

GEARING UP FOR 2012



As 2011 comes to a close and we all prepare for the festive season, our Moto Health Care members can be assured that the Fund's commitment to providing cost-effective healthcare for the motor industry continues in 2012.

Medical aid members across South Africa fear this time of the year as they want to see if their medical aid contribution increases outstrip their pension, salary and/or wage increase. The Moto Health Care member can rest easy next year knowing that due to the good financial performance in 2011, trustees have approved an average increase of 7% to cover the cost of medical inflation only.

Notwithstanding the good performance our Optimum and Hospicare options continue to take strain and to this end the trustees have approved additional funds to assist management of the Fund with appropriate tools to manage their healthcare spend.

The 2012 Summary of Benefits, the contribution table and an Option Selection Form has been included in this newsletter for your viewing. We urge you to read these carefully and complete the Option Selection Form without delay, whether or not you are changing your option.

When deciding on an option, think about what you claimed for during 2011 and then study your brochure to see which option will best suit you and your dependants' healthcare needs for next year. Please do not send the form to us before you have completed all the sections and your employer (where applicable) has signed your Option Selection Form for 2012. Contact us on 0861 000 300 should you have any questions regarding this process or should you **NOT** have received all items in this communication pack.

We continue offering you, our Moto Health Care family, good benefits, at affordable contributions for another year! May you and your family have a peaceful festive season and a prosperous new year.

Yours in good health.

Murida Khan
Acting Principal Officer

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Benefits & Contributions for 2012

A new year, new contributions and new benefit structures – but the same promise! We offer an exclusive medical scheme designed to give the best possible benefits to you, our member.



The **Optimum** option is the flagship option of the Fund, offering the best solution for an individual or family looking for comprehensive hospital PLUS unlimited day-to-day cover. This option also provides cover for a total of 74 chronic conditions.

| Contribution | Monthly |
|--------------|---------|
| Principal | R3412 |
| Adult | R2906 |
| Child | R 853 |



The **Classic** option offers you and your family comprehensive in hospital cover with generous day-to-day benefits paid from your Annual Savings Limit (ASL). **An additional 2 GP visits, for a single member, and 5 GP visits for a family will be covered when your ASL is finished.** This option also covers 35 chronic conditions.

| Contribution | Monthly |
|--------------|---------|
| Principal | R1959 |
| Adult | R1663 |
| Child | R 491 |



The **Hospicare** option offers comprehensive in hospital cover plus cover for 26 Chronic Disease List conditions for those members who are generally more healthy and don't require day-to-day benefits. Chronic medication is available through a Designated Service Provider (Clicks Directmedicines).

| Contribution | Monthly |
|--------------|---------|
| Principal | R1091 |
| Adult | R 927 |
| Child | R 274 |



The **Custom** option offers our emerging medical scheme members hospitalisation of up to R350 000 per family per year in any facility. Day-to-day benefits are unlimited through the CareCross network

| <R5500 | Monthly |
|-----------|---------|
| Principal | R630 |
| Adult | R455 |
| Child | R140 |

| R5501-R10 000 | Monthly |
|---------------|---------|
| Principal | R733 |
| Adult | R529 |
| Child | R163 |

| R10 001+ | Monthly |
|-----------|---------|
| Principal | R953 |
| Adult | R687 |
| Child | R212 |



The **Essential** option has been designed for the new entrant into the industry who only needs basic healthcare. This option offers unlimited day-to-day benefits through the CareCross network and provides hospitalisation in all state facilities of up to R200 000 per family per year.

| <R5500 | Monthly |
|-----------|---------|
| Principal | R247 |
| Adult | R127 |
| Child | R114 |

| R5501+ | Monthly |
|-----------|---------|
| Principal | R370 |
| Adult | R189 |
| Child | R171 |

Contact our call centre or one of the customer care consultants should you have any queries regarding the 2012 benefits or contributions.



Option Selection Process

Things to consider when making your selection

1. Carefully study the Comprehensive Summary of Benefits guide.
2. Select the option best suited to you and your family's needs – keep in mind your benefit utilisation in 2011.
3. Complete the Option Selection Form indicating which option you wish to utilise in 2011.
4. Employers need to sign and stamp the Option Selection Form before sending it to the Fund.

Why does my employer have to sign my form? Your employer is responsible for paying over the correct medical fund contributions to us for every employee that belongs to Moto Health Care. As such, it is important that your employer knows exactly which option you have chosen for 2012.

Forms not signed will unfortunately result in members and their dependants not being able to use their new medical benefits.

