



De Beers Benefit Society Member Guide 2011

Effective 1 January 2011

A registered medical scheme. Registration no. 1068

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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 2011, 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:

- Clicks **direct**medicines (CDM), part of the Clicks group, has been appointed as the new designated service provider (DSP) for the provision of chronic medicines via courier/post (for those members unable to collect from the Healthcare Pharmacy in Kimberley, Lime Acres Pharmacy, Premier Mine Hospital Dispensary in Cullinan, the Namaqualand Pharmacy in Springbok or directly from Dr HA Burger in Springbok).
- All public hospitals for the delivery of prescribed minimum benefits to Society members.
- ER24 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, Generic Reference Pricing (GRP) applies to all medicines. (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. You can also visit this website for easy access to all your personal medical information online, provided you have registered to use this facility.

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 2011.

Income	Category	Adult	Child Dependant
< R7000	A – E	R 1694	R 460
R7001 – R9000	F	R 1780	R 482
R9001+	G	R 1865	R 503



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:

RPL – The DBBS benefit rate payable for services rendered	TTO – To-take-out (take-home from hospital medication)	GRP – Generic Reference Pricing (for medicines)
CDL – Chronic Disease List	GP – General Practitioner	SAOC – South African Oncology Consortium
OTC – Over-the-counter	MRI – Magnetic Resonance Imaging	MCC – Medicines Control Council
DSP – Designated Service Provider	ICU – Intensive Care Unit	CDM – Clicks direct medicines
PMB – Prescribed Minimum Benefit	CT – Computed Tomography	
SAOA – South African Optometric Association	SEP – Single Exit Price (for medicines)	



PRESCRIBED MINIMUM BENEFITS (PMB's)		
1.	Statutory Prescribed Minimum Benefits	<ul style="list-style-type: none"> • 100% of cost • Services rendered by public hospitals and / or designated service providers. • This condition overrides all other conditions below.
CONSULTATIONS		
2.	GPs, specialists and registered homeopaths	<ul style="list-style-type: none"> • 90% of RPL • Combined GP, specialist and homeopath limit of 15 visits per beneficiary
3.	GP and specialist procedures	<ul style="list-style-type: none"> • 100% of RPL • No authorisation required for procedures performed in doctors' consultation rooms
4.	Nursing practitioner	<ul style="list-style-type: none"> • 100% of RPL • Consultations and procedures in rooms
DIAGNOSTIC TESTING		
5.	Pathology	<ul style="list-style-type: none"> • 90% of RPL (out of hospital) • Subject to request by medical practitioner
6.	Radiology	<ul style="list-style-type: none"> • 90% of RPL (out of hospital) • Subject to request by medical practitioner
7.	CT and MRI scans	<ul style="list-style-type: none"> • 100% of RPL • Limited to 3 scans per beneficiary per year • Pre-authorisation required
8.	Bone density scans	<ul style="list-style-type: none"> • 100% of RPL • Pre-authorisation required
ONCOLOGY		
9.	Treatment in and out of hospital	<ul style="list-style-type: none"> • 100% of SAOC up to Tier 2 • Maximum of R168 000 per beneficiary • Pre-authorisation required


MEDICATION

- Please note:
1. Pharmacists are obliged to dispense generic medication unless expressly prohibited in writing by your doctor, on the prescription.
 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 15 for more information.

10.	Acute medication	<ul style="list-style-type: none"> • 70% of cost (SEP plus 26% limited to R26 per item, excluding VAT) • Limited to R2 920 per beneficiary • Includes homeopathic medication prescribed by a registered homeopath • Subject to GRP
11.	Self-medication ("OTC" pharmacy benefit)	<ul style="list-style-type: none"> • 70% of cost (SEP plus 26% limited to R26 per item, excluding VAT) • Maximum R145 per script and subject to acute medication limit of R2 920 per beneficiary • Subject to GRP
12.	Chronic medication	<ul style="list-style-type: none"> • 100% unlimited for CDL PMBs provided it is dispensed by a Society DSP • Subject to Society approval for other chronic conditions (see Frequently Asked Questions, page 15-16) • Subject to GRP <p><i>Note: The overall cumulative benefit limit for both PMB and other chronic conditions (see page 15-16) is R25 880 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, provided the DSP is used.</i></p>

