Society goes PERSONAL

Probably the most dramatic change in the new design is that each registered member and dependant is now regarded *individually*. This means that both in terms of benefits and contributions, individual (or 'per person') limits and rates apply. Benefit Beat looks at the implications of this change...

BENEFITS

For those benefits where limits apply, you and your dependants each have an individual benefit limit. (Previously, benefit limits were set per family.) Once you (or one of your dependants) have reached your individual benefit limit, you cannot 'use' one of the other family members' benefit limits. These limits apply from 1 January to 31 December each year.

EXAMPLE

*The new physiotherapy benefit is R2 500 per person per year. John (principal member), Anne (his wife) and Greg (his son) each have a personal limit of R2 500 for physiotherapy for the year. If Anne exhausts her R2 500 by June 2000, she **may not** make use of John or Greg's benefit. Her benefit limit will be 'renewed' on 1 January 2001.*

CONTRIBUTIONS

- You will pay a certain monthly contribution for each person you register as a dependant. This contribution is different for adults and children and will be based on your basic income per month.
- The Company subsidises a portion of your total contribution. This portion will vary for both working and pensioner members, depending on their employment contract.

EXAMPLE

Based on the family in the example above, John earns a basic salary of R5 500 per month. The adult contribution per month is R533, while the child contribution is R133.

John's employment contract states that he will receive a 60% subsidy from the Company, which means that only the 40% balance will be deducted from John's monthly salary.

R533 (John) + R533 (Anne) + R133 (Greg) = R 1199

60% payable by the Company	*R 720*
40% payable by John	*R 479*
Total Contribution payable	*R1 199*

Join Medi-Serve for chronic medication

Do you or any of your dependants suffer from a chronic illness like asthma, diabetes, epilepsy or hypertension? Now you can extend your medicine benefits by up to R10 000 per person per year, simply by applying to the Medi-Serve programme.

It's easy to register ...

1. **Pick up an application pack.** These are available from the Society, the Society's dispensaries and mine clinics. You can also contact PBM.

2. **Fill in your details.** Fill in your personal details on section 1 of the application form.

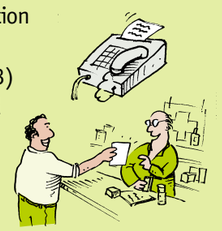
3. **Visit your doctor.** Your doctor must examine you and complete the rest of the application form. (Take the entire envelope with all its contents to your doctor as there is a letter to the doctor included in the pack.)

4. **Return the application form.** Either you or your doctor must fax the form to PBM via their toll-free fax line or mail it in the pre-paid envelope provided.

5. **Wait for your card.** Your doctor will, in consultation with PBM's panel of expert consultants, decide what medication you should be using. PBM will send you an Access Card listing your authorised medication.

6. **Get a prescription from the doctor.** Ask your doctor to give you a prescription for the medication listed on the Access Card.

7. **Submit your prescription.** Send your prescription to the De Beers Benefit Society Dispensary (Fax: 053 - 807 3300 or Tel: 053 - 807 3333) to arrange for the medicine to be dispensed and delivered to you. (Include your membership number on the fax, as well as a telephone number where a pharmacist can contact you if necessary.)



Please **DO** **NOT** fax prescriptions

PBM (Pharmaceutical Benefit Management) administers Medi-Serve, the chronic medication programme the Society has chosen. You can call them on 0860 100 608.

The danger of NOT registering

Your Acute Medicines Benefit will soon run dry.

If you currently use medication for a chronic illness and do not register for this benefit, payment will be made out of your Acute Medicine Benefit. This means your Acute Medicine Benefit (R 1000 per person per year) will soon be used up, as chronic medicines are usually very expensive.

Would you qualify?

Chronic medication is broadly defined as medication that is used for a chronic illness requiring medication on a regular basis. If you are uncertain whether your medication qualifies as chronic medicine, contact PBM on 0860 100 608 or ask your doctor to contact PBM on their toll-free number.

BHF replaces RAMS

The Representative Association of Medical Schemes (RAMS) was a voluntary organisation representing medical schemes and negotiating tariffs with medical service providers on an annual basis. It has now been replaced by the Board of Healthcare Funders (BHF).

What does BHF do?

- BHF (The Board of Healthcare Funders) sets the official tariffs or fees that medical schemes pay for services. These are also known as the Scale of Benefits (SOB) tariffs.
- As most medical schemes are members of this organisation, BHF has increased bargaining power to negotiate lower fees with healthcare service providers such as doctors and hospitals. In this regard it plays an important role in controlling run-away healthcare costs.

How does BHF affect you?

The De Beers Benefit Society pays all its benefits for services provided at the Scale of Benefit (SOB) tariff set by BHF. If your doctor/medical service provider charges SOB tariffs, the Society will settle the account in full, directly with the provider. However, if your doctor/service provider charges more than the SOB tariff, **you will have to pay the account yourself and will only be able to claim a refund from the Society based on the SOB tariff.**

EXAMPLE
Looking at a benefit such as hospitalisation, which is a 100% benefit, this means the Society will only pay **100% of the SOB tariff.**

- If the hospital charges the SOB tariff, the Society will settle the full account with the hospital.
- If the hospital charges more than the SOB tariff, you will have to pay the full account and submit your claim to the Society afterwards. The Society will then pay you a refund based on the SOB tariff.

It therefore makes good sense to first confirm with medical service providers whether they charge SOB tariffs or not, so that you do not receive any unpleasant surprises after undergoing medical treatment.

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@debeers.co.za

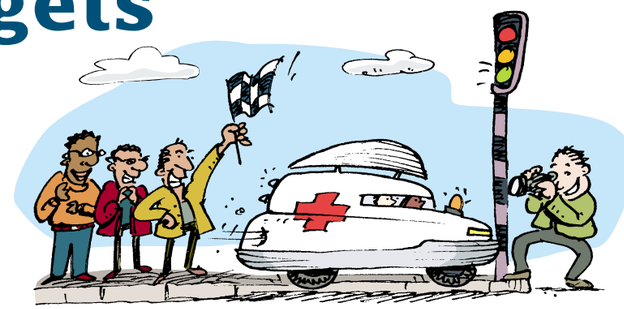
or write to:

Benefit Post
c/o De Beers Benefit Society
P O Box 1922
Kimberley
8300

BENEFIT BEAT

COMMUNICATING WITH MEMBERS OF THE DE BEERS BENEFIT SOCIETY JANUARY 2000 ISSUE NO.4

New design gets green light!



The Society's new benefit and contribution design met with overwhelming approval from members and came into effect on 1 January 2000.

The new design of the De Beers Benefit Society was approved at a special general meeting held on 25 November 1999. This followed a process of comprehensive analysis and restructure, in which member input played an important role.

At presentations held across the country (and which were attended by 42% of both working and pensioner members), it was clear that members felt very positive about the changes ahead.

Dear Members...

If a medical scheme wishes to survive in our day and age, it needs to continuously reshape itself. In this regard the De Beers Benefit Society has made good progress over the last year. With the help of you, the member, it plans to re-evaluate and restructure itself on a continuous basis to ensure that it remains financially viable and sustainable.

This edition of Benefit Beat gives an overview of the main changes in the new design, with a special focus on chronic medication and how to register for this benefit. It also gives you a behind-the-scenes peek at the new body determining medical tariffs in South Africa, and how the Society's benefits relate to these tariffs.

If you have a chronic illness, I urge you to register for the chronic medication benefit as soon as possible - it is in your best interest.

Regards

Andy Wingreen

Manager

INSIDE