

newsletter

APRIL 2003

Dear Member

We have pleasure in presenting our first Afrox Medical Aid Society newsletter for the 2003 benefit year. In this edition we provide several health-related articles and discuss the issues that affect your medical society. We trust that you will find this edition informative.



before it stops you

Each year 10% to 20% of the population will catch the Flu despite the fact that there is an efficient way to prevent it by vaccination. Don't make the same mistake again.

What is Flu?

Flu, or influenza, is a respiratory infection that begins suddenly. It is different and much more serious than a common cold.

How can I catch Flu?

Flu is very contagious. It is caused by a varying virus, which is why there are new types of Flu each season. You can catch it from the air: from close contact with someone who has the Flu, or from someone who is sneezing or coughing.

What are the symptoms of Flu?

Flu may induce severe symptoms, such as a bad cough, high fever, headache and extreme fatigue that may last for up to two weeks. This means several days of bed rest. In children, Flu can be even more serious. The elderly and "persons at risk" can have serious complications.

Who is most likely to catch the Flu?

Flu has a real impact on our society and anyone can catch it. Flu occurs very frequently in children and is

responsible for a high rate of absenteeism in schools. Flu is also a reality at the workplace, leading to sick leave and loss of production. Flu is a life-threatening disease for "at-risk" groups.

For which "at-risk" groups is Flu a life-threatening disease?

The following groups are at risk of developing severe complications if they contract Flu:

- Elderly people,
- Adults and children who have chronic disorders of the pulmonary or cardiovascular systems,
- Adults and children who have chronic metabolic diseases, renal dysfunction, hemoglobinopathies or immunosuppression, including HIV-infected adults and children.

Is it possible to prevent Flu?

YES, it is possible to prevent Flu through vaccination. Flu vaccine efficacy has been clinically proven. Many countries all over the world recommend Flu vaccination during the season when Flu is most likely to strike.

When is the best time to get a Flu vaccination?

Vaccination should happen before the flu season, every year, when the new vaccine becomes available.

IN THIS

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Do you understand how medical aid works?

One often hears the angry remark: “Why does the Society not pay my claims? Isn’t that the reason why I have medical aid – they must pay my medical expenses?”

You are absolutely right. A medical society is there to help its members pay for the high cost of medical treatment. However, if people understand that a medical society can only pay out as much as it gets in, it becomes a little clearer why it cannot pay for everything that everybody is expecting.

compared to water running into a tank. Almost all the water flows out again to members through claims for medical expenses. A portion is allocated to administration expenses, and if anything remains at the end of a financial year, it is pumped into a reserve tank, to be used when required. The law demands that a society should have a specific amount in its reserves to ensure that there is always sufficient money to meet members’ claims.

Let’s look at how this works.

What is a medical society?

A medical aid society is a non-profit organisation, which belongs to its members only. Money paid into a society can only be used to pay providers of medical services, or to refund members where they have already paid for services. Any money left at the end of the year is added to the reserves of a society. No one else has any stake in the society, including the government or your employer.

How is the money in a medical society used?

The use of funds by a medical aid society can be

Why should you have medical aid even if you are young and healthy?

Being a member of a medical aid society is like taking out insurance on your health. It is designed to provide some degree of cover for the regular “maintenance” of one’s health whilst providing greater cover for largely unknown problems, which can result in hospitalisation and potentially very high costs. This may happen at any time in one’s life. In order for a medical aid society to be viable there must always be some members who are claiming less than others. Just like insurance there has to be a degree of cross subsidising for it to “deliver” what it promises to.

Good health comes at a price

The amount of money paid out in claims by the Society is closely tracked.

On a monthly basis the Principal Officer and members of the Board of Trustees are presented with a report showing exactly what is paid out by the Society. It is important to have this kind of information at hand to enable the sound management of the Society’s finances.

As at the end of December 2002, the amounts paid out for members’ insured claims in the most common benefit areas are as follows:

REMEMBER:



Looking after the Society will help the Society look after you.

1. Hospitalisation	R40 million	6. GP/specialist consultations	R2.6 million
2. Chronic medicine	R13 million	7. Optical	R1.2 million
3. Radiology and pathology	R10 million	8. Surgical prosthesis	R1.1 million
4. Acute medication	R3.4 million	9. Psychiatry	R1.1 million
5. Dentistry	R3 million	10. Physiotherapy	R0.5 million

Your trustees are continuously looking at ways to effectively manage the Society’s claims experience to ensure that the Society’s reserve level meets the requirements as stipulated by the government.

The Board would like to remind all members of the ever present need for appropriate and wise use of the Society’s benefits.

BREAST CANCER –

Are you at risk?

