WCMAS
Our members
Our passion

# YEBOMED OPTION

# 2019 Members' Guide

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Witbank Coalfields Medical Aid Scheme

## Membership

**Who can join Yebomed?**

Currently only employees of Anglo American Coal SA, Seriti Coal and their families can join the Yebomed Option.

**How do I become a member?**

Application forms are available at participating employers. The application forms must be completed in full and handed back to the employer who will send it to the Scheme. The Scheme will register members and issue membership cards which will reflect a member's name, membership number, identity number and the names and dates of birth of all the registered active dependants.

**Who can I register on my membership?**

Subject to approval by the Board of Trustees, members may apply to register the following as their dependants:

- the spouse or partner of a member who is not a member or registered as a dependant of another medical scheme,
- a child, stepchild or legally adopted child of a member under the age of 21 or a child who has attained the age of 21 years but not yet 26, who is a student,
- a dependent child who due to a mental or physical disability, remains dependent upon the member after the age of 21,
- members must register newborn, newly adopted children and spouses within 30 days of birth/ adoption or marriage respectively.

## Registration of dependants

Members shall complete the applications forms together with a medical report in respect of any proposed beneficiary.

## De-registration of dependants

A member must inform the Scheme within 30 days of the occurrence of any event which results in any one of his or her dependants no longer satisfying the conditions in terms of which he may be a dependant e.g. **divorce**, **child dependant full time employed or married**(this is not the complete list).

## Waiting periods and late joiner fees

The Scheme may impose upon a person in respect of whom an application is made for membership or admission as a dependant, and who was not a beneficiary of a medical scheme for a period of at least 90 days preceding the date of application a general waiting period of up to three months and a condition-specific waiting period of up to 12 months. Late joiner penalties may be applied in certain circumstances. It is imperative that you register your dependants timeously.

## Monthly Contribution

**What will it cost?**

Monthly contributions will be based on the number of beneficiaries registered by the principal member and will be subsidized by the employer:

| | SINGLE MEMBER | ADULT / SPOUSE | CHILD |
|---|---|---|---|
| **Total Contribution** | R1,193 | R878 | R167 |
| Employer subsidy to be determined by each Employer Group | | | |

**WHAT WILL HAPPEN IF I OR MY BENEFICIARIES OBTAIN MEDICAL SERVICES OUTSIDE OF THE ACHH NETWORK OR RESIDE OUTSIDE OF THE RSA**

- Payment for medical services to beneficiaries residing out of area will be restricted to the amounts payable to the ACHH or its Medical Services Network or a Public Hospital.
- Members will be liable for payment of the difference in cost charged by an outside service provider and that charged by the ACHH hospital or its Medical Services Network\ or a Public Hospital. Should a beneficiary involuntary use out of area Network Providers, Regulation 8(2)(b) will apply.
- Beneficiaries residing outside of the RSA e.g. Lesotho, must first pay their accounts and then claim a refund from the Scheme.

- The refund amount will be made in RSA currency and at the prevailing exchange rate and will be limited to the amount that would have been charged by the ACHH Medical Services Network for the same services.
- Refunds: In order to claim a refund Members must submit a specified account as well as proof of payment to the member's HR office.
- GP visits out of area limited to 2 per beneficiary per annum.

## What benefits will I get?

The Yebomed Option offers a wide range of benefits at 100% of Scheme rate with no co-payment and no annual limit, unless a limit applies, provided the services are obtained from the:

- Anglo Coal Highveld Hospital (ACHH) Medical Services network, or
- any associated medical service providers contracted to ACHH, or
- if services are arranged for and authorised by the ACHH Medical Services network or a State Hospital.

## Prescribed Minimum Benefits (PMB's)

Prescribed Minimum Benefits (PMB's) are defined in the Regulations to the Medical Schemes Act and must be provided to all beneficiaries of a medical scheme. Schemes may make use of Designated Services Providers (DSP's) which could include Public Hospitals for treatment of PMB's. Should services for a PMB not be available at a DSP or Public Hospital arrangements will be made at another setting. Members must ensure that ICD10 codes (diagnosis code for registered chronic conditions) are reflected on all accounts so that the correct allocations to relevant benefits can be made.