5. Existing members on the Custom and Essential options need to provide proof of income – see guide for introduction of income band contribution rates (this also applies to members who change to Custom and Essential from the Optimum, Classic and Hospicare options).
6. Option selection forms must reach the Fund by 30 November 2011.

Option Selection Forms may be sent in the following ways:

Fax: 031 – 580 0478
E-mail: membership@motohealthcare.org.za
Post: Moto Health Care, P O Box 2338, Durban, 4000

NOTE: even if you are NOT changing options, we still need to receive your form!



*Remember
30 Nov
deadline*

CUSTOMER CARE WALK IN CENTRES

GAUTENG

Braamfontein
101 De Korte Street
Braamfontein
Tel: 011 381 2000

Johannesburg
JHB Life Centre
45 Commissioner
Street
Johannesburg
Tel: 011 491 6601

Pretoria
Munimed Building
67 Koranna Avenue
Dooringkloof,
Centurion
Tel: 012 673 1000

Momentum Building
268 West Avenue
Centurion
Tel: 012 671 8911/5666

FREE STATE

Bloemfontein
No. 9 Office Park
Cnr President Reitz
Street
and 3rd Avenue
Westdene
Tel: 051 448 4632

WESTERN CAPE

Cape Town
River Park Offices
1st Floor Liesbeeck
House
River Lane
Mowbray
Tel: 021 680 7400

EASTERN CAPE

Port Elizabeth
3rd Floor, Greyville
Building
Cnr of Cape Road
and Greyville Road
Greenacres
Tel: 041 373 8773

KWAZULU NATAL

Umhlanga
1-3 Canegate Road
La Lucia Ridge
Tel: 031 573 4000

Durban
11 Walnut Road,
Gate C
Durban Exhibition
Centre
Tel: 031 573 4873/72

TIPS FOR STRETCHING YOUR BENEFITS.

EASY POINTS THAT MAKE A DIFFERENCE SO YOU HAVE BENEFITS WHEN YOU NEED IT MOST!

In these tough financial times, it's especially important that you get the most out of your health care benefits, and that you avoid any unnecessary medical expenses and co-payments.

Moto Health Care has negotiated reduced tariffs with a number of leading health care provider networks (Designated Service Providers) in South Africa. You may use any of these providers, safe in the knowledge that your annual benefits will last longer; and that there won't be any co-payments or hidden costs.

Medication

Moto Health Care provides medication benefits according to a formulary. The formulary is a list of medicines that a panel of medical experts have approved for the Fund. It is reviewed and updated on a regular basis to ensure Moto Health Care provides effective and clinically appropriate, yet cost effective medicine to its members. Using medicines from the formulary is a great way to stretch your benefits, so always check that your doctor prescribes from the list. If your doctor insists on medicine that is not on the list, you are welcome to use it, but the Fund will only pay up to the cost of the formulary equivalent, and you will have to pay in the difference.

What's more, check with your pharmacist if a generic substitute to the prescribed medication is available. Generic medicines are more cost effective than the brand version but are just as effective. (It is important to note that in some cases the original prescribed medication is what's best and cannot be substituted!)



Things you control

If you are feeling ill and home remedies or self prescribed medication is not working, go to the doctor. Delaying the visit could cause you to become severely ill which may require more treatment and additional medication.

With that said, also avoid going to the doctor for all minor ailments which you know you can treat yourself e.g: hay fever, fever blisters etc.

Always complete your course of antibiotics. To discontinue medication before the course is completed because you feel better may cause a relapse and thus another visit to the doctor and more medication will be required.

Moto Health Care has it's own rate at which claims are reimbursed. This rate is based on an industry standard and will differ where applicable from the rate charged by some providers. You are advised to contact the Fund to enquire the rate beforehand should you expect to have any pre-planned procedure/service done. Furthermore we urge you to negotiate a rate with the service provider to avoid any shortfalls in payment.

All life sustaining medication (chronic) must be taken as prescribed on a daily basis to avoid a life threatening reaction e.g hypertension medication to avoid heart attacks.

Take care of your health related elements: clean and store your dentures appropriately, don't break or misplace your glasses, handle contact lenses with care, don't leave your asthma pump or medication behind where you cannot remember or are unable to have easy access to etc. – all these then need to be replaced.

Live healthy: eat a balanced diet, get enough rest, curb smoking and heavy drinking habits, exercise regularly, wash your hands to eliminate germ contamination and avoid dangerous and harmful situations. REMEMBER: prevention is better than cure.

Ensure your home is child and elderly person proof: accidents in the home can be prevented!

Thinking of leaving MHC?

Beware of the pitfalls!

