WCMAS
Our members Our passion
Witbank Coalfields Medical Aid Scheme

MEMBER GUIDE

NTSIKA

2026

Hospitalisation

Hospital Accommodation	General Ward, ICU and High Care paid at 100% of Scheme rate at a DSP Hospital. Subject to pre-authorisation
GP and Specialist in hospital	Paid at 100% of the Scheme rate except for PMB's which are paid at cost
Theatre Fees	Paid at 100% of Scheme rate
Medication, Materials and Equipment	Paid at 100% of Scheme rate
TTOs *(To Take Out Medication)*	Discharge medication maximum of 7 days' supply limited to R480 per event
MRI, CT and PET scans	Limited to R14 080 pbpa paid at 100% of the Scheme rate, except for PMB's paid at cost. Subject to pre-authorisation protocols and case management
X-rays and Ultrasounds	Paid 100% of the Scheme rate subject to protocols and case management
Pathology in hospital	Paid 100% of the Scheme rate subject to protocols and case management
Oncology	Paid at 100% of Scheme rate if from a DSP. Subject to pre-authorisation and application of ICON Essential treatment protocols
Physiotherapy in hospital *(Post - operative physiotherapy within 60 days limited)*	Paid 100% of the Scheme rate *Post-op treatment to be pre-authorised subject to protocols*
Psychiatric Treatment	Limited to 21 days pbpa in hospital. Paid at 100% of Scheme rate except for PMB's paid at cost
Vasectomy	Paid 100% of the Scheme rate unless a PMB
Dialysis	PMB's only and paid at 100% of cost, subject to pre-authorisation and protocols
Organ transplants	PMB's only and paid at 100% of cost, subject to pre-authorisation
HIV/AIDS Programme	PMB's are paid at 100% of cost. Subject to registration on the programme. Protocols apply
Prosthesis	PMB's only and paid at 100% of cost
Hospice *(imminent death regardless of the diagnosis)*	PMB cases unlimited. Paid at 100% of cost subject to pre-authorisation and protocols
Ambulance and Emergency Evacuation	Paid at 100% of Scheme rate

Other Procedures

THE FOLLOWING IN-HOSPITAL PROCEDURES ARE EXCLUDED (EXCEPT FOR PMB'S PAID AT 100% OF COST):

- Dental surgery
- Back and neck surgery
- Hip and knee replacements
- Cochlear implants
- Auditory brain implants and internal nerve stimulators
- Nissen fundoplication (reflux surgery)
- Treatment for obesity, skin disorders and functional nasal problems
- Refractive eye surgery
- Brachytherapy for prostate cancer
- Fibroadenosis

Medical Appliances: Hearing Aids	Paid at 100% of the Scheme rate subject to a limit of R12 050 per beneficiary every 3 years. Includes repairs, excludes batteries
Oxygen Treatment	Paid at 100% of cost subject to pre-authorisation

Day-to-Day Benefits

PPSHA NETWORK PROVIDER FOR GP, DENTIST, OPTOMETRY AND PHARMACY SERVICES	
Visits to General Practitioner	Unlimited but managed, each beneficiary is required to nominate 3 GPs to consult with.
General Practitioners *Out-of-area/network*	Limited to 2 visits pbpa limited to a maximum of R1 530 per event (including medicine, pathology and radiology)
Casualty *(not resulting in hospitalisation)*	Limited to R1 460 pbpa paid at scheme rates
Specialist Visits	Paid at 100% of Scheme rate limited to maximum of 2 visits per beneficiary with maximum of 3 visits per family. Limited to: · Member R2 120 pbpa · M+ R4 630 pfpa
Acute Medication	All acute medication will be provided as part of the acute consultation
CDL Chronic Conditions	27 CDL conditions, unlimited if prescribed by DSP network provider and dispensed within network pharmacy or dispensing DSP doctor
Over Counter Medication (OTC)	Paid at 100% SEP limited to R420 pbpa
Basic Dentistry	**Two consultations pbpa. at a DSP network:** · Cleaning · Fluoride treatment · Scaling · Polishing · Fillings · Dental x-rays · Emergency root canal treatment · Wisdom tooth extraction in rooms · One set of plastic dentures per beneficiary every 4 year
Optometry	**1 visit per beneficiary every 2 years. Subject to combined family limit per year of:** · M R3 260 · M+1 R3 260 · M+2 R4 390 Single vision lenses, frames or contact lenses limited to R1 300 per beneficiary every 2 years subject to combined family limit Bi-focal lenses and frames limited to R1 910 per beneficiary every 2 years subject to combined family limit
Psychiatry	One consultation pbpa. payable at 100% of Scheme rate. Subject to pre-authorisation
Psychology	Psychotherapy at a psychologist payable at 100% Scheme rate limited to R3 990 pbpa.
Physiotherapy	One consultation per beneficiary per year

