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## Contribution increase kept to a minimum

In line with the Trustees' objective of providing members with quality healthcare at an affordable price, the Trustees have approved a contribution increase of 7.9% for 2016, which is lower than the increases implemented by most other medical schemes.

### COMPARING OUR INCREASE

The Trustees are pleased with how favourably the Society's 7.9% contribution increase for next year compares with increases adopted by the rest of the industry.

It was for example reported that Discovery Health Medical Scheme, the country's largest medical scheme, will increase its contributions by an average of 8.9% in 2016. Momentum Health announced that the contribution increase for the scheme will be set at 8.6%. Some smaller schemes have reported similar contribution increases, with a few even higher than 10%.

### CONTRIBUTIONS FOR 2016

The revised contributions for all members, effective from 1 January 2016 and payable monthly in advance via the December 2015 payroll, are as follows:

Principal/ Adult Member	Child Dependant
R 2 661	R 716

Please note that any employer subsidies that may apply are determined by your conditions of employment and administered accordingly. Queries in this regard should be directed to your Employer. It remains your responsibility, however, to ensure that your monthly contributions are paid in full to the Society.





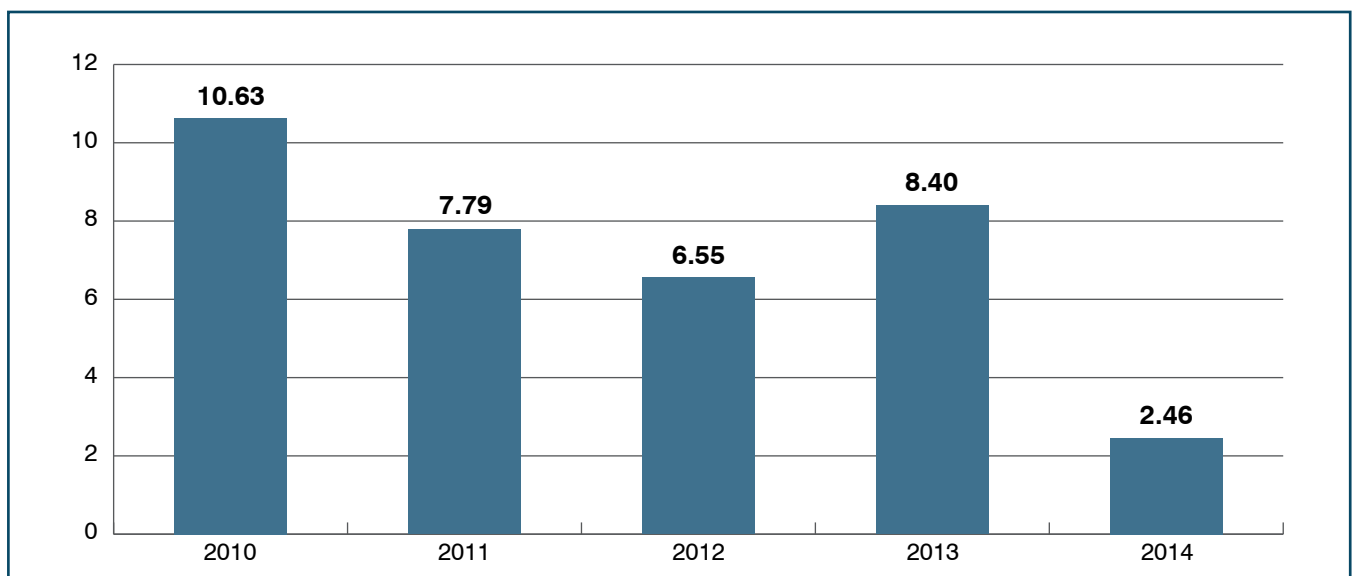
## Hospital Network – members win big!

