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Benefit Society query line: **053 807 3111**

Looking after your interests at Board level after the recent elections

The Society is managed by a Board consisting of eight Trustees. Half of these are newly elected by members while the other half were appointed by the Company.

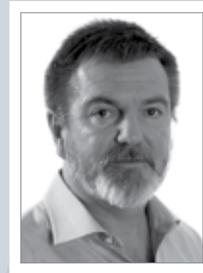
During the recent Trustee elections, the following four members were elected as Trustees of the Society to serve a term of office for the next five years:



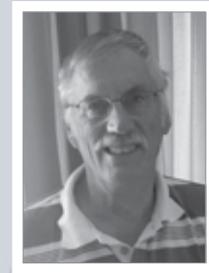
Huck Endersby, who has served on the Board of the De Beers Benefit Society for some time, has been re-elected.



Hans Gastrow, who has served one term of office, has been re-elected.



Roger Ketley, who has served on the Board in the past as a Company appointed Trustee.



Ali Erasmus is a newcomer to the Board.

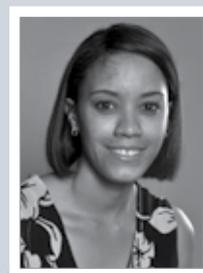
The member-elected Trustees will serve along with the following Company-appointed Trustees:



Colin Blanckenberg
(Re-elected as Chairman by the Board)



Wayne Smerdon
(Re-elected as Vice-Chairman by the Board)



Charmel Flemming



Daryl Kerspuy

Congratulations and welcome to all our member-elected Trustees!

New partners for Society promise effective service to members

An effective and efficient administration system (and the technology that underpins this) is critical to the success of any medical scheme. After careful consideration, the Trustees decided to replace the current system with the MIP healthcare administration system. In addition, Mediscor Chroniline™ will deal with chronic medicine authorisations as from 30 September 2015. (This does not affect the dispensing of chronic medicines, which will still be done by Dis-Chem and other approved DSPs as in the past).

As can be expected with a major system change such as this, issues are likely to occur during the process. We therefore kindly request that members remain patient as we deal with any unexpected difficulties during the system change-over period running from 30 September until 12 October 2015. Members can rest assured that the Society staff will do everything in their power to deal with any unexpected problems in a professional and efficient manner whilst striving to maintain service levels in general.



How will this change affect you as a member?

<p>What if you do <i>not</i> use any medical services during the change-over period and you are <i>not</i> registered for chronic medicine?</p>	<p>You will experience no effect, other than seeing minor changes to the format of your monthly statement, letters and other correspondence you receive from the Society, which will be generated by the new system.</p>	<p>No action required as nothing changes</p>
<p>Will you be able to obtain your chronic medicine or contact the Society for hospital authorisation or any other query while the new system is being implemented from 30 September until 12 October 2015?</p>	<ul style="list-style-type: none"> • The short answer is “yes”. • During the ‘closed’ change-over period, starting 30 September and ending 12 October 2015, the live medical aid claims processing system will be unavailable and benefits will not be updated (except for chronic medicine and optical benefits) during the ‘closed’ period. • The Society’s call centre agents will be available at all times during the ‘closed’ change-over period to provide information to members and service providers regarding the availability of benefits (except for chronic and optical benefits) recorded as at 29 September 2015. • In view of the above members will have to take account of benefits used by them from 30 September until 12 October 2015 to determine available benefits under the Society’s Rules. • All medical claims submitted on or after 30 September will be dealt with as normal, but will only be processed after the new system has been commissioned. Confirmation of up-to-date benefits will then again be available from 12 October 2015 onwards. • The Hospital pre-authorisation system will be available as normal during the ‘closed’ period and the system will not be affected by the MIP system change. For hospital authorisations call 0800 111 669. • Optical benefits will be available as normal by contacting PPN at 086 110 3529 or e-mail info@ppn.co.za. • Mediscor, the new pharmaceutical benefit management service provider (including for chronic medicine benefit authorisations), will process all member chronic medicine queries, claims and authorisations. Contact Mediscor Chroniline™ at 0860 119 553 for all chronic medicine queries. 	<p>CONTACT: Mediscor Chroniline™ on 0860 119 553 for chronic medicine queries OR 0800 111 669 for hospital pre-authorisation OR 086 110 3529 (PPN) for optical benefit queries</p>



<p>What will happen if you are currently registered for and regularly obtain chronic medicine?</p>	<ul style="list-style-type: none"> • Obtain your normal monthly chronic medicine before the change-over period, 30 September to 12 October 2015, if possible, to avoid potential service delivery issues. • From 30 September 2015 onwards, please contact Mediscor Chroniline™ (and not the Society) on 0860 119 553 for anything to do with your chronic medicine. • On the new system, which employs slightly different (but extremely well researched and proven) formularies compared to that of the old system, around 16% of beneficiaries registered for chronic medicine will be affected by the change to the new formulary. The impact will be either a decrease or increase in the optional co-payment for existing medicines should you choose to use a medicine that is not on the new formulary or not a generic equivalent. If you choose a medicine that is within the formulary and you use a generic equivalent, where applicable, your benefit will as in the past not attract any co-payment for your registered chronic medicine. • Affected members who will be required to pay more than they currently do as a co-payment will receive personalised and detailed information about these changes and options in this regard in due course. 	<p>CONTACT: Mediscor Chroniline™ on 0860 119 553</p>
<p>What do you need to do if you want to register for chronic medicine (including oncology, renal or anti-rejection medicine) or add/change these medicines? (from 30 September 2015)</p>	<ul style="list-style-type: none"> • You or your doctor should contact Mediscor Chroniline™ on 0860 119 553 to obtain pre-authorisation for chronic medicine. • A Mediscor Chroniline™ pharmacist will check the request against the Society's protocols and confirm whether the medicine is authorised to be paid from your chronic benefit or not. • A dedicated team of experts will assist you or your doctor with any queries in getting your medicine registered. 	<p>CONTACT: Mediscor Chroniline™ on 0860 119 553</p>
<p>What if you need hospital pre-authorisation?</p>	<p>There will be no change to hospital pre-authorisation - please continue calling the Society's Hospital Pre-Authorisation Department on 0800 111 669 for hospital admission requests.</p>	<p>CONTACT: 0800 111 669 for hospital pre-authorisation</p>

HOW WILL COMMUNICATION CHANGE?