RAIOLOGY & PATHOLOGY	
Basic Radiology	Paid at 100% of Scheme rate, protocols apply. PMB paid at cost
Specialised Radiology	MRI/CT/PET scans limited to R14 080 pbpa. Subject to pre-authorisaion and case management. PMB's paid at cost
Pathology	Paid at 100% of Scheme rate, protocols apply

SUPPLEMENTARY HEALTH SERVICES	
Flu vaccines	One per beneficiary per year
DBC Back and Neck Program	Subject to protocols and pre-authorisation
Contraceptives	Limited to R200 per beneficiary per month
Mental Wellbeing Program	Registration via WCMAS Mobile app

WELLNESS BENEFITS

Each Wellness Map contains generous benefits which will cover a clinically recommended screening at up to 200% of the Scheme Rate, so that you can pursue preventative wellness without worrying about co-pays.

Not only do we fund the benefit generously, but we are also offering Wellness Rewards for completing the recommended screening. You can earn up to R2 500 for doing what is healthy. This Wellness Reward Fund will be used to extend your day to day cover and can be used for glasses, dentists, doctor consultations and the like.

Here is a step by step guide on how it will work:

Step 1: Find your wellness map


STRONG CARE
For men 18 and older


THRIVE CARE
For women 18 and older


FUTURE CARE
For teens ages 13 to 17


MOMMY CARE
For expecting mothers


BRIGHT CARE
For children ages 2 to 12


TENDER CARE
For babies and toddlers under 2

Step 2: Go for the screening at the start of your map

See the guidance in the wellness maps illustrated to know where to start, or consult your GP.

Step 3: Submit your claim and get rewarded

Guidance is given on the benefit guide on which codes the doctor should bill. In a year you can accumulate up to R2 500 in Wellness Rewards.

Wellness Reward Maximums	
R1 500	per adult
R1 000	per child
R2 500	per family

Step 4: Submit a day to day claim

The Wellness Reward Fund that you build up by going for screenings will extend your day to day cover and can be used by any dependant on your membership. On options with a MSA fund, the Wellness Reward Fund will be depleted first, helping you to preserve available money in your savings account. For other options, the fund will be used to cover co-payments or enhance benefits covered by your plan. Use the reward within the same benefit year.

STRONG CARE
For men 18 and older

1. Go for a wellness check at a pharmacy, nurse or GP.
2. Get that annual dental check up.
3. Have your vision screened every 2 years.
4. Know your status.
5. Do the mental wellbeing questionnaires in the WCMAS app.
6. If you smoke (or vape), get help to quit for good.
7. If you are 35 or older: ask your GP to send you for a lipogram.
8. If you are between 45 and 75 years old, ask your doctor about sending you for an occult blood test or colonoscopy.

GREAT NEWS
You now know your health status across all major risk areas - and you've added up to R1 500 to your benefits.

P.S. Don't worry too much if you don't follow this exact order, it's a guide. We will still reward you every step of the way. Consult our benefit guide or website for networks, rules and codes.

THRIVE CARE
For women 18 and older

1. Go for a wellness check at a pharmacy, nurse or GP.
2. Get that annual dental check up.
3. Have your vision screened every 2 years.
4. Have a pap smear.
5. Know your status.
6. Do the mental wellbeing questionnaires in the WCMAS app.
7. If you smoke (or vape), get help to quit for good.
8. If you are 35 or older: ask your GP to send you for a lipogram.
9. If you are between 40 and 70 years old, have a mammogram every 2 years.
10. If you are between 45 and 75 years old, ask your doctor about sending you for an occult blood test or a colonoscopy.

