

MEDI BRIEF

SEPTEMBER 2021

Medical Savings Account Masterclass

What is a Medical Savings Account (MSA)?

The Managed Care Plan offers a Medical Savings Account (MSA) for out-of-hospital services and discretionary spend. The annual MSA allocation is made available to you in advance, at the beginning of each calendar year. These funds are set aside for you to fund relevant day-to-day medical expenses that the Scheme would otherwise fund through defined benefits for individual categories of medical services. The advantage of the MSA is that it provides you with more flexibility to spend 'your money' on the benefits you need and not be restricted by limited benefits as is the case on the Standard Care Plan and the Value Care Plan.

The MSA might remind you of a normal savings account offered by a financial institution. You earn interest on a positive balance and funds roll over to the next year if you did not spend them which means you can build up a healthy savings balance for a time when you need extra medical cover. However, it is not just a 'normal' financial savings account, it is a medical savings account. As the business of a medical scheme is to pay for specified medical services you may obtain in return for your contribution, the MSA is exactly that, to pay for specified medical services only.

You can't use it to fund any non-medical products or services, you can't draw cash or top it up, nor can you pay your contributions with it. The money is strictly set aside for you to claim the costs of medicines and/or medical services that have a tariff code and fulfil all criteria for a valid claim, when obtained from a registered healthcare provider. An important point to remember is that the Scheme can pay for services or products that have already been obtained. The Scheme cannot pay a member or provider a lump sum to 'pre-fund' services to be obtained at some future date based on a quotation.

An example of what you can't pay with your MSA are delivery fees. If your pharmacy delivers to you, you will have to pay these fees out of your pocket, as the delivery is not a medical service rendered. Co-payments are another example. They are fixed amounts that you need to contribute for a certain treatment or service. They don't have a tariff code and can therefore not be paid from your MSA.

Co-payments are not to be confused with excess rates that a doctor might charge, which is when the doctor's rate is higher than Scheme Reimbursement Rate (SRR). As this rate has a tariff code, you can instruct the Scheme to always pay the excess (excluding PMBs) from the positive savings in your MSA.

Find the form 'MSA once-off payment instruction' in the Info Centre on the Scheme website or contact us on 0860 222 633.

What can or cannot be funded from your MSA?

The following items and services are examples of what can be funded from your MSA:

- Non-PMB GP and specialist consultations and procedures
- Acute medicine, including Pharmacist Advised Therapy (PAT) medicine
- Eye care, spectacles, lenses and contact lenses
- Dental services including orthodontic treatment (after your basic dentistry benefit has been exhausted)
- Chiropractic services
- Homeopaths, naturopaths and osteopaths, including medicine
- Chiropody and podiatry
- Physiotherapy
- Audiology
- Speech and occupational therapy
- Clinical psychology
- Dietitian services
- Orthotists and prosthetists
- Social worker and other allied healthcare services

In certain circumstances such as severe financial distress or rare clinical necessity or if you have positive carry-over savings from previous years, you may apply to the Scheme to fund certain costs from your MSA which will be considered on merit, such as:

- Cost in excess of an existing, defined limit outside your MSA, for example your limited appliance benefit limit
- Stale claims
- Certain Scheme exclusions (which will be assessed based on clinical appropriateness)
- Co-payments in connection with certain services

While the below is not an exhaustive list, here are a few examples of what cannot be funded, for the reasons described above:

- Prescribed Minimum Benefit co-payments
- Illegitimate claims (must be a claim for a relevant healthcare service according to the Medical Schemes Act)
- Future-dated services
- Chronic medication co-payments
- Delivery fees
- Services rendered by providers without a practice number
- Scheme contributions
- Travel costs, missed appointments

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As mentioned, your savings account can't be topped up once depleted. If you overuse your savings account, you will run out of funds until the following year when your full MSA benefit will be made available again. If you spend more than you have contributed, you will owe the Scheme money and be in debt. The Scheme also investigated member requests to investigate

an 'Above Threshold Benefit'. This refers to extra cover when your claims add up to a set amount. The Board of Trustees assessed this in line with budget and benefit considerations, and came to the realisation that this would have resulted in a contribution increase that would have been unaffordable for our membership.

Virtual year-end presentations

During our annual year-end sessions in November, your Client Liaison Officer will be informing you about changes in contributions and benefits for the year ahead and attend to general questions regarding the Scheme, membership and benefits.

Regardless of whether we will have a fourth wave or not at the end of the year, some of our members, especially our pensioners, might not yet be keen to attend physical meetings as yet.

Most of our employers' offices don't allow outside visitors yet either. Luckily, we have gained ample experience in virtual meetings. Our employed members will be informed by their employer about their year-end sessions.

For our pensioners, we are again offering three virtual meetings and pensioner members may attend any of the three sessions, regardless of which province they live in:

**Tuesday 09 November 2021 at 10h00 or
Wednesday 10 November 2021 at 10h00 or
Thursday 11 November 2021 at 10h00**

Presenters: Megan Collins, CLO in KwaZulu-Natal – Megan.C@angloms.co.za and Sanjay Omnath, CLO in Gauteng, Mpumalanga and Limpopo – Sanjay.O@angloms.co.za.

Please email either of the CLOs if you would like to attend one of the sessions, indicating the preferred date, your name, membership number and email address or call us on 0860 222 633 to let us know if you would like to attend. Please RSVP as soon as you can, but no later than 30 October 2020. The meetings are, due to technical capacity, limited to 250 members, but we will ensure that all members that would like to attend will find a suitable day/time slot. We will send you a link to the presentation and meeting with a guide on how to access it, a few days before the meeting. All you need is a device with an internet connection, a web browser and approximately 1 GB of data. Lastly, like last year, a virtual meeting does not prevent us from having our traditional lucky draw! So be sure to attend.

Members that can't attend the year-end presentations will find information about the 2022 changes in the October MediBrief and can download the year-end presentation and/or recording after the meeting.



Have you downloaded the Anglo Medical Scheme App yet?

Download the Anglo Medical Scheme App to access information about your benefits, plan and membership – anywhere, anytime. More info available at www.angloms.co.za

Happy 93rd birthday, Mr Van Niekerk – a member since the very first hour of the Scheme!

It is a privilege to service our members and it is even more special because many of you are loyal, longstanding members. We spoke to one such individual this month who joined us right from the start – over 50 years ago! Mr Frederick Van Niekerk, a former provincial rugby player, joined AMS (then AACMED) when he started to work for the Johannesburg Consolidated Investment Company (JCI) and then continued to work for Anglo American. He is married to Freda Van Niekerk who always finds kind words for our service team and the Scheme, as she manages the couple's medical aid affairs. This month Mr Van Niekerk turned 93 years old, something which we think is worth a mention. We send our very best wishes for a healthy and happy future!

Visit www.angloms.co.za to learn more about your Scheme and benefits.

Find all previous MediBrief editions in the Info Centre > Knowledge Library.

Member Queries:

Value Care Plan: 0861 665 665, anglo@primecure.co.za

Standard and Managed Care Plan: 0860 222 633, member@angloms.co.za

Claims: claims@angloms.co.za