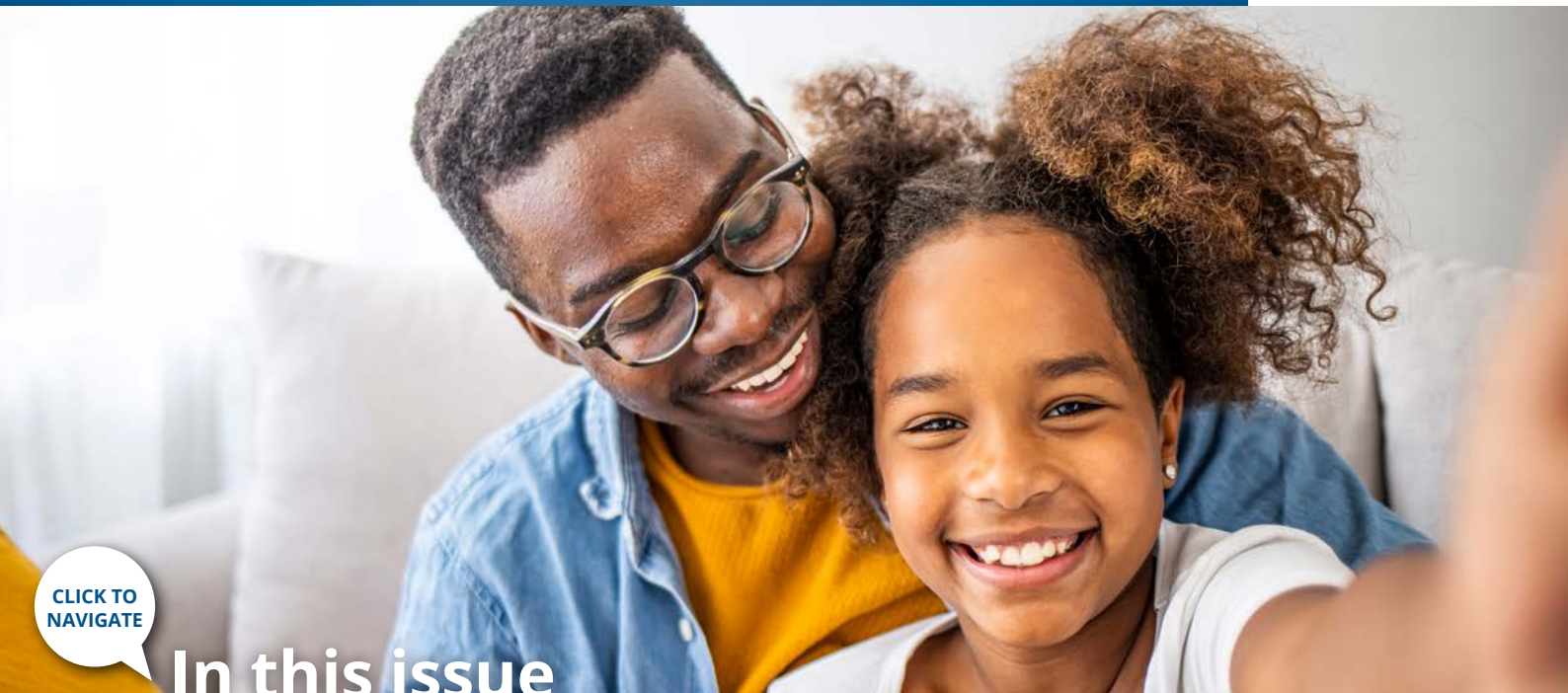


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Benefit Beat



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Dear Member

The Society admittedly does not offer the lowest contributions in the medical scheme industry, and healthier members may sometimes ask themselves whether they are getting value for money. However, it offers demonstrably superior benefits (when compared to the average medical aid) at a fair contribution rate.

What is important to remember is that a medical scheme is, in a way, similar to car insurance – the monthly contributions may be more than claims, but when things go horribly wrong, you are very grateful for that insurance cover.

Similarly, when huge medical bills start piling up, it's good to know that your scheme is there for you. As a restricted membership scheme, the Society definitely

goes the extra mile to be there for its members – as you will see from the story on the next page.

Our independent actuary compared the Society's offering against the top nine open medical schemes in the industry. It found that our benefit richness is in line with comprehensive medical scheme options offered, and that on average, **our contributions were 20% lower compared to options with similar levels of benefits.** In addition, the Society's historical contribution increases in comparison to these open schemes has, on average, been 1.5% lower per year over the last 10 years.

Yours in health

Stanley Mathonzi

What makes the Society great

Sometimes we all need a reminder of just why a medical scheme with rich benefits is worth the extra cost. This is what the next case study is all about.

