



## Newsletter 2 - April 2017

### **HAVE YOU RECEIVED YOUR NEW MEMBERSHIP CARD?**

Please contact our membership department if you have not received the new 2017 membership card.



Please advise the Scheme of your current or new e-mail address to ensure that you always remain informed. [wcmas@wcmas.co.za](mailto:wcmas@wcmas.co.za)

WCMAS Building, 2<sup>nd</sup> Floor, Cnr OR Tambo & Susanna Street, Witbank, 1035  
[www.wcmas.co.za](http://www.wcmas.co.za) / [wcmas@wcmas.co.za](mailto:wcmas@wcmas.co.za)

Tel: 013-656 1407  
Fax: 086 627 7795



### FLU VACCINE

It is advisable that especially members over 65 years with chronic conditions obtain the flu vaccines. It has been recommended that the flu vaccines be obtained during the period March to May. At certain DSP pharmacies the vaccine will be paid from the risk pool during the period March to May and thereafter from medical savings accounts. Please find an up to date list of DSP pharmacies on our website [www.wcmas.co.za](http://www.wcmas.co.za). The limit applicable for the flu vaccine is **R86** per beneficiary per annum.

### Psychosocial Counselling Benefit

The Universal Wellness Care Centre team is there for you when you need them most. The team provides all WCMAS members on the Comprehensive, Midmas and Ntsika options with access to the Universal psychosocial counselling benefits, which offers confidential, professional consultation and referral services to address any personal, social or work-related concerns that may affect your overall health and wellbeing.

- 24/7/365 telephonic psychosocial support and advisory services – toll free number 0800 390 003 or send a “Please Call Me” to \*134\*952#
- Unlimited free access to telephonic counselling support
- Based on assessment of need, maximum of three face-to-face counselling sessions per annum
- Accessing the benefit has no impact on your day-to-day benefits.

**For Hospital / Oncology and Chronic Disease Management authorisations or procedures members are to contact :-**



**on 0861 486 472**

**Members are also reminded to always present their membership cards and identity documents on admission to hospital**

## Use antibiotics wisely

The best approach is to use antibiotics cautiously and only really when it is required.

Antibiotics are best suited to treat bacterial infections and not illnesses that are caused by a virus like common colds, flu, most sore throats or runny noses. These will often go away by themselves.

Some ear infections, severe sinus infections, strep throat, urinary tract and many wound and skin infections tend to be bacterial infections and will need to be treated with antibiotics. Correctly diagnosing clinical symptoms goes a long way in the management and treatment of illness. The problem with overusing antibiotics is that continuous usage breeds more virulent bacteria which then become more resistant to the medication. Eventually this requires stronger drugs to be developed to treat disease. The answer lies in rather using fewer antibiotics in order to help slow down the formation of more hardy and difficult to treat bacteria. "Ideally, the stronger antibiotics should be reserved for serious infections like pneumonias, abscesses or severe tonsillitis." If one looks at the increasing incidence of antibiotic resistant organisms, it is becoming more obvious that not all doctors are prescribing antibiotics correctly."

They are either prescribing a too powerful drug for the infection or otherwise not prescribing the antibiotic for the correct duration of time. At the same time, patients are also to blame for insisting on antibiotics when they don't have a bacterial infection or by not finishing the complete course of antibiotics. **Health24.com**

## MMAP & REF PRICING ON MEDICINES

Kindly note that the Scheme applies **Maximum Medical Aid Pricing (MMAP)** whereby a pre-determined maximum benefit is paid towards a specific medication and **Reference Pricing (RP)** whereby benefits are paid according to the cost of an approved generic equivalent. In both instances the member will be liable for the difference in price should the more expensive medication be taken.