DENTAL

13.	Conservative dentistry	<ul style="list-style-type: none"> • 90% of RPL • Includes preventative and diagnostic consultations, cleaning, fillings, extractions and x-rays
14.	Specialised dentistry	<ul style="list-style-type: none"> • 90% of RPL • Limited to R5 990 per beneficiary • Includes crowns, dentures, bridges, implants and periodontal treatment <p><i>Note: Gold fillings limited to R660 per beneficiary per year</i></p> <ul style="list-style-type: none"> • Pre-authorisation required

15.	Orthodontic treatment	<ul style="list-style-type: none"> 75% of RPL Limited to R14 750 per beneficiary per lifetime <p><i>Note: Treatment may not commence after beneficiary's 18th birthday.</i></p>
16.	General dentistry in-hospital	<ul style="list-style-type: none"> Limited to children under 9 years of age, or physically/mentally handicapped persons Pre-authorization required
OPTOMETRY		
17.	Eye examinations	<ul style="list-style-type: none"> 90% of SAOA Guide to Tariffs Limited to 1 test per beneficiary per year <p><i>Note: Standard limitations, as per the SAOA Guide to Tariffs, apply.</i></p>
18.	Single vision lenses (incl. frame) or contact lenses  Bifocal or multi-/vari-focal lenses (incl. frame)	<ul style="list-style-type: none"> 90% of SAOA Guide to Tariffs Limited to R2 530 per beneficiary per 2-year cycle (2010 - 2011) <p><i>Note: Standard limitations, as per the SAOA Guide to Tariffs, apply.</i></p> <ul style="list-style-type: none"> 90% of SAOA Guide to Tariffs Limited to R3 160 per beneficiary per 2-year cycle (2010 - 2011) <p><i>Note: Standard limitations, as per the SAOA Guide to Tariffs, apply.</i></p>
19.	Excimer laser eye surgery including phakic lenses	<ul style="list-style-type: none"> 50% of RPL Limited to 1 procedure per eye per lifetime
MEDICAL EQUIPMENT		
20.	External appliances	<ul style="list-style-type: none"> 50% of the cost as approved by the Society Limited to R4 780 per beneficiary Includes orthopaedic boots, surgical collars, external breast prosthesis, nebulisers, artificial eyes and hiring of equipment Pre-authorization required
21.	Colostomy bags and catheters	<ul style="list-style-type: none"> 90% of the cost as approved by Society Limited to R12 780 per beneficiary Pre-authorization required



22.	Continuous Oxygen Supply ("COS") machine rental and/or oxygen	<ul style="list-style-type: none">• 90% of the cost as approved by Society• Limited to R11 680 per beneficiary• Pre-authorisation required
23.	External Prosthesis (such as artificial limbs)	<ul style="list-style-type: none">• 90% of the cost as approved by Society• Limited to R31 500 per beneficiary• Pre-authorisation required
24.	Hearing aids	<ul style="list-style-type: none">• 90% of the cost as approved by Society• Limited to R11 680 per beneficiary per 5-year cycle• Pre-authorisation required
25.	Wheelchairs	<ul style="list-style-type: none">• 90% of the cost as approved by Society• Limited to R12 600 per beneficiary per 5-year cycle• Pre-authorisation required
AUXILIARY HEALTH SERVICES		
26.	Occupational and speech therapy	<ul style="list-style-type: none">• 90% of RPL• Combined limit of R1 900 per beneficiary
27.	Audiology, chiropody, podiatry and dietician services	<ul style="list-style-type: none">• 90% of RPL• Combined limit of R1 300 per beneficiary
CARE NOT IN HOSPITAL		
28.	Physiotherapy, biokinetic and chiropractic services (out of hospital)	<ul style="list-style-type: none">• 90% of RPL• Combined limit of R5 990 per beneficiary
29.	Hospice (in- and out-patient)	<ul style="list-style-type: none">• 90% of RPL at a registered hospice (Hospice Association of SA)• Limited to R10 500 per beneficiary• Pre-authorisation required
30.	Private nursing and frail care by registered nurse	<ul style="list-style-type: none">• 90% of RPL• Limited to R7 000 per beneficiary• Pre-authorisation required

