WINTER 2020 | ISSUE NO 45

Benefit Beat

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MESSAGE FROM THE PRINCIPAL OFFICER

The main reason for the existence of the Society is to give our members access to quality benefits at a reasonable cost. One of the key factors is the effect of members' claim patterns on our expenditure. In that regard we are obviously concerned about the inevitable impact that Covid-19 will have on claims, but at the same time heartened by the very prudent behaviour we have seen from members since March. Although it is impossible to predict the future, our projections show that if members continue to limit their use of elective and non-emergency medical care, we may just be able to come through the pandemic relatively unscathed (from a financial perspective, at least).

With our lockdown restrictions increasingly being lifted to save the economy, it is easy to be tempted to regain some normality in our lives by going out of the house a bit more frequently. However, epidemiologists are warning that we are approaching our peak in South Africa (the most dangerous time for infection). **If ever there was a time to be vigilant, that time is now.** So whether you are older and have comorbidities, or young and healthy, please take all the necessary steps to protect yourself, and your loved ones, against Covid-19. This means looking after both your physical and mental health.

Our winter issue of Benefit Beat aims to help you in this regard, with an article on the importance of avoiding repetitive negative thoughts during these times, as well as various articles to help you look after your physical health.

Stay safe and rest assured that the Society remains there for you!

Mind your mind

Everything starts with a thought. From the greatest invention to the most horrific act, it all starts with a thought. The human mind is a never-ending thought-producing and thought-processing device. The National Science Foundation published an article showing that the average person has between 12,000 and 60,000 thoughts per day. Here is a sobering thought, however: of those thousands of thoughts, 80% are negative, and 95% are exactly the same repetitive thoughts as we had had the day before.

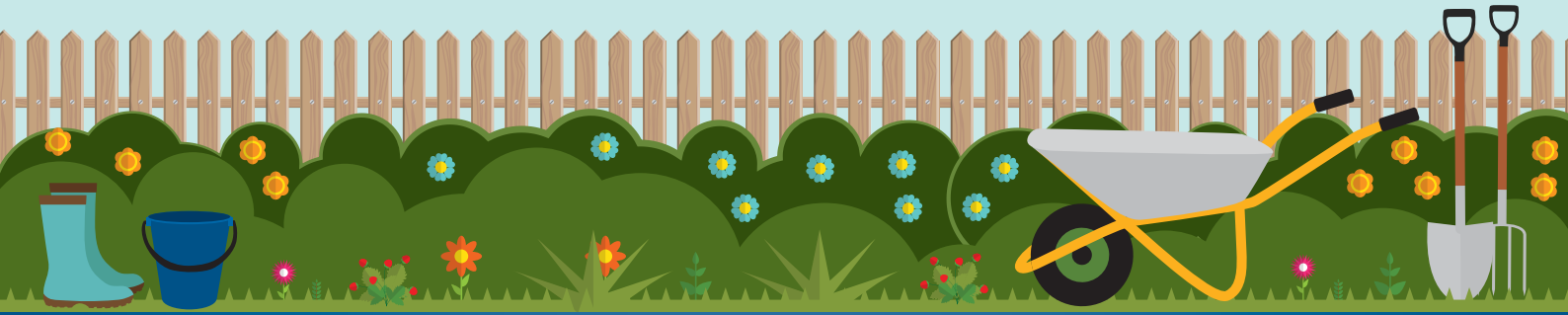
Also, there is no such thing as a neutral thought. Every thought triggers an emotion. Like an electrical spark, it ignites a certain emotion. And that emotion always leads to some physical reaction in our bodies. If the emotion is one of fear, we would tend to stop breathing normally, clench our fists and jaws, develop a knot in the stomach, and start having heart palpitations. Conversely, if it is a positive and good thought, we feel relaxed and breathe normally.

We need to become smarter by avoiding or at least minimizing negative input. Keep in mind, news bulletins and the media are not in the business of making us feel good. I have yet to come across anyone who has felt uplifted or inspired after watching the evening news or reading the paper.

Let us think about our minds as a beautiful and precious garden that requires our conscious attention because we know that the seeds we allow to be sown there will bring forth exactly the harvest according to the nature of these seeds. Every piece of information coming in is like a seed looking for fertile soil in which to grow. The more tolerant the soil is of negativity, the greater the likelihood for more negative seeds to take root and flourish. Fear is a good example of this. Currently, we are being constantly bombarded with fear-driven information and alarming statistics. If we buy into this, it becomes fertile soil for more negative seeds to germinate and, before we know it, our gardens will be overgrown with weeds of fear and worry. This then becomes our garden. From the moment we wake up in the morning, we are back in our garden of fear, worry and anxiety, and our health and overall well-being are compromised.

