bell & Shannon Road, Noordheuwel
Krugersdorp	Krugersdorp Hospital	(011) 951-0200	9 Burger Street
Lenasia	Lenmed Clinic	(011) 213-2000	Marlin Avenue, Lenasia Ext 8
Morningside	Morningside Medi-Clinic	(011) 282-5000	Cnr Rivonia & Hill Roads
Primrose	Roseacres Clinic	(011) 842-7500	Lower Main Reef Road, Germiston
Randfontein	Robinson Hospital	(011) 278-8700	Hospital Street
Soweto	Tsepo Themba Clinic	(011) 983-0300	Dobsonville Road, Dobsonville
Springs	Springs Parkland Hospital	(011) 812-4000	Artemis Road, Pollak Park
Springs	St Mary's Women's Clinic	(011) 815-6885	15 Middlesex Street, Springs Ext
Vanderbijlpark	Emfuleni Medi-Clinic	(016) 950-8000	6 Jan van Riebeeck Boulevard
Vereeniging	Vereeniging Medi-Clinic	(016) 440-5000	Cnr Hofmeyer Avenue & Joubert Street
Weltevreden Park	Flora Clinic	(011) 470-7777	William Nicol Drive

Pretoria			
Mabopane	Legae Medi-Clinic	(021) 797-8000	Lucas Mangope Highway
Pretoria	Medforum Medi-Clinic	(012) 317-6700	412 Schoeman Street
Pretoria	Muelmed Medi-Clinic	(012) 440-0600	577 Pretorius Street, Arcadia
Pretoria	Sunnyside Medi-Clinic	(012) 341-8217	132 Cilliers Street
Pretoria	Medi-Clinic Heart Hospital	(012) 440-0200	551 Park Street, Arcadia



Pretoria	Kloof Hospital	(012) 367-4000	511 Jochemus Street, Erasmuskloof
Pretoria	Pretoria Urology	(012) 423-4000	Cnr Grosvenor & Pretorius Street, Hatfield
Pretoria	Pretoria Eye Institute	(012) 343-5873	630 Schoeman Street, Arcadia
Pretoria	Little Company of Mary Hospital - For Radiotherapy only	(012) 452-9400	576 Schoeman Street, Arcadia

Free State			
Bethlehem	Hoogland Medi-Clinic	(058) 307-2000	De Leeuw Street
Bloemfontein	Bloemfontein Medi-Clinic	(051) 404-6666	Cnr Kellner Street & Parfitt Avenue, Westdene
Bloemfontein	Bloemfontein Eye Centre - For Ophthalmology only	(051) 520 1262	Pasteur Drive, Hospital Park
Bloemfontein	Rosepark - For Radiotherapy only	(051) 505 5111	57 Gustav Crescent, Fichardtspark
Frankfort	Riemland Kliniek	(058) 813-2771	Cnr Collin & Frankfort Street
Kroonstad	Kroon Hospital	(056) 215-1881	North Road
Welkom	Welkom Medi-Clinic	(057) 916-5555	Meulen Street

Eastern Cape			
East London	East London Private Hospital	(043) 722-3128	32 Albany Street
East London	St Dominic's Hospital	(043) 743-4303	45 Marks Road, Southernwood
East London	St James' Hospital	(043) 722-9685	36 St James Road, Southernwood
King William's Town	Grey Monument Hospital	(043) 643-3522	Lonsdale Road
Port Elizabeth	Mercantile Hospital	(041) 401-2700	Cnr Kempston & Duban Roads, Korsten
Port Elizabeth	St Georges Hospital	(041) 392-6111	40 Park Drive
Queenstown	Queenstown Private Hospital	(045) 838-4110	Cnr, Griffith & Ebdon Streets
Uitenhage	Cuyler Clinic	(041) 991-1331	34 Cuyler Street
Umtata	St Mary's Private Hospital	(047) 531-2911	30 Durhan street



