

BENEFIT BEAT

COMMUNICATING WITH MEMBERS OF THE DE BEERS

BENEFIT SOCIETY

JUNE 2005 ■ ISSUE NO.20

Society in sound financial health

Operating surplus reported

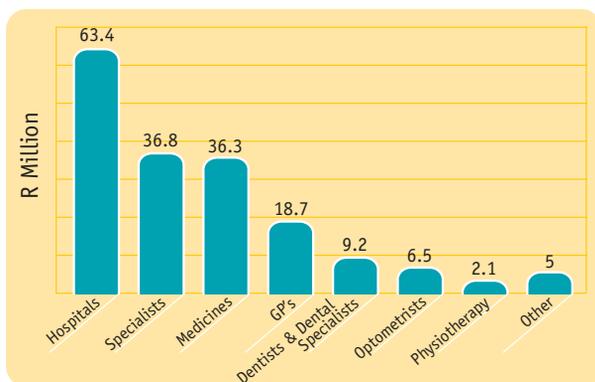
The Trustees are pleased to report that the Society ended its financial year with an operating surplus of R21.4 million, ensuring the ongoing solvency of the Society. This represents 10.1 months' contribution income in reserves, well in excess of the legislative minimum of 3 months.

Benefits paid for 2004

The graph below shows benefits paid to various service providers for 2004 – a total of R178 million. It clearly indicates that the Society's three major cost areas remain hospitals, specialists and medicines; these account for 77% of the Society's total benefits paid for 2004.

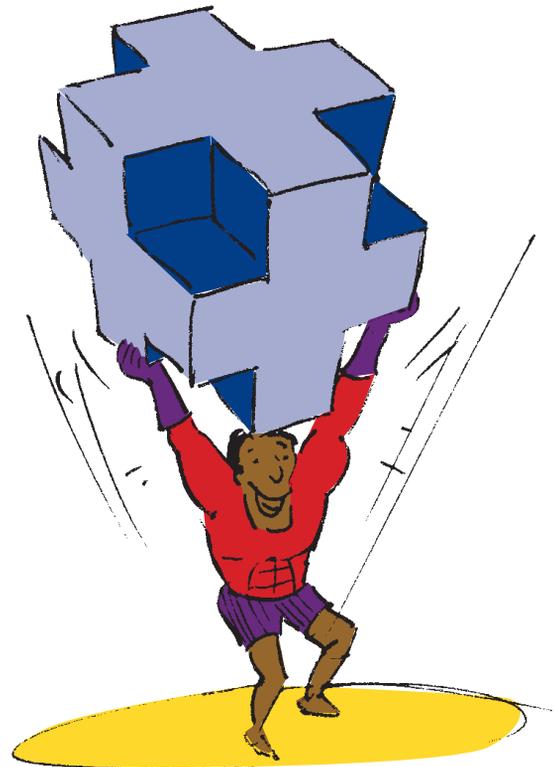
The average paid by the Society for benefits per member family per month was R1 459 last year.

With the Society being a non-profit organisation, members should be aware that an increase in benefits paid will have a direct effect on contribution increases.



Society's administration very cost-effective

Looking at the latest available figures for Administration and Managed Care costs, the Society is pleased to report that the industry average is about 59% more expensive than those of the Society.



Medi-Clinic deal results in further cost savings

The preferred provider network arrangement with Medi-Clinic has resulted in a number of benefits for the Society and therefore its members. While extensive coverage was provided to members across the country, direct savings of approximately R2 million were realised in 2004. An added benefit is that, due to Medi-Clinic's relationship with ER24, the Society was able to negotiate the ER24 deal at a very favourable cost.

INSIDE...

HOSPITALISATION: Know before you go!
CHRONIC MEDICATION - how to register



Society's Query Line: Tel no. (053) 807 3400

Fraud Line: Tel no. 0800 633 633

Your contributions and benefits

- what happens if you leave or register a new dependant?