So this is a good time to do some gardening, by walking through the garden of our mind and identifying the sources of our negative thinking (the weeds) that dominate our mind. Once we have identified the source, we can avoid it. Let's not use our minds as a dumping ground for someone to offload their fear-driven agendas. Let us stand sovereign over our own minds, free to understand and perceive things as we see fit; let us draw our own conclusions and shape our own truths. Let us be free to live boldly rather than being diminished by fear. We are called upon to tend rigorously to our gardens. We reap what we sow. Let's nurture the life-giving and soul-inspiring thoughts, and weed out the rest.

Kindly supplied by Dr Rudi Labuschagne, Executive Coach & Leadership Development Consultant
More: www.drrudi.co.za



Virtual AGM – a win all round!

The current pandemic and lockdown restrictions meant that, for the first time in well over a century, the Society could not host a physical Annual General Meeting (AGM). Fortunately, thanks to modern technology, we were able to use this as an opportunity to explore how we could make our AGM accessible to more members.

With the prospect of being able to 'attend' the AGM from the comfort of their own homes, 30 members registered to attend our virtual AGM, and 23 actually attended. This is in stark contrast to previous years, where we sometimes struggled to have enough attendees to form the necessary quorum of 15 members.

With our easy-to-complete online proxy form, a further 10 members appointed proxies to speak and vote on their behalf.

The webinar facility even allowed us to make a recording of the AGM, so that members can view the meeting afterwards. You can access the recording here.

Repeat prescriptions now valid for longer

As a result of Covid-19 restrictions on movement and the need to keep vulnerable persons at home as far as possible, the National Department of Health (NDoH) has temporarily extended the period for which medicine prescriptions are valid from 6 months to 12 months.

This means that if you received a valid repeat prescription for Schedule 2, 3 and/or 4 medicines any time from 30 October 2019, you will not need to arrange for a new repeat prescription for the following 6 months, as your prescription will now be valid for 12 months from the date of issue.

Repeat prescriptions that are issued any time from now until 30 October 2020 will be valid for 12 months, and not only 6 months.

PLEASE NOTE: If you have any adverse reaction to your prescribed medication, speak to your doctor before simply continuing taking the medicine within the extended prescription time.

WEBSITE: Feedback from a member

Many thanks for the great, user-friendly website that you and your team have designed. Well done on an excellent, comprehensive reference and guide for all of us!

~ John Gatherer

Still using non-network optometrists?

Using PPN for your optometry requirements makes great sense – it can stretch your benefits and save you (and the Society) costs and hassle!

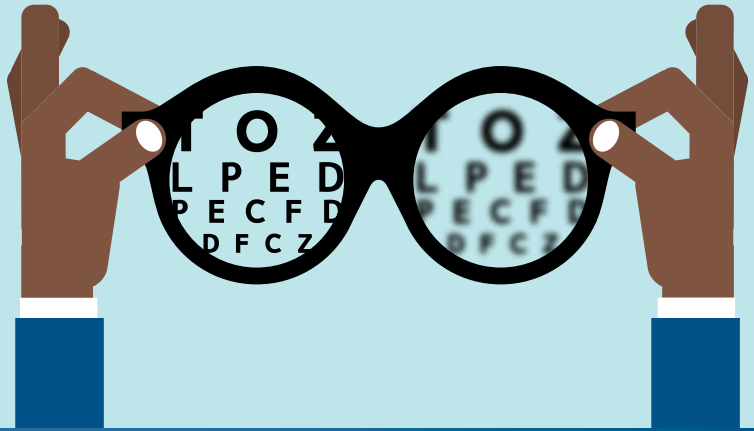
- PPN providers charge Society members negotiated rates that are up to 76% lower for clear lenses than the industry standard pricing, with no compromise on quality. This means THE SAME product may cost up to 76% MORE at a non-PPN provider.
- There is no need to make any direct payment to a PPN provider if you stay within your optical benefit limit, as the provider has an online platform to submit claims directly to the Society.

Quick links

- Visit www.ppn.co.za to find a PPN provider near you.
- See 'Optometry' under Benefits on the Society website for information on your optometry benefit limits.

