

# MEDI BRIEF

OCTOBER 2017

## 2018 benefit improvements and contribution increases

The AMS Board of Trustees remains committed to improving the value of your medical scheme benefits. For your contribution spend, AMS members still get more generous benefits than most other medical schemes can offer. The challenge is how to stretch your rand further.

Schemes generally put measures in place to manage health care costs in the interest of all members. Every year AMS evaluates existing cost containment measures and considers alternative and new initiatives that might be suitable to stretch your contribution further. The aim is always to provide benefits for the best care possible while keeping the contributions as low as possible.

The following changes will be introduced in 2018:

### A dental network on the Standard Care Plan (SCP)

79% of our SCP members spend their dental benefit on basic dentistry. The Scheme has contracted the Dental Risk Company (DRC), to provide a range of basic dental services at an agreed network rate. Members visiting a network provider, will not have to pay upfront or experience co-payments when receiving these services. 75% of our SCP members already visit these network dentists and 95% of our members will have access to a network dentist within 5km of their homes. If you choose to continue to use a dentist outside of the network, you will have to pay a co-payment (the difference between 80% of Scheme Reimbursement Rate and the claimed amount).

If the range of basic dental services is insufficient, a limited extended dental benefit can be used for additional basic or specialised dentistry.

### Introducing a network for orthotists and prosthetists

From 2018, AMS will participate in Discovery Health's network of orthotists and prosthetists, offering favourable rates for AMS members.

### 20% co-payment for use of non-DSP ambulance

Netcare 911 is the Scheme's Designated Service Provider (DSP) for emergency ambulance services and evacuation. In 2017 AMS' ambulance claims were 40% higher than the capitated fee the Scheme pays to Netcare 911. In an effort to manage excessive costs, the voluntary use of a non-DSP (if you call another



ambulance provider voluntarily) will result in a 20% co-payment from 2018. Please always remember to call 082 911 if you need an ambulance or emergency evacuation. Better still, save this number in your phone under A for AMS Ambulance!

### HIV/AIDS Disease Management now managed by the Scheme's dedicated team

From 2018, HIV/AIDS Disease Management, previously carried out by One Health, will be managed by the Scheme's dedicated HIV/AIDS management team. The way the Scheme manages this disease will not change; members will receive the same benefits and services as before, medicine will continue to be supplied by Dis-Chem Direct and the confidential treatment of this disease will of course remain. This decision was taken by the Board in the best interests of our members and the Scheme. Members currently registered on this programme will receive personalised and more detailed information about this change.

### 'GAP' replaced by 'Top-Up rate'

Lastly, those of you who participated in the Scheme's recent survey will be aware of the potential, and in some instances, real confusion between our higher reimbursement rate on the Managed Care Plan (MCP) and gap insurance products now available in the market. We have changed the name of our 'GAP rate' on MCP in our Benefit Guide to 'Top-Up rate'. This is only a cosmetic change, 230% of the Scheme Reimbursement Rate is still applicable, only the name has changed.

*For more information, please refer to your 2018 Benefit Guide, which we will post to you at the beginning of November. An electronic version will be available on the Scheme website, as usual.*

### Contributions will increase by 8.9% on average

In difficult and stressful times members tend to get sicker, needing more scheme benefits. Doctors and specialists are in short supply, work longer hours and are able to charge more, while financial markets generally deliver lower returns. This all adds up to higher inflation for medical costs than the published CPI. It is anticipated that the 2018 scheme increases across the industry will be close to double digits. AMS has done what it can to keep the contributions affordable and as low as possible. The 2018 rates are shown below:

### Contributions per plan

Plan	2017	2018	Difference in Rand
<b>Value Care Plan</b>			
Main member total	R750	R820	R70
Adult dependant total	R750	R820	R70
Child dependant total	R185	R200	R15
<b>Standard Care Plan</b>			
Main member total	R2 060	R2 255	R195
Adult dependant total	R2 060	R2 255	R195
Child dependant total	R620	R680	R60
<b>Managed Care Plan</b>			
Main member total	R3 800	R4 125	R325
Adult dependant total	R3 800	R4 125	R325
Child dependant total	R880	R955	R75
Main member savings	R950	R1 030	R80
Adult dependant savings	R950	R1 030	R80
Child dependant savings	R220	R235	R15
Main member excluding savings	R2 850	R3 095	R245
Adult dependant excluding savings	R2 850	R3 095	R245
Child dependant excluding savings	R660	R720	R60

2018 benefits and contributions subject to the approval from the Council for Medical Schemes

### Deadline for plan changes: 31 December

**PLAN CHANGES:** If your health care needs or income have changed and you are considering changing plans for the coming year, you may do so at the end of the year. We urge you to speak to one of our Client Liaison Officers (CLOs) or your Paypoint Consultant for advice. Your plan change form is included in the back of the Benefit Guide (also available on the Scheme website) and must be handed to your employer or past employer before 31 December. Direct-paying members must submit their forms directly to the Scheme.

## Managed Care Plan members: how to reduce out-of-pocket expenses when visiting your GP

If you would like to reduce out-of-pocket expenses when consulting your GP, consider selecting a GP on our administrator's GP network. This voluntary network was introduced for AMS Managed Care Plan members at the beginning of 2016. The network doctor will submit the claim directly to the Scheme for payment from available funds in your medical savings account or from risk if it is related to a PMB.

You will not need to pay cash for the visit, nor will you experience co-payments for the consultation or pre-determined procedures performed in rooms, as the network GPs charge a fixed network rate. If you want to compare your current doctor's rate to the GP network rate, call us on 0860 222 633. More information on [www.angloms.co.za](http://www.angloms.co.za) or in your Benefit Guide.

## Do you know your Trustees?

This month we would like to introduce you to Mary Farrell and Sharon Hosking. The full list of Trustees is available on [www.angloms.co.za](http://www.angloms.co.za) > My scheme > People behind the Scheme.



### Mary Farrell, Member elected, Gauteng

Mary has served the Scheme since 2006 and gained immense insight into the industry and business of Anglo Medical Scheme. She understands the legislative, as well as administrative issues the Scheme faces as a result of her exposure.

Mary's financial and HR background allows her to support and advise members from different points of view. At retirement in 2006, she was Manager Corporate Accounts and Remuneration at Boart Longyear Corporation. Mary currently consults to Anglo American in the Human Resources Department. She is a member of the Management and Ex Gratia Committees.



### Sharon Hosking, Member elected, Western Cape

Sharon has been involved in the Scheme as a Southern Regional Representative and as Trustee since 2006. She also serves as Alternate Member Trustee of the Anglo American Corporation Pension Fund (AACPF). As the Group Hospitality

and Human Resources manager at Vergelegen, she is responsible for all hospitality operations and HR requirements, as well as a host of employee-related issues within Anglo American. Sharon is a member of the Ex Gratia Committee.

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)