
1ST EDITION | 2015

NEWSLETTER

IMPORTANT CHANGES TO SERVICE-RELATED **CONTACT DETAILS**

Please note that after the change to Discovery Health as our administrator in 2015, we now have personalised service-related email contact details. Moving forward, please use these new email addresses to send escalations, queries, claims, ex gratia requests, preauthorisation requests, and administration issues to the Scheme.

NEW SERVICE-RELATED CONTACT DETAILS

Member queries

service@malcormedicalaid.co.za

Claims

claims@malcormedicalaid.co.za

Preauthorisations

preauthorisations@malcormedicalaid.co.za

Ex gratia

exgratia@malcormedicalaid.co.za



HIVCARE PROGRAMME

Malcor Medical Aid Scheme provides members who have HIV or AIDS with comprehensive cover when they register on the HIVCare Programme so we can take care of our members. We take the utmost care to protect the right to privacy and confidentiality of our members and we encourage all our members who have HIV or AIDS to enrol.

BENEFITS OF THE HIVCARE PROGRAMME INCLUDE:

1. Access to clinically sound and cost-effective treatment.
2. Complete confidentiality
3. No overall limit for hospitalisation for members who register on the HIVCare Programme.
4. A specified number of consultations and HIV-specific blood tests for your condition.
5. Antiretroviral medicine from our HIV medicine list up to the Scheme Rate for medicine.
6. Nutritional feeds to prevent mother-to-child transmission.

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To register on the HIVCare Programme call the Administrator's call centre on 0860 100 698.
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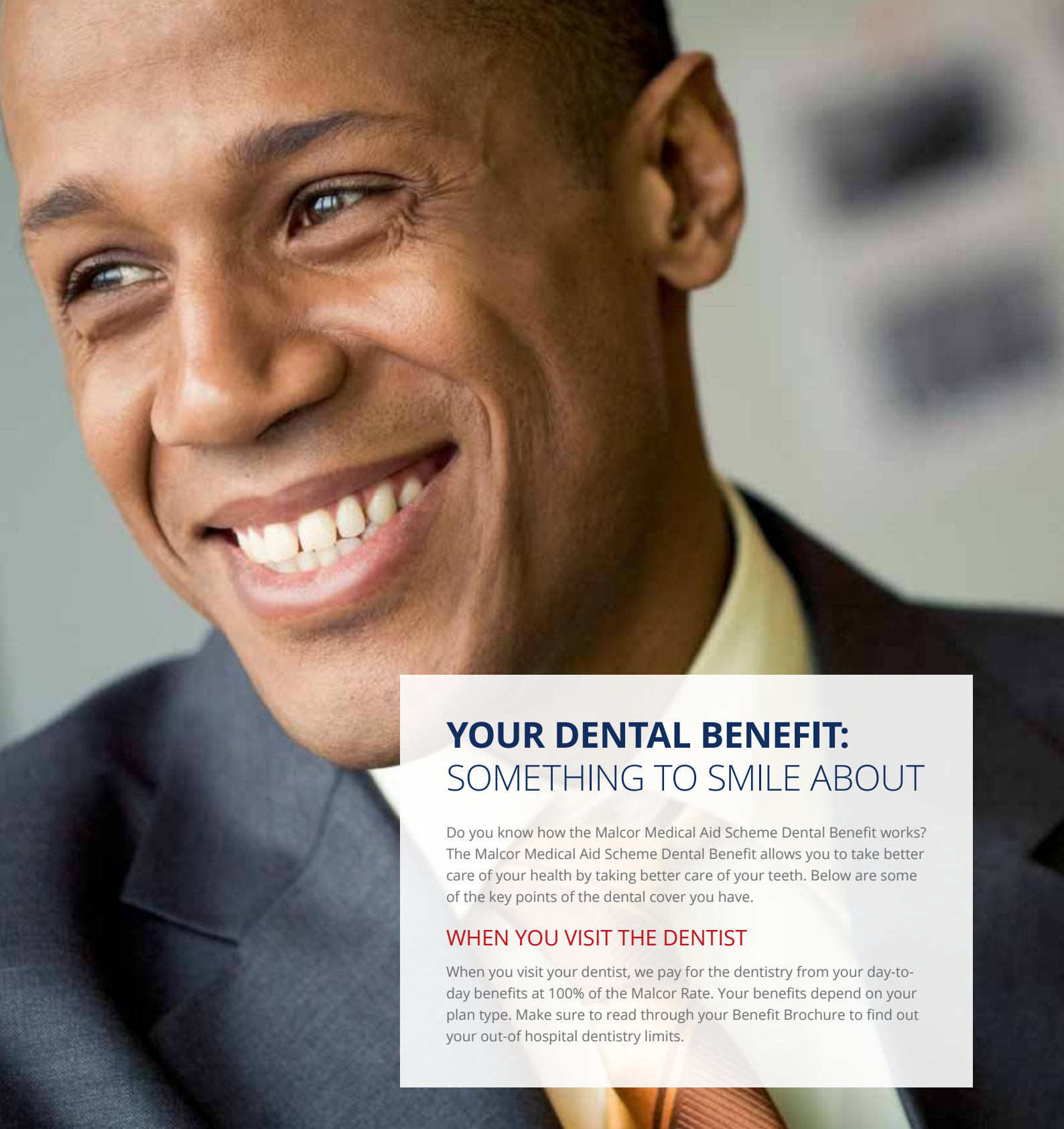
ACCESS TO THE ONCOLOGY PROGRAMME