The use of Network hospitals (primarily the Mediclinic group of hospitals) has resulted in the reduction of co-payments payable by members for hospitalisation costs (excluding costs for the surgeon, anaesthetists, etc.). The graph below shows the percentage benefit shortfalls recovered from members as co-payments for the period 2010 to 2014 for hospital accounts only. Total benefit shortfalls have shown a decreasing trend; from an average of 10.6% per annum in 2010 to 2.46% in 2014. (Information in respect of 2015 is not yet available). This means that the Society provided benefits for 97.54% of the Rand value of all hospital claims submitted on behalf of members in 2014.

The 2.46% of claims values not paid in 2014 is largely due to members electing to make use of non-Network hospitals at higher rates than negotiated Network rates for planned procedures.

**Members are therefore encouraged to ensure that planned procedures take place in Network hospitals in order to further reduce co-payments in respect of hospitalisation expenses.**

The list of Network hospitals is published in the enclosed annual Member Guide and is also available on the Society's website – [www.dbbs.co.za](http://www.dbbs.co.za).



## Change to chronic medication claiming cycles

Members will in future only be able to obtain two months' supply of chronic medication if they obtain it from Dis-Chem Direct (Dis-Chem's courier pharmacy). Other Designated Service Providers (DSPs) for chronic medication will only be permitted to dispense and claim one month's supply of medication, which is in line with industry practice.

Historically a large number of members received chronic medicine via courier and two months' supply was provided to reduce courier charges and the cost to the Society. When Dis-Chem and the DSPs for chronic medication were appointed, allowing for greater ease of access to pharmacies by members, this practice was allowed to continue for all chronic medication dispensed. The continuation of this practice is neither required, nor is it desirable as it has an impact on the Society's cash flow. It also does not allow the Society to use the drug utilisation review (DUR) functionality in its new systems, which electronically advises pharmacists of potentially serious drug-on-drug interactions, excessive supply, etc. across all the DSPs.



## How do I register for chronic medicine benefits?

You or your doctor should contact Mediscor ChroniLine® on 0860 119 553 to obtain pre-authorization 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 chronic condition and medicine registered.

## How do I obtain my chronic medicine?

Submit your original prescription to your DSP pharmacy and they will dispense your chronic medicine. Society beneficiaries can collect their chronic medicine from one of the following DSPs: any of the retail Dis-Chem Pharmacies nationwide, Lime Acres Pharmacy, Premier Mine Hospital Dispensary in Cullinan, the Namaqualand Pharmacy in Springbok or directly from Dr HA Burger in Springbok.

If collection is not possible, or if you do not have a DSP pharmacy where you live, your chronic medicine will be delivered to you free of charge by Dis-Chem Direct, via courier. In this case you must fax your prescription to 086 529 0228 or email it to [debeers@dischem.co.za](mailto:debeers@dischem.co.za). You are required by law to send the original prescription to Dis-Chem Direct at PO Box 597, Menlyn, 0063.

Please note that the submission of your prescription does not automatically instruct Dis-Chem Direct to forward your chronic medicine to you. You also need to give them specific instructions via the call centre on 086 122 6668, or by fax 086 529 0228, or by e-mail sent to [debeers@dischem.co.za](mailto:debeers@dischem.co.za) in which you detail each item required and in which you provide your preferred delivery method, address, membership number and contact telephone numbers.

Remember that, if you make use of the courier pharmacy (Dis-Chem Direct), you need to re-order your chronic medicine at least **10 working days** before your current supply is depleted. **Chronic medicine is not automatically dispensed.**

If you obtain your chronic medicine from any provider other than those listed above, (also known as out-of-Network providers), the claim will be subject to a 30% levy plus any co-payment for other over-pricing that may result from out-of-Network surcharges.

