

WORKING MEMBERS

CHECK YOUR PAYSILIP

Your payslip now reflects the number of adult and child dependants registered with the medical aid. Please compare this information with the details on your membership card to make sure that the payroll details match those on your membership card.

Membership details not the same?

If your payslip details are different to your membership card, please contact your HR department or the Society's registration department on (053) 807 3365 who will then ensure that this important information is updated.

Additional dependants will not be shown in this format but will be recovered as a monthly deduction from your salary.

In the case of the majority of active members paid via the SAP payroll, their payslip should contain their DBBS membership information.

For example: 1 principal member, a spouse & 2 registered children will be shown like this.
Medical Aid - Adult members: M + 01
Medical Aid - Child members: 02

In the case of 1 principal member it will show:
Adult members: **M**

In the case of 1 principal member and a spouse it will show:
Adult members: **M+01**

In the case of 1 principal member with 2 registered children it will show:
Adult members: **M**
Child Members: **02**

WEBSITE REGISTRATION

- COMPETITION WINNERS

Thank you to the members who registered before the cut-off date of 15 January in our website registration competition. The five winners, who each won a DBBS tracksuit, are June Ann Lawson, Victoria Ziegler, Bruwer van Niekerk, Daniel Rossouw and Busisiwe Ringane. Well done!

Online registration benefits:

- Electronic statements
- Weekly claims information
- Claims history, benefits, contributions, membership details, authorised cases and last members statement e-mailed on request

If you have yet to register, you can still do so by visiting www.dbbs.co.za and register today!



David Datnow presents Victoria Ziegler with her prize.

KEEP US IN ON YOUR BEAT WITH BENEFIT POST!

*We'd like to hear from you.
Is there something that you'd like to know more about?*

e-mail us at: benefitpost@debeersgroup.com
phone: (053) 807 3400
or write to: Benefit Post
c/o De Beers Benefit Society
PO Box 1922
Kimberley
8300

BENEFIT BEAT

COMMUNICATING WITH MEMBERS OF THE DE BEERS

BENEFIT SOCIETY

JUNE 2006 ■ ISSUE NO.21

UPDATE ON PREFERRED PROVIDER NETWORKS

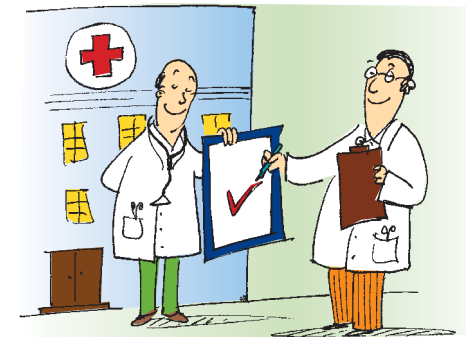
By visiting a preferred provider network hospital, you will save yourself unnecessary costs as the Society will pay the hospital directly and in full. You will only have to pay the R350 co-payment.

If you don't visit a preferred provider network hospital, you must pay the hospital account yourself and submit the claim to the Society for a refund at the NHRPL rate.

In an emergency, you may go to the closest hospital but authorisation must still be obtained on the first working day after the emergency admission from the Society.

Not all service providers that operate at the preferred provider network hospitals will charge at the NHRPL tariff. For example, the anaesthetist might charge higher than NHRPL resulting in a co-payment for members. Members should try as far as possible to find out whether their service provider will charge at NHRPL or not, and select a provider to suit their circumstances.

If you are admitted to a State or De Beers hospital, you will not have any additional costs. The Society will pay the hospital directly.



Need to authorise a hospital visit? Follow these easy steps.

1. Check that your General Practitioner or the Specialist to whom you have been referred operates from a preferred provider network hospital – see the list of doctors and their contact details inserted in this issue and available on the website (www.dbbs.co.za) or by contacting the Society on 053 807 3417.
2. Contact the Benefit Society Hospital Utilisation Review Department to obtain authorisation for the hospital admission. Remember to obtain authorisation for all planned procedures whether in a preferred provider network hospital or not.
3. The Society will settle the account, for authorised procedures, directly with the preferred provider network hospital at the agreed tariff.

Hospital authorisation toll-free contact number
0800 111 669



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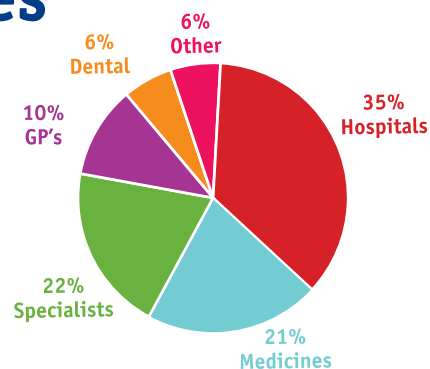