GREAT NEWS
You now know your health status across all major risk areas - and you've added up to R1 500 to your benefits.

FUTURE CARE
For teens ages 13 to 17

1. Go for a wellness check at a pharmacy, nurse or GP.
2. Get that annual dental check up.
3. Have your vision screened every 2 years.
4. Know your status.
5. Do the mental wellbeing questionnaires in the WCMAS app.

GREAT NEWS
You now know your health status across all major risk areas - and you've added up to R1 000 to your benefits.

MOMMY CARE
for expecting mothers

IMPORTANT
You must do this step first - Enrol on the Mommy Care program using the WCMAS App to unlock your benefits. If you need help, please contact client services onsite or through our call centre.

Your mommy care benefits include,
- Pre-natal pathology
- Antenatal supplements and
- Breast pump benefit of R1 500 per family every three years
- Baby bag

1. Are you registered on the maternity programme.
2. Have you gone for your blood tests.
3. Are you taking the supplements for your pregnancy.
4. Have you collected your baby bag.

GREAT NEWS
You can be eligible for the breast pump benefit worth R1 500.

BRIGHT CARE
For children ages 2 to 12

1. A wellness check to check growth and development is a good place to start.
2. Take them to the dentist for a check up.
3. Get their eyes tested every two years.
4. Follow the immunisation schedule to keep them protected.

IMMUNISATION SCHEDULE (BASED ON NDOH EPI)	
6 years	TD vaccine
From 9 years	HPV vaccine
12 years	TD vaccine

TENDER CARE
For babies and toddlers under 2

1. Take baby for their growth and development checks (see our guide or ask your Doctor).
2. Just after baby is born, and before discharge, ask for the red reflex vision screening.
3. Also ask for the OAE or ABR hearing test at the same time.
4. Follow the immunisation schedule to keep them protected.

Guide for baby growth and development checks
- At birth
- 3 - 5 days old
- 6 weeks
- 10 weeks
- 14 weeks
- 6 months
- 9 months
- 12 months
- 18 months
- 24 months

IMMUNISATION SCHEDULE (BASED ON NDOH EPI)	
At birth	BCG and OPV(0) drops
6 weeks	OPV(1), RV(1), DTaP-IPV-Hib-HBV(1), PCV(1)
10 weeks	DTaP-IPV-Hib-HBV(2)
14 weeks	RV(2), DTaP-IPV-Hib-HBV(3), PCV(2)
6 months	Measles or MMR vaccine(1)
9 months	PCV(3)
12 months	Measles or MMR vaccine (2)
18 months	DTaP-IPV-Hib-HBV(4)

GYM BENEFITS

Get Active with WCMAS

Members and their families can now enjoy unbeatable fitness offers.

Planet fitness offers you and your family;
- 10% off standard membership fees for all primary and adult dependant members.
- Under-18 Access: Members' children 17 and under train for free (excluding JustGym).
- Buddy Tag: One free Buddy Tag (linked training partner) per qualifying primary member only, funded by Planet Fitness.
- No joining fee.

Virgin Active offers you and your family;
- 10% off standard membership fees for the main member and all dependants linked to the WCMAS membership.
- No joining fee.

Validation via WCMAS mobile app or WCMAS membership card.

Contributions

INCOME	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R0 – R10 000	R1 199	R1 199	R505
R10 001 – R15 000	R1 257	R1 257	R569
R15 001+	R1 895	R1 895	R763

FREE FROM THE 4TH CHILD

Membership

WCMAS is a restricted Scheme providing medical aid cover to participating employers. Application forms are available from HR/time offices.

Who is eligible for membership?

Subject to approval by the Board of Trustees, members may apply to register the following as their dependants:

- the spouse or partner of a member who is not a member or registered dependant of another medical scheme irrespective of the gender of either party,
- a child, stepchild or legally adopted child of a member under the age of 21 or a child who has attained the age of 21 years but not yet 26, who is a student at an institution recognised by the Board of Trustees. Should a member elect to cancel the registration of a child between the ages of 21 and 25 years as a dependant of the fund, such child will not be eligible for re-registration as a dependant on the fund at a later date,
- a dependent child who due to a mental or physical disability, remains dependant upon the member after the age of 21.