Once the new system is in place, you will notice that the 'look and feel' of the member statements/letters/e-mails you receive will be slightly different. In addition, the information available on the online member section of the website (www.dbbs.co.za) will be displayed differently to that which is currently the case. The website and email addresses will remain the same and the change will be seamless to members. If you are registered to access your personal information online, you may in future be requested to change your online password to meet more stringent security provisions in order to maintain and enhance the security around member personal information.



More about the new administration system

MIP Healthcare is an administration system for self-administered medical schemes. More than 2.5 million medical scheme members are currently managed on the system. The Society's decision to choose MIP was the result of a requirement for leading-edge administration procedures and MIP's expertise in this space made the company the ideal solution provider.

HOW DO I KNOW MY INFORMATION WILL BE SAFELY AND ACCURATELY SWITCHED OVER TO THE NEW SYSTEM?

The Society has a well-managed project plan in place to ensure that all relevant current and historical information is successfully transferred from the current administration system to the new system. Internal Audit and PricewaterhouseCoopers will do audits to verify that the information has been successfully migrated to the new system.



More about Mediscor PBM and how they will improve the service to members

Mediscor is the largest independent pharmaceutical benefit management company in South Africa and has been in operation for more than 25 years. It was the very first pharmaceutical benefit management organisation to be accredited by the Council for Medical Schemes as a Managed Care Organisation (MCO). It processes more than 300 000 real-time pharmacy and 30 000 doctor transactions each day.

Communication Policy – what is your role as member?

The Society has a documented Communication Policy in place to ensure that members remain abreast of all developments within the Society. Whilst the Trustees and management fully accept their accountability for member communication as recorded in the policy, members remain accountable for:

- ensuring that they fully understand the Society's benefits and any new developments and that they act responsibly in relation to the Society, as each member's claiming pattern has a direct impact on contribution levels and the future sustainability and viability of the Society;
- reading all communications directed to them;
- attending Society information sessions as appropriate;
- referring any queries they may have to the Society for clarification; and
- providing the Society with feedback should their information requirements not be met.

A copy of the policy may be viewed on the Society's website or is obtainable from the Society.



Policy

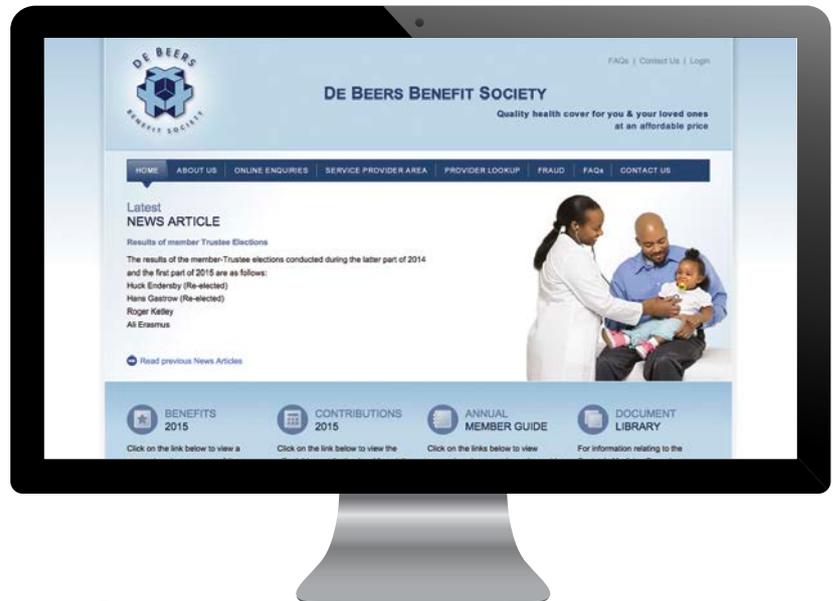
Avoid postal delays by gaining direct electronic access to Society communication

Register for electronic communication on the Benefit Society website and enable the Society to communicate with you instantaneously – visit www.dbbs.co.za and register today!

If you do not have internet access, consider using a relative or friend's email address.

Once you have registered, you will also be able to look-up a variety of information such as claims paid, benefits used/available, statements, your previous year's tax statement and provider details once you log into the member's area on the Society's website.

By registering, you will also assist the Society to keep administration costs in hand and assist in creating a far more effective communication channel with you.



Society's contact details

E-mail: benefitpost@dbbs.co.za

Website: www.dbbs.co.za (where you can also check your personal details and benefits)

Phone: 053 807 3111

Fax: 053 807 3499

Post: PO Box 1922, Kimberley, 8300

DISCLAIMER: Please note that while every effort has been made to ensure the accuracy of the information contained in this newsletter, the De Beers Benefit Society will not accept any responsibility for any inaccuracy or omission. In case of any dispute, the registered rules of the Society will apply. The rules are available from the Society and are also published on the Society's website. Should you have any queries, please contact the Society on 053 807 3111, or visit the Society's website at www.dbbs.co.za. You can also visit this website for easy access to all your personal medical information online, provided you have registered to use this facility.