



# MBMED

## Member Newsletter

DECEMBER 2019

### Dear Member

The MBMed Board of Trustees have approved an 8.5% increase in contributions effective 1 January 2020. This is against a background of high cost claims and a general increase in the costs of medical services. Also, the 8.5% contribution increase is the minimum increase level required to maintain the Scheme's continued financial sustainability.

General industry medical aid contribution increases for 2020 range between 8.2% and 11.9%.

The Trustees have also ensured the retention of all benefits at current levels with a few changes which are detailed below.

The electronic 2020 MBMed Benefit Brochure in A5 booklet format with an interactive index page enables members to navigate the booklet with ease. This booklet is available on the MBMed website - [www.mbmed.medscheme.com](http://www.mbmed.medscheme.com). Employees can navigate to the MBMed Website from the MBSA Intranet Homepage under the "For You" Tab. Printed copies of the benefit brochure will only be distributed to those members who have not provided the Fund with an email address.

### Optometry Benefit – PPN

The Board of Trustees reviewed the DSP (Designated Service Provider) contract with PPN and the actuarial report on the cost elements of this arrangement, submitted by the Scheme's actuary. Trustees are of the opinion that this is no longer the best cost option for the Scheme. The DSP contract with PPN has therefore been terminated effective 31 December 2019. From 1 January 2020, members utilising this benefit will have the option of using the services of any optician of their choice. The benefit has been adjusted as follows:

- Limited to R4 000 per beneficiary every 24 months
- **Eye examination** - included in per beneficiary amount above
- **One set of single, bifocal or multi-focal lenses** – no sub-limit, included in per beneficiary amount.
- **Frames and lens enhancements** – included in per beneficiary amount and further limited to R1 500.
- **Contact Lenses** - included in per beneficiary amount and further limited to R2 070





## WHEN TO CALL AN AMBULANCE

Ambulances should always be available for real emergencies. An ambulance should never be used as a transport mechanism when you could have travelled in a private vehicle.

MBMed and our emergency transport service provider, ER24, have embarked on a stringent programme to decrease the misuse of ambulances and to try to ensure that ambulance transports are reserved for patients who fit the definition for emergencies:

### What is an emergency?

The definition is as follows: "An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death."

All ambulance cases will be audited to assess whether the patient was admitted into hospital



and/or whether there was a need for specialised emergency care. If the patient was not admitted and did not require specialised care, the ambulance claim may be rejected and the member may be billed for the transportation.

### Handy comparison table

To help members understand when calling an ambulance is advisable and when it will probably just end up costing them money, ER24 has put together the following handy comparison of emergencies versus non-emergencies. This will also help you to decide whether a situation warrants a visit to a hospital's Emergency Rooms, or not. If you are uncertain whether a situation warrants calling an ambulance, you can also call ER24's helpline on **084 124** for advice.



## EMERGENCY CALL AN AMBULANCE

- When a person has, or is reasonably believed to have suffered, an acute injury or illness requiring medical attention and/or medical transportation by ambulance
- A doctor/registered nurse/paramedic has requested the urgent transport of a patient by ambulance
- Acute life-threatening scenario

Persistent shortness of breath / wheezing / ongoing chest pain that worsens on breathing. Wheezing and difficulty of breathing associated with asthma (with no response to usual medications)

Acute or persistent, severe chest pain, especially if it radiates to the arm or jaw and is accompanied by sweating, vomiting or shortness of breath.

Sudden, severe onset of abdominal pain (the kind that makes it impossible to walk and wakes one up in agony)

Difficulty speaking, confusion/altered mental state, weakness/paralysis, sudden loss of balance, especially with a history of high blood pressure/in the elderly, sudden loss of vision, seizures, unconsciousness

**Fever:** > 40°C, does NOT respond to Paracetamol, associated with all-over body rash, children under 2 months with fever > 38.5°C

Ongoing, persistent diarrhoea and vomiting with dehydration (usually > 8 episodes/ day)

**Trauma:** Deep cuts that require stitches – especially on the face, bleeding that won't stop, large open wounds, broken bones/dislocated joints, head injuries with loss of consciousness, eye injuries

Severe testicular discomfort

**Burns:** Large surface area, burns to the face or a large part of the hand, where the burn encircles the limb, electrical burns

Major allergic reaction: Breathing difficulties, swelling of lips/ tongue or throat, dizziness or fainting, rash and itching over entire body

Poisoning – accidental or intentional

Back pain after trauma (such as falling), or after back surgery < 3 months previously

### **Pregnancy – complicated**

Before 37 weeks are completed, emergency determined, rupture of membranes (waters broken), excessive bleeding during pregnancy, contractions ≤ 5 minutes apart, complication in current or previous pregnancies, Pregnancy Induced Hypertension diagnosed, crowning of the head

Suicidal thoughts expressed, sudden aggression/psychosis, previous history of psychiatric admission, possible relapse requiring emergency admission



## NOT AN EMERGENCY REFER TO YOUR PHARMACIST / PGP

- Only indication for use is availability of transport
- Patient's life or usual activities would not be immediately threatened by referral to an alternative care facility for treatment at a later time
- Non-urgent health need outside of usual office hours
- Alternative transport/ home remedy available

Coughs, colds, flu, bronchitis, earache, sore throat – with or without fever, general weakness

Ongoing, dull, nagging chest discomfort

Abdominal pain caused by menstruation, constipation and/or other minor abdominal complaints

Fainting, dizziness and headaches in an otherwise healthy person

**Fever:** < 38.5°C, responds to use of Paracetamol, no rash

Diarrhoea and/or vomiting, patient able to walk around

**Trauma:** Common sprains and strains, superficial cuts, bleeding stopped with pressure

Painful urination, blood in the urine

**Burns:** Minor burns and scalding, small surface area

Minor allergic reactions: watery eyes, runny nose, minor rash and itching

Back pain after heavy lifting, generalised back spasm

Normal pregnancy/ labour reached > 37 weeks

Depression/emotional trauma



## Chronic Medicines – Dischem

The DSP (Designated Service Provider) contract with Dischem was reviewed by the Board of Trustees and they are of the opinion that this is currently the best cost option for the Scheme.

## Sanlam Gap Cover

The Gap Cover premium per member family will rise to R163 per month effective 1 January 2020. Sanlam will advise current MBMed Policy Holders directly.

MBMed members who have not as yet opted for this cover are urged to consider this in 2020.

Full details of the Sanlam Gap Cover for MBMed members can be viewed on the MBMed website – [www.mbmed.medscheme.com](http://www.mbmed.medscheme.com)

Gap Cover queries must be directed to the appointed AON Broker at [arc@aon.co.za](mailto:arc@aon.co.za), or via the AON Call Centre - 0860 835 272.



## Preventative Care Benefit

The age limits initially imposed for the annual screening for Cervical, Prostate and Colorectal cancer as well as HIV, Osteoporosis, Cholesterol and Mammography have been removed. Please refer to the 2020 MBMed Benefit Brochure for full details.



## Medical cover outside South Africa

Members are reminded that MBMed will reimburse members for non-elective medical claims/services received whilst travelling abroad (excluding business travel). These reimbursements will be subject to the available benefits, Scheme Tariff and the exchange rate on date of service.

All claims must be submitted in English with detailed information. The legislative requirements for Prescribed Minimum Benefits are **not** applicable outside the borders of South Africa and **members are therefore urged to make provision for medical insurance when on holiday in other countries.**