

# MEDI BRIEF

MAY 2018



## 50 years of AMS

A Trustee's view on the people and organisations that influenced the Scheme over the years

**Medwyn du Bois, one of our employer appointed Trustees, is currently the longest-serving Trustee on the board of the Anglo Medical Scheme. MediBrief asked Medwyn to reflect on 50 years of AMS and his time with the Scheme.**

**MediBrief:** Medwyn, you played an instrumental role in steering the Scheme to the solid position it enjoys today. Who were the key people that influenced you and that you worked with when you came on board?

**Medwyn du Bois:** This is a difficult question as I have dealt with many memorable characters over the years. But those who had a significant influence on my own understanding and views about the Scheme and the industry in general are, in no particular order, Peter Eustace (my first Chairman), Dr Brian Brink, Rob Lloyd, Dave Barber and our current Chair, Colleen Elliott. This list would not be complete without special mention of Les Lloyd, who tirelessly lobbied the Anglo executive and former CEO Tony Trahar to obtain their support for the Scheme, without whose involvement the Scheme's finances would not be in such good shape. I am sure that many members will fondly remember the former Scheme Principal Officer Priscilla Scott and her team of Anne and Angela.

**MediBrief:** As our Board and Head Office changed over the years, so did our administrators – the face of the Scheme and the teams our members deal with on a day-to-day basis. We are in our fourth year with our current administrator Discovery Health. Who else serviced our members in the past?

**Medwyn du Bois:** Since my first involvement, the Scheme has had five different administrators, each of which has left their mark. The early 1990s were highly significant for South Africa as it began its journey towards a true democracy. These were also critical years for the medical schemes industry as it began to get to grips with rampant medical inflation and, for the first time, the need to control and even cut benefits. The Scheme's administrators at the time were AMA working with Len Deacon as the Principal Officer. In an attempt at controlling rising costs, Anglo American embarked on a venture partnership with a US healthcare company and established Southern Healthcare, which took over the administration from AMA. Sadly, the venture didn't work out as hoped, and Southern Healthcare was eventually absorbed into Medscheme. It was an unhappy relationship that eventually led the Scheme to appoint Sovereign Health as its administrators. Sovereign were a revelation

and soon had the Scheme's administration humming based on a passion for personal service. But, in a rapidly changing world, Sovereign were taken over by Momentum Health which was later amalgamated into the Metropolitan Group. Throughout these changes service levels remained high, but the Scheme's Trustees were looking for more, and after an exhaustive due diligence, appointed our current administrators, Discovery Health, who have more than justified their appointment.

**MediBrief:** Anglo Medical Scheme has always enjoyed strong partnerships with their independent consultants. Which companies and people were working on your side to ensure the Scheme would celebrate its 50th birthday – and many more?

**Medwyn du Bois:** How fortunate the Scheme has been with its NMG relationship over the years! Our first consultant was a young far-sighted actuary, Andrew Sykes, who entrenched and guided us on the philosophy of long-term thinking and financial planning, which was quite unusual in medical schemes back in the 1990s. A number of fine actuarial minds followed: Colin Bullen and Sarah Bennett, and then Jeanine Schubach and her excellent team, two of whom deserve special mention – Ryan Erasmus and Evan Bradley. We are now fortunate to have Lara Wayburne and Johnathan Crawford who continue to provide innovative and forward thinking. The task of managing many hundreds of millions of Rands on behalf of the members created the need to seek professional investment advice and Towers Watson, together with our investment managers, Allan Gray, Coronation and Investec, have all added significant value to ensure the Scheme remains viable for many years to come.

**MediBrief:** Lastly, what have been some of the highlights during your last 26 years as a Trustee?

**Medwyn du Bois:** Without any doubt, the incredibly gifted and talented people I have come into contact and worked with over the years have been a highlight and, everyone has been special in some way. I feel most privileged to have served the Scheme and its members over the years.