## Medicine

Prescribed Medicine must be Prescribed, administered and/or dispensed by a practitioner legally entitled to do so. Subject to managed care protocols and processes, the Scheme's medicine benefit management programme and formulary, as prescribed and provided by ACHH and its Medical Services Network or provided by Public Hospitals.

**Generic drugs** are copies of brand-name **drugs** that have exactly the same dosage, intended use, effects, side effects, route of administration, risks, safety, and strength as the original **drug**. In other words, their pharmacological effects are exactly the same as those of their brand-name counterparts.

## Benefits

- GP's unlimited at Scheme Rate unless PMB at cost at Network doctors.
  - GP's visits out of area limited to 2 visits p.b.p.a.
- Specialists at Scheme Rate unless PMB at cost.
  - All specialist visits to be preauthorized by Case Managers.
- X-rays – Basic radiology unlimited at Scheme Rate unless PMB at cost.
  - All MRI/CT & PET scans to be preauthorized by Case Managers.
- Chronic Medication (MMAP & Ref pricing apply) Unlimited.
- Acute Medication (MMAP & Ref pricing apply) Unlimited.
- Ambulance Services – Unlimited at DSP's.
- Operations at Scheme Rate unless PMB at cost
  - All operations to be preauthorized by Case Managers.
- Pathology-blood tests – Unlimited.
- Hospitalisation
  - All hospitalisation to be preauthorized by Case Managers.
  - Internal prostheses limited to R56,800 p.b.p.a.
  - TTO (take home medication) limited to 7 days supply from discharge hospital.
  - Psychiatric hospitalisation limited to 21 days p.b.p.a.
- Physiotherapy – Unlimited.
- Blood transfusion – Unlimited.

- Medical Appliances – Nappi prices to apply and must be preauthorized by Case Managers.
  - Hearing aids limited to R8,000 per ear p.b every 2 years.
  - Wheelchairs limited to R4,500 p.b. every 3 years.
  - Artifical eyes limited to R9,000 p.b. every 5 years.
  - BP Monitor limited to R675 p.f. every 5 years. Condition must be registered.
  - Glucometer limited to R403 p.b. every 2 years. Condition must be registered.
  - Nebulizers limited to R605 p.f. every 5 years. Condition must be registered.
- Dental-conservative treatment – Unlimited at Network Dentist.
- Dentures limited to R3,200 p.b. every two years. (no specialist dentistry treatment, no bridge work/ orthodontics, etc).
- HIV/Aids - Unlimited (beneficiaries must registered on the program) Services include:- testing, counseling, monitoring and medication.
- Optometry (benefits p.b. every two years):
  - eye test limited to R315 per test.
  - Frames limited to R546 – selected range.
  - Lenses limited to R2,200.
  - contact lenses limited to R1,500.
- Oncology treatment to be preauthorized by Case Managers.
- Clinical psychology in hospital treatment – Unlimited.
  - Out of hospital treatment limited to R3,550 p.b.p.a.
- Speech Therapy in hospital treatment – Unlimited.
  - Out of hospital treatment limited to R3,550 p.b.p.a.
- Audiology in hospital treatment – Unlimited.
  - Out of hospital treatment limited to R3,550 p.b.p.a.
- Dietetics in hospital treatment – Unlimited.
  - Out of hospital treatment limited 3 visits p.b.p.a.
- Chiropodist treatment limited to R3,550 p.f.p.a.
- Chiropractice treatment limited to R3,550 p.f.p.a.
- Homeopathic treatment limited to R3,550 p.f.p.a.
- Occupational therapy in hospital treatment – Unlimited.
  - Out of hospital treatment limited to R3,550 p.b.p.a.
- Excimer laser limited to R11,695 p.b. per eye. Protocols apply and pre-authorisation required

## In Hospital and pre-authorisation treatment

100% benefit for Hospitals with 7 days supply of take home medicine from hospital of discharge. Pre-authorisation must be obtained at the Scheme's Case Managers at Universal pre-authorisations.