WHAT IF I STILL WANT TO USE A NON-PPN PROVIDER?

- Your optometry benefits are limited to the rate agreed to with PPN. This means that if you choose to visit a **non-PPN** optometrist, you will be liable for any amount above the agreed PPN tariff.
- The Society will refund all non-PPN provider claims to the member, who will need to pay the provider (if they have not already done so). **PPN will no longer make direct payments to non-PPN providers.**



Boost your immune system this winter

There are many ways in which you can help your immune system to fight off infections during the winter months; many simply requiring you to tweak your lifestyle. There is not enough space in this newsletter to cover this topic comprehensively, so we recommend that you also do some research. Before making any dramatic lifestyle changes however, please consult your General Practitioner (GP).

Avoid added sugars

Obesity, type-2 diabetes and heart disease can all weaken your immune system. It therefore makes sense to limit added sugars in your diet.

Drink enough water

Your body needs to be hydrated to function optimally, so make sure you drink enough water, even if some of it is in the form of unsweetened drinks such as tea.

Eat nutrient-rich food

Eat foods high in the vitamins and minerals that are known to play a part in immune function, such as vitamins B6 (fatty fish, chicken, chickpeas, green vegetables, etc.), C (citrus, bell peppers, guavas, papaya, etc.), D (cheese, egg yolks, organ meat, etc.) and E (almonds and some other nuts, leafy vegetables, etc.), as well as zinc (shellfish, mushrooms, nuts, etc.).

Get enough sleep

Studies show that poor quality sleep can make you more susceptible to illness.

Exercise in moderation

Regular, moderate exercise is not just healthy for your body and mind in general, but has also been shown to have a positive effect on the regeneration of immune cells. If you can exercise outdoors in the sunshine, you can boost your vitamin D levels at the same time!

Manage your stress

Sustained high stress levels have a negative effect on immunity. You can use breathing or meditation techniques to help you manage your stress, or simply go for a walk.

Supplement if necessary

Some people simply do not absorb enough vitamins and minerals through their food intake. Discuss with your PGP whether you should take supplements during the winter, for example, vitamin D, which will produce more slowly in your body as a result of less exposure to sunshine and the fact that you will probably be spending more time indoors.

Covid-19: Society update

With world-wide data showing that older people are generally more vulnerable to Covid-19, the Society has been concerned that our membership may be especially hard-hit. So far, however, we have not seen any alarming statistics from our Society data, with only 279 beneficiaries having been tested to date. Of these tests, only 40 have been positive.

We have recorded two Covid-19-positive deaths (one in the Western Cape and one in Gauteng) as at 16 July 2020, and express our condolences to the families of these members.

We thank our members for having embraced the concept of social distancing to “flatten the curve”, and encourage you to continue with social distancing and rigorous hand-washing, and to wear a mask whenever you go out in public.

The Society continues to be here for its members, and wish you health and safety during these challenging times.

Covid-19 now a PMB condition

During the Covid-19 pandemic, it is important for medical schemes to provide the necessary healthcare benefits to members. In line with this, the Council for Medical Schemes (CMS) has declared Covid-19 as a Prescribed Minimum Benefit (PMB) condition and, as such, all published regulations and guidelines relating to PMBs will now apply to Covid-19 cases.