MOTO HEALTH CARE is the medical fund to choose if you work in the Retail Motor Industry. The facts in this article are aimed at assisting you with useful information about MOTO HEALTH CARE when you are confronted with the selling efforts of other medical schemes and their brokers.

Here are a few key points to take note of:

Brokers

Most other medical schemes use brokers who earn commission on the number of members they enrol onto a specific scheme. This commission is paid from the members monthly contributions. The legislated broker fees payable is 3% up to a maximum of R65 per month per member.

At MOTO HEALTH CARE **we do not use brokers!** This means we also do not pay broker and related fees. This makes it possible for us to offer members more benefits, but at lower contributions. It also means that all contributions we receive from members are ploughed back into the fund to make MOTO HEALTH CARE a bigger and better medical fund for its members: lower contributions, excellent reserves and tailor-made benefits to suit the needs of the motor industry.

No profits or dividends, members come first!

At MOTO HEALTH CARE, no profits are declared or dividends paid to a third party. The Fund belongs to the members and if you leave, you leave your reserves behind. Your history with the fund entitles you to "goodwill" which you will have to build up with a new scheme. This goodwill takes years to establish and should you or your loved ones need extra special health care it may not be granted as you won't have a track record with the new scheme.

MOTO HEALTH CARE: developed for the motor industry by the industry!

MOTO HEALTH CARE's benefits and contributions were developed with the unique needs of people in the motor industry in mind. However, we went one step further: MOTO HEALTH CARE's benefits and contributions were developed by the motor industry for the motor industry. So, you do not have to look further than MOTO HEALTH CARE – a medical fund designed for you!

Three other things to remember

- MOTO HEALTH CARE has more reserves than is legally required by the Registrar of Medical Schemes
- With its roots firmly in the motor industry, MOTO HEALTH CARE can be trusted to create a vibrant healthcare family for the benefit of all employers and their employees.
- MOTO HEALTH CARE's strive towards service excellence is underpinned by business partnerships with accredited administration and managed care providers.

Should your details have changed please contact the call centre



Health Corner

DISCUSSION IN THIS ISSUE:

Radiology Management

What is the difference between the two types of scans?

CT

Computerised tomography (CT) is a procedure used to establish or determine a medical problem using special X-ray equipment to create cross-sectional pictures of your body. CT images are produced using X-ray technology and powerful computers.

The uses of CT include detecting:

- Broken bones
- Cancers
- Blood clots
- Signs of heart disease
- Internal bleeding

MRI

Magnetic resonance imaging (MRI) uses a large magnet and radio waves to look at organs and structures inside your body.

Healthcare professionals use MRI scans to diagnose a variety of conditions, from torn ligaments to tumours (abnormal growth of human body cells).

MRI's are very useful for examining the brain, spinal cord, muscle, connective tissue and most tumours.

Important tips

- Arrive at least 15 minutes before your scheduled appointment.
- Wear comfortable clothes with no metal closures, such as a cotton tracksuit and sports bra.
- Limit the amount of metal that are wearing – remove jewellery etc.
- Don't eat at least four hours prior to your procedure if you are having a CT scan of your abdomen (stomach region of your body).
- Remain still during the examination. This will help keep the appointment time short and prevent possibly having to repeat the study. MRI's are very useful for examining the brain, spinal cord, muscle, connective tissue and most tumours.

What must I do to ensure Moto Health Care will pay for the scans?

You must obtain an authorisation number before the scan can be done unless it is an emergency, then you must obtain authorisation on the first working day following the scan. Kindly contact the member call centre or the pre-authorisation department on 0861 000 300 for more information.

What happens if I need more scans in the management of cancer?

CT/MRI scans are paid from the cancer (oncology) benefit once you are registered on the Oncology programme. The treating oncologist should indicate on your cancer treatment plan how many scans may be required during the treatment. Based on the type of treatment being used to manage your condition, additional scans may be approved.

What information is required to obtain an authorization?

- The practice number of the requesting medical doctor and facility, where applicable.
- Diagnosis code and reason for requesting this scan.
- Tariff codes that may be used.
- Previous tests performed in the management of the particular condition, and the results, if available, should be sent to the scheme.
- Proposed date of procedure.



Source MedicineNet.com

STOP Abuse Against Women & Children!

Abuse that begins in childhood takes the highest toll. Abused girls tend to learn that they are not worthy; have little or no power; that the bullies are superior and have all the power. Some abused girls react rebelliously and counter-attack, becoming abusers themselves, but they are the minority. Either way, childhood abuse is so destructive that it has a lifetime effect.

