

newsletter

APRIL 2002

Dear Member

We have pleasure in presenting our first Afrox Medical Aid Society newsletter for the 2002 benefit year. In this edition we provide you with some interesting information on the benefits paid by the Scheme and expand further on other issues affecting your medical scheme. We trust that the information contained in this newsletter will be of benefit to you and your family.

Good health comes at a price...

The amount of money paid out in claims by the Scheme 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 Scheme. It is important to have this kind of information at hand to enable the sound management of the Scheme's finances.

It is anticipated that a whopping R65 million will be paid out for year 2001 insured claims, and an additional R6.7 million would have been spent on administration expenses and managed care expenses.

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

As at the end of December 2001, the amounts paid out in lieu of the Afrox Medical Aid Society members' insured claims in the most common benefit areas are as follows:

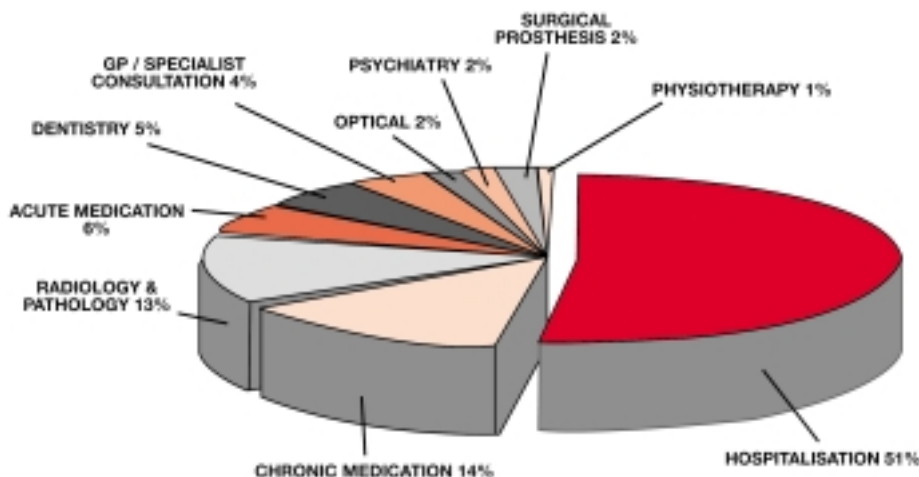
	RAND
1. Hospitalisation	33.0 million
2. Chronic medicine	9.2 million
3. Radiology and pathology	8.7 million
4. Acute medication	3.5 million
5. Dentistry	3.2 million
6. GP / specialist consultations	2.3 million
7. Optical	1.1 million
8. Surgical prosthesis	1.1 million
9. Psychiatry	1.0 million
10. Physiotherapy	0.2 million

The Board would like to remind members of the ever present need for appropriate and wise use of the Scheme's benefits. **LOOKING AFTER THE SCHEME WILL HELP THE SCHEME LOOK AFTER YOU.**

IN THIS issue

- Good health comes at a price
- Beat the flu beasts
- Benefits & claims - know your responsibility
- Resolving your queries - the correct channels to follow
- Going to hospital - what to do
- Important contact details

Insured claims by benefit category



Beat the Flu beasties!

Your local pharmacy will claim directly from the Scheme without you having to pay cash up front first.

During winter all medical schemes experience higher claims expenditure due to the annual flu season. Flu vaccinations have proved very effective in warding off the predicted influenza strain and we encourage members to consider having their families vaccinated.

Who should be vaccinated?

For most healthy adults and children, flu can be moderately severe but is treated symptomatically, and normally clears up spontaneously. However, some people are more at risk for developing complications which may in extreme cases even be life threatening.

People whose flu-associated health risks are higher include:

- The over 65's
- Those suffering from chronic diseases such as heart disease, asthma, emphysema or diabetes
- People with weakened immune systems (e.g. members undergoing cancer treatment or HIV-positive people)
- Residents of nursing homes and other chronic care facilities
- Children and teenagers receiving long-term aspirin therapy.