## Authorisation must be obtained at least 72 hours before hospitalisation except for emergency admission.

Pre-authorisation can be obtained by one of the following:

- Print and complete the hospital authorisation form from our website – **www.wcmas.co.za** and e-mail or fax to Universal pre-authorisations at- **preauthorisation@universal.co.za**
- Phone Universal Hospital pre-authorisation on **0861 647 542**
- Oncology Program – **oncology@universal.co.za**
- Call back option – **30131** If you require an agent to call back within 24 hours, send a sms with your membership number to **30131**.

In hospital treatment benefits include the following:

- Ware fees
- Step-down
- Theatre fees
- Internal prosthesis
- Theatre and ward drugs
- ICU
- High Care
- Medical appliances (e.g. back braces)
- Equipment
- Material

## Fraud

**Fraud may cost you your membership of the medical scheme**

The Board of Trustees would like to point out to members that a number of cases have been detected where members and their dependants have committee fraud against the Scheme. These members have been reported to the SAPS and their membership of the Scheme has been cancelled. Some members' employers terminated their employment due to them defrauding the medical scheme. The Scheme views fraud in a very serious light and would like to encourage members who have some concerns regarding fraud, whether committed by a member or a supplier of services, to contact the Manager of the Scheme, or the Board of Trustees, or the Disputes Committee of the Audit Committee.

**Reporting suspected fraud**

Reporting suspected fraud committed by a member, managed care organisation, doctor, healthcare practitioner, medical scheme or employee to:

WCMAS tip-off lines: share-call **0860 104 302**
WCMAS's Principal Office: (call **013-656 1407**) or any Board of Trustee member
Council for Medical Schemes Tip off Anonymous Hotline using it Toll free number **0800 867 426** or on their e-mail address **cms@tip-offs.com**

WCMAS offers a R3,000 reward where fraudulent medical cases are successfully investigated and prosecuted. All information will be treated strictly confidential.

**Abuse of privileges, false claims, misrepresentation and non-disclosure of factual information**

The Board may exclude from benefits or terminate the membership of a member or dependant whom the Board finds guilty of abusing the benefits and privileges of the Scheme by presenting false claims or making a material misrepresentation or non-disclosure of factual and relevant information. In such event he/she may be required by the Board to refund to the Scheme any sum which, for his or her abuse of the benefits or privileges of the scheme, would not have been disbursed on his or her behalf.

**No person may be a member of more than one medical scheme or a dependant of more than one member of a particular scheme. The membership will terminate if he or she becomes a member or a dependant of a member of another medical scheme.**

No person may claim or accept benefits in respect of himself/herself or any of his/her dependants from any medical scheme in relation to which he/she is not a member or dependant.


**Council for Medical Schemes**

- Private Bag X34, Hatfield, 0028
- Enquiries: 0861 123 267
- www.medicalschemes.com
- support@medicalschemes.com
- complaints@medicalschemes.com

**WCMAS**
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(Fax) 0866 277 795
**www.wcmas.co.za**

**Yebomed authorisations not for hospitalisation to contact case managers on**
Tel 013-656 9552 or via
e-mail: **Yebomed@angloamerican.com**

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## Legend

| | | |
|---|---|---|
| SR | = | Scheme Rate |
| % Benefit | = | Fees or at cost |
| PMB | = | Prescribed Minimum Benefit |
| M | = | Member only |
| M + | = | Member with dependants |
| P.b.p.a. | = | Per beneficiary per annum |
| P.f.p.a. | = | Per family per annum |
| Case managers | = | Universal Care Hospital admissions |
| ACHH | = | Anglo Coal Highveld Hospital and |
| | = | It's Medical services Network and/ |
| | = | Or Public Hospitals |
| Preauthorisation | = | To be obtained from Case managers Or ACHH |

THESE ARE THE ABBREVIATED BENEFITS.
A COPY OF THE SCHEME RULES IS AVAILABLE FROM THE SCHEME OFFICE OR ON THE WEBSITE **WWW.WCMAS.CO.ZA**