Members diagnosed with cancer need to register on the Oncology Programme to have access to the Oncology Benefit. To register, you or your treating doctor must send us details of your histology results that confirm your diagnosis.

The Malcor Medical Aid Scheme's Oncology Programme follows the ICON protocols and guidelines.

THE ONCOLOGY PROGRAMME IS HERE TO HELP YOU

We assign a personal case manager to coordinate your oncology benefits with your treating doctor. We pay most claims related to treating cancer from the Oncology Programme. Call 0860 100 698 to register on this programme and receive more information.



YOUR DENTAL BENEFIT: SOMETHING TO SMILE ABOUT

Do you know how the Malcor Medical Aid Scheme Dental Benefit works? The Malcor Medical Aid Scheme Dental Benefit allows you to take better care of your health by taking better care of your teeth. Below are some of the key points of the dental cover you have.

WHEN YOU VISIT THE DENTIST

When you visit your dentist, we pay for the dentistry from your day-to-day benefits at 100% of the Malcor Rate. Your benefits depend on your plan type. Make sure to read through your Benefit Brochure to find out your out-of-hospital dentistry limits.

HOW THE MAXIMUM MEDICAL AID PRICE (MMAP) WORKS

At Malcor Medical Aid Scheme we believe in advising our members how to get the most out of their comprehensive healthcare. The Scheme covers the cost of medicine up to the recommended Maximum Medical Aid Price. This price is the lowest average price available in pharmacies for your medicine.

We urge you to check prices when purchasing medicine because members are responsible for any difference between the actual price for medicine and the Maximum Medical Aid Price. Remember to chat to your doctor so he or she prescribes generic medicine which is usually less expensive.



UNDERSTANDING HOW TO CLAIM



The Scheme usually settles claims directly with healthcare providers at the Malcor Rate. If healthcare providers charge more than the Malcor Rate, you will have to settle the balance with the healthcare provider.

When submitting a claim to the Scheme, remember to make sure the following details are clear:

- Your membership number
- The service date
- Your service providers details and practice number
- The amounts charged
- The relevant consultation, procedure, NAPPI or diagnostic (ICD-10) codes
- The name of the dependant for whom the service was performed

Please remember to keep copies of your claim for personal reference.

