



OLDMUTUAL

BENEFIT YEAR

2020/21

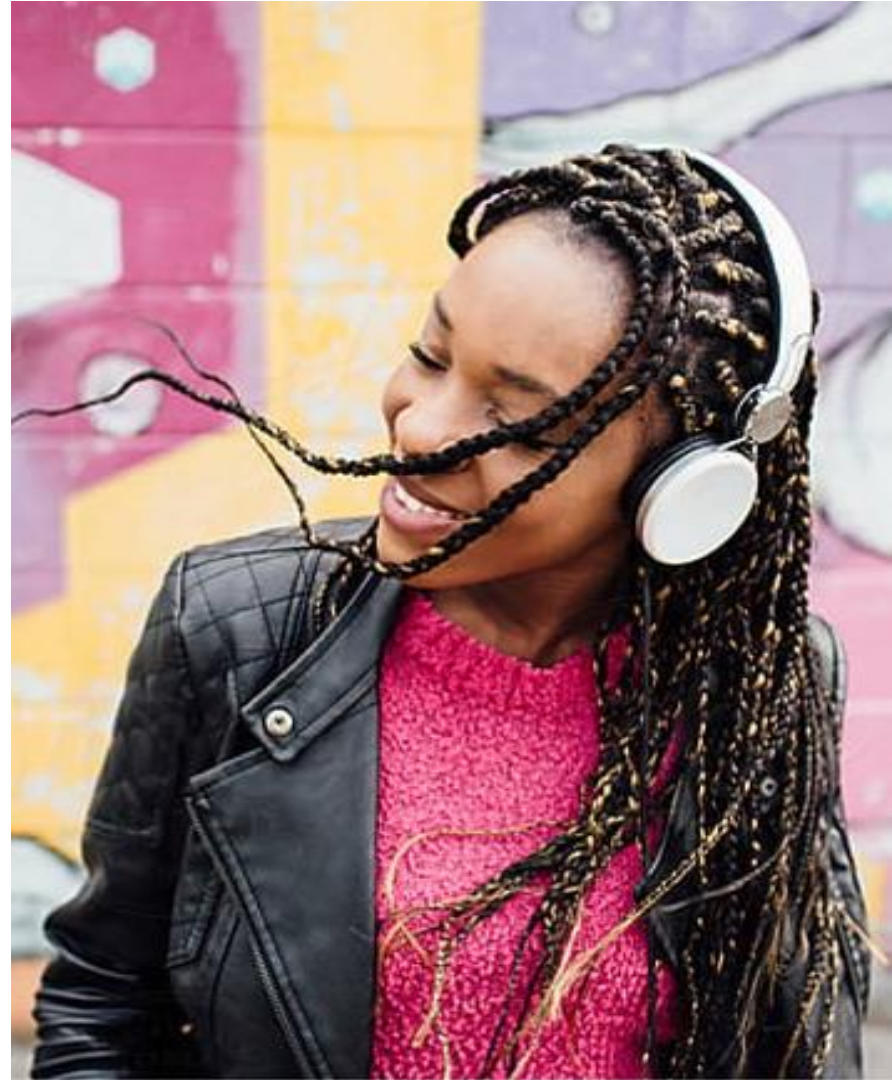


DO GREAT THINGS EVERY DAY



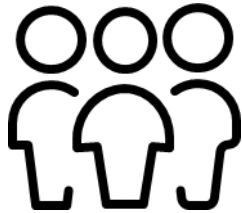
Agenda

- 01 Profile of the Fund
- 02 Overview of the Plans
- 03 Benefits offered on each Plan
- 04 Managed Care Programmes
- 05 Benefits Enhancement for 2020/2021
- 06 Benefits available for COVID-19
- 07 Contribution increases for 2020/21
- 08 Plan changes for 2020/2021