31.	Mental health	<ul style="list-style-type: none"> • 90% of RPL, limited to R8 450 per beneficiary • 100% of RPL for PMB-related services, provided a DSP is used • Includes consultations by psychiatrists and clinical psychologist for psychiatric and psychological conditions such as anorexia nervosa, bulimia, drug and alcohol abuse, etc. • Pre-authorisation required <p><i>Note: The overall cumulative benefit limit for both PMB and non-PMB conditions is R8 450 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, provided the DSP is used.</i></p>
IN-HOSPITAL		
32.	Hospitalisation	<ul style="list-style-type: none"> • 100% of RPL or Scheme Rate where a network hospital has been authorised. • Pre-authorisation required
33.	Professional fees in hospital	<ul style="list-style-type: none"> • 100% of RPL or Scheme Rate
34.	Maxillofacial and oral surgery	<ul style="list-style-type: none"> • 100% of RPL • Pre-authorisation required • This excludes surgery in preparation for Osseo-integrated implants.
35.	Blood transfusions	<ul style="list-style-type: none"> • 100% of RPL
36.	Psychiatric admissions	<ul style="list-style-type: none"> • 100% of RPL • Limited to 21 days per beneficiary • Includes rehabilitation for substance abuse • Pre-authorisation required
37.	Internal prosthesis (such as plates, screws, stents and pacemakers, etc.)	<ul style="list-style-type: none"> • 100% of RPL • Limited to R31 500 per beneficiary • Pre-authorisation required
38.	Cochlea implants	<ul style="list-style-type: none"> • 100% of RPL • Pre-authorisation required



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



Exclusions and limitations

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. Expenses in excess of the maximum benefits to which a member, or his/her dependants, is entitled in terms of the rules.
2. Expenses incurred by a member, or his/her dependants, as a result of willful self-inflicted injury, attempted suicide or the excessive use of an intoxicating substance or drug.
3. Expenses arising from injuries sustained as a result of participation in professional sport.
4. Expenses arising from examinations, treatment and/or operations for cosmetic purposes, obesity, infertility, artificial insemination, impotency and erectile dysfunction or treatment of an experimental nature and any complication that may arise from such examinations or treatment.
5. Expenses (including expenses relating to any prescribed minimum benefit) incurred outside the Republic of South Africa, Botswana, Lesotho, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe.
6. Expenses incurred by a member, or his/her dependants, during any waiting period imposed by the Society in terms of its rules.
7. Expenses in respect of the treatment of any learning, marital or family problems.
8. Expenses relating to the purchase of any drug or medicine not registered by the Medicines Control Council or similar authority or medicines not registered for treatment of that specific condition and any patent and household remedies.
9. Expenses relating to any contraceptive preparations and devices.
10. Expenses relating to services that do not relate to any sickness condition, including but not limited to examinations for insurance, employment, visas, pilot and driving licenses and school readiness tests.
11. Expenses relating to any reduction mammoplasty.
12. Expenses relating to any recuperative or convalescent holidays.
13. Expenses relating to any 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.
14. Expenses relating to any anti-addiction and anti-habit agents.
15. Expenses relating to any cosmetic items inclusive of hair-restorers.
16. Expenses relating to any sun screening and sun-tanning agents except those intended for the treatment of skin disorders.



17. Expenses relating to any homeopathic and herbal medicines and remedies not prescribed by a registered homeopath.
18. Expenses relating to any food supplements including all patent and baby foods and special milk preparations.
19. Expenses relating to any household bandages, dressings and diapers.
20. Expenses relating to any syringes and needles except those required for use in the treatment of diabetes.
21. Expenses relating to any vitamins, mineral supplements, growth hormones and tonics including but not limited to Efamol G and similar products, stimulants e.g. Reactivan, except vitamins e.g. Vitamin B and probiotics needed in conjunction with antibiotics. However, benefits will be granted for the following:
 - 21.1 Pre-natal vitamins.
 - 21.2 Calcium supplements when prescribed and approved for the treatment of osteoporosis.
22. Expenses relating to any contact lens preparations.
23. Expenses relating to any demand prescriptions.
24. Expenses relating to any telephone prescriptions, other than for repeat prescriptions, may also be excluded.
25. Expenses relating to any telephonic consultations.
26. Expenses relating to accommodation and nursing services rendered in convalescent or old age homes or similar institutions catering for the aged or chronically ill other than specifically provided for in the rules.
27. Expenses relating to all non-prescription sunglasses.
28. Expenses relating to appointments not kept by a member, or his/her dependants,.
29. Expenses relating to sleep therapy.
30. Expenses relating to an illness of a protracted nature, if the member, or his/her dependants,, at the request of the Society, fails to consult a specialist nominated by the Society in consultation with the attending practitioner or fails to act upon the treatment proposed by such specialist.
31. Expenses relating to services which are regarded as not medically necessary.
32. 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, provided that the Society may provide benefits until the third party's liability has been established at which stage the expenditure shall be recouped 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 at a DSP.