Not all abused women were abused children, but many, if not most of them are. Abused children are prime targets for becoming abused adults. However, even women who had happy childhoods and loving parents, are susceptible to becoming victims of abuse.

Health consequences can result directly from violent acts or from the long-term effects of violence or abuse:

Injuries: Physical and sexual abuse by a partner is closely associated with injuries. Violence by an intimate partner is the leading cause of non-fatal injuries to women in the USA.

Death: Deaths from violence against women include honour killings (by families for cultural reasons); suicide; female infanticide (murder of infant girls); and maternal death from unsafe abortion.

Sexual and reproductive health: Violence against women is associated with sexually transmitted infections such as HIV/AIDS, unintended pregnancies, gynaecological problems, induced abortions, and adverse pregnancy outcomes,

including miscarriage, low birth weight and foetal death.

Risky behaviours: Sexual abuse as a child is associated with higher rates of sexual risk-taking (such as sex at an early age, multiple partners and unprotected sex), substance use, and additional victimisation. Each of these behaviours increases risks of health problems.

Mental health: Violence and abuse increase risk of depression, post-traumatic stress disorder, sleep difficulties, eating disorders and emotional distress.

Physical health: Abuse can result in many health problems, including headaches, back pain, abdominal pain, fibromyalgia, gastrointestinal disorders, limited mobility, and poor overall health.

October is Breast Cancer Month

Facts about breast cancer:

- ✿ Breast cancer is a leading cancer faced by South African woman with one in 29 women diagnosed each year with this disease. The good news is that if you detect and treat breast cancer in its early stages, you have every chance of fully recovering – CANSA.
- ✿ Breast cancer is one of the most common cancers in woman.
- ✿ A breast lump is the first symptom in 9 out of 10 cases.
- ✿ Breast cancer can affect both men and children as well.
- ✿ Treatment for breast cancer may include a combination of surgery, radiotherapy, chemotherapy, drugs to block hormones or their effects on cancer cells (hormonal therapies), and drugs called Biological treatments.
- ✿ The type of treatment you have will depend on a number of factors, including the size of the tumor and whether or not you have been through menopause.



Who needs to register on the Oncology Programme?

Members diagnosed by an oncologist who require some form of chemotherapy, radiotherapy, hormonal therapy and/or supportive therapy.

Health Corner: Upcoming Dates

| DATE | HEALTH RELATED ISSUE |
|----------------------|---|
| October | Breast Cancer Awareness Month |
| 8 October | World Hospice and Palliative Care Day |
| 9 – 13 October | National Nutrition Week |
| 10 – 14 October | National Obesity Week |
| 12 – 20 October | World Bone and Joint Week |
| 13 October | World Sight Day |
| 15 October | National Foetal Alcohol Syndrome Day |
| 15 October | Global Hand Washing Day |
| 16 October | World Spine Day |
| 17 – 23 October | Infection Control Week |
| 20 October | National Down Syndrome Day & World Osteoporosis Day |
| 24 October | World Polio Day |
| 29 October | World Stroke Day |
| 5 November | National Children's Day |
| 7 – 13 November | SADC Malaria Week |
| 14 November | World Diabetes Day |
| 25 Nov – 10 December | 16 Days of Activism on No Violence Against Women & Children |
| 1 December | World AIDS Day |

member's space

Hats off to Sheila's century

A Fearless adventurer, Sheila Steyl served in the military, drove a sports car and raised three children. Sheila achieved another milestone this year when she celebrated her 100th birthday in true Victorian style.

She was in hospital at the time of her birthday on 16 June, but her friends at Birdsong Care Centre hosted a party for her later, complete with a choir from Glenashley Junior Primary School. The guests dressed up in Victorian style for the occasion and wore hats and petit fours were served in the garden.

Sheila was born in Cape Town in 1911, the youngest of four children. She went to school at Oranje High School in Bloemfontein and later became a legal secretary.

She fell in love with a Thaba Nchu farmer, Kloppert, affectionately known as Klop, and the couple were married. The Steyl's then enlisted in the military service and Klop was posted in North Africa where he was taken prisoner at Tobruk. Four years passed before they were reunited and Klop was introduced to their young son, Murray, for the first time. The couple were blessed with two more children, Dawn and Fred.

Sheila and Klop settled in Durban in 1964, and then retired to the Gariep Dam area for a while before returning to Durban in 1984. Klop died in 1998 and Sheila moved to Birdsong Care Centre. Sheila laughed when asked what her secret to a long life was: 'I was always a good girl' she said with a smile.



P.S. please let us know about your health experience with us at news@motohealthcare.org.za