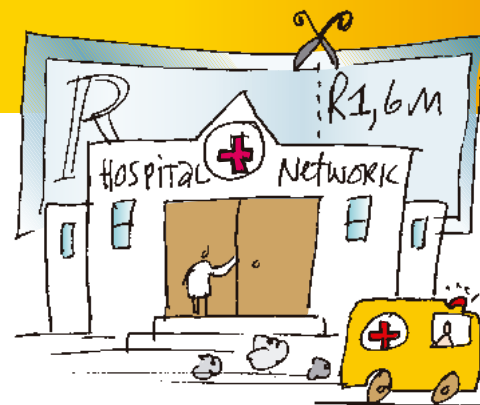


Hospital Network saves you big money

The introduction of the Hospital Network in 2003 has resulted in a saving of approximately R1,6 million (from 1 April, when it was implemented, to 31 Dec 2003)!

The Trustees are continually evaluating the network to ensure that there is adequate coverage for all members of the Society.

To help you locate the network hospital closest to you, a list of the hospitals that form part of the network arrangement has been inserted in this issue – please keep the list as a reference for when you may need it.



Eye care benefits explained



TESTS

Members are entitled to one eye test per year – the Society covers 90% of the consultation tariff of the South African Optometric Association (SAOA) tariffs and will pay the optometrist in full.



LENSES

The Society covers 90% of the SAOA tariffs, up to R950, over a 2-year benefit cycle. The Society will pay the optometrist in full for the lenses (unless you are a pay-and-claim member) and recover any excess from your salary/pension.

FRAMES

Provided the frame costs R330 or less:

- the Society will pay the account for the frame in full.
- Should the cost of the frames cost R330 or more, the Society will only pay the optometrist R330 and
- the member will be required to settle the balance directly with the optometrist.



The benefit amount is available over a 2-year cycle.

If you do not want to spend extra money out of your own pocket, negotiate with your optometrist to help you find an appropriate frame within the benefit limit.

Note:

This is just a reminder to members, as this policy has been in place for a number of years.

No benefits for divorced spouses

The Trustees would like to remind members that, should they get divorced, their ex-spouse may not remain on as one of their dependants and will therefore not qualify for any Society benefits from the date of divorce.

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

or write to:
Benefit Post
c/o De Beers
Benefit Society
P O Box 1922
Kimberley 8300

BENEFIT BEAT

COMMUNICATING WITH MEMBERS OF THE DE BEERS

BENEFIT SOCIETY

APRIL 2004 ■ ISSUE NO.17

NEW Amazing technology breakthrough now available to you!

If you are registered on the Society's website (www.dbbs.co.za), it is as easy as A,B,C:

- A** send a blank e-mail (no heading and no text) to webmail@debeersgroup.com
- B** wait 5 minutes
- C** you will receive an e-mail with a number of attachments, including:
 - Your and your beneficiaries used and available benefit limits for the current calendar year
 - Your latest statement
 - All your claims for the current tax year and much more!

Note: You must send the e-mail from your registered e-mail address

If you are NOT registered:

Go to www.dbbs.co.za, select Register Now and follow the instructions given.

For your password to be activated, you must sign and fax the Password Activation Form to 053 – 807 3499. This is to ensure that your confidential information can be accessed only by you (the signature on your form will first be matched with your signature on the Society's records).

If you have difficulties registering, please phone Carmen on (053) 807 3341.

The advantages...

If you register, you can access any of your medical information 24 hours a day!

As this is an internet site (not an Intranet site), it can be accessed from anywhere!

If you are registered on the website, the Society will e-mail you a weekly update of the previous week's accounts processed by the Society.



As we continuously want to improve this service, please contact us at benefitpost@debeersgroup.com for any further information or suggestions (please include your preferred e-mail address and cell phone number).



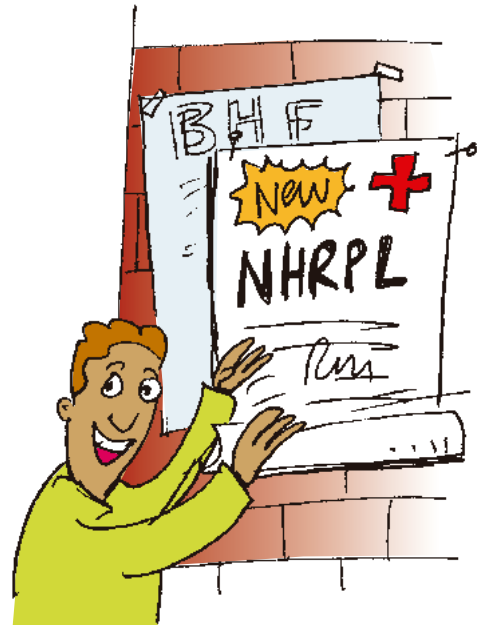
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Society's Query Line: Tel no. 053 807 3400



Council for Medical Schemes introduces new reference price system



Previously, the Society based its benefits on the Scale of Benefits published by the Board of Healthcare Funders (BHF). However, this system has been replaced by the National Health Reference Price List (NHRPL), published by the Council for Medical Schemes.

