

# MEDI BRIEF

JANUARY 2017

Welcome to our first edition of MediBrief for 2017! We look forward to keeping you informed about Scheme and health topics this year and wish you and your families a healthy, happy and prosperous 2017!

## Authorisations for chronic medicine

As you know from previous years, your registered chronic condition authorisation for 2016 will have automatically rolled over to 2017. You only have to re-apply if the authorisation for your medication was issued with an expiry date.

If you have an authorised chronic condition or conditions, you might have received a letter advising you of a possible increase in co-payments for 2017. If you find your co-payments have indeed increased, ask your pharmacist for lower-priced generic medicine, or speak to your doctor to prescribe medicine with no co-payment.



You will not only save the co-payment but also extend your annual non-PMB Chronic Medicine Limit. Co-payment increases also apply to Prescribed Minimum Benefit (PMB) conditions. Refer to your Benefit Guide to understand the difference between a PMB and a non-PMB condition.

## How long can my child dependant stay on the Scheme?

If your registered dependant was 23 years old or younger on 1 January, he/she is eligible to remain on the Scheme as a child dependant on your membership at the child dependant contribution rate for the current year. After that, the Scheme will inform you of the eligibility of a dependant at age 24 in terms of the Scheme Rules and advise that your dependant's membership will be terminated in the following year.

According to the Rules of the Scheme, if your child is 24 years or older and dependent on you financially, you may apply for him/her to stay on your membership. You will have to supply the Scheme with specific documents to request continuation of membership for your dependant. Please keep in mind that adult contribution rates will apply should continuation of membership be approved. A letter will be sent to you requesting the necessary documents to assess eligibility. You can also phone 0860 222 633 to talk to us about the Scheme requirements.

### Criteria for continued membership for your dependant

- Your child is a full-time student, or earning less than R6 000 (from April R6 250) per month (as per the tax threshold of a person younger than 65 or as a part-time student); in this case the adult contribution rate would apply, or
- Your child is permanently disabled. A special application and consideration by the Board may allow him/her to remain on the Scheme at the child contribution rate.

Bear in mind that your employer might not subsidise contributions for dependants after the age of 21 or 24 (depending on the employer).

It is important to **secure membership for your dependant on a medical aid without any break in membership** as waiting periods, increased contributions and exclusions might apply if you do not enrol your dependant after termination of membership.

## How does my Scheme work?

### Always wondered how your medical scheme and the industry works?

Visit [www.angloms.co.za](http://www.angloms.co.za) > My Scheme and find out who owns Anglo Medical Scheme, who can be a member, access the Scheme Rules, Annual Financial Statements, governance topics and get to know the partners who support the Scheme in its day-to-day functioning.

# Be skin and sun smart!

You had a great time during the holidays with lots of time outdoors. You really did your best to protect yourself from the sun, applied sunscreen and avoided the harsh midday sun, but the summer is not over yet – so don't forget to keep on looking after your skin.

## Skin cancer prevalence in South Africa

Skin cancer is one of the most common cancers in South Africa and non-melanoma and melanoma skin cancers are on the rise. According to the World Health Organization (WHO), "the incidence of both non-melanoma and melanoma skin cancers has been increasing over the past decades". Every year, at least 20 000 people in South Africa are diagnosed with non-melanoma skin cancers. Approximately 1 500 people are diagnosed with melanoma. After Australia, South Africa has the second highest incidence of skin cancer in the world.

## All skin types are at risk

Everyone, regardless of racial or ethnic group, is at risk of getting skin cancer. Although people with darker skin are less susceptible because their skin contains more natural melanin that protects against sun damage, people with a dark skin tone can still get sunburnt and they can also develop skin cancer from UV damage. Bob Marley died at the age of only 36 of a rare form of melanoma. If he had asked his doctor earlier to check the dark spot under his toenail, which he attributed to a soccer injury, his cancer could have been treated and even cured.

Skin cancer is not always caused by the sun. Genetics and environmental influences may also cause skin cancer on parts of the body that are rarely exposed to the sun.

## The golden rules for a healthy skin

Whichever skin type you are, please:

- avoid direct sunlight between 10am and 4pm. Stay in the shade or under a UV protective umbrella as much as possible
- wear protective clothing – wide-brimmed hats and UV protective clothes/swimsuits
- wear sunglasses with a UV protection rating of UV 400
- apply sunscreen lotion/cream regularly (SPF of 20-50 according to skin type)
- avoid sunbeds and sunlamps
- check your skin carefully every month according to the ABCDE Rules



## Children and sun protection

Be especially careful and protective of infants, toddlers and children. Most of the damage to the skin is done during childhood and adolescence – just one blistering sunburn during that time more than doubles a person's chances of developing melanoma later in life.

Babies younger than 6 months should be kept out of direct sunlight. No sunscreen should be used on young babies – consult your paediatrician before using sunscreen – rather protect your baby by dressing him/her in protective clothing, a hat and sunglasses. For babies older than 6 months, apply sunscreen with SPF 30 20-30 minutes before exposure to the sun and then regularly and generously. Keep children in the shade and dress them in protective clothing. Insist that your pre-school and school follow the same rules.

## Warning signs for skin cancer (ABCDE)

- A: **Asymmetry** – moles with one half unlike the other (not symmetrical). Common moles are round and symmetrical
- B: **Border irregularities** – scalloped, with poorly defined edges. Common moles are smooth and have even borders
- C: **Colour changes** – tan, black, brown, red, white, bluish. Common moles are usually a single shade of brown or black
- D: **Diameter** – larger than 6mm
- E: **Evolving** – evolving/growing bigger and becoming more prominent

Most common moles are harmless and don't need to be removed, but if you have a mole that has changed in any way, or begins to bleed, go and see your GP. Your doctor can remove moles as a procedure in the rooms or might refer you to a specialist.

Are you looking for a GP or dermatologist in your area? Log in as a member on [www.angloms.co.za](http://www.angloms.co.za) and select Anglo Medical Scheme > Provider Search or ask the Call Centre to assist.

*\* MediBrief articles are not a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of a qualified healthcare provider to discuss your medical concerns.*

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)