CASE STUDY

In January 2022, one of our Society beneficiaries was admitted to the Intensive Care Unit (ICU) for medical complications. This beneficiary was admitted directly to the ICU and spent 164 days there, 62 of which was on a ventilator. Additional to the hospital costs, the Society also covered the following costs for the duration of the hospital stay:

- Blood transfusion;
- dietician services;
- wound care;
- medicine for infections;
- antibiotics;
- physiotherapy; and
- occupational therapy.

Had this member belonged to some other commercial medical schemes in the market, the financial implications would probably have been staggering. As it was, the Society covered this case as follows:

Total costs for the admission = R4 310 771.22

Member's co-payment = R3.45

*See more advantages of being
a Society member on the
next page.*



What makes the Society great

This is why we believe the Society has the edge over commercial medical schemes.



We're not profit-driven - no commissions or broker fees are paid.



'Our own people' manage the Society and provide personalised customer care and support.



Our annual contribution increases are competitive.



We are committed to good corporate governance.



Our administration costs are competitive and not entirely funded from contributions.



Our benefit limits are beneficiary-specific and not shared family limits.



The Society is very stable and financially sound.



Children who are full-time students or who earn under a set amount can remain on the Society as your dependants, and qualify for child dependant rather than adult dependant rates, until age 26.



We offer individual cover for major medical events and day-to-day expenses - with no overall annual limit.

Member App a great hit!

More and more members are using our Member App to access and manage their medical scheme information and benefits on the go!



For more information, see our **Member App Guide**.

HOW TO GET THE MEMBER APP

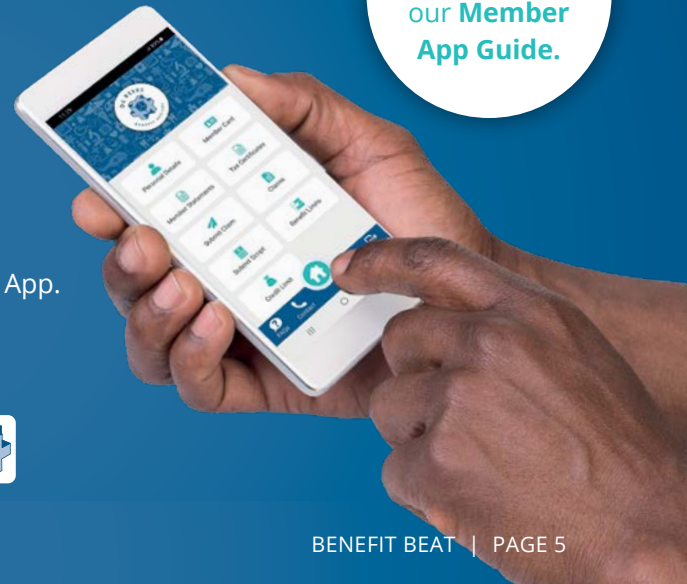
1. Go to your relevant app store.



2. Search for and select the **De Beers Benefit Society** Member App.

3. Download the Member App and click INSTALL.

4. Once installed, click OPEN. (You may also want to drag the App button to your home page, for ease of use.)



Dental check-ups and cleaning

– for more than just a smile

Healthy teeth and gums are increasingly being proven as extremely important to our overall health. Research shows that bad oral hygiene, and therefore poor dental health, can lead to a worrying number of seemingly ‘unrelated’ and often serious diseases.

THERE IS, HOWEVER, GOOD NEWS! To help you avoid complications caused by poor dental health, **the Society covers one dental consultation plus scale and polish (cleaning) every 6 months for you and all your registered beneficiaries, rather than only one per year!** (Just remember that this is a rolling 6-month period and that it starts from the last date you consulted a dentist, not from the beginning of each year.)



CASE STUDY

Frank consulted his dentist on 15 February 2022. His next routine consultation can be any time from 16 August 2022. If he only goes for his next routine consultation, including cleaning, on 3 October 2022, his next routine consultation thereafter can be any time from 4 April 2023, for it to be covered by the Society.

NEW from next year:

Disease Risk Management Programme



The Society is excited to announce the launch of an Integrated Care and Disease Risk Management (DRM) programme in 2023.

This programme will include expertly formulated treatment plans based on evidence-based clinical protocols (*including educational communication material*). The programme is aimed at identifying and assisting beneficiaries who are at risk of developing chronic conditions, suffering complications due to existing chronic condition(s), or experiencing an advancement of their existing chronic condition(s), to better manage their chronic condition(s) and maintaining or even improving their quality of life.

Members with severe and uncontrolled disease may be eligible for home monitoring and extended support from a clinical coach in partnership with their treating doctors. This programme will also empower beneficiaries to make informed decisions and successfully navigate the healthcare system and services adequately to obtain the most suitable treatment.