In the past...

The Society, like most medical schemes in South Africa, made use of the Board of Healthcare Funders' (BHF's) published tariffs, referred to as the recommended Scale of Benefits. The Scale of Benefits provided the Society with a list of the recommended tariffs for the various medical services and ensured that service providers who charged these tariffs were paid in full and directly by the Society. Where fees were higher than those indicated in the Scale of Benefits (except for consultations), members were refunded the Society's liability, based on the Scale of Benefits, and were liable to settle the account, in full, directly with the service provider.

Into the future...

The Council for Medical Schemes is now responsible for setting the recommended fees/tariffs for medical schemes. The old BHF Scale of Benefits has therefore been replaced by this Council's National Health Reference Price List (NHRPL).

What must you do about this?

- Negotiate with your service provider beforehand to ensure he/she charges the NHRPL, or
- Find a service provider who charges at the NHRPL or,
- Accept that you will have to pay more if you choose a service provider who charges in excess of the NHRPL.

Currently, if your service provider charges in excess of the NHRPL, you must pay the account. The only exception to this practice is that the Society will pay for all consultations in full, even if they are in excess of the NHRPL tariff. Your benefit, however, remains at the NHRPL and the balance is recovered via your salary/pension.

If doctors/service providers charge you a fee in addition to the account sent to the medical scheme, please report this to the Society on tel. 053 807 3400, as they are not allowed to do so.

Read your statement carefully – look at the Column "Paid to Supplier" – if it doesn't show an amount in this column, it means the Society has not paid this account and you must pay the supplier (see example below).

DATE OF SERVICE	PATIENT	SUPPLIER CHARGE	PAID TO SUPPLIER	YOUR BENEFIT	DUE BY MEMBER	DUE TO MEMBER
19/01/04	00-ANDREW	264.65 #		238.19		238.19
04/02/04	02-CAROL	365.62	365.62	365.62		

This line on a monthly statement shows a service provider charging NHRPL rates – the Society pays the supplier directly and in full.

From this line on a monthly statement, it is clear that the service provider has charged more than the NHRPL rates. The Society refunds the member the benefit amount, and the member then needs to pay the service provider's account in full.

A message at the bottom of the statement will explain the reason for non-payment to the service provider.

No payment was made to supplier. You are required to pay the supplier, if you have not already done so.

On the financial front...

Society financially sound

The Society's solvency ratio (the number of months cover it has available for the payment of claims) at the end of 2003 was 8.7 months. Compared to the prescribed minimum cover of 3 months, this ratio indicates a healthy state of affairs for the Society.



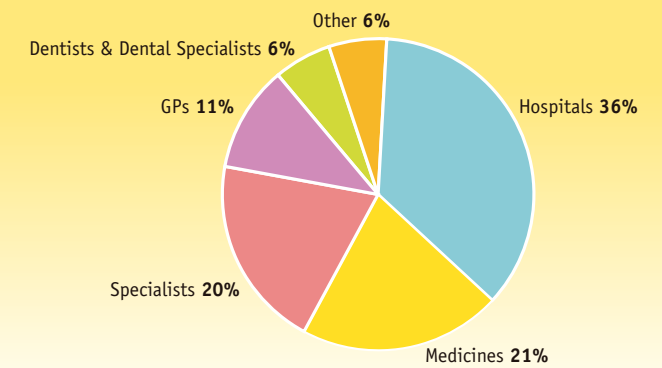
Membership

At the end of 2003, the Society had a total membership of 26 719 members and dependants.

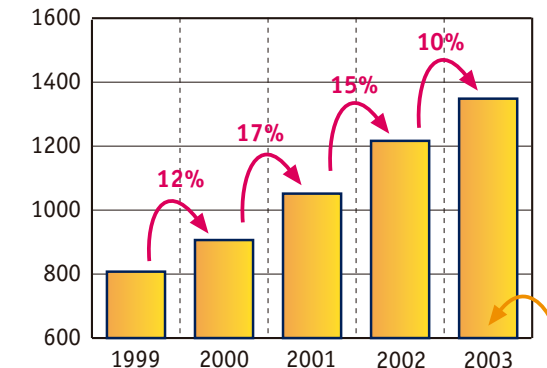


Benefits paid in 2003

This graph represents benefits paid to various service providers during 2003.



Average benefits paid per member per month



2003 average benefits paid per member per month = R 1 330

Quick and efficient payment of accounts

The Society is proud of its excellent reputation with doctors and other service providers for paying accounts quickly.

Accounts are paid:

- twice per month (once in the middle of the month and once at the end of the month)
- either by direct electronic bank transfers or by cheque

Claims are captured and processed efficiently:

- claims submitted electronically are processed on the same day, while
- paper claims are captured within two days of being received by the Society.

This ensures that service providers are paid timeously and that the Society maintains its good payment reputation in the industry.

If your service provider charges NHRPL, they get paid right away!

Encourage your service provider to submit accounts electronically, and to register for direct electronic payment.