All members should consider vaccination, but if you fall into one or more of the above categories vaccination is strongly recommended.

Who should NOT be vaccinated?

- Women in their first and third trimester of pregnancy are usually advised not to be vaccinated, although they should follow the advice of

their gynaecologist.

- People with an active infection should wait until it clears up before having the vaccine administered.
- Some flu vaccines are made in egg products and may cause serious reactions in people who have such allergies.
- When in doubt consult your doctor.

Are there side effects?

Most people experience no side effects, but 1% to 2% of adults may experience slight fever, weakness or muscle aches. Around 24% to 40% of children may develop mild fever.

Where can I get the vaccination?

Most community pharmacies offer vaccinations for a relatively small fee (in the region of R40). Some pharmacies offer a primary healthcare service in mini-clinic facilities, while others administer injections on request. Check with your pharmacist for more information.

What about claiming?

Your flu injection will be paid from your MSA as long as you provide a copy of the account including full details of where you received your vaccination, your name and membership number and the tariff code and cost associated with the service.

A recent improvement in the interface between the Scheme and pharmacies means that you may now have the vaccination administered at your local pharmacy who will claim directly from the Scheme without you having to pay cash up front first.

Benefits and claims – know your responsibility

The benefits you are entitled to as a member of the Scheme are detailed in your December 2001 newsletter. It is therefore your responsibility to ensure that you have enough benefits available and claim correctly. It is not your service provider's responsibility to ensure that you have sufficient benefits before they treat you. Here are a few guidelines to help you manage your benefits and ensure that your claims are paid.

- Before submitting your claim make sure that:
 - Your member number is correct
 - All the details on the account are correct, e.g. date of treatment, name of person who received treatment, etc.
 - You are being charged for the treatment you received
 - You sign the original to show that you agree with it
 - You keep a copy for your files before submitting the original to the Scheme.
- You are responsible for the medical account – if the Scheme is only liable for a portion of a claim submitted, the Scheme will still settle the full claim, but only to a maximum of the BHF rate, and you are responsible for refunding the difference to the Scheme. You must also make sure that your claims are submitted within four months of treatment – if not, the claim is viewed as stale and will not be paid.
- Make sure that the administrator has paid your claims on time – you can keep track of payments by referring to your monthly statements. Remember that you will have to pay interest for overdue claims.
- The Scheme only pays BHF (medical aid) rates for most benefit categories. Ask your service provider whether they charge BHF rates. If not, you will be liable for paying the difference between BHF and the fee charged by the service provider.

Resolving your queries - the correct channels to follow

The Scheme's Client Service Team consists of dedicated agents, trained to answer your medical aid queries.

The team can be contacted on (021) 480 4800, or via the Scheme's e-mail address at afrox@mhg.co.za.

Phoning in

When calling the Client Service Team you will be greeted by an electronic welcome message informing you that you have reached the Afrox Medical Aid Society. Your call is placed in the queuing system and we generally aim to answer within 60 – 120 seconds.

Always have your membership number ready and ensure that you have copies or details of the claims that you are querying. The important information our client service agents will require to assist you include:

- Your membership number
- The date you consulted the service provider or purchased your medicine
- The name of the service provider
- The amount you are querying.

Always keep copies of everything you send in. It is important to keep good records. Please alert us to any problems you may be having with the processing of your claims or with the service in general.

E-mail us

Another facility members may use to communicate with the Scheme is by sending an e-mail to afrox@mhg.co.za. Remember always to include

your membership number in your e-mail and to set out your query in a simple, straightforward manner. We aim to respond to e-mail queries from our members in 7 days, so please bear this in mind before resending your message.

If you provide us with your e-mail address by sending a message to afrox@mhg.co.za, our system will alert you via e-mail whenever any of your claims have been processed. This popular facility will keep you updated on claims payments and we would encourage you to send us your e-mail address today!

