

GREETINGS FROM THE PRINCIPAL OFFICER

This year was a very challenging one for all of us, as we had to wage war against a deadly COVID-19 pandemic. Many Polmed members and their dependants were affected by the virus, but as a member-centric scheme, Polmed offered them all the necessary support they needed. The Scheme has already spent over R500 million on COVID-19 related matters in order to save the lives of members from the claws of this deadly enemy. This included screening and testing, GP consultations, prescribed medication, and hospitalisation for those who required it. The Scheme went further by providing isolation/quarantine facilities for Polmed members, in order to protect them and their loved ones against the virus.

Despite the above challenge, Polmed continues to be the most sustainable medical scheme. Its financial position is strong and healthy, as evidenced by the year-to-date solvency ratio of 44.9%, which is way above the budget of 33.5%. The overall claims ratio is sitting at 89.6%, compared to the target of 103.1%. This achievement was driven mainly by elective procedures which were put on hold during the national lockdown, but we may see a spike in these procedures in the near future. As it stands, Polmed is a strong going concern, able to fulfil its obligations to members.

As the plan selection cycle for 2021 is about to commence, members are strongly urged to look at the 2021 Benefits and Contribution Guide to ensure that they select a plan that best addresses their healthcare needs and those of their dependants. Look carefully at both plans and decide which one will have you and your family adequately covered. Remember that once you have selected your plan, you can only change it after a year. Choosing the right plan for yourself and your family is therefore an important decision that you have to make and must receive your full attention and wisdom.

POLMED

As a member of Polmed, remember that you also have access to a number of preventative care benefits designed to empower you to improve the quality of your health and general wellbeing.

The purpose of preventive care is to shift the focus of healthcare from treating sickness to maintaining wellness and good health. Preventive care occurs before you feel sick or

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notice any symptoms and is designed to prevent or delay the onset of illness and disease. In its broadest definition, prevention includes a healthy lifestyle, exercise, diet and other similar efforts. Your Benefits Guide contains a list of preventative care benefits which you as a member can utilise to improve and be in control of your health.

Finally, Polmed would like to wish you and your family a peaceful and joyous festive season, and we wish you all the best for the new year. Let us also remember that the COVID-19 pandemic is not over yet, and that we must therefore continue to be vigilant in order to protect ourselves and loved ones from this deadly enemy.

Healthy greetings from all of us at Polmed!

Ms Neo Khauoe PRINCIPAL OFFICER

2021 BENEFITS OVERVIEW/RULE AMENDMENTS

1 BENEFIT CHANGES

Polmed has finalised the process of benefit changes for 2021. These changes are currently subject to approval by the Council for Medical Schemes (CMS).

There are no changes to benefits on the Aquarium plan, whilst the Marine plan benefits will increase by 50% of CPI (4.5%) except for the out-of-hospital and radiology benefits that will remain unchanged.

BENEFIT CATEGORY	AQUARIUM	MARINE
Out-of-hospital benefit limit	No change	No change
Acute medication	No change	2.25% increase
Specialised dentistry	No change	2.25% increase
Chronic medication	No change	2.25% increase
Radiology	Basic: No change MRI: No change CAT scan: No change	Basic: No change MRI: No change CAT scan: No change
Pathology	No change	2.25% increase
Optometry benefit	5% increase	5% increase
Physiotherapy	No change	2.25% increase

2CONTRIBUTION TABLE UPDATE

The following proposals were approved by the Board of Trustees (BoT) of Polmed:

 Aquarium plan – introduction of two new contribution bands at the high-income end.

Contribution increases as of 1 April 2021

• Average contribution increase of 5.9% (refer to 2021 Benefits and Contribution Guide).

3SCHEME RULE AMENDMENTS

1. Rule 4.27: Income definition

- The monthly contribution payable by a continuation member will be the gross income from any source including the member's pension.
- Members will be subject to an annual verification process and where a member fails to provide the required proof, contributions shall be deemed to be based on the highest income band per the member's selected option until proven otherwise.

OB CARE COORDINATION

According to the World Health Organisation (WHO), chronic conditions are responsible for the death of 41 million people each year, of which 15 million are between the ages of 30 and 69 years. Some of the reasons for such mortality rates are due to fragmented care, resulting in poor management of patients with chronic conditions.