Registration and de-registration of dependants

A member may apply for the registration of his or her dependants at the time that he/she applies for membership or as follows:

- A member must register a newborn or newly adopted child within 30 days of the date of birth or adoption of the child, and increased contributions shall then be due as from the first day of the month following the month of birth or adoption and benefits will accrue as from the date of birth or adoption,
- A member who marries subsequent to joining the Scheme must within 30 days of such marriage register his or her spouse as a dependant. Increased contributions shall then be due as from the date of marriage and benefits will accrue as from the date of marriage.
- Students that are accepted as child dependants shall be recognised as such for periods of not more than twelve (12) months at a time.
- When a dependant ceases to be eligible to be a dependant, he shall no longer be deemed to be registered as such for the purposes of the Scheme Rules or entitled to receive any benefits, regardless of whether notice has been given.
- Members shall complete and submit the application forms required by the Scheme together with satisfactory evidence to the employer who in turn will submit same to the Scheme.
- The Scheme may require an applicant to provide the Scheme with a medical report in respect of any proposed beneficiary in respect of a condition for which medical advice, diagnosis, care or treatment was recommended or received within the twelve-month period ending on the date on which an application for membership was made.
- No person may be a member of more than one medical scheme or a dependant of more than one member of a particular scheme. The membership will terminate if he or she becomes a member or a dependant of a member of another medical scheme.
- Maximum benefits are allocated in proportion (pro-rata) to the period of membership calculated from date of admission to the end of the financial year.

Membership cards

Every member shall be furnished with a membership card containing membership number, date of joining, identity number/s and names of all registered dependants.

A member must inform the Scheme within 30 days of the occurrence of any event which results in any one of his or her dependants no longer satisfying the conditions in terms of which he may be a dependant e.g. divorce or child dependant full time employed or married (this is not the complete list). The Scheme does not provide cover for divorced spouses even if the divorce settlement decrees that the member is liable for cover.

Personal Information

We support the POPI Act (Protection of Personal Information Act) which is structured to protect the individual's right to privacy. In light of the above we have in our call centre implemented security checks which must be adhered to before information may be provided. It is important to make sure that all your membership details are correctly **updated**, e.g. contact numbers, e-mail addresses, postal addresses and banking details. Please contact your Employer's HR Department or should you be a CAWM member our membership department on 013 656 1407.

The member undertakes to **update** his / her personal information as soon as reasonably practicable after changes have occurred. This will ensure that the records of WCMAS contain information that is accurate and up to date.

The personal information of the member and his / her dependants will be **retained** as part of the records of WCMAS for as long as required by the Medical Schemes Act, the Scheme Rules, the South African Revenue Service and any other applicable legislation and to provide medical scheme services to the member and his / her dependants.

Statements and tax certificates

Electronic communication via e-mail is the preferred way of communication. Members not receiving their statements via e-mail who wishes to receive it electronically must ensure that **WCMAS** has their correct e-mail address. Changes to their e-mail addresses and any queries regarding the process can be e-mailed to **membership@wcmas.co.za**.

BANKING DETAILS

For security reasons no cheques are issued to members. Members must ensure that the Scheme has correct banking details for refunds/payments due to them. The following documentation is required: Copy of ID, bank statement (stamped) or a bank letter (stamped and signed) not older than three months or a cancelled cheque and the EFT form.

CHANGE OF BANKING AND ADDRESS DETAILS OF MEMBER

A member must notify the Scheme within 30 days of any change of banking, address details (including e-mail) and contact numbers. The Scheme shall not be held liable if a member's rights are prejudiced or forfeited as a result of the member's neglecting to comply with the requirements of this Rule.