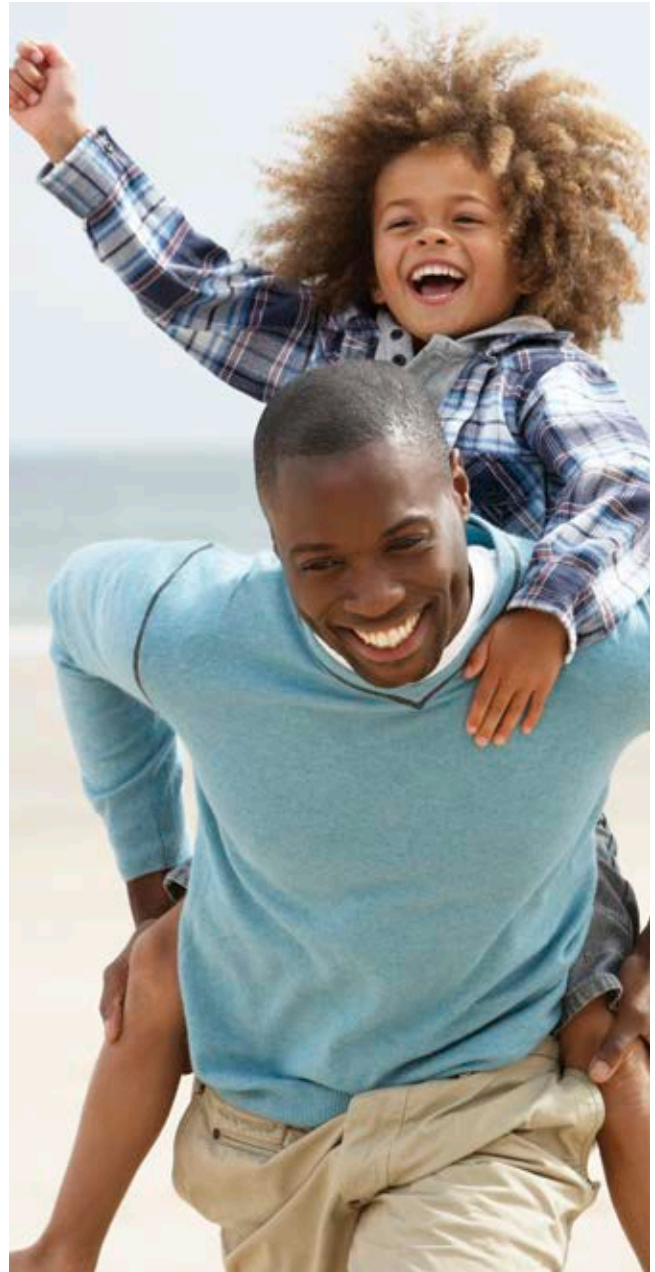




# Benefit Changes for 2016

The following table summarises the main benefit changes for 2016. For more details, kindly refer to the enclosed Member Guide for 2016. Unless otherwise stated, benefits are per beneficiary per benefit year.

BENEFITS/SERVICES	2015	2016
Internal Prosthesis	R37 000	<b>R39 220</b>
Specialised Dentistry	R7 400	<b>R7 840</b>
Orthodontic Treatment	R18 300	<b>R19 400</b>
Acute medication	R3 450	<b>R3 660</b>
Chronic medication	R28 800	<b>R30 520</b>
Aids and appliances	R6 000	<b>R6 360</b>
Colostomy bags and catheters	R15 900	<b>R16 850</b>
Continuous oxygen	R15 000	<b>R15 900</b>
Artificial Limbs (including prosthetic eyes)	R39 000	<b>R41 340</b>
Hearing Aids per 5 year cycle (from date last supplied)	R14 500	<b>R15 370</b>
Wheelchair per 5 year cycle (from date last supplied)	R8 400	<b>R8 900</b>
Quadriplegics and Paraplegics ONLY	R22 400	<b>R23 740</b>
Intra-ocular lenses	R1 780	<b>R1 890</b>
Oncology	R209 300	<b>R221 860</b>
<b>Optical</b>		
Composite consultation	R635	<b>R675</b>
Frames and Lens Enhancements	R1 250	<b>R1 250</b>
Lenses		
• Single vision or	R300	<b>R300</b>
• Bi-focal or	R700	<b>R700</b>
• Multifocal	R1 200	<b>R1 200</b>
<b>OR Contact Lenses</b>		
• Soft (per annum) or	R1 500	<b>R1 500</b>
• Hard (every 2 years)	R3 000	<b>R3 000</b>



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## Society's contact details

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