The Internet

We would like to remind you that by applying for a Personal Identity Number (PIN), you can gain access to your claims and personal information on the Scheme's website at afrox@mhg.co.za. Internet access allows you to check on the processing of your claims and your benefits and personal information. Apply for a PIN on the Scheme's website at www.mhg.co.za. or contact the Client Service Team for more information.

24-hour Electronic Phone Information Service

Another service that we encourage our members to try out is our electronic information service. By dialing 0861 333 120 and following the voice prompts, you will be able to:

- Check your savings balance
- Order a new membership card
- Confirm that your dependants are registered on the Scheme.

This 24-hour facility will be enhanced in future and we look forward to sharing new functions with you.

Our system will alert you via e-mail whenever any of your claims have been processed

Going to hospital – what to do

Members must obtain pre-authorisation before having any of the following procedures:

- Admission to hospital
- Alternatives to hospitalisation
- Kidney dialysis (in and out of hospital)
- Organ transplants
- Surgical prosthesis (internal and external)
- Radiology and pathology
- Dental surgery (in hospital)
- Psychiatry (in and out of hospital)
- Physiotherapy (post hospitalisation)
- Speech and occupational therapy (post hospitalisation)
- MRI scans, CT scans and bone density scans
- Confinement.

Before undergoing treatment for any of the above, please contact Metropolitan Health Group's Hospital Benefit Management Department on **0861 888 302**.

Continued overleaf

Going to hospital – what to do (cont)

Your reference number is proof that you have obtained approval for your planned procedure.

What should you have handy when calling in?

- Your membership number
- If you are calling on behalf of one of your dependants, ensure you have their date of birth handy
- Be prepared to give details of the hospital where the admission will take place
- The treating doctor's name and practice number will be requested
- Have the diagnosis/illness, as well as the procedure that will be performed ready
- The intended date of admission.

In most cases your pre-authorisation will be completed in a couple of minutes. However, where the procedure is outside the standard guidelines used by the Scheme, a letter of motivation may be requested. Admissions that could be considered cosmetic, a possible exclusion to the Rules of the Scheme, or anything out of the ordinary, may be referred to the medical advisor for consideration.

Please ensure that you write down your pre-

Members are reminded that a R1 500 co-payment is payable for any treatment in a non-Apex Hospital.

Members are exempt from the R1 500 co-payment only in the following instances:

- The nearest Apex hospital is over 20 km 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 this patient in a non-Apex hospital.
- There is no other suitable doctor in the area.
- This is an emergency admission.

authorisation number. This is your reference and proof that you have obtained approval for your planned procedure. Always call in timeously, i.e. at least 48 hours before your admission date. In the event of an emergency, call the pre-authorisation number on the first working day or within 48 hours.

Important contact details

ADDRESS FOR CLAIMS SUBMISSIONS

The Afrox Medical Aid Society
PO Box 5324 Cape Town 8000

CLIENT SERVICE CALL CENTRE

Tel: (021) 480 4800
Fax: (021) 480 4795
E-mail: afrox@mhg.co.za
Internet: www.mhg.co.za
Electronic Query Facility: 0861 333 120

METROPOLITAN HEALTH GROUP/ KPMG ANTI-FRAUD HOTLINE

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

IN-PERSON QUERIES

2nd Floor
Bankmed Centre
116 Buitengracht Street
Cape Town

HOSPITAL PRE-AUTHORISATION

Clinical Management Solutions: 0861 888 302
or (021) 480 4719 (Cape Town and surrounds)

CHRONIC MEDICINE ENQUIRIES

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

Next Issue:

The next Afrox Medical Aid Society newsletter will be published in July 2002. If you have any requests for topics or suggestions about the format or content of the newsletter, please e-mail them to afrox@mhg.co.za or phone the Scheme's Client Service Team on (021) 480 4800.