Breast cancer is a type of a cancer that develops from breast tissue cells. When abnormal cells divide in an uncontrolled manner, they can form a mass of extra tissue, or a tumour, which can be benign or malignant.

Benign tumour cells do not spread to other parts of the body, can usually be removed and do not recur. Malignant (cancerous) tumour cells can invade nearby tissue and break away from the primary tumour to form secondary tumours elsewhere in the body.

Who is at risk?

Your chance of getting breast cancer increases if you:

- are a woman
- are older than 50
- have relatives who have had breast cancer, i.e. your mother, sister or daughter
- have had cancer in one breast or of the ovaries, uterus or colon; cancer in one breast means a three to four times greater risk for developing cancer in the other breast
- have had chest area radiation therapy in childhood or youth
- are overweight, especially after menopause
- have a diet high in saturated animal fats
- have experienced early onset of menstruation, late menopause, a menstrual cycle shorter or

longer than average, no pregnancies or a first pregnancy after 30

- have used oral contraceptives, women who stopped using oral contraceptives over 10 years ago do not appear to have increased risk and
- are a smoker.

Symptoms are not obvious in the early stages. Later symptoms may include:

- Breast lumps: these are usually painless, but some cause a prickly sensation
- Change in nipple appearance, the shape or the skin may change
- Unusual nipple discharge, especially stained with blood
- Change in the skin of the breast
- A lump or swelling under the arm
- Breast swelling
- Vague discomfort in the breast
- Breast pain or tenderness or
- Change in breast contour, texture or temperature.

Can breast cancer be prevented?

At the moment breast cancer cannot be prevented, but it can be diagnosed much earlier than before. Early diagnosis is possible with a routine mammography and an early biopsy of suspicious lesions. The earlier cancer is found, the better the chances of a cure.

Co-payments for hospitalisation:

A QUICK REMINDER

We would like to remind you that you will be responsible for a R1 500 co-payment if you receive treatment in a non-preferred provider hospital.

Preferred provider hospitals are Afrox and Medi-Clinic groups.

Please note that you are not expected to make the R1 500 co-payment in the following instances:

- The nearest non-preferred provider hospital is over 20km away from the patient's home or does not have the required facilities.
- The patient has been seeing this doctor for more than a year.
- The doctor has previously operated on the patient in a non-preferred provider hospital.
- There is no other suitable doctor in the area.
- This is an emergency admission.

Did **you** know?

- This year's Annual General Meeting will take place on Thursday 12 June 2003. We would like to encourage you to attend this meeting if possible. Further communication in this regard will be sent to you in due course.
- On average 98% of all claims received by the Society in the first two months of 2003 was paid within the first 10 days of receipt. If this is not the case when you submit claims, we invite you to contact the Client Service Department on (021) 480 4800.
- When you wish to reply to an e-mail received from one of our client service consultants, you need to reply to afrox@mhg.co.za, not the consultant's e-mail address. This will ensure that your e-mail is answered as swiftly as possible.

ER24: change in contact numbers

Please note that our emergency rescue service, ER24, has a new shorter contact number. You will find more information about this in the ER24 material included with this newsletter:

- an ER24 letter, providing you with an overview of the services they offer as well as any changes to their contact details;

- two ER24 telephone stickers, which reflect the new contact number; and
- two ER24 vehicle stickers, also with the new contact number, which should be placed on the rear wind-screen of your car.

The old contact number may still be used. Your watch clip is therefore not outdated and will not have to be replaced.

If you have any medical aid queries, please do not hesitate to contact the Afrox Client Service Department on (021) 480 4800. Please remember that you can also e-mail your queries to afrox@mhg.co.za

Important contact details

ADDRESS FOR CLAIMS SUBMISSIONS

The Afrox Medical Aid Society
P.O. Box 5324
Cape Town
8000

IN-PERSON ENQUIRIES

2nd Floor
Bankmed Centre
116 Buitengracht Street
Cape Town

CLIENT SERVICE DEPARTMENT

Tel: (021) 480 4800
Fax: (021) 480 4795
E-mail: afrox@mhg.co.za
Internet: www.mhg.co.za

HOSPITAL PRE-AUTHORISATION

Qualsa 0861 888 302 or (021) 480 4719
for Cape Town and surrounds

METROPOLITAN HEALTH GROUP/KPMG ANTI-FRAUD HOTLINE

Toll-free: 0800 200 564
E-mail: audit@mhg.co.za

CHRONIC MEDICINE ENQUIRIES

Direct Medicines: 0860 444 406
E-mail: direct.medicines@afrox.boc.com
Internet: www.directmedicines.co.za

Kind regards

THE TRUSTEES
AFROX MEDICAL
AID SOCIETY