Society's General Query Line: Tel no. 053 807 3400

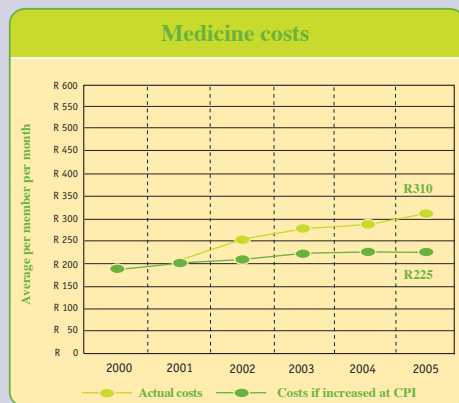
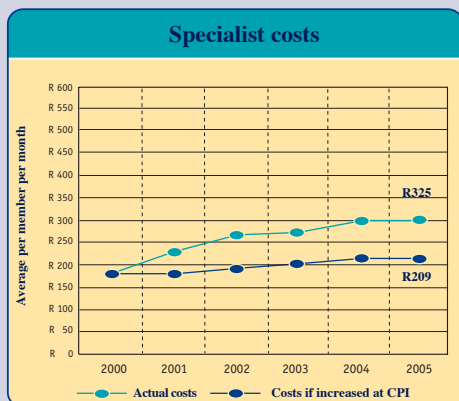
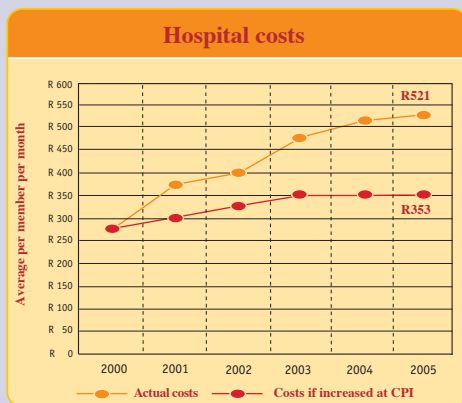
Society continues to strengthen

Once again, the Trustees are happy to report that the Society ended its 2005 financial year on a healthy note.

The graph on the right represents the benefits paid to service providers during 2005. You can clearly see that hospital, medicine and specialist costs make up the largest portion of the Society's costs at 76.83% of total annual expenditure. In Rand terms this is just over R138 million out of the total annual pool of R200 million.

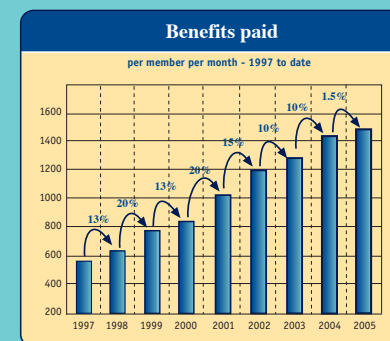


These graphs show how the cost increases in hospitals, specialists and medicines have tracked against the inflation rate (CPI) over the same period. It is pleasing to note that medical inflation seems to be increasing at a slower rate.



Average cost of benefits per member per month

We are pleased to see that the increase in the cost of benefits paid has been relatively low with just a 1.5% increase from 2004. The average benefit paid per member per month was R1 482 in 2005 (2004: R1460). The graph to the right shows how this monthly amount has increased each year since 1997.



AMBULANCE BENEFIT – what are you covered for?

As communicated previously, all members and their dependants have free, unlimited access to emergency medical transportation on a 24-hour basis, provided this is authorised by ER24. Since ER24's services were introduced, there have been several queries regarding the ambulance benefit.

ER24 ambulance benefit

In 2004, you and your dependants had a limit of R800 per person per year for ambulance services. With ER24 now providing all such medical transportation services, this benefit is no longer limited – provided your medical transport is authorised by ER24. The Society provides no cover for any other ambulance services.

How to ensure your ambulance transport will be paid for

Firstly, your situation needs to be a medical emergency. This means that the accident or illness must require immediate and/or urgent emergency medical transportation. You must therefore contact the ER24 Call Centre who will be able to assess a medical emergency and dispatch the necessary medical care, whether by air or road to ensure that the patient gets to the nearest hospital where appropriate medical care is available.

If you call the 084 124 emergency number and ask for an ambulance in a situation which is considered not to be a medical emergency, you will be advised of this by the call centre operator and you will be quoted a cost estimate. Any transportation you then request and receive, will be for your account and you will be liable for payment of the account.

Remember:

- ER24's response will only be covered (paid for) in an authorised medical emergency situation
- In a medical emergency, please provide ER24 with the following information:
 - Your personal particulars (and the fact that you are a DBBS member)
 - The place and telephone number where you/your dependant(s) involved in the emergency can be reached
 - A brief description of the emergency and the nature of the help you need
- Only members and their dependants registered with the DBBS are eligible to receive ER24's services

ER24 services

- 24-hour access to ER24 call centre
- Dispatch of emergency response
- Emergency telephonic advice
- Information and advice hotline
- Medical transportation whether by ambulance or aircraft – must be authorised by ER24
- Inter-hospital transfers



ER24 Contact Numbers

South Africa:	084 124	Walvis Bay:	064 200800
Windhoek:	061 230505	Botswana:	390 1601
Swakopmund:	064 400700		