



# GLENCORE

## Medical Scheme

1st Edition

# Newsletter

2023



## Cover for medicine

### WHAT IS COVERED?

As a Glencore Medical Scheme member, your cover for medicine includes cover for over the counter (OTC), acute (day-to-day prescribed) and chronic medicine.

### COVER FOR SELF-MEDICATION: OVER THE COUNTER MEDICINE

OTCs are limited to R480 for each script and to medicine which a pharmacist is entitled to prescribe, and it is paid from your Acute Medicine Benefit. There is also an annual OTCs sub-limit of R 1950 for a family.

### COVER FOR ACUTE MEDICATION: DAY-TO-DAY PRESCRIBED MEDICINE

Acute medicine is medicine that is prescribed for a short term for a condition or illness that is not long lasting. You have cover for prescribed acute medicine from your available Acute Medicine Benefit.

Acute medicine includes medicine, material for injections and vaccinations prescribed by a person legally entitled to prescribe.

#### The Acute Medicine Benefit Limits are as follows:

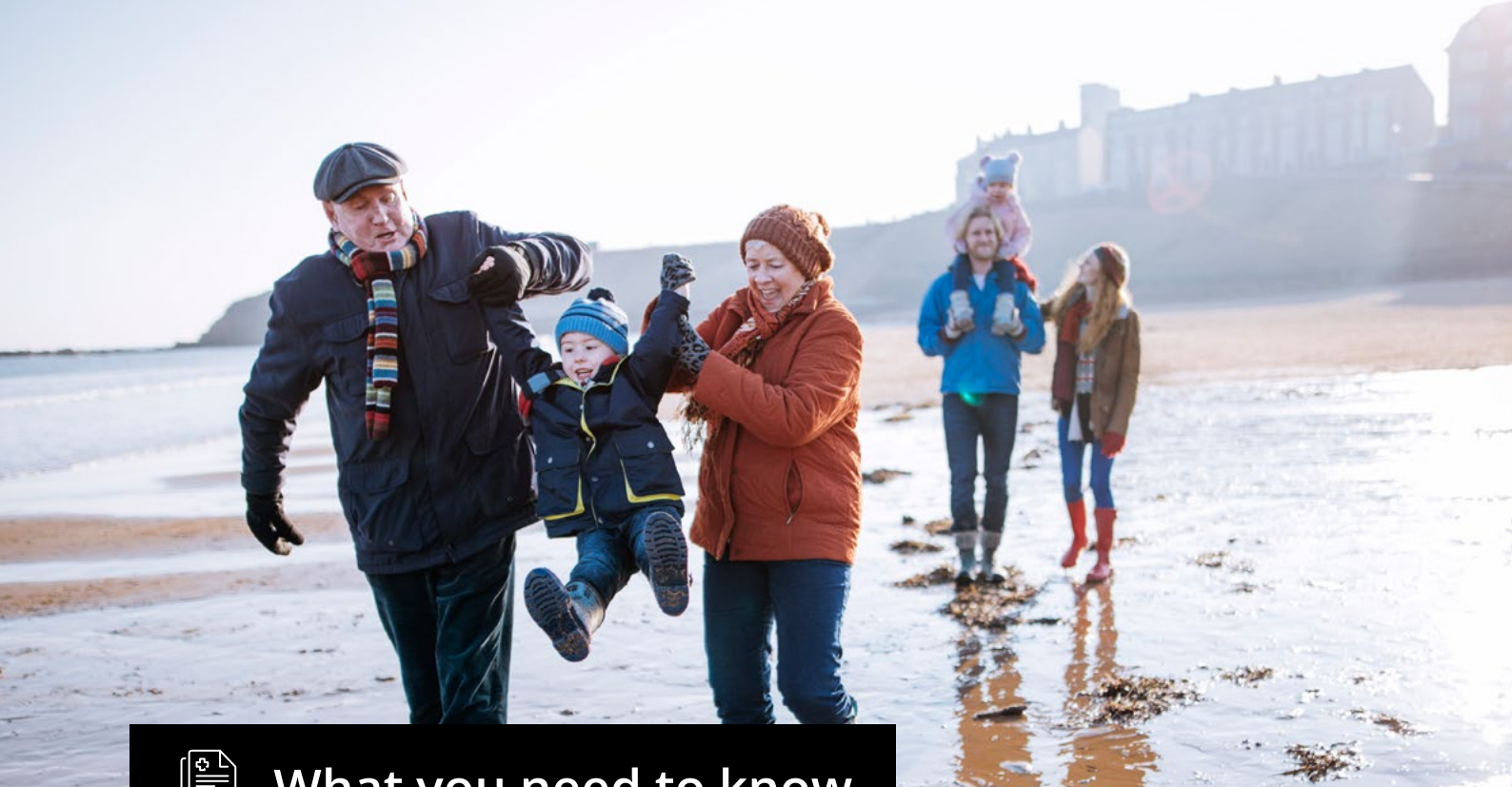
Member only	R 6 580
Member plus one dependant	R 11 370
Member plus two dependants	R 15 160
Member plus three or more dependants	R 17 620

### COVER FOR CHRONIC MEDICINE

The Chronic Illness Benefit (CIB) covers approved medicine for a list of 26 chronic conditions on the Chronic Illness Benefit Medicine List. Approved medicine on the medicine list (formulary) will be funded in full up to the Scheme Rate for medicine. Approved medicine not on the medicine list will be funded up to 80% of the Maximum Medical Aid Price. You will be responsible for the difference.

