

Your Rights (and duties) as a Member of a Medical Scheme

The Medical Schemes Act 131 (1998)

A. Medical Schemes Members Have Rights...

You have a right NOT to be unfairly discriminated against on the basis of your:

- Race
- Age
- Gender
- Marital status
- Ethnic or social origin
- Sexual orientation
- Disability
- State of health



You may join a medical scheme of your choice... as long as you can afford it and provided your employer does not require you to join a specific scheme.

But Remember: The scheme must be registered with Council for Medical Schemes- or you may not be able to enforce your rights.

Your dependants have the right to be covered by your scheme.

A "dependant" is defined in the Medical Schemes Act as:

- Spouse/partner
- Your children under 21 who are dependant on you
- Children over 21 who are financially dependant because of a disability
- Your Mother, father, brother or sister of the member, if you as the member are liable for care and support.
- In certain other cases individuals can be recognised as dependants in terms of the scheme's own rules.



Dependants have the right to continue membership of the scheme.

If the principal member dies, dependants must be covered until they choose to leave the scheme, join the same scheme in their own right, or to join another scheme, as long as they can afford the contributions.

Your medical scheme may NOT charge you more because you are older or sicker. Variations in contribution rates may only be based on:

- INCOME, and
- NUMBER of DEPENDANTS

However, if you are joining a medical scheme later in life, for the first time, you may have to pay more.

All Medical Schemes have to provide a basic set of benefits known as Prescribed Minimum Benefits — PMBs. And these will be extended to cover many chronic conditions in 2004.

If your condition is covered as a PMB (eg. many cancers) the treatment may be given in a public hospital, but all the costs, diagnosis, treatment and care must be paid for by your scheme.

From 2004 when the benefits are extended there will also be restrictions on where treatment can be offered. Your scheme will not be allowed to force you to go to a hospital which does not offer the necessary treatment.

Your scheme must pay claims timeously

Your medical scheme must repay valid claims within 30 days of the claim being received.

You have the right to receive regular statements

In addition to paying an account, a scheme must furnish you with statements detailing -

- Name of supplier (doctor, hospital, pharmacist etc)
- Date of service rendered
- Amount of benefit paid.

You have the right to resubmit a claim if the scheme has not paid a valid claim.

If a medical scheme believes that an account or claim is incorrect or unacceptable, it must -

- Inform you within 30 days, giving the reasons for declining the payment, and allow you to resubmit the claim.



You have a right to participate in the way your scheme is run

- At least 50% of the members of a scheme's board of trustees must be elected from among scheme members
- Annual general meetings must be held, at which members may voice opinions, ask questions and present motions



You have the right to information about your scheme

- A scheme must give you information about
- Scheme rules and benefits
- Latest annual financial statements
- Management accounts accompanying annual financial statements.

You have the right to advance notice of changes in:

- Contributions
- Benefits, or
- Any other changes affecting membership.

You have the right to confidentiality of medical information

Your scheme must keep information strictly confidential about the diagnosis, treatment and health status of you and your dependants.

The right to obtain proof of membership

A scheme must issue to each member written proof of membership including:

- Date of entitlement to benefits
- Details of any waiting periods

You have the right to complain if any of these rights are not respected or if the service is deficient in some other way

If you have exhausted all avenues of complaint at your scheme and its disputes committee — you may take it up with the complaints department of the Council for Medical Schemes or appeal directly to council if unhappy with the findings.

schemes can cover 100% on all benefits; while other options within the same scheme may cover less.

Some schemes may require you to get its authorisation before certain procedures they may cover. This and other similar cost-saving interventions are known as "managed care" and may be applied — but must be contained in the rules of the scheme.

* If your scheme has contracted with certain

Waiting periods and late joiner penalties may be imposed under certain strictly limited circumstances.

On admission to membership a scheme may impose a:

- 3 month general waiting period
- 12 month waiting period for a pre-existing condition, or
- Waiting period on certain FMBs