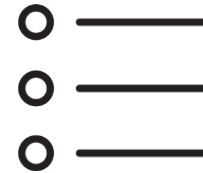




Profile of the Fund



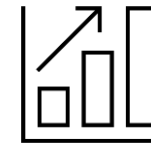
18000 Principal Members



Selection of 8 Options



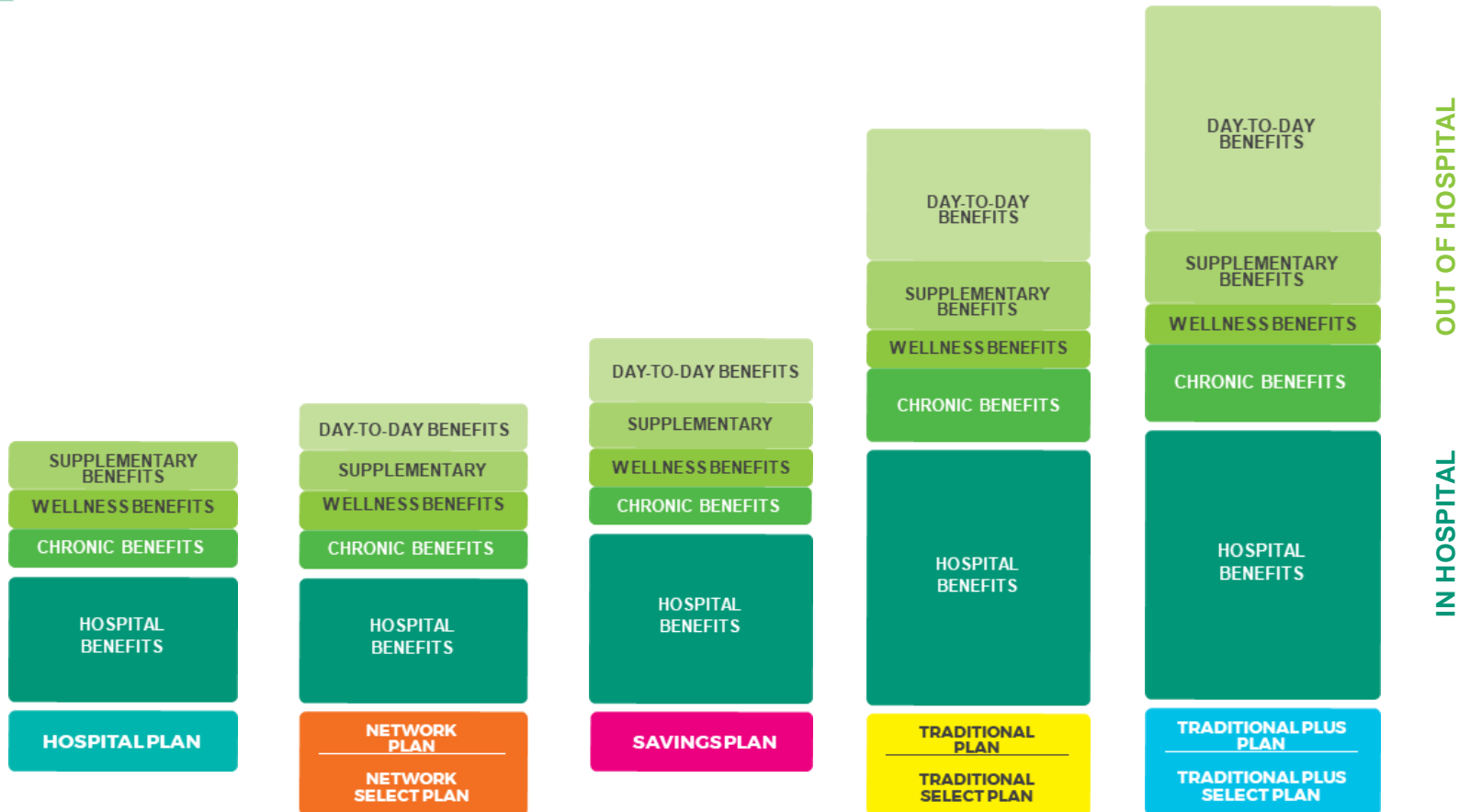
Closed (Restricted) Medical
Scheme



Financially stable



Overview of the Plans



HOSPITAL PLAN

An entry-level Plan that offers
Hospital benefits, Basic Chronic Benefits and
Wellness Screenings



Chronic Benefits

- ❑ **27** PMB chronic conditions
- ❑ Additional **5** non-PMB chronic conditions covered up to **R5 270**



Hospital Benefits

- ❑ R500 000 per beneficiary per benefit year
- ❑ R1 000 000 per family per benefit year
- ❑ Unlimited Prescribed Minimum Benefits (PMB)



Supplementary Benefits

- ❑ Specialised Radiology **R14 800**
- ❑ Ultrasound scans (non-pregnancy) **R5 020**



Wellness Benefits

- ❑ Health Risk Assessments
- ❑ Vaccinations
- ❑ Nutritional Assessments
- ❑ Woman's Health Screenings
- ❑ Assessments for children

Available on all Plans

NETWORK PLAN

INCL. SELECT

A value-for-money Plan that offers Hospital benefits, Primary Care at a Network Provider, and an enhanced benefit to manage chronic conditions, among others...all at an affordable rate for those in lower income groups.