SENDING YOUR CLAIM TO US

There are several ways available to you to submit your claims. You can choose the way that is easiest for you from the alternate methods of submitting claims listed below:

1. By fax to **0860 329 252**.
2. By email to **claims@malcormedicalaid.co.za**
3. Drop your claim off at Discovery Health's offices or insert in a Discovery Health claims box. You can find these boxes at Virgin Active or Planet Fitness gyms, Dis-Chem pharmacies, within the Malcor group and most medical practices.
4. Post it to: **PO Box 1181, Parklands, 2121**.

WHAT HAPPENS AFTER YOU SEND YOUR CLAIM?

Once the Scheme receives your claim, it is scanned and captured on Discovery Health's system. The claim will then be assessed and you can track the status of your claim on the Scheme's website www.malcormedicalaid.co.za or, by way of a claims notification which will be emailed to you.



PREVENTION AND REPORTING **FRAUD**

FRAUD REMAINS ONE OF BIGGEST CHALLENGES IN SOUTH AFRICAN HEALTHCARE

Each year, billions of rands of healthcare funds in the medical scheme industry are lost due to fraudulent activities. This negatively affects healthcare costs which have to rise because there is a need to offset the funds lost to fraud. This results in higher premiums and reduced affordability for medical scheme members.

THE SCHEME NEEDS YOUR HELP TO OVERCOME THIS CHALLENGE

The Scheme is committed to fight against fraud. By following these tips, you too can help us in the fight against fraud:

- Keep track of your medical aid claim statements, to make sure your healthcare claims are valid.
- Ask for copies of your service providers' invoices so you can make sure the items or services charged are correct.
- Never allow your membership card to get into the hands of anyone who is not entitled to receive benefits on your membership.

WHEN IN DOUBT, CONTACT US

Fraud is criminal offence of a serious nature. If you suspect any fraudulent behaviour relating to your healthcare cover, you can remain anonymous and use the following details to contact us:

- Toll-free phone number: 0800 004 500
- SMS number: 43477
- Toll-free fax number: 0800 007 788
- Email: discovery@tip-offs.com
- Post: Freepost DN298, Umhlanga Rocks 4320

Please take note of the new fraud line contact details as part of the Scheme's revised administrator arrangements with Discovery Health (Pty) Ltd.



THE PRESCRIBED MINIMUM BENEFITS AND USE OF **DESIGNATED SERVICE PROVIDERS**

Although all medical schemes have to offer cover for the Prescribed Minimum Benefits, members still have to meet three requirements to benefit from the cover. These requirements are:

1. The condition must be part of the defined list of conditions which are covered by the Prescribed Minimum Benefits.
2. The treatment needed must match the treatments as set out in the Prescribed Minimum Benefit guidelines and treatment algorithms.

3. Members must use the scheme's designated service providers when seeking out of hospital cover. When in hospital, claims will be funded in full provided the necessary authorisation has been obtained.

A designated service provider (DSP) is a healthcare provider (for example, a doctor, pharmacist or hospital) that is the Scheme's first choice when you need treatment or care. We pay providers in full from your Hospital Benefit if you are hospitalised with a PMB condition. When seeking out of

hospital care for a PMB, you may use a designated service provider if you want your claims to be funded in full. You may use a non-designated service provider, but be aware that when you choose to use a non-designated service provider for out of hospital treatment, you may have to pay a portion of the bill (co-payment).

WHAT YOU NEED TO KNOW ABOUT **PRESCRIBED MINIMUM BENEFITS**

The Medical Schemes Act provides a list of medical conditions that all medical schemes have to cover. We call this list of medical conditions Prescribed Minimum Benefits. As a member of a Malcor Medical Aid Scheme, you are entitled to cover for conditions that fall under Prescribed Minimum Benefits.

THE CONDITIONS LISTED UNDER THE PRESCRIBED MINIMUM BENEFITS

The Prescribed Minimum Benefits cover the basic healthcare that a member may need to treat the following conditions:

- Any life-threatening emergency or medical condition
- A defined set of 270 conditions
- 27 chronic conditions