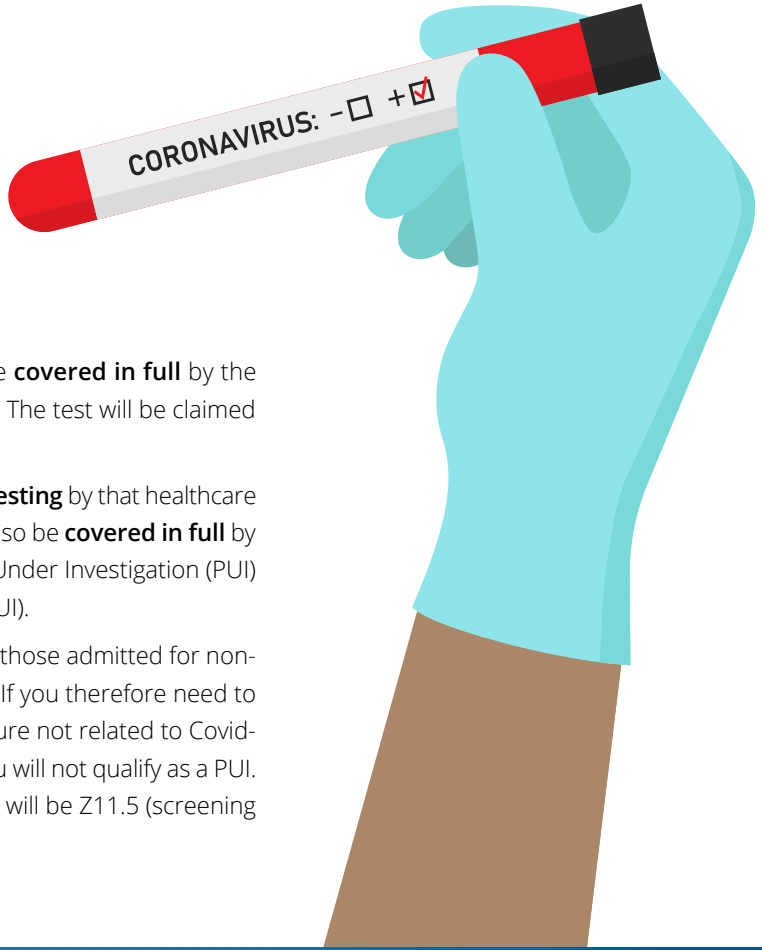
As per the CMS's guidelines, the Society will fund consultations and pathology tests as a PMB (100% of cost) according to the Society's PMB guidelines. This includes limiting the number of tests to two per beneficiary per year.

If the PMB criteria and/or guidelines are not met, consultations and pathology tests will be paid from the relevant Society benefits according to the rules and benefit availability.

In order for members to enjoy the PMB cover, it is important to notify the Society of the test once it is performed and the results are obtained by the member or beneficiary.

The next article shows various scenarios of testing, and how each will be covered.

Covid-19 testing: various scenarios



At this point, Covid-19 tests are covered as follows:

- If you test **POSITIVE** for Covid-19, the cost of the test will be **covered in full** by the Society. This will apply irrespective of why the test was done. The test will be claimed under ICD 10 code U07.1 Person under Investigation (PUI).
- If you are **screened** by a healthcare worker and **referred for testing** by that healthcare worker and the diagnosis is **NEGATIVE**, the related tests will also be **covered in full** by the Society. In this case you would be regarded as a Person Under Investigation (PUI) and the test will also be claimed under ICD 10 code U07.2 (PUI).
- Hospitals are increasingly insisting on any patients, including those admitted for non-Covid-19 issues, to be tested for Covid-19 before admission. If you therefore need to be admitted to a healthcare facility for a condition or procedure not related to Covid-19 and are required to be tested for Covid-19 beforehand, you will not qualify as a PUI. In such a case, if the diagnosis is **NEGATIVE**, the ICD 10 code will be Z11.5 (screening code) the member will carry the normal 10% co-payment.

Consider postponing elective surgery unless it is a medical emergency

The Board of Healthcare Funders (BHF) and its members in the healthcare funding space have requested members of medical schemes to proceed with caution in scheduling elective surgical procedures (for example, cataract surgeries, knee and hip replacements, ligament repairs or hernia repair).

There are two main reasons for their request to minimise non-emergency elective surgery at this time:

- To minimise the risk of in-hospital patient exposure to Covid-19.
- To avoid patients unnecessarily occupying hospital beds at a time when a surge in serious novel coronavirus cases is expected.

In addition, with the financial uncertainty that Covid-19 holds for the Society and its members, it makes good sense for all unnecessary expenditure to be reduced as far as possible.

One way in which members can significantly contribute to the continued sustainability of the Society, and their own budgets, is to continue using their Society benefits with caution. This holds especially true for elective procedures, which make up a very large part of the Society's claims payments each year.

If you have booked or are considering any elective surgery, we therefore urge you to engage with your healthcare practitioners to discuss deferring anything that is not a medical emergency.

Regardless of the Covid-19 pandemic, it is worthwhile thinking twice before going for any elective procedures, especially if there are non-surgical options available.

IMPORTANT: Some medical conditions are life-threatening – see the next article for information on what to do if you are uncertain whether your medical condition warrants immediate care.