Hospital Benefits

- ❑ **R500 000** per beneficiary per benefit year
- ❑ **R1 000 000** per family per benefit year
- ❑ Unlimited Prescribed Minimum Benefits (PMB)



Primary Healthcare Benefits

- ❑ GP & Specialist consultations
- ❑ Basic Dentistry
- ❑ Basic Optometry
- ❑ (All through the Universal Health Provider Network)



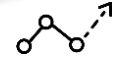
Chronic Benefits

- ❑ **27** PMB chronic conditions
- ❑ Additional **12** non-PMB chronic conditions



Supplementary Benefits

- ❑ Specialised Radiology **R14 800**
- ❑ Ultrasound scans (non-pregnancy) **R5 020**



Annual Flexi-Benefit (AFB)

- ❑ **R5 340** per beneficiary per benefit year, **R8 900** per family per benefit Year, includes: Basic pathology, Basic radiology, Optometry, Auxiliary services, subject to: **R1 780** per beneficiary per benefit year and **R2 980** per family per benefit year (via the Universal Health Provider Network)

SAVINGS PLAN

A Plan that offers a flexible Day-to-day Benefit, Hospital Benefits, Basic Chronic Benefits and an enhanced Supplementary Benefit that includes maternity.



- ❑ **R750 000** per beneficiary per benefit year
- ❑ **R1 500 000** per family per benefit year
- ❑ Unlimited Prescribed Minimum Benefits (PMB)
- ❑ Cover for elective procedures such as joint replacements



- ❑ **27** PMB chronic conditions
- ❑ Additional **5** non-PMB chronic conditions, covered up to **R5 270**



- ❑ Maternity Benefits:
 - Antenatal classes **R1 340** per family per benefit year;
 - Antenatal visits **R3 160** per pregnancy
 - Ultrasound scans **Two 2D scans** per beneficiary
 - Out-of-hospital pathology tests **R2 610** per family per benefit year,
 - Antenatal vitamins
- ❑ Specialised Radiology **R14 800**
- ❑ Ultrasound scans (non-pregnancy) **R5 020**



- ❑ PMSA is used to pay for Day-to-day medical services such as GPs, dentistry, acute medicine etc.
- ❑ Unused PMSA carries over to the new benefit year

TRADITIONAL PLAN

Incl. **SELECT**

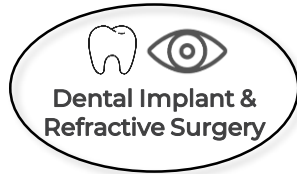
Offers Comprehensive Benefits for a variety of Healthcare Services including Hospital Benefits, Day-to-day, a wide-range of Chronic conditions, an extensive Supplementary Benefit and more...



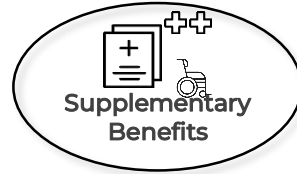
- ❑ **Unlimited** Overall Annual
- ❑ Limit (subject to certain sub-limits)
- ❑ Enhanced in-hospital limits
- ❑ Cover for elective procedures such as joint replacements



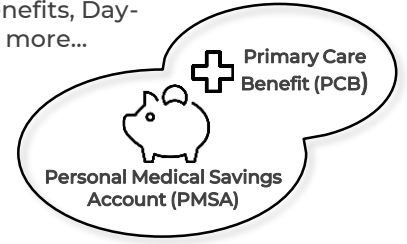
- ❑ **27** PMB chronic conditions
- ❑ Additional **24** non-PMB chronic conditions covered up to **R12 800**



- ❑ Dental Implant: **R15 200** per family per benefit year
- ❑ Refractive Surgery: Sub-limit of **R16 000** per beneficiary per benefit year



- ❑ Medical Appliances:
Overall limit of **R10 100** per family per benefit year
Foot Orthotics R4 570 per family per benefit year (subject to overall limit)
- ❑ Hearing Aids **R18 000** per ear per beneficiary, subject to a co-payment of 10%.
- ❑ Specialised Radiology **R14 800**
- ❑ Ultrasound scans (non-pregnancy) **R5 020**



Personal Medical Savings Account (PMSA)

- ❑ PMSA is used to pay for Day-to-day medical services such as GPs, dentistry, acute medicine etc.
- ❑ Unused PMSA carries over to the new benefit year
- ❑ Primary Care Benefit (PCB) is used similar to the PMSA when you've run out of PMSA.
- ❑ Any unused PCB does not carry over.

TRADITIONAL PLUS PLAN

Incl. *SELECT*

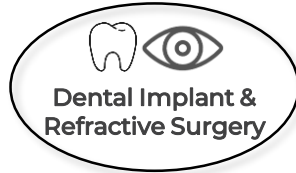
The most comprehensive Plan on offer that covers a variety of Healthcare Services including Hospital Benefits, more day-to-day cover with consultations at private rates*, a wide-range of Chronic conditions, an extensive Supplementary Benefit and more...