There are further Additional Disease List conditions. There is no medicine list for these conditions. Approved medicine for these conditions will be funded up to the Maximum Medical Aid Price.

If you want to access the Chronic Illness Benefit, you must apply for it and meet certain benefit entry criteria. You must complete a Chronic Illness Benefit application form with your doctor and submit it for review. Please see further details below under the Prescribed Minimum Benefit article.



## What you need to know

### about Prescribed Minimum Benefits (PMBs)

#### WHAT IS A PRESCRIBED MINIMUM BENEFIT (PMB)?

PMBs are guided by a list of medical conditions as defined in the Medical Schemes Act. According to the Act, all medical schemes must cover diagnosis, treatment and care costs related to:

- An emergency medical condition
- A defined set of 271 diagnoses
- 26 chronic conditions (Chronic Disease List):

#### WHAT MUST HAPPEN FOR ME TO ACCESS PMB BENEFITS?

There are certain requirements to meet before you can benefit from PMBs.

These are:

1. **Your condition must qualify for cover**  
You should send the Scheme the results of your medical tests that confirm the diagnosis of your condition. This will let us identify that your condition qualifies for the treatment. Your doctor must provide the correct documentation to us, confirming the diagnosis. For more information see the [Guide to PMBs](#).
2. **Your treatment must match those in the defined benefits on the PMB list**  
There are standard treatments, procedures, investigations, and consultations for each PMB condition on the list outlined by the Medical Schemes Act. These defined benefits are supported by thoroughly researched and evidence-based treatment guidelines.

#### HOW DO I REGISTER A PRESCRIBED MINIMUM BENEFIT CONDITION?

There are different types of PMB cover. These include cover for:

1. In-hospital admissions
2. Conditions on the Chronic Disease List
3. Out-of-hospital management of PMB conditions

To apply for cover of one of the 271 out-of-hospital PMBs or for one of the 26 Chronic Disease List (CDL) conditions, you must complete the [Prescribed Minimum Benefit](#) or a [Chronic Illness Benefit](#) application form.

- For more information on the out of hospital PMB, Chronic Disease List conditions, HIV or Oncology and how to register, visit our website and search under [One Pagers](#).
- To confirm your in-hospital cover for PMB conditions, you can call us on 0860 002 141 and request an authorisation. We will then tell you about your cover.

#### WHY IT'S IMPORTANT TO REGISTER YOUR PMB OR CHRONIC CONDITION

We pay for specific healthcare services related to each of your approved conditions. These services include approved treatment, medicine, consultations, blood tests and other defined tests. This will give you additional funding for approved items even if other relevant limits have been depleted.

# HOSPITAL



## When you go to a hospital

*Going to hospital is stressful, but the admin doesn't have to be. You might have to go to hospital for a planned procedure or in an emergency. Either way, we're here to help.*

### PLANNED HOSPITAL STAY

It's important to tell us about your hospital stay as soon as you can. Knowing exactly what we cover will reduce your stress so you can focus on getting better.

If your health professional wants to admit you to hospital:

1. Get authorisation from Glencore Medical Scheme. Phone 0860 00 21 41 as soon as you can, at least 48 hours before you go to hospital. We will review the details, tell you what we will and will not pay for, and give you an authorisation number.
2. Take the authorisation number, your membership card and your ID book or smart ID card with you when you go to hospital to be admitted.

We highlight that authorisation does not mean that the full amount of the claims will be paid. There are circumstances where the treating provider charges fees above the Scheme's rate and there may be amounts above Scheme rate that you need to pay. If you would like details about how much the Scheme will cover, get a quote from your provider, and send it to the Scheme with a request for details of the amount that the Scheme will pay.

You will need to complete a [Pre-assessment Request](#). The completed form, along with the provider's quote, and hospital authorisation number must be emailed to [PREASSESSMENT\\_REQUESTS@discovery.co.za](mailto:PREASSESSMENT_REQUESTS@discovery.co.za) or faxed to 011 539 1044. It is important to note that a pre-assessment can only be requested once you have obtained your hospital authorisation number.

### REPORTING A MEDICAL EMERGENCY

- Phone Europ Assist on 0861 333 032.
- Identify yourself as a Glencore Medical Scheme member.
- Give your name and the telephone number you are calling from.
- Give a brief description of what has happened.
- Give the address at which the incident happened, as well as the nearest landmark.
- The call centre controller will be able to provide you with emergency medical advice while the ambulance is on its way.
- Do not put the phone down until the controller has disconnected.