INFORMATION AT YOUR FINGERTIPS

Download WCMAS mobile app or go to **www.wcmas.co.za**

On the website go to the member portal and register. A once off registration is required to enable full access . Once you have registered on the mobile app or member portal, you will have access to the following information:

- Frequently asked questions
- View registered dependants linked to your membership
- View any chronic diseases registered
- View and update your contact details
- Your latest tax certificate
- View medical claims received pending payment
- View medical claim statements for the past 3 months
- View your MSA balance
- Find our contact details, including a street map to easily locate our offices
- See who our Board of Trustee members are, and have access to the WCMAS Annual Reports
- Find out about the scheme's Benefits and Rules for members, and what our subscription costs are and
- Map to search network doctors

Preventative Care and Wellness Programme

WCMAS offers a preventative care and wellness programme for early detection of health risks. Find your benefits under the Wellness Benefits section.

Contributions

Contributions are calculated on an employee's monthly basic rate of pay. It is collected monthly and paid by the employer by no later than the 3rd day of each month.

A WCMAS member's monthly contribution is based on his or her monthly income, pension (including income from investments, fixed deposits and retirement annuities); due on the day of the month or agreed pension payment run dates. Survival Certificates: It is compulsory for all WCMAS CAWM members to complete and return to the Scheme an annual survivor certificate before 31 July every year.

Members remain liable at all times for payment of contributions to the Scheme, irrespective of whether he/she receives financial assistance from the employer towards a subsidy.

Late payments

Where contributions or any other debt owing to the Scheme are not paid on the due date, the Scheme shall have the right to suspend all benefit until payments up to date.

Waiting periods and late joiner penalties

The Scheme may impose upon a person in respect of whom an application is made for membership or admission as a dependant, and **who was not a beneficiary of a medical scheme for a period of at least 90 days preceding the date of application** a general waiting period of up to 3 months and a condition-specific exclusion of up to 12 months.

Condition specific exclusions can also be applied to members who were members of a previous scheme for less than 2 years and general waiting periods to members who were on a previous medical scheme for more than 2 years.

The law also provides that a late joiner penalty may be imposed on a member or his/her adult dependant in certain circumstances when the applicant joins the scheme for the first time from the age of 35 years.

The late joiner penalty will depend on the number of uncovered years and is calculated as a percentage of the monthly contribution applicable to the late joiner.

EXAMPLE:

Member applied to join the Scheme on the 1st June 2011.

- He had previous medical cover 1971 – 1981 and again 1981 – 1990.
- Total monthly contribution = R2 500.
- Member's age = 65 years old. Creditable coverage is 19 years (number of years covered by medical aid as an adult).

  65 years – (35 + 19) = 11 years not covered. Therefore, penalty band 5-14 years applies which = 25%. Member premium R2 500 + (25% x R2500) = R3 125 contribution payable.

Penalty Bands	Maximum penalty
1 - 4 years	0.05 x contribution excluding MSA
5 - 14 years	0.25 x contribution excluding MSA
15 - 24 years	0.50 x contribution excluding MSA
25+ years	0.75 x contribution excluding MSA

Co-payments and other charges to members.

MEDICAL SERVICES IN EXCESS OF MEDICAL SCHEME RATES (NON-PMB)

Members must please note that more and more providers of medical services charge fees in excess of the Medical Scheme Rates. WCMAS only pays fees up to the Scheme Rates. Where the Scheme has paid the Scheme Rates directly to a supplier who has charged in excess of the Scheme Rates, the excess amount must be paid directly to such supplier by the member. The amount to be paid will appear **in bold** in the **"member to pay provider"** column on members' monthly remittance advices. It remains the responsibility of members who need to have operations to enquire beforehand from the relevant doctors whether they charge in excess of the Scheme Rates or not. If in excess, members need also to arrange settlement of the account directly with the suppliers of medical services.

Medicine Benefits

CHRONIC MEDICINE BENEFITS

Chronic medicine benefits are Subject to Benefit Management Programme, MMAP and Reference Pricing and paid from the Risk Pool Account.