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 to continue receiving the benefit in terms of the Act.
- » 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.17) 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
- » Clicks **direct**medicines (as well as the Healthcare Pharmacy in Kimberley, Lime Acres Pharmacy, Premier Mine Hospital Dispensary in Cullinan, the Namaqualand Pharmacy in Springbok and Dr HA Burger in Springbok).
- » 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 specific condition in question for a period of 12 months.

- **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	0.5 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

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 De Beers Benefit Society Reference Price List (RPL), except where preferred provider arrangements have been concluded at the Scheme Rate.

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 where a credit limit exists.

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

The Scheme Rate for all in-hospital services provided by all service providers means the rate at which the Society pays benefits. This is limited to 200% above RPL where these services have been provided in an authorised network hospital. Members will be liable for any amount by which the fees exceed 200% of the RPL. Where a non-network hospital is used voluntarily, the RPL rate will apply and co-payments may 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. GRP applies to all medicine where an MCC-approved generic equivalent medicine is available.

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.

• 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 Healthcare Pharmacy in Kimberley, Lime Acres Pharmacy, Premier Mine Hospital Dispensary in Cullinan, or the Namaqualand Pharmacy in Springbok, you may collect your acute medication from these pharmacies (or directly from Dr HA Burger in Springbok) at an agreed lower tariff, and no additional administration levies will be charged (as is generally the case with other retail pharmacies). You can also obtain your acute medicine from a retail Clicks pharmacy anywhere in the country.

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 long term acute medication delivered with your chronic medication, provided that it is available from CDM and ordered along with your chronic medication. However, please note that this may result in a delay of the delivery of your chronic medicine. Please see the information on chronic medication below for more information.

• Where can I get my chronic medication?


DBBS members can receive their chronic medication from one of the following suppliers: Healthcare Pharmacy in Kimberley, Lime Acres Pharmacy, Premier Mine Hospital Dispensary in Cullinan, the Namaqualand Pharmacy in Springbok or directly from Dr HA Burger in Springbok. If collection is not possible, your chronic medicine will be delivered to you free of charge by CDM, either via courier or to your nearest post office or Clicks store. You will be notified via SMS by CDM when medicine is dispatched.


• 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 condition that you obtain your chronic medication from

the Healthcare Pharmacy in Kimberley, Lime Acres Pharmacy, Premier Mine Hospital Dispensary in Cullinan, the Namaqualand Pharmacy in Springbok, Dr HA Burger in Springbok or Clicks **direct**medicines (CDM), 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.

 All chronic medicine prescriptions are only valid for 6 months from the date of issue. Members must obtain a new prescription before this period expires.

 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 0861 444 414 or email it to clicks.directmedicines@dirmed.co.za. Please note that this does not automatically instruct CDM 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.

Generic Reference Pricing (GRP) applies to both acute and chronic medication. See page 15 for details.



• What chronic illnesses are covered?

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

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

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

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

Conditions marked § may have prescribed minimum benefit entitlement in terms of the diagnosis and treatment pairs as per Annexure A to the regulations to the Medical Schemes Act.

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 done 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 20).

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 and a co-payment may be incurred.

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.

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)

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.

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. Simply call 084 124.

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 (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

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

TOWN	HOSPITAL NAME	TEL. NUMBER	STREET ADDRESS
Western Cape			
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
Brackenfell	Cape Gate Medi-Clinic	(021) 983-5600	Cnr Tanner Road and Okavango Drive
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	(011) 741-5000	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 Alfred	Port Alfred Hospital	(046) 604-4000	Southwell 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 & Ebden 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
Ballito Bay	Alberlito Hospital	(032) 946-3886	Kirsty Close, Ballito

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



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