## Possible out-of-pocket expenses for out-of-hospital endoscopy and cataract procedures

The Scheme implemented a rule in 2017 requesting members undergoing an endoscopic procedure (gastroscopy or colonoscopy) or a cataract procedure, to consider having the procedure done in a day clinic or, where appropriate, in the doctor's rooms to prevent a co-payment.

If you are admitted to hospital for these procedures (emergencies excluded), a co-payment of R3 350 for endoscopies and R1 000 for cataract procedures applies to members on the Standard and Managed Care Plans. Ask your GP, at the time of referral, whether the specialist operates from a day clinic. For more information and a list of day clinics near you, please call us on 0860 222 633 and refer to the November 2016 MediBrief article.

### What will be funded by the Scheme for these out of hospital procedures?

Once you obtain authorisation for your endoscopic or cataract procedure, the Scheme will confirm funding according to your plan benefits and the Scheme Reimbursement Rate. The actual procedure, the day clinic contracted rates as well as the consumables used during the procedure will be funded by the Scheme. Your doctor might prescribe medication for you to take home, post procedure and upon discharge. These medications are referred to as To-Take-Home or To-Take-Out (TTO) medication. Please take note that you will have to pay for the medication from your day-to-day benefits or from your pocket should the facility not have a pharmacy available.

## Make the most of your dental benefits

When it comes to your teeth, AMS Rules and benefits focus mainly on preventative and basic dentistry. Most of the specialised dentistry costs are to be funded by the member. Managed Care Plan members can use their dental benefit and MSA. Standard Care Plan members have a limited additional benefit and need to fund the excess from their own pocket. Please refer to your Benefit Guide for more information on your dental benefits and budget, or even better, look after your teeth. Prevention is the best medicine!

For you to make the most of your dental benefits, follow these tips for good oral health and hygiene:

1. **Brush your teeth thoroughly at least twice a day.** The best time to brush teeth is after meals. Choose a toothbrush, preferably electric, with a small head for better access to back teeth. Soft bristles are kinder on your gums. Tooth brushing should take between two and three minutes. Keep your brush clean, never share it with anybody else and change it every three to four months.
2. **Fluoridated toothpaste** helps to harden tooth enamel and reduces your risk of decay. Make sure your kids have toothpaste suitable for their age group and do not let them swallow it. It is imperative that parents/guardians supervise brushing up until the child is 7 years old and has developed safe and adequate oral hygiene habits.

3. **Floss your teeth and use a mouthwash.** Clean between the teeth with 'interdental' brushes or floss at least once a day. Use a slow and gentle sawing motion. A mouthwash is not always a must, but can still help to kill bacteria in your mouth.
4. **Limit acidic drinks like soft drinks, cordials and fruit juices.** Food acids soften tooth material and dissolve the minerals in tooth enamel, causing holes (cavities or caries). In severe cases, teeth may be 'eaten' right down to the gum.
5. **Limit sugary foods.** Bacteria in dental plaque change sugars into acids.
6. **Avoid tobacco.** Not only will it save you from discolouring your teeth, oral cancer or periodontal complications, smokers often use sweets to mask the smoky breath which doubles the amount of damage caused.
7. **Protect your teeth from injury.** Wear a mouth guard when playing sports or if you grind your teeth at night. Don't use your teeth for anything other than chewing food. If you use them to crack nuts, remove bottle tops or rip open packaging, you risk chipping or even breaking your teeth.
8. **See your dentist for regular check-ups.** Visit your dentist if you have any dental problem such as toothache, jaw pain or bleeding gums. Even without dental problems, adults should go at least once, if not twice, a year for an annual check-up; children every six months.

## 2017 Tax certificates

Your tax certificate will soon be on its way to you – either by post or email, depending on your communication preference. Once it has been issued, you will also be able to download it from the member login area on the Scheme's website.

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 > MediBrief Archive.

**Member Queries:**

**Value Care Plan:** 0861 665 665, [anglo@primeecure.co.za](mailto:anglo@primeecure.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)