## Medicine Rule relating to Anxiolytics /sedatives / hypnotics & anti-depressants

**Please note that all anxiolytics, sedatives and hypnotic medication supply will be limited to 30 days supply every 90 days. Pain medication will only be dispensed every 25 days. Anti-depressants must be registered on chronic.**

## REPORT FROM THE ANNUAL GENERAL MEETING – 24/04/2017

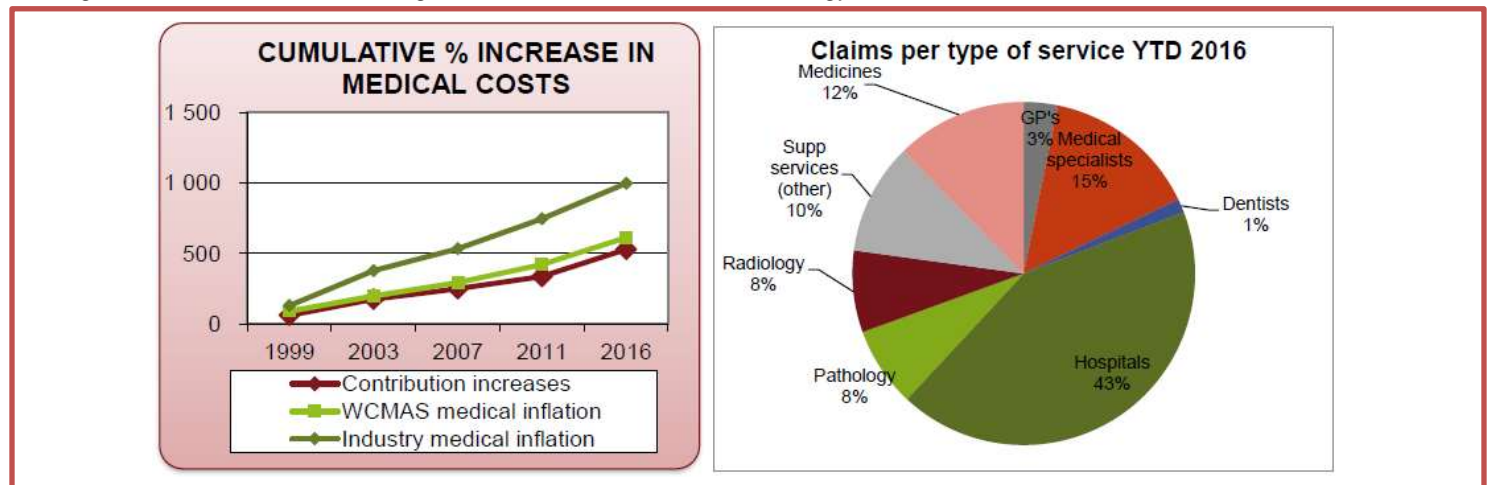
**SUMMARISED ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2016 ARE AVAILABLE ON THE SCHEME WEBSITE [www.wcmas.co.za](http://www.wcmas.co.za)**

### FROM THE BOARD OF TRUSTEES

The year saw some changes in the scheme, which includes the introduction of two new options for 2017. It is our pleasure to bring some of these changes as well as highlights of the scheme's overall performance over the last year to your attention.

#### Operational overview

This year the scheme has experienced an increase in specialist, radiology and supplementary services as well as in chronic medication with significant costs incurred on lung related disorders as well as oncology.



The scheme experienced a decline in membership as a result of large-scale retrenchments in the area in the employer groups associated with the scheme as well as some mines closing. Towards the end of 2016, the scheme appointed Universal Healthcare to head the scheme's benefit management and hospital authorisations and the introduction of dedicated disease management.

The Exxaro group's withdrawal as reported in the prior year was finalised on 31 December 2016.

The operating results of WCMAS are set out in the annual financial statements, and the trustees believe that no further clarification is required.

#### Solvency ratio

	2016	2015
Total members' funds per statement of financial position	508 003 216	492 191 812
LESS: revaluation reserve	(31 265 141)	(30 799 538)
LESS: cumulative gain on re-measurement to fair value through profit and loss investments	-	-
<b>Accumulated funds per Regulation 29</b>	<b>476 738 075</b>	<b>461 392 274</b>
<b>Gross contributions (Note 12)</b>	<b>426 295 101</b>	<b>419 399 492</b>
<b>Accumulated funds ratio</b>	<b>111.8%</b>	<b>110.0%</b>
= Accumulated funds / Gross annual contributions x 100		

Accumulated funds ratio has increased by 1.8% for this period and is still significantly over the minimum requirement of 25%.