

VISION

- To be the leading medical scheme in the local government sector
- To provide a holistic and progressive primary health service nationally
- To provide guaranteed affordability by offering appropriate benefits and access to the best medical services
- To create healthy and satisfied members through education and efficient administration in a memberfriendly environment
- Commitment to the principle of nonprofit and to remain sustainable
- To be one of the most desired organisations to work for in South Africa
- To promote a clean, healthy and sustainable environment

MISSION

We commit ourselves to service excellence by providing the most affordable, member friendly, accessible and accountable scheme and administration





WHEN CAN MY SCHEME TERMINATE OR SUSPEND MY MEMBERSHIP?

Yes. On the grounds of failure to pay membership fees timeously or other debts owing to the scheme, submission of fraudulent claims, committing other fraudulent acts, or the non -disclosure of material information.

IF I DO NOT CLAIM FROM MY MEDICAL SCHEME, MAY I RECEIVE A NO-CLAIM BONUS OR REBATE?

No. The Act prohibits the payment of dividends, bonuses, rebates or re-funding of any portion of contributions. Benefits may also not be carried over to the next financial year. Savings accounts on the other hand are carried over to the next year and paid out to members when they leave the medical scheme and join another scheme without a savings option.continuation member.

WHAT HAPPENS IF MY MEMBERSHIP IS CANCELLED DUE TO THE NON-DISCLOSURE OF MATERIAL INFORMATION?

Application forms must be completed by providing all the information requested by the scheme honestly and with the necessary details required. If you are unsure ask your broker or the medical scheme to assist you. Ignorance is not an excuse in law and members who do not provide the correct and truthful information about their pre-existing conditions risk having their membership cancelled.

HOW SOON WILL I BE ABLE TO USE MY BENEFITS AFTER REGISTERING AS A MEMBER OF THE SCHEME?

If you were registered in another medical scheme in the past 90 days for at least 2 years, benefits will be activated from the joining date, as soon as your application is successful. Secondly, if you join the scheme with no previous medical scheme membership, the waiting period is one month from the join date and 12 months for pre-existing conditions.

CAN I ADD MY YOUNGER SISTER AND NEPHEW ON MY MEDICAL AID MEMBERSHIP?

Unfortunately, siblings do not qualify as dependents. Only your spouse, your girlfriend or boyfriend as your life partner, child, grandchild, parent, and grandparent do qualify.

IS MY SCHEME ENTITLED TO SUSPEND OR CANCEL MY MEMBERSHIP WHEN MY EMPLOYER FAILS TO PAY MEMBERSHIP FEES?

Yes, it remains a member's responsibility to ensure that his/her employer timeously pays the correct contributions to the Scheme, as per Scheme Rules

IF MY MEMBERSHIP HAS BEEN TERMINATED DUE TO NON-DISCLOSURE MAY I RE-APPLY TO THE SAME MEDICAL SCHEME AND PROVIDE THE CORRECT DETAILS?

Yes, in terms of the open enrollment principle a member may join any open medical scheme of his/her choice.





CAN MY SCHEME TERMINATE MY MEMBERSHIP OF THE SCHEME IN THE CASE OF RETRENCHMENT, REDUNDANCY OR RETIREMENT?

All three categories mentioned above concerns employment. If you are on an open medical scheme your membership may not be terminated based on any of the scenarios provided that your contributions are paid timeously.

As far as restricted schemes are concerned, such as SAMWUMED, you have to meet the eligibility criteria. The eligibility criteria is concerned with your employment. Therefore, you may only belong to SAMWUMED for as long as you are employed within a Municipality. If you are retrenched you may no longer belong to the Scheme. You will have to join another open medical scheme of your choice. However if you retire you may stay on as a SAMWUMED member and you will be regarded as a continuation member.

IS MEMBERSHIP OF A MEDICAL SCHEME AVAILABLE TO ANY PERSON?

No, subsidies are conditions of employment and the Act does not address such conditions.

AM I STILL LIABLE FOR CONTRIBUTIONS IF I REQUEST IMMEDIATE TERMINATION OR DON'T GIVE NOTICE AT ALL?

Yes. A member remains liable for full contributions for the whole notice period regardless of whether they serve the termination notice or not.

SAMWUMED may institute legal proceedings to recover outstanding contributions or backdate the termination to the last date of contributions received.

MAY A MEDICAL SCHEME REFUSE TO ADMIT A DEPENDENT?

No. A medical scheme may not refuse admission of a member's dependent if such a dependent meets the eligibility criteria stated in the registered rules of the scheme.

MUST MY EMPLOYER SUBSIDISE MY CONTRIBUTIONS TO THE MEDICAL SCHEME?

No, subsidies are conditions of employment and the Act does not address such conditions.



IN CASES OF EMERGENCY WHICH HOSPITALS CAN I GO TO?

In cases of emergency a member can go to any nearest private hospital to receive medical attention and receive treatment.

HOW DO MEMBERS KNOW WHICH BENEFIT OPTION TO SELECT?

Ensure that you understand how the benefit options work and select according to your healthcare needs and what you can afford. The Prescribed Minimum Benefits (PMBs) must be included in every benefit option. The registered rules of medical schemes fully disclose detailed information regarding the relevant benefits and contributions.

MUST MEDICAL SCHEME MEMBERSHIPS BE DONE THROUGH A BROKER?

No. There is no such provision in the Act. One can apply directly to the scheme or opt to use the services of a broker (intermediary).



WHY IS PRE-AUTHORISATION NECESSARY?

Pre-authorisation for hospital admissions and certain out-ofhospital care is a key component in managing access to affordable. appropriate, safe and quality health care. Medscheme's preauthorisation requests are assessed against clinical and funding guidelines as well as set criteria that recognises healthcare providers who are able to perform certain procedures. Once preapproval is made, the healthcare provider and hospital account will then be paid according to the selected benefit option and available benefits.