Don’t ignore life-threatening medical conditions

Across the world there are reports of more people dying of strokes, heart attacks and other serious medical conditions than usual. Although some of these patients test positive for Covid-19 (pointing to some potential link between the infection and the medical condition), many do not test positive. The reason for these deaths, it seems, is that fewer people are making medical appointments or visiting emergency rooms, because they are concerned about Covid-19 and practising social distancing as far as possible.

However, doctors warn that waiting too long to get help for life-threatening conditions may be more dangerous than contracting Covid-19.

If you’re experiencing a medical issue, call your doctor or the ER24 ‘Ask a Nurse’ line on 084 124. Your doctor or ER24 can then advise whether you should make an appointment, or seek urgent care at an emergency facility.

See the next article, on when to call for an ambulance.

When and when not to call an ambulance

Avoid having a claim rejected for ambulance transport by understanding exactly when you should, and when you should not, phone for an ambulance to take you to hospital. The most important factor when deciding whether an ambulance is appropriate or not, is whether the situation is a real emergency, or not. Read on to see the difference...

Ambulances should always be available for real emergencies. An ambulance should never be used as a transport mechanism when you could have travelled in a private vehicle.

The Society and ER24 have embarked on a stringent programme to decrease the misuse of ambulances and to try to ensure that ambulance transports are reserved for patients who fit the definition for emergencies:

WHAT IF IT'S COVID-19?

ER24's Contact Centre offers our Society members a telephonic Covid-19 screening – simply call 084 124 and choose option 2.

If a member or registered dependant has difficulty breathing and is showing Covid-19 symptoms, ER24 can dispatch an ambulance so that he/she can be assessed by an emergency doctor.

Please note that there is no ambulance cover just to go for testing, or if the patient is not experiencing symptoms that would qualify the situation as an emergency (see the next page for a definition of an emergency).

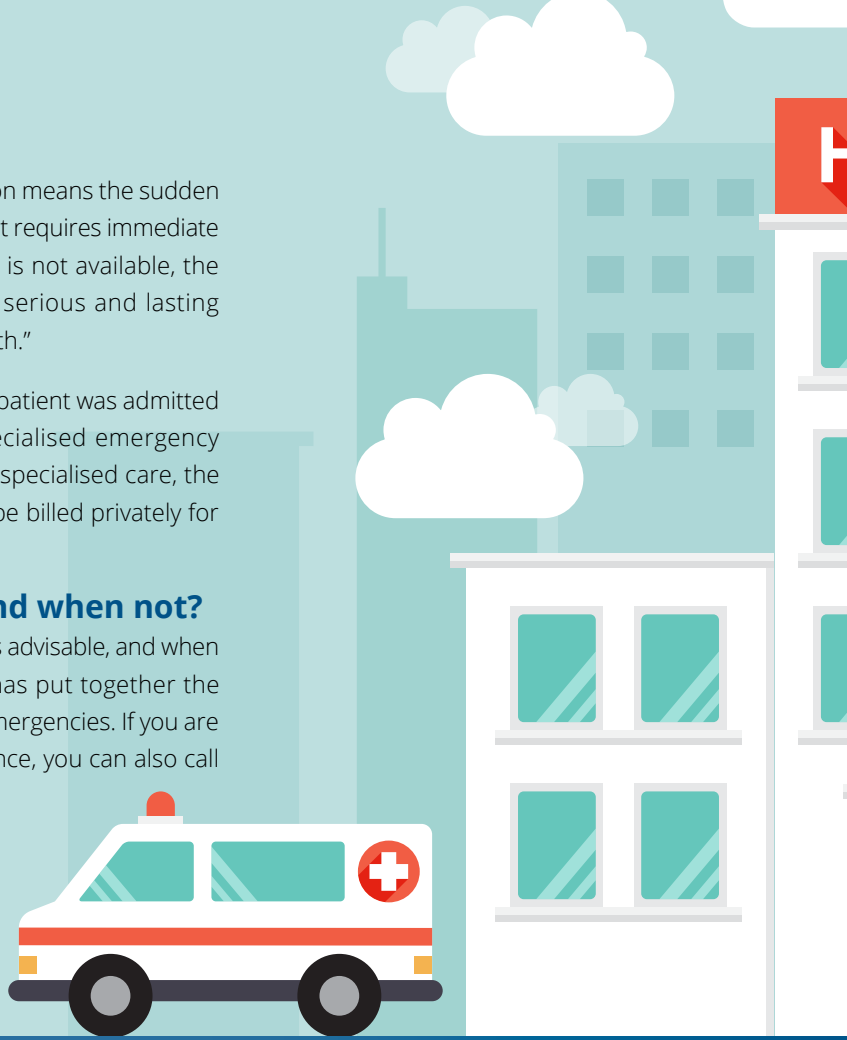
What is an emergency?