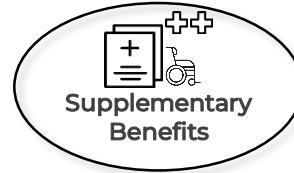
- ❑ **Unlimited** Overall Annual Limit (subject to certain sub-limits)
- ❑ Enhanced in-hospital limits
- ❑ Cover for elective procedures such as joint replacements



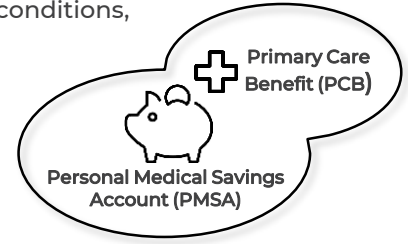
- ❑ **27** PMB chronic conditions
- ❑ Additional **24** non-PMB chronic conditions covered up to **R15 300**



- ❑ Dental Implant: **R15 200** per family per benefit year
- ❑ Refractive Surgery: Sub-limit of **R16 000** per beneficiary per benefit year



- ❑ Medical Appliances: Overall limit of **R10 100** per family per benefit year
Foot Orthotics R4 570 per family per benefit year (subject to overall limit)
- ❑ Hearing Aids **R18 000** per ear per beneficiary, subject to a co-payment of 10%.
- ❑ Specialised Radiology **R14 800**
- ❑ Ultrasound scans (non-pregnancy) **R5 020**



- ❑ PMSA is used to pay for Day-to-day medical services. Unused PMSA carries over to the new benefit year
- ❑ Primary Care Benefit (PCB) is used similar to a PMSA when you've run out of PMSA.. Any unused PCB does not carry over.
- ❑ **Pays up to 300% of Medical Scheme Rate for out-of-hospital consults (e.g. GP, Specialist, Dentist etc)**

*Up to 300% Medical Scheme Rate



Managed Care Programmes

As part of the Fund's aim of identifying and managing beneficiaries' disease risks in good time, there are a number of programmes offered across Plans that form part of the Fund's Managed Care approach.



Chronic Medicine Benefit



HIV/AIDS Management Programme



Mental Health Programme



Active Disease Risk Management Programme



Back and Neck Rehabilitation Programme



Mother and Baby Care Programme
(only offered on Savings and Traditional Plans)



Oncology Programme



Benefit Enhancements for 2020/2021



Childhood immunisations benefit - for children up to the age of 12 years, as per recommendation of the Department of Health



Nutritional assessment and healthy eating plan (through the Universal Healthcare network of dieticians) An additional assessment for pregnant beneficiaries



Pre-school eye and hearing screening for children aged 5 and 6.



A Doula (birthing coach) benefit limited to R2 500 per pregnancy.



Wearable device with a valid NAPPI code (from Accumulated PMSA)



Oncology Social Worker Benefit extended to all terminally ill members

Available on all Plans



Wellness Benefits

- Health Risk Assessments
- Vaccinations
- Nutritional Assessments
- Woman's Health Screenings
- Assessments for children



Benefits available for COVID-19

#1

Cover the diagnostic pathology test from the risk benefit for confirmed cases only.

#2

Pay for 2 GP consultations from the risk benefit during the quarantine period.

#3

Upon doctor's recommendation only, the Fund will cover the claims (as specified above) from the risk benefit for the following high risk beneficiaries:

- Beneficiaries who travelled to high risk areas
- Beneficiaries who have had contact with a confirmed case.
- Beneficiaries who are HIV+
- Beneficiaries older than 70 years of age



Contribution increases for 2020/21

Medical scheme contribution increases are necessary as costs from service providers such as doctors and hospitals increases annually, and are generally higher than inflation. The trustees have endeavoured to keep the increase as low as possible, without reducing benefits. Benefit limits will be increased by 4.7% along with the benefit enhancements mentioned earlier.

Medical Scheme	Average 2020 increases
Medihelp	11.9%
Fedhealth	10.6%
MedShield	9.9%
Bonitas	9.9%
Health Squared (Resolution Health & Spectramed)	9.8%
Profmed	9.7%
Discovery	9.5%
Momentum	8.2%
CompCare	8.1%
GEMS	7.7%
OMSMAF	5.7%



Plan Changes for 2020/2021



By sending an email with your option selection to membership@omsmaf.co.za



By calling the call centre on 0860 100 076

NOTE: Closing date for Plan Changes is Friday 12 June 2020

THANK YOU

Old Mutual is a Licensed Financial Services Provider

