

10 | CO-PAYMENTS

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What is a co-payment?

A co-payment is the amount of money or the portion of the account that the Society may require you to pay from your own pocket. This could be either a percentage of the fee, a fixed fee or the difference between the amount charged for a tariff by the service provider that attended to you and the benefit provided by the Society in terms of its Rules and benefit structure.

The co-payment will be collected via your salary or pension, provided you have sufficient credit limit. You may contact the Society to confirm your available credit limit. In the case of pensioners receiving a pension from an outside insurer, the co-payment will be recovered via debit order.

Note: The examples below do not represent all co-payments that can be incurred for services received from a 3rd party and is just for explanatory purposes

When would I be liable for co-payments?



Consultations

If you...	...you will have to pay	What you can do to avoid additional costs:
claim for a doctor's consultations and related services	<p>the difference between what you are charged by the medical service provider and the Society's reimbursement rate.</p> <p>Example:</p> <p>GP claimed R600.00 SRPL rate is R455.00 10% co-payment (Benefit = 90% of SRPL rate) = R45.50 GP charges R145.00 more than the SRPL rate</p> <p>Total co-payment = R45.50 plus R145.00 = R190.50</p>	<ul style="list-style-type: none"> • It is worth negotiating with the service providers, since they could be willing to reduce their service fee. • Consider using another service provider; one who charges SRPL rates.



After-hours consultation

If you...	...you will have to pay	What you can do to avoid additional costs:
<p>consult with a medical service provider unscheduled* or after-hours for a non-emergency, your claims will be covered at SRPL, and</p> <p><i>* Most medical practices charge an after-hours consultation fee for consultations conducted after normal working hours and during weekends. Please note that, if you phone your doctor during normal working hours and they fit you in on that specific day without an official pre-booked appointment, you will be charged for an unscheduled consultation.</i></p>	<p>the difference between what you are charged by the medical service provider and the Society's reimbursement rate, PLUS the emergency consultation fee.</p> <p>Example:</p> <p>GP claimed R428.00 (normal consult) GP claimed R229.30 (emergency consult) SRPL rate is R455.00 10% co-payment (Benefit = 90% of SRPL rate) = R45.50 Total co-payment = R45.50 plus R229.30 = R274.80</p>	<ul style="list-style-type: none"> • Confirm the normal operating hours of the medical service provider. • You may provide written motivation of circumstances, should it be considered to have been an emergency as defined on page 54, to the Society by emailing benefitpost@dbbs.co.za or faxing to 086 636 8923.



Hospital (Network) – associated provider overcharge

If you...	...you will have to pay	What you can do to avoid additional costs:
<p>are admitted to a Network hospital for a non-emergency and the associated providers charge more than the Scheme Rate</p>	<p>the difference between what you are charged by the non-Network hospital and the medical service provider and the Society's reimbursement rate.</p> <p>Example:</p> <p>Anaesthetist claimed R766.00 SRPL rate is R431.00 Anaesthetist charges R54.85 more than the Scheme Rate (SRPL R431.00 x 165%)</p> <p>Specialist claimed R1 500.00 SRPL rate is R822.00 Specialist charges R143.70 more than the Scheme Rate (SRPL R822.00 x 165%)</p> <p>Total co-payment = R54.85 plus R143.70 = R198.55</p>	<p>It is worth negotiating with the service providers, since they could be willing to reduce their service fee.</p>



Hospital (Network) – no pre-authorisation

If you...	...you will have to pay	What you can do to avoid additional costs:
<p>are admitted to a Network hospital for a non-emergency and you do not contact the Society before you are admitted for pre-authorisation (unless it is a valid emergency),</p>	<p>a penalty of 30% that will be levied on the total hospital account (and you will even run the risk of not having your hospital claims covered).</p>	<p>Always obtain pre-authorisation for a hospital admission at least five working days beforehand. In an emergency, the Society must be notified on the first working day after the admission.</p>



Hospital (non-Network)

If you...	...you will have to pay	What you can do to avoid additional costs:
<p>are admitted to a non-Network hospital (by choice) for a non-emergency, your claims will be covered at SRPL Rate, and</p>	<p>the difference between what you are charged by the medical service provider and the Society's reimbursement rate.</p> <p>Example:</p> <p>Hospital claimed R15 545.25 SRPL rate = R9 516.85 Hospital charges R6 028.40 more than the SRPL Rate</p> <p>Anaesthetist claimed R3 318.43 SRPL rate is R1 520.36 Anaesthetist charges R1 798.07 more than the SRPL Rate</p> <p>Surgeon claimed R5 476.00 SRPL rate is R5 476.00 Surgeon charged SRPL Rate</p> <p>Total co-payment = R6 028.40 plus R1 798.07 = R7 826.47</p>	<ul style="list-style-type: none"> • Make sure that you are admitted to a Network Hospital, as your associated provider claims will then be covered at Scheme Rate and the hospital claims at Negotiated Rate. • When using a Non-network hospital obtain quotations from all service providers to determine the co-payments that will apply, so that you can make an informed decision.



Hospital – sub-limit applicable (prosthesis, capped procedure)

If you...	...you will have to pay	What you can do to avoid additional costs:
<p>are admitted to a Network hospital for a non-emergency major surgery involving:</p> <ul style="list-style-type: none"> • internal prosthesis; or • laparoscopic procedures, <p>your claims will be covered at Scheme Rate, but sub-limits will apply, and</p>	<p>the difference between what you are charged by the medical service provider and the Society's Benefit Limit.</p> <p>Example:</p> <p>Hospital claimed R24 437.42 Hospital paid in full at Negotiated rate Prosthesis cost R116 023.90 Limit is R56 460 Prosthesis costs are R59 563.90 more than the limit.</p> <p>Total co-payment = R59 563.90</p>	<ul style="list-style-type: none"> • Ensure the relevant authorisation department has negotiated the prosthesis cost if the quote is above limit. • Speak to your service provider about the options available to you.



Oncology – non-DSP (ICON not used)

If you...	...you will have to pay	What you can do to avoid additional costs:
<p>receive oncology treatment from a non-ICON provider</p>	<p>the difference between what you are charged by the oncologist and the Society's reimbursement rate.</p> <p>Example:</p> <p>Oncologist claimed R4 385.82 SRPL rate is R4 385.82 20% co-payment (Benefit = 80% of SRPL rate) = R877.16</p> <p>Total co-payment = R877.16</p>	<p>Use the Scheme's DSP for oncology treatment, Independent Clinical Oncology Network (ICON). ICON is a dedicated network of oncologists committed to the comprehensive management of members with cancer.</p>