PMB AND 26 CDL CONDITIONS (100% BENEFIT)

(PMB = Prescribed Minimum Benefits)
(CDL = Chronic Disease List)
(MMAP = Maximum Medical Aid Price)

PRESCRIBED MEDICINE

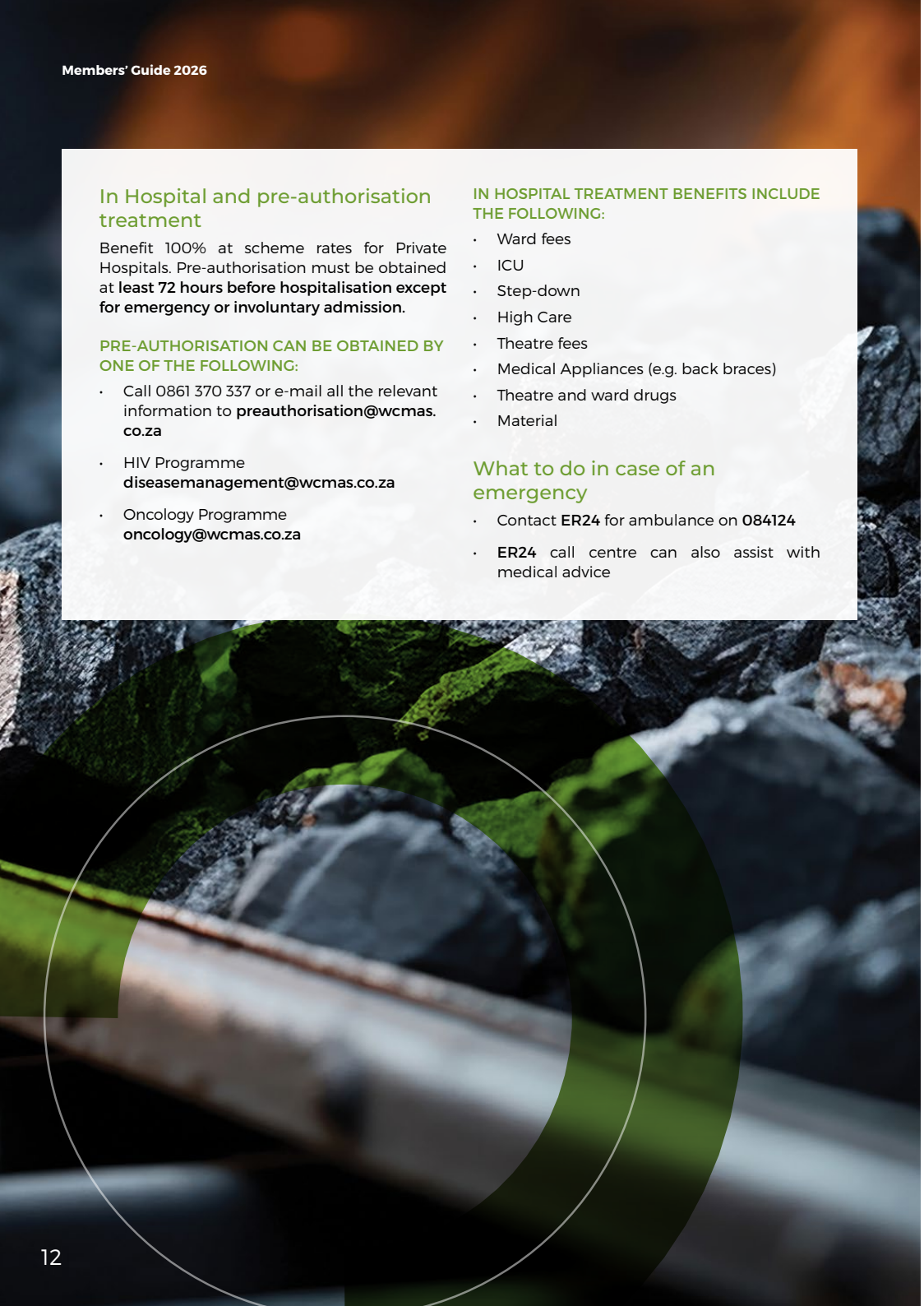
Prescribed medicine must be prescribed, administered and / or dispensed by a practitioner legally entitled to do so. Benefits are subject to managed care protocols and processes, the Scheme's medicine benefit management program, formulary and DSP's.

EARLY REFILL ON MEDICATION IF OUT OF THE COUNTRY/OVER SA BORDERS

Members are reminded that should they be overseas or across the country borders for an extended period of time to request their early refill on chronic/acute medication at least 5 days before their departure. Contact the Scheme directly on 013 656 1407.

