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** or e-mail to Universal pre-authorisations at **preauthorisation@universal.co.za**
- Phone Universal Hospital pre-authorisation on **086 148 6472**
- Oncology Programme – **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
- ICU
- Step-down
- High Care
- Theatre fees
- Medical appliances (e.g. back braces)
- Internal prosthesis
- Equipment
- Theatre and ward drugs
- 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 Officer 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

013 656 1407

0866 277 795

www.wcmas.co.za

Yebomed authorisations for out of hospital services contact case managers on

013-656 9552 or via

Yebomed@angloamerican.com

For hospital pre-authorisations please call 086 148 6472

P O Box 26
WITBANK
1035

2ND Floor WCMAS Building
Cnr Susanna Street & O R Tambo Road
WITBANK
1035

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 its Medical Services Network
Pre-authorisation	To be obtained from Case Managers or ACHH

THESE ARE THE ABBEVIATE BENEFITS
A copy of the scheme rules is available from the scheme office or on the website **www.wcmas.co.za**

WCMAS
Our members Our passion
Witbank Coalfields Medical Aid Scheme

MEMBERS' GUIDE 2021 YEBOMED OPTION

WHO CAN JOIN YEBOMED?

Currently only employees of Mafube 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?

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.
- members retiring from their participating employer who makes application to remain on the scheme as a continuation member.

REGISTRATION OF DEPENDANTS

Members shall complete the applications forms and submit to the Scheme together with a recent 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 they 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 may be subsidized by the employer:

	SINGLE MEMBER	ADULT / SPOUSE	CHILD
Total Contribution	R1 338	R985	R187

Employer subsidy to be determined by the 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.
- 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. 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 overall limit, provided that 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 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.

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

All benefits to be provided or arranged by ACHH and is Medical Services Network to qualify for funding on this option, except in the case of the emergency use of a non-DSP facility.

- Unlimited at Scheme Rate, unless PMB which is paid at cost, if obtained from a Network doctors.
- GP's visits out of area limited to 2 visits per beneficiary per annum.
- Specialists at Scheme Rate unless a PMB which is paid at cost.
- All specialist visits to be pre-authorised.
- X-rays (basic radiology) unlimited at Scheme Rate unless PMB which is paid at cost.
- All MRI/CT & PET scans to be pre-authorised.
- Chronic Medication (MMAP & Reference pricing apply) Unlimited.
- Acute Medication (MMAP & Reference pricing apply) Unlimited.
- Blood tests (Pathology) Unlimited.
- Operations at Scheme Rate unless PMB which is paid at cost
- All operations to be pre-authorised.
- Blood test (pathology) – Unlimited.
- Unlimited hospitalisation payable at negotiated rates.
- All hospitalisation to be pre-authorised.
- Internal prostheses limited to R61 966 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 pre-authorised.
  - Hearing aids limited to R8 728 per ear per beneficiary every 2 years.
  - Wheelchairs limited to R4 914 per beneficiary every 3 years.
  - Artifical eyes limited to R9 819 per beneficiary every 5 years.
  - BP Monitor limited to R738 per family every 5 years. Condition must be registered.
  - Glucometer limited to R436 per beneficiary every 2 years. Condition must be registered.
  - Nebulizers limited to R665 per family every 5 years. Condition must be registered.
- Conservative dentistry (fillings, extractions, dental x-rays and oral hygiene) - no limit or co-payment if obtained from a network dentist.
- Dentures - limited to R3 492 per beneficiary every two years from a network provider only.
- Optometry (benefits p.b. every two years):
  - Eye test limited to R343 per test.
  - Frames limited to R592 – selected range.
  - Lenses limited to R2 400.
  - Contact lenses limited to R1 642. Services must be provided or arranged by ACHH and its Medical Services Network
- Oncology treatment - no limit or co-payments applicable to radiotherapy and chemotherapy. Protocols apply.
- Psychology in hospital - no limit and no co-payment. Protocols apply.
- Psychology out of hospital - limited to R3,688 per beneficiary per year. Protocols will apply.
- Speech Therapy in hospital treatment – Unlimited.
  - Out of hospital treatment limited to R3 875 per beneficiary per annum.
- Audiology in hospital treatment – Unlimited.
  - Out of hospital treatment limited to R3 875 per beneficiary per annum.
- Dietetics in hospital treatment – Unlimited.
  - Out of hospital treatment limited 3 visits per beneficiary per annum.
- Chiropodist/podiatrist treatment limited to R3 875 per family per annum.
- Chiropractice treatment limited to R3 875 per family per annum.
- Homeopathic treatment limited to R3 875 per family per annum.
- Occupational therapy in hospital treatment – Unlimited.
  - Out of hospital treatment limited to R3 688 per beneficiary per annum.
- Excimer laser limited to R12 759 per beneficiary per eye. Protocols and pre-authorisation apply.