Members (or their dependants) whose membership of the Society is terminated (for example if the member resigns or a child dependant becomes too old to qualify) will continue to enjoy Society benefits until the end of that month.

At the same time, the member will pay a full contribution for that month, irrespective of the date he/she or the dependant actually 'leaves'.

Similarly, if you register a new dependant in the middle of the month, that dependant will pay a full month's contribution, irrespective of the date he/she actually registers.

Please make sure that your dependants are all correctly registered and that your monthly contribution is deducted from your payroll/ pension.

Hospitalisation

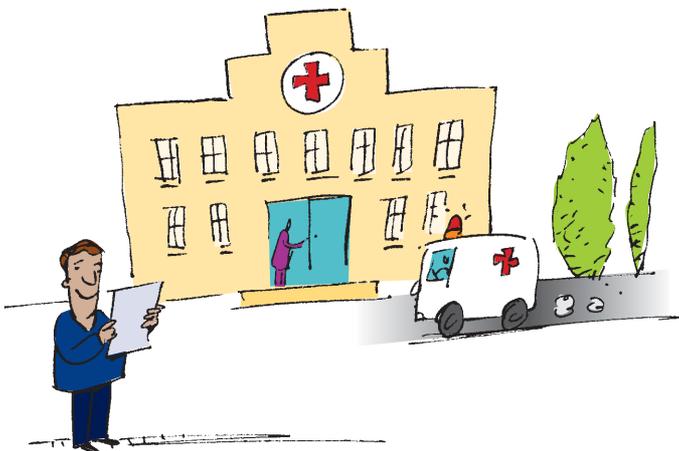
Know before you go!

Getting authorisation for a visit to a network hospital is as easy as picking up the phone -

simply call 0800 111 669 (toll free) for authorisation.

What about hospitalisation costs?

Provided your hospitalisation is authorised by the Society and you are charged the contracted or National Health Reference Price List (NHRPL) tariffs, your hospitalisation costs (over and above your co-payment) are covered in full by the Society. Your once-off co-payment for hospitalisation is R350 (which will be deducted from your pension/salary, unless you are a cash payer).



OPERATIONS: How can I minimise money spent from my own pocket?

If you are to have an operation, establish beforehand what all the service providers will charge and if necessary, negotiate with them.

1. Find out from the surgeon what service providers (other than the network hospital) will be involved in your case, for example -
 - anaesthetist
 - any doctors or specialists assisting the surgeon
 - follow-up treatments in hospital, such as physiotherapy, pathology tests, x-rays, etc.
2. Ask the surgeon what he/she will charge in comparison with the NHRPL tariffs. (You can also phone the Society on (053) 807 3400 for information on NHRPL tariffs.) Try to negotiate with your surgeon to charge the NHRPL tariff if he quotes a higher rate.
3. Get the other service providers' contact details from the surgeon or the hospital and ask each one what they will charge you - will these charges be at the NHRPL tariffs? Where these rates are considerably higher than the NHRPL tariffs, try to negotiate a lower price. If there is more than one service provider attending at a hospital, get comparative quotes.

If you are charged more than the NHRPL tariffs, you will receive a refund from the Society (according to the official Society benefit limits, which are based on the NHRPL) and will have to settle the full account directly with the service provider.

In a future issue of Benefit Beat we will explore how to minimise spending money from your own pocket if you are hospitalised due to illness, and not for an operation.

Are you a chronic medication user?

Register now and save!