North West			
Brits	Brits Medi-Clinic	(012) 252-8000	8 Church Street
Fochville	Fochville Hospital	(018) 771-2021	3rd Street
Klerksdorp	Anncron Clinic	(018) 468-1031	Cnr Brady & Hartley Streets, Witkoppies
Mafikeng	Victoria Hospital	(018) 381-2043	Victoria street
Potchefstroom	Potchefstroom Medi-Clinic	(018) 293-0244	66 Meyer Street
Rustenburg	Peglerae Hospital	(014) 597-2680	173 Wolmarans Street
Vryburg	Vryburg Private Hospital	( 053) 927-1004	67 Molopo Street

Limpopo			
Lephalala	Marapong Private Hospital	(014) 768-2380	Marapong Residential Area
Louis Trichardt	Zoutpansberg Private Hospital	(015) 516-0720	47 Joubert Street
Polokwane	Limpopo Medi-Clinic	(015) 290-3600	Cnr Thabo Mbeki & Burger Streets
Thabazimbi	Curamed Thabazimbi Hospital	(014) 777-2097	1 Hospital street
Tzaneen	Tzaneen Medi-Clinic	(015) 306-8500	Wolkberg Drive, R71
Warmbaths	St Vincent's Hospital	(014) 736-2310	Meiminger street, Bela Bela

Mpumalanga			
Barberton	Barberton Medi-Clinic	(013) 712-4279	Cnr Sheba & Havelock Streets
Bronkhorst-spruit	Bronkhorstspruit Hospital	(013) 932-9700	1 Barney Hurwitz Lane
Ermelo	Ermelo Medi-Clinic	(017) 801-2600	Cnr Camden & Melmetz Streets
Middelburg	Middelburg Private Hospital	(013) 283-8700	Cnr Mark & Joubert Street
Nelspruit	Nelspruit Medi-Clinic	(013) 759-0500	1 Louise Street, Sonheuwel

Secunda	Secunda Medi-Clinic	(017) 631-1772	Heunis Street, Secunda
Secunda	Highveld Medi-Clinic	(017) 638-8000	Voortrekker Street, Trichardt
Witbank	Cosmos Hospital	(013) 656-6524	Cosmos Building, President Street

Kwa-Zulu Natal			
Amanzimtoti	Kingsway Hospital	(031) 904-3600	607 Kingsway Road
Durban	Entabeni Hospital	(031) 204-1300	148 South Ridge Road, Berea
Empangeni	Empangeni Garden Clinic	(035) 902-8000	Cnr Ukula and Biyela Streets
Howick	Howick Private Hospital	(033) 330 - 2456	107 Main Street
Ladysmith	La Verna Hospital	(036) 631-0065	1 Convent Road
Margate	Margate Hospital	(039) 317-3201	24 Wartski Drive
Newcastle	Newcastle Private Hospital	(034) 317-2990	Cnr Hospital & Birch Streets
Phoenix	Mount Edgecombe Hospital	(031) 539-3311	163/179 Redberry Road, Rockford
Pietermaritzburg	Pietermaritzburg Medi-Clinic	(033) 845-3700	90 Payne Street
Pongola	Pongola Hospital	(034) 413-1372	82 Hansdons Street
Port Shepstone	Hibiscus Hospital	(039) 682-4882	George Street
Richards Bay	The Bay Hospital	(035) 789-1234	Krugerrand CBD
Tongaat	Victoria Hospital	(032) 944-5061	35 High Street
Umhlanga	Umhlanga Hospital	(031) 560-5500	323 Umhlanga Rocks Drive
Underberg	Riverview Country Hospital	(033) 701-1911	1 Umzimkulu, Road
Westville	Westville Hospital	(031) 265-0911	Spine Road

***Even though not listed above, day clinics, psychiatric hospitals and step-down facilities may also be used, provided pre-authorisation from the Society has been obtained.***



A registered medical scheme  
Registration no. 1068