GENERIC REFERENCE PRICING & MMAP

MMAP refers to the maximum medical aid price. MMAP is the maximum price that WCMAS will pay for specific categories of medicine for which generic products exist. Although some generic products may be priced above MMAP, there are always products available that are below generic reference price. Your pharmacist can assist you by dispensing a product below MMAP so that you can avoid a co-payment. To check for generic medication on the MediKredit website **www.medikredit.co.za** click on scheme protocols.



In Hospital and pre-authorisation treatment

Benefit 100% at scheme rates for Private Hospitals. Pre-authorisation must be obtained at **least 72 hours before hospitalisation except for emergency or involuntary admission.**

PRE-AUTHORISATION CAN BE OBTAINED BY ONE OF THE FOLLOWING:

- Call 0861 370 337 or e-mail all the relevant information to **preauthorisation@wcmas.co.za**
- HIV Programme **diseasemanagement@wcmas.co.za**
- Oncology Programme **oncology@wcmas.co.za**

IN HOSPITAL TREATMENT BENEFITS INCLUDE THE FOLLOWING:

- Ward fees
- ICU
- Step-down
- High Care
- Theatre fees
- Medical Appliances (e.g. back braces)
- Theatre and ward drugs
- Material

What to do in case of an emergency

- Contact **ER24** for ambulance on **084124**
- **ER24** call centre can also assist with medical advice

Prescribed Minimum Benefits (PMB)

Prescribed Minimum Benefits (PMBs) are defined in the Regulations to the Medical Schemes Act and must be provided to all beneficiaries of a medical scheme. The diagnosis, medical management and treatment of these benefits are paid according to specific treatment plans subject to therapeutic algorithms, protocols, formularies and DSP's. Should services for a PMB not be available at a DSP, arrangements will be made at another setting. Members must ensure that ICD10 codes are reflected on all accounts so that the correct allocations to relevant benefits can be made.

It is noted that some doctors charge exorbitant fees for PMB conditions and we could encourage members to first obtain a quotation before proceeding with the procedure.

List of chronic conditions (CDL) covered under PMB's:

- Addison's disease
- Chronic Obstructive Pulmonary Disorder
- Hypertension
- Asthma
- Diabetes Insipidus
- Hypothyroidism
- Bipolar Mood Disorder
- Diabetes Mellitus Type 1
- Multiple Sclerosis
- Bronchiectasis
- Cardiac Failure
- Diabetes Mellitus Type 2
- Parkinson's Disease
- Cardiomyopathy Disease
- Dysrhythmias
- Rheumatoid Arthritis
- Chronic Renal Disease
- Epilepsy
- Schizophrenia
- Coronary Artery Disease
- Systemic Lupus Erythematosus
- Glaucoma
- Crohn's Disease
- Haemophilia
- Ulcerative Colitis
- Hyperlipidaemia
- HIV/Aids

Register chronic conditions at:
diseasemanagement@wcmas.co.za

0861 370 337

Practice to register condition and treatment plan. ICD10 codes to be indicated..

Exclusions

Unless otherwise provided for or decided by the BOT, with due regard to the prescribed minimum benefits, expenses incurred in connection with any of the following will not be paid by the Scheme:

- Costs of whatsoever nature incurred for treatment of sickness condition or injuries for which any other party is liable.
- Costs in respect of injuries arising from professional sport, speed contests and speed trials subject to PMB.
- Costs for operations, medicines, treatment and procedures for cosmetic purposes unless medically necessary.
- Holidays for recuperative purposes.
- Purchase of patent medicine, toiletries, beauty preparations, baby foods, household remedies and contraceptives and apparatus to prevent pregnancy.
- Costs for obesity, willfully self-inflicted injuries, infertility, artificial insemination, gold in dentures or as an alternative to non-precious metals in crowns.
- Charges for appointments which a member or dependant fails to keep.
- Costs for services rendered by persons not registered by a recognised professional body constituted in terms of an Act of Parliament.
- Services rendered whilst a waiting period or condition specific condition was excluded.
- Bandages, cotton wool, patented foods, tonics, slimming preparations, drugs advertised to the public.

Fraud and Ethics Hotline

The Vuvuzela Hotline, is an independent service provider appointed by Witbank