



AUGUST 2006

newsletter

Dear Member

In this issue, we provide you with important information on the Society's Designated Service Providers. Please pay careful attention to the correct Medical Savings Fund rate and meet your Client Service agents.

APPOINTMENT OF DESIGNATED SERVICE PROVIDERS

EMERGENCY SERVICES

Some years ago, the Afrox Medical Aid Society (AMAS) introduced an emergency assistance benefit at no additional cost to members. This benefit gives members access to specialised road and air transportation in the event of an emergency, as well as inter-hospital transport for patients requiring treatment that is not offered at the hospital currently attending to their illness or injury.

The benefit is well utilised by members. In the first few months of 2006, an average of 24 risk cases and five non-risk cases are reported monthly.

The Trustees have reviewed the service providers in this industry and are pleased to announce that with effect from **1 September 2006**, Netcare911 will be appointed as the Designated Service Provider for the Society and is replacing ER24.

Netcare911 is the largest service provider of emergency transport, is contracted to 80% of the South African medical scheme market, has 52 operational bases, employs 1 050 paramedical and administrative staff and guarantees a mean response time of 12 minutes in metropolitan areas.

Enclosed please find the necessary literature on the services that are provided by Netcare911. There are also stickers enclosed which we ask you to display prominently.

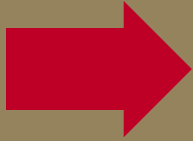
Please note: While AMAS has Designated Service Provider Hospitals (i.e. Life Healthcare and MediClinic), which Netcare911 will respect, in an emergency the AMAS rules provide for the patient to be taken to the nearest hospital for treatment.



Sticker and information leaflet

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ONCOLOGY MEDICATION FROM DIRECT MEDICINES

The introduction of Single Exit Pricing (SEP) for medication supplies has affected many oncology patients. Previously the doctor or treatment centre kept the medication, however with the introduction of SEP many doctors and treatment centres no longer hold stock of medication. Patients have had to obtain their medication from other sources prior to treatment.

AMAS has contracted with Direct Medicines (DM) as the Designated Service Provider of oncology medication. Direct Medicines has been providing our chronic patients with medication since 1999. Direct Medicines supplies your medication directly to your office, your home, your post office or any other destination that suits your unique situation, without any queues or extra admin fees and inconvenience. DM currently supplies, on a monthly basis, medication to 1 000 AMAS beneficiaries, on 1 450 prescriptions and at a cost of some R550 000. AMAS works very closely with them to ensure that you receive your medication with the absolute minimum of effort.

Of course, there are rules that apply to the dispensing of medication and we encourage members to provide the required information to Direct Medicines timeously and in the correct format to avoid any complications or delays in the delivery of your medicine. This will include updated prescriptions, the correct ICD-10 codes etc.

Please fax your prescription, name and contact details to Direct Medicines on **0861 444 414** in order to have your medicines delivered to your door. They will contact you for your delivery address and any other details they may require.

Please note: as of **1 October**, all oncology medication must be obtained from Direct Medicines in order for claims to be processed through AMAS, **without a co-payment**.

For any Direct Medicine query please, feel free to contact them on 0861 444 405



MEDICAL SAVINGS FUND (MSF)

Your Medical Savings Fund covers all medical expenses that do not fall under the hospital or chronic benefit categories. With effect from 1 January 2006, contributions to your MSF are limited to a **fixed rate** of R50 per month **not 25% of your total annual contribution** as printed on your handbook.

2007 BENEFITS AND CONTRIBUTIONS

AMAS is currently reviewing the benefits and contributions for 2007. The Council for Medical Schemes (CMS) has again cut short the timetable and schemes are required to submit their rule changes by 1 October 2006. Following meetings with members, AMAS has employed Alexander Forbes Financial Services and Lekana Employee Benefit Solutions to actuarially review the benefits offered by the Society and the contributions received from members. This is the first year in which two actuarial calculations have been requested allowing AMAS to offer the best combination of benefits, taking into account the contribution percentage of low income earners, the risk status of the scheme, members "wish lists", the CMS requirement that the Society may not budget a loss and the total value of contributions received.



CUSTOMER SERVICE CENTRE

Meet your Client Service agents:

Back (left to right): Charles Mabena, Roy Batista, Sebastian Agulhas (Team leader)
Front (left to right): Dinky Sithole, Euphemia Mahomed, Pamela Skosana