It has been demonstrated that hopping from one General Practitioner to the next as well as visitations to Specialists without GP referral are associated with increased healthcare costs.

Investing in better management of chronic conditions is essential. One of the critical proven interventions in managing the chronic conditions is through a Primary

2. Rule 7.1.4.1: Student age limit

Child dependants aged between 21 and 25 years and studying will qualify for child contribution rates.

3. Rule 8.4.1: Waiting periods

- This rule has been aligned to the Medical Schemes Act (MSA).
- This includes the introduction of late-joiner penalties. A late-joiner penalty will apply to any adult who is eligible to join the Scheme as a dependant and meets the criteria for the application of a late-joiner penalty.

4 CHILD CONTRIBUTIONS

Please note that as of 2021 child contributions will be payable for all child dependants on your medical scheme.

Please refer to the Scheme Rules for more information. This can be found on our website at: www.polmed.co.za

Health Care Approach, where early detection, screening and treatment need to be done timeously. Although Polmed encourages the implementation of care coordination amongst all its members, a stricter application of this principle will be applied to the Aquarium Plan members, as of 1 January 2021.

Care coordination ensures that care provided to our members by the treating provider is coordinated, resulting in early detection, early treatment, slow disease progression, improved clinical outcomes as well as better quality of life.

Polmed Aquarium care coordination is underpinned by the following principles:

- Network GP nomination;
- Network Specialist referral; and
- Network Hospital admission.

With effect from 1 January 2021 co-payments will be applied on Aquarium members when:

- A member utilises a non-nominated GP; A member utilises a GP who is not on the Polmed network;
- GP[.] and

THE FACTS ABOUT **GENERICS VS. ORIGINAL MEDICATION**

The World Health Organisation (WHO) assures us that generics, while they are copies of the original, are 100% interchangeable with the original. More simply put, they contain the exact same ingredients, making them what

Please speak to your pharmacist about switching to generic medication in the Polmed formulary to avoid a 20% co-payment.

PREFERRED RENAL DIALYSIS **NETWORK**

a 30% co-payment.

Haemodialysis patients when chronic dialysis is required

The renal dialysis units on the Network can be found at:

- National Renal Care;
- Fresenius Medical Care;

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For more information on the individual service providers please visit our website (www.polmed.co.za).

Members are reminded that pre-authorisation is required for all dialysis prior to the service being rendered.

REFUNDS DUE TO YOU!

the progress is slow. You may be due for a refund and could details on time.

Please contact Polmed on 0860 765 633 to confirm your details. Alternatively, please send a copy of your ID and your latest bank stamped statement, no older than three months to polmedmembership@medscheme.co.za or fax to 0861 888 110.

FIGHT BACK AGAINST FRAUD, WASTE AND ABUSE!

Did you know that healthcare fraud can contribute directly and indirectly to the rise of medical costs, including your membership contribution?

Only beneficiaries who are listed as dependants on your medical aid may receive treatment. If you know of someone who is requesting treatment for non-dependants, they are contributing to your medical aid costs rising and you should blow the whistle on them.

If your doctor or healthcare provider bills the medical aid for procedures or services you did not actually receive, it is fraud. Healthcare fraud affects all of us, as it makes medical aid and other related healthcare services become more expensive for everyone.

You have the power to help us prevent fraud for the greater good of all our members. Do the right thing and report it, call 0800 112 811, SMS 33490 or email information@whistleblowing.co.za You can remain anonymous if you prefer.

WHO TO CALL FOR EMERGENCY **SERVICES IN 2021**

In the event of an emergency, please call ER 24 on 084 124. The consultant will arrange an ambulance and provide you with an authorisation number.



Should authorisation not be obtained within 72 hours, a 40% co-payment will apply.

PROMOTION OF THE NEW WHATSAPP TOOL

Please note that the Polmed WhatsApp chat pilot programme is now live! This functionality is 100% private and secure.

To get started:

- 1. Add the number +27 60 070 2547 to your phone's contact list.
- 2. Send a WhatsApp message with the word "Hi" to start the conversation.
- 3. You will be presented with several options.

With our new WhatsApp chat, you can:

- See the status of your latest claims;
- Access your electronic member card and share it with your GP or family members who are registered beneficiaries of your medical aid membership;
- Download your tax certificate, membership certificate and member statement;
- Access our COVID-19 information centre; and
- Say "Hi" and be connected.