

# MEDI BRIEF

DECEMBER 2016

## Chairman's year-end greetings

Looking back on 2016, I am pleased to report that, from a member perspective, we believe the Scheme has been able to deliver an excellent service over the year. It was the first time in several years that all our service providers continuously delivered on, or exceeded our very stringent service levels. The volume of member complaints declined significantly over the past year and the number of enquiries received from the Council for Medical Schemes, which generally relate to healthcare practitioner claims queries, dropped considerably. From the variety of surveys that were conducted, none highlighted any pressing bottlenecks, problems or shortcomings. The Scheme is cognisant of the fact that, in a complex industry such as healthcare, some errors and minor administrative glitches may occur. I thank all our members who have taken the time and trouble to point them out to us – your participation enables us to continuously improve our service to you.

2016 was also a year of change. We said goodbye to four of our Trustees, Dave Barber, the Scheme's past chairman, retired after 14 years of service to the Scheme, Dr Frank Fox retired after serving many years as an alternate Trustee and the last 5 years as a full Trustee, Marcelle Graham, who first became involved with the Scheme in 1994, will be leaving at the end of December and Matthew Welz, a relatively new Trustee, left Anglo American at the



end of October. To all of you, a heartfelt vote of thanks for numerous hours of advice, guidance and leadership often completely unrewarded. While your wisdom will be missed, we are grateful for the legacy you have left behind. It will endure for decades to come. We welcome the new Trustees, David Abramowitz and Bridget van der Bijl, as well as two familiar faces, Mary Farrell and Gavin Preston, who will be serving out the balance of the term until the next election. We look forward to working with you in the future.

All the best to our members and their families for a joyful festive season and a healthy 2017.

Very best wishes

*Colleen Elliott*  
Chairman

## FAQs from the annual member presentations

Anglo Medical Scheme is very fortunate to have members that actively participate in their Scheme. We would like to thank the members who attended our annual employee and pensioner presentations, where we discussed all benefits and contributions for 2017. These sessions also provided the opportunity to address our members' general questions and for the members to talk to their Client Liaison Officer about any personal or specific questions they had about their membership.

Below are two examples of questions asked at the presentations. For more FAQs please visit [www.angloms.co.za](http://www.angloms.co.za) > Info Centre > Frequently Asked Questions.

### Why do contributions depend on the claims experience?

As you know, Anglo Medical Scheme, like any other medical scheme in South Africa, is a not-for-profit organisation and works like a trust fund, belonging to its members. The contributions are collected and pooled for the benefit of the members and used to reimburse all relevant medical services purchased by members and to pay administration costs. Any surplus remains in the Scheme. To sum it up in one sentence – what members spend on healthcare over the year, should be covered by contributions.

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Obviously there are many more factors influencing how high or low contributions should be and some of them were addressed in the September and October issue of MediBrief.

### **What role does my employer play in the relationship with the Scheme?**

The Scheme and employer groups are completely separate legal entities.

However, the employers appoint 50% of the Trustees to our Board of Trustees, who governs the Scheme.

Employees and pensioners are eligible for membership when they are, or have been, employed by a participating employer who will also determine the level of subsidy of their contributions. Lastly, employers (or pension funds) might pay scheme contributions on their employees' behalf by deducting it directly from their salary (or pension).

### **Results of our pre-diabetes or diabetes risk survey**

We emailed all members a link to an online risk calculator in November, to determine if they are at risk of developing pre-diabetes or diabetes. If you have missed the opportunity to evaluate your risk, or if you have not provided the Scheme with your email address yet and would like to participate, visit [www.angloms.co.za](http://www.angloms.co.za) > Your Plan > Diabetes, where you will find the link to the one-minute questionnaire.

We have had a great response so far and our members gained valuable insight into their potential health risks. Any member with a 'moderate', 'high' or 'very high' risk should speak to their GP to discuss if they require further screening. Preliminary data received suggests that 30% of the respondents are at risk of pre-diabetes and 9.38% of the respondents might – according to statistics – develop diabetes within the next 10 years if they don't take necessary action. It is not too late; your health is in your hands! Appropriate and early treatment of pre-diabetes and type 2 diabetes can prevent or greatly reduce any damage caused.

## **Look out for cataracts!**

Many of our members suffer from cataracts, which is the clouding of the lens in the eye. Cataracts can lead to a decrease in vision and can affect one or both eyes.

The risk of cataracts increases with age. The lens inside the eye works much like a camera lens, focusing light onto the retina for clear vision. It also adjusts the eye's focus, letting us see things clearly, both up close and far away. The lens is mostly made of water and protein. Protein is arranged in a way that keeps the lens clear and allows light through. But as we age, some of the protein may clump together and start to cloud a small area of the lens, which is called a cataract. Over time the cataract may grow larger and cloud more of the lens, making it harder to see.

### **Symptoms to look out for:**

- Cloudy, blurry, foggy or filmy vision
- Nearsightedness (in older people)
- Changes in the way you see colour
- Glare during the day (sunlight may appear too bright)
- Poor night vision (glare from oncoming headlights or lamps)
- Double vision
- Trouble with eyeglasses or contact lenses not working well

### **Treatment of cataracts:**

When symptoms appear, you may be able to improve your vision for a while using new glasses, strong bifocals, magnification, appropriate lighting or other visual aids.

Consider surgery when your cataracts have progressed enough to seriously impair your vision and affect your daily life. Many people consider poor vision an inevitable fact of aging, but cataract surgery is a simple, relatively painless day procedure to regain vision. During the procedure, the surgeon will remove the clouded lens and in most cases replace it with a clear intraocular lens. Your doctor will numb your eye with anaesthetic. You will be awake for the procedure. The doctor may also give you medicine to help you relax. A tiny cut is made in the front of your eye. Through this, a small tool will be inserted to break up the cataract and gently suction it out. The new lens implant, which is made of plastic, silicone or acrylic, will be inserted and the incision closed. Your doctor may sew in stitches and will provide you with after-care information.

Remember, if you have the surgery done in a day clinic or doctors' rooms, you will not have a co-payment. If the procedure is performed in a hospital, you will be responsible for a co-payment of R1 000. Ask the Call Centre for day clinics near you when calling for authorisation!

Get your eyes checked regularly, especially if you have a family history of eye problems or chronic conditions such as diabetes.

For more information, visit the Procedure Library in the member log-in area on the Scheme website where you will find Procedure Information Guides on this and other eye surgery topics.

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@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)