For more detail on what chronic illnesses are covered, visit our website: www.dbbs.co.za

Why it makes sense to register

NOT REGISTERED	REGISTERED
<p>If a member who is suffering from a chronic condition fails to register on the Chronic Medication Programme, his/her chronic medication will be deducted from his/her acute medication benefits.</p> <p>The annual limit for acute medication is R1 850 per beneficiary and the member is liable for 30% of the costs.</p>	<p>If the same member registers on the Chronic Medication Programme, the Society will pay 100% of cost - R14 500 per beneficiary per year - for both prescribed and non-prescribed conditions (thereafter unlimited for prescribed minimum benefits*). (This benefit is subject to your obtaining the medication from a Society dispensary or other approved pharmacy.)</p> <p><small>* The Society will cover in full the diagnosis, medical management and medication for prescribed chronic conditions to the extent that this is provided for by way of a therapeutic algorithm for a specified condition, as published in the Government Gazette.</small></p>

How to register

The authorisation of chronic medication is as easy as **A, B, C, D.**

A Visit your doctor

If you suspect that you have a chronic condition, visit your doctor. Once your doctor has diagnosed your condition as being chronic, he/she may propose to prescribe chronic medication.

B Your doctor must phone the Society's doctor line

Your doctor must call 086 000 4747 to discuss your medication and obtain immediate telephonic authorisation for your medication. No application forms need to be completed.

ONLY DOCTORS
are permitted to use the
086 000 4747
number!

C Get a prescription from your doctor

Your doctor must give you a prescription matching your authorised chronic medication. By law, a pharmacist may only dispense scheduled medication on a valid, hand-written prescription. The authorisation process does not replace this. Prescriptions are only valid for 6 months.

D Send your prescription to the Society's dispensary

Fax or post your prescription to the De Beers Benefit Society Dispensary (Fax no. 053 807 3300) to arrange for the medicine to be dispensed and delivered to you (if you are resident in South Africa), or collect the medication from any one of the Society's Dispensaries.

Include on the prescription

Your membership number, contact telephone numbers and physical delivery address.

Please indicate if you prefer that your chronic medication be delivered:

- By courier to your home address (there must be someone during the day to receive it)
- Via docex to your office (if based at CHQ)
- By post

Remember to place your order with the Dispensary at least 7 working days before your current chronic medication runs out, so that you will receive your new medication timeously.

BENEFIT SOCIETY DISPENSARIES CONTACT DETAILS

Kimberley Dispensary
Tel: (053) 807 3333 Fax: (053) 807 3300

Lime Acres Dispensary
Tel: (053) 385 0507 Fax: (053) 385 0507

Kleinzee Dispensary
Tel: (027) 807 2715 Fax: (027) 807 2780

Cullinan Mine Dispensary
Tel: (012) 305 2583 Fax: (012) 734 1514

Email: chronicmed@debeersgroup.com

Not yet registered on the Benefit Society website?

Visit www.dbbs.co.za and register today!

Once your e-mail and other electronic contact information is registered on the Benefit Society's system, you will receive:

- Electronic statements (sent as an attachment to an e-mail)
- Claims information (weekly e-mail advising you of claims processed in the last 7 days)
- Up-to-date annual benefits used and available per beneficiary, membership detail, authorised cases and last member statement e-mailed to you on request. (Simply send an e-mail to webmail@debeersgroup.com and a response will be sent to you in approximately 5 minutes with the specified information as attachments.)



Late joiners now penalised



Members who wish to register their mother or father as a dependant on the Society who have not belonged to a medical scheme before will pay higher monthly contribution for these dependants.

This is industry practice to discourage members from joining and contributing to a medical scheme for the first time only later in life.

Remember, the Company does not subsidise additional dependants' contributions; members are liable for the full amount.

DID YOU KNOW...

It is illegal to belong to more than one medical scheme at the same time. Please ensure that you do not belong to two (or more) medical schemes as this is fraud for which you may be criminally charged!

KEEP US IN ON YOUR BEAT WITH BENEFIT POST!

We'd like to hear from you.

Is there something that you'd like to know more about?

e-mail us at: benefitpost@debeersgroup.com

phone: (053) 807 3400

or write to: Benefit Post
c/o De Beers Benefit Society
PO Box 1922
Kimberley
8300

Fraud Line: 0800 633 633