WHEN DO MEMBERS NEED TO GET PRE-AUTHORISATION?

For any procedures or treatments that clinically require admission to a hospital For specialised radiology (xrays) in-and out-of-hospital (MRI and CT Scans) For Oncology (cancer) Treatment For Renal Dialysis (cleaning of kidneys) For clinically appropriate home

nursing, admission to a step-

For Maternity admissions and

down facility and rehabilitation

HOW DO MEMBERS GET PRE-AUTHORISATION?

By calling 0860 33 33
87 (preferably 72 hours before
the procedure is performed)
and provide the following
information:
Membership number
Patient's name, surname and
date of birth
Doctor's name and practice
number
Name of hospital
Procedure to be performed and
ICD-10 code(s)
Date of admission

MUST I GIVE NOTICE TO SCHEME IN THE EVENT THAT I WISH TO TERMINATE MEMBERSHIP?

Yes, SAMWUMED requires a notice period of one (1) calendar month. Contributions must still be paid in full, until the last effective date of membership.

AM I ENTITLED TO BENEFITS WHILE SERVING NOTICE OF TERMINATION?

Yes, until the last day of membership provided contributions are being paid as SAMWUMED is an arrears paying scheme.

CAN AN INDIVIDUAL BELONG TO MORE THAN ONE MEDICAL SCHEME AT THE SAME TIME?

No. It is illegal to belong to more than one medical scheme at a time. Section 28(a) of the Medical Schemes Act prohibits this. Members must ensure that their membership on a former medical scheme is duly cancelled before undertaking membership with a new medical scheme. Ensure that your last date of membership with the one scheme is not after the effective join date with your new medical scheme.

I'M AN ASTHMATIC PERSON, DOES YOUR SCHEME COVER MY CONDITION?

SAMWUMED pays for treatment and medication of all PMB's (a list of 270 deceases issued by the government, including chronic illnesses like asthma). You have to first be registered though, by your doctor, onto the Scheme's Chronic Disease Management Program. In other words, you do not use your day-to-day benefits to treat a chronic illness.

WHAT IS A CO - PAYMENT?

This is the part of the account that a member might have to pay out of their own pocket where benefits do not cover the treatment or medication received.





IF A MEMBER DIES, WILL HIS/HER REGISTERED DEPENDENTS STILL BE COVERED?

Yes, without any break in membership and provided contributions are paid. It is important to inform the Scheme if one chooses not to continue. Such members are referred to as continuation members and one of the dependents (usually the surviving spouse) will become the principal member.

In the instance that the deceased member belonged to a restricted medical scheme, such as SAMWUMED, no additional dependents will be allowed on the medical scheme as the link between the scheme and the person who met the eligibility criteria has been broken. For example, if the principal member dies and his wife becomes the main member she cannot add her new husband as a dependent and they will have to join an open medical scheme.

HOW DO MEMBERS SELECT APPROPRIATE MEDICAL SCHEME?

Ensure that the scheme is duly registered in terms of the Medical Schemes Act 131 of 1998. Only entities that are registered by the Council of Medical Scheme (CMS) can do the business of a medical scheme. The names, addresses and telephone numbers of all registered schemes are published on the website of the Council for Medical Schemes. The address is: http://www.medicalschemes.com/MedicalSchemes.aspx.

If you use the services of an agent or broker ensure that he/she has been accredited by the Council for Medical Schemes (CMS). To confirm that this is the case insist that broker produce proof of accreditation with Council and/or verify the broker accreditation status on:http://www.medicalschemes.com/AccreditedBrokers.aspx

CAN A MINOR BECOME A MEMBER?

Yes, with the assistance of his/her parents or legal guardian, provided that the relevant contributions are paid by him/her or on his/her behalf. Such a minor will be registered as a principal member and not as a child dependent.

WHAT IS A DESIGNATED SERVICE PROVIDER (DSP)?

A healthcare provider or group of providers that the Scheme has chosen to provide certain medical care for Prescribed Minimum Benefits.

WHICH DOCTORS OR GENERAL PRACTITIONERS (GP) CAN I GO TO?

The Scheme has a Family Practitioner Network or List of GP's from which members can choose from. Lower rates are already negotiated on behalf of members.

The list is available on our website under Doctors.



TALK TO US

CALL CENTRE

021 697 9000

SHARE CALL

0860 104 117

WEBSITE CHAT

www.samwumed.org

EMAIL

info@samwumed.org

WALK IN CENTRE

08h30 - 16h00 (Monday, Wednesday & Friday)

Physical Address: Cnr Trematon & Lascelles Streets, Athlone, Cape Town

Postal Address: P.O. Box 134, Athlone, 7760

AMBULANCE SERVICES

NETCARE 911 Tel: 082 911

MEDSCHEME

Hospital Benefit Management: 0860 33 33 87 Email: samwumed.authorisations@medscheme.co.za

Chronic Medicine Management: 0860 33 33 87 Email: samwumedcmm@medscheme.co.za

Oncology Management: 0860 33 33 87 Email: cancerinfo@medscheme.co.za

HIV MANAGEMENT - Aid for Aids Member Enquiries: 0860 100 646 Email: afa@afadm.co.za



TALK TO US

FRAUD HOTLINE

Tel: 0800 112 811 SMS: 33490 (R1,50) Email: fraud@medscheme.co.za

SOCIAL MEDIA PLATFORMS

Facebook: SAMWUMED
Twitter: SAMWUMEDHEALTH
Instagram: SAMWUMED

LinkedIn: SAMWUMED MEDICAL HEALTH