If you have been diagnosed or are at potential risk of developing one of a specific set of chronic conditions, you may qualify for registration on the Society's DRM programme. Keep a lookout for more communication about this exciting programme.

CHRONIC MEDICINE

How to stretch your benefits and avoid co-payments

Why you should you register your chronic condition(s) with the Society

Your chronic medicine benefit is a separate benefit, which means that claiming for medicine for your qualifying registered chronic condition will not reduce the benefit you have available for acute medicines that you may need from time to time.

First confirm whether your chronic condition is covered by the Society

The Society covers an extensive range of chronic conditions that are split into two main categories:

- Chronic Disease List (CDL) conditions in terms of **Prescribed Minimum Benefits (PMB)** (26 conditions in total); and
- Additional non-CDL conditions that the Society is willing to cover (an additional 29 conditions).

You can read more about the Society's chronic medicine benefits, including the conditions that are covered, on the Society's [website](#) under Benefits > Chronic Medicine Benefits.



How to register your chronic condition

Your doctor or pharmacist should contact Mediscor ChroniLine® on 086 011 9553 (or send an email to preauth@mediscor.co.za) to register your chronic condition and obtain pre-authorisation for chronic medicine benefits. A Mediscor ChroniLine® pharmacist will verify the request against the Society's protocols and confirm whether the medicine is authorised to be paid from your chronic benefit or not, in terms of the Society's therapeutic reference pricing model such as the Formulary Reference Price (FRP) and generic reference pricing model such as the Mediscor Reference Pricing (MRP).

When and why would you run out of chronic medicine benefits?

Depending on the chronic condition that you have registered with the Society, and how you use your benefit, you may at some stage find that you have depleted your chronic medicine benefit and now have to pay certain costs out of your own pocket. This is why it is important to register your specific chronic condition.

If you have registered ...

... a PMB chronic condition	... an additional (non-PMB) chronic condition
Chronic medicines will first be covered from your chronic medicine benefit. After this is depleted...	
... you will have access to further cover in terms of PMB regulations - but with very specific guidelines.	... you will have to pay for further chronic medicine claims from your own pocket.

It therefore makes sense to understand how you can stretch your chronic medicine benefits and minimise co-payments.

How to stretch your chronic medicine benefit and avoid co-payments on medicines for chronic conditions that are covered by the Society

For your chronic medicine to be covered from the chronic medicine benefit **without** any co-payments, it needs to be:

- in the Society's Medicine Formulary;
- a generically-equivalent product that is priced according to the Mediscor Reference Pricing (MRP) model; and
- supplied by one of the Society's DSPs for chronic medicine.

What are generic medicines, and how can I benefit from them?

A generic (also called generically equivalent) medicine is a product that is **identical** to the original product in terms of active ingredients and strength. In South Africa, once a company has approval from the South African Health Products Regulatory Authority (SAHPRA) to sell their newly developed medicine, they have patent protection that effectively lasts between 5 and 15 years. During this time, no other company may manufacture this specific medicine. Once the patent period has expired, any other company may produce the medicine under a different commercial name, using the same active ingredients and may sell their product, provided it has been registered with the SAHPRA and it has been approved by the regulatory authority.

By using the generic alternatives (for your chronic and acute medicine needs), you can get more value from your benefit limits, as the benefit to cover your medication will last longer. This is because generic

medicines are generally between 20% and 40% less expensive than the original brand medicines. The difference in price is due to up-front research costs. Before a medicine is approved, the company that developed the original product would have spent large sums of money on research and development. Once approved for sale in the market, this company will attempt to recover these costs and do their best to make a profit on their investment. Generic medicines are cheaper, as the manufacturers do not incur the associated costs for the long and expensive process associated with research and development. Other companies can simply copy the formula in terms of active ingredient and strength, once the patent period has expired. Often companies that manufacture the original brand medicines, will also manufacture a generic equivalent to remain competitive.

Feedback from our members

I would again like to thank you & DBBS staff for assisting me in this matter. I was so shocked & alarmed that I was going to have to pay R1 079 from my pension towards this incorrect billing & I was not sure what the correct procedure was to follow. But now I only have to pay in R172, and everything has been corrected by DBBS. I really was not sure how to deal with it, but DBBS has shown me again why you are the best medical aid in SA!!

Me and my family just want to say thanks to De Beers Benefit Society, for all the help and assistance during the years that my wife was on the Society. She passed away during June 2022. A special thanks to Karen Muller who was always available to help. Furthermore, we do want to thank the lady from Head Office who phoned weekly to enquire how my wife was doing. We appreciate this so much. I am proud to be a De Beers pensioner and thankful that I could be an employee of De Beers. This company really looks after its employees. The best in the world!!!

GOOD NEWS: Mediclinic's day hospital footprint is growing – visit our website to find them.



Mediclinic
Day Clinics

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