The definition is as follows: "An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death."

All ambulance cases will be audited to assess whether the patient was admitted into hospital and/or whether there was a need for specialised emergency care. If the patient was not admitted and did not require specialised care, the ambulance claim may be rejected and the member may be billed privately for the transportation.

When should you call an ambulance, and when not?

To help members understand when calling an ambulance is advisable, and when it will probably just end up costing them money, ER24 has put together the following handy comparison of emergencies versus non-emergencies. If you are uncertain whether a situation warrants calling an ambulance, you can also call ER24's helpline on **084 124** for advice.



 **EMERGENCY** CALL AN AMBULANCE	 **NOT AN EMERGENCY** REFER TO YOUR PHARMACIST / GP
• When a person has or is reasonably believed to have suffered an acute injury or illness requiring medical attention and/or medical transportation by ambulance • A doctor/ registered nurse/ paramedic has requested the urgent transport of a patient by ambulance • Acute life-threatening scenario	• Only indication for use is availability of transport. • Patient's life or usual activities would not be immediately threatened by referral to an alternative care facility for treatment at a later time. • Non-urgent health need outside of usual office hours • Alternative transport/ home remedy available
Persistent shortness of breath / Wheezing / Ongoing chest pain that worsens on breathing. Wheezing and difficulty of breathing associated with asthma (with no response to usual medications)	Coughs, colds, flu, bronchitis, earache, sore throat – with or without fever, general weakness
Acute or persistent, severe chest pain, especially if it radiates to the arm or jaw and is accompanied by sweating, vomiting or shortness of breath.	Ongoing, dull, nagging chest discomfort
Sudden, severe onset of abdominal pain (the kind that makes it impossible to walk and wakes one up in agony)	Abdominal pain caused by menstruation, constipation and / or other minor abdominal complaints.

CALL AN AMBULANCE	REFER TO YOUR PHARMACIST / GP
• Difficulty speaking • Confusion / Altered mental state • Weakness / Paralysis • Sudden loss of balance, especially with a history of high blood pressure / in the elderly • Sudden loss of vision • Seizures • Unconsciousness	Fainting, dizziness and headaches in an otherwise healthy person
Fever: • > 40°C • Does NOT respond to Paracetamol • Associated with all-over body rash • Children under 2 months with fever > 38.5°C	**Fever:** • < 38.5°C • Responds to use of Paracetamol • No rash
Ongoing, persistent diarrhoea & vomiting with dehydration (usually > 8 episodes/ day)	Diarrhoea and / or vomiting, patient able to walk around
Severe testicular discomfort	Painful urination, blood in the urine

CALL AN AMBULANCE	REFER TO YOUR PHARMACIST / GP
Trauma: • Deep cuts that require stitches – especially on the face • Bleeding that won't stop • Large open wounds • Broken bones / Dislocated joints • Head injuries with loss of consciousness • Eye injuries	**Trauma:** • Common sprains & strains • Superficial cuts • Bleeding stopped with pressure
Burns: • Large surface area • Burns to the face or a large part of the hand • Where the burn encircles the limb • Electrical burns	**Burns:** • Minor burns and scalding • Small surface area
Major allergic reaction: Breathing difficulties, swelling of lips/ tongue or throat, dizziness or fainting, rash and itching over entire body	Minor allergic reactions: watery eyes, runny nose, minor rash and itching
Back pain after trauma (such as falling), or after back surgery < 3 months previously	Back pain after heavy lifting, generalised back spasm

CALL AN AMBULANCE	REFER TO YOUR PHARMACIST / GP
Poisoning – accidental or intentional	
Pregnancy – complicated • Before 37 weeks are completed, emergency determined • Rupture of membranes (waters broken) • Excessive bleeding during pregnancy • Contractions ≤ 5 minutes apart • Complication in current or previous pregnancies • Pregnancy Induced Hypertension diagnosed • Crowning of the head	Normal pregnancy/ labour reached > 37 weeks
• Suicidal thoughts expressed • Sudden aggression / psychosis • Previous history of psychiatric admission, possible relapse requiring emergency admission	Depression/emotional trauma

SOCIETY'S CONTACT DETAILS

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