

# MEDI BRIEF

NOVEMBER 2022

## Your feedback from the 2022 communication survey

In the July issue of MediBrief, we promised more feedback on our recent communication survey and also shared how difficult it was to reach members that didn't provide us with an email address. The survey was still ongoing when we published the July MediBrief and our success rate to reach members telephonically dropped further to an alarming 11.7%. This just shows how important it is to have your correct contact details and, if possible, your email address, as it is the most reliable and efficient way of communicating currently.

It was interesting to see that 50% of members use their printed Benefit Guide regularly and that also 50% of members indicated that they look up their benefits on the website. Both groups stated: 43% a few times a year; 7% all the time.

More than half of the surveyed members said that they registered in the member area of the Scheme website and use the self-service functionality regularly (9% all the time; 35% a few times a year). Those who indicated that they were not using the member area preferred to either email our service team or speak to somebody for assistance.

88% of the surveyed members said that they are using apps, such as WhatsApp, banking or insurance apps on their smartphones, which is an increase of 12% since our last survey in 2018. Only 7% of members indicated that they don't use apps on their phone, while in 2018 this was 33%. Some of the members who had not yet downloaded the app commented that the survey was a good reminder for them to download it and give it a try.

We always consider those members that worry whether they are tech-savvy enough to use the app – it reminds us to improve our support and education and to ensure that the app is as easy to use as possible. We are pleased to let you know that many of your suggested improvements are already on our priority list or in development; for example, biometric access for a quicker and easier login, information about remaining benefits per membership, or adding other functionality which is already available on the member login. Thank you again for participating; your feedback is very valuable to us as it helps us to allocate time and resources to improve the tools that our members prefer.



### 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](http://www.angloms.co.za)

## Have you received your 2023 Benefit Guide?

82% of our members receive their statements or other Scheme communication by email. This means that most members only get post from the Scheme once a year when we post the Benefit Guide. If you have not received your Benefit Guide by now, please check with us whether we have your correct postal or physical address on the system. Many post offices have closed over the past couple of years, and we hope that we are not spending good member money on printing and posting Benefit Guides to outdated addresses. If you have forgotten to update your postal address, we unfortunately cannot print and post another Benefit Guide to you, unless it is a matter of extraordinary circumstances. We are also not in the position to courier Benefit Guides to

members as this is simply too costly. Please understand that we are very careful with how we spend our members' money and are always mindful that as much as possible should be spent on health care funding. Should you not have received your Benefit Guide by post – all benefit information, and more, is available on the Scheme website and from the Call Centre.

### Changing your plan for 2023?

Should you need to change your plan for 2023, this is your last reminder – plan change-request forms must be submitted to the Scheme by 9 December via your HR or Pension Office. Please refer to the October MediBrief for more information.

## Feedback from the year-end presentations

A big thank you to all members that attended our virtual, and in particular, our physical year-end presentations where our CLOs presented the 2023 contribution and benefit changes. It was so good to see so many of you in person. If the situation allows, we will continue with physical meetings next year, hoping that you, and even more members, will meet us again. While times are tough, and all of us struggle with increased costs for just about everything, health care included, it was heartening to hear from our members how appreciative they are of the Scheme, the teams involved and the benefits provided. Hearing stories, especially from our pensioners, about how the Scheme could help them in difficult times, makes us very proud to serve our members and reminds us how much our work matters.

We hope that these sessions are valuable to our members in providing you with new information, as well as helpful reminders; they are certainly very valuable for us. Questions asked at these sessions help us to check and improve our administrative processes and give us new ideas of what to communicate and explain. With your participation at these meetings, you take part in your Scheme's continuous improvement. But don't wait for next year's meeting if you have any questions about your membership, benefits or how things work – please call our Call Centre on 0860 222 633; they are eager to assist and answer your questions. Your next opportunity to participate in a Scheme meeting is the AGM in May 2023. We will send you the notice and meeting information well in advance.

## Questions and answers from the year-end presentations:

**Q: If I pay a provider and submit the claim to the Scheme, how come the Scheme pays the provider again and I need to arrange a refund?**

**Answer:** It is not ideal when this happens – it can result in frustration on your side and increased administrative work on our side. What are the possible reasons? You might have submitted the claim without your proof of payment, which obliges the Scheme to pay the provider. Your provider might submit the claim at the same time, which then again enables payment to the provider. In some instances, administration errors do occur, which is most unfortunate. On the Value Care Plan, you should only be using network providers who will claim from Prime Cure directly, so you don't have to pay at the rooms. Contracted providers will submit directly to the Scheme i.e. DCR dentists (on the Standard Care Plan) and Discovery GP Network providers (on the Managed Care Plan). You will not have to pay anything upfront unless your benefits have been exhausted. If you do submit a claim that you have paid at the time of the consultation, ensure that the provider has stamped 'Paid' on the account and that you have attached your proof of payment when submitting it to the Scheme.

**Q: Why do we have networks in place, what are they and where can I find these network providers?**

**Answer:** One way of keeping contributions low and reducing, or avoiding, co-payments, is to make use of networks, where

rates, treatment protocols and services provided are agreed between the providers and the Scheme or administrator. If you are on the Value Care Plan, there are only a few exceptions where you would go out of network. For most of your health-care services, you need to consult a network provider. To find a Prime Cure network provider, you can search on [www.primecure.co.za/provider-search](http://www.primecure.co.za/provider-search) or call 0861 665 665. Members of the Standard Care Plan and Managed Care Plan can find providers on a network by visiting [www.angloms.co.za](http://www.angloms.co.za). Log in as a member, then go to the third navigation point 'Find a provider'. There you can select the discipline (select from the suggested list) and area. In the list of results, under the provider's address, you will see whether they are part of a network or not. If you double click to open the provider information, you can read more about the network services offered at this provider. There are also network-provider lists you can download from the Scheme website, which you will find on the relevant benefit information page of your plan. If you don't manage to look up networks online, you can always call us on 0860 222 633 and we will assist you in finding a provider on the network. Please always check with your provider, before booking your appointment, that they are still on the relevant network. Sometimes new healthcare providers join these networks, sometimes providers leave these networks during the year. These are the main networks you should be aware of.

Network	Standard Care Plan	Co-payment if you choose a provider outside the network	Managed Care Plan	Co-payment if you choose a provider outside the network
Day clinics for endoscopies, cataract surgery	Network of day clinics or accredited facility	R3 425 unless PMB or emergency	Network of day clinics or accredited facility	R3 425 unless PMB or emergency
Dentistry	Dental Risk Company network (DRC)	Difference between 80% of the Scheme Reimbursement Rate (DRC rate) and the claimed amount	n/a	n/a
General Practitioner	n/a	n/a	Voluntary Discovery GP Network	
Hospital network	Standard Care Plan hospital network	R3 425 unless PMB or emergency	n/a	n/a

**Do you have further questions on the articles in this edition? Contact us on the numbers and addresses listed here:**

Visit [www.angloms.co.za](http://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](mailto:anglo@primecure.co.za)

**Standard and Managed Care Plan:** 0860 222 633, [member@angloms.co.za](mailto:member@angloms.co.za)

**Claims:** [claims@angloms.co.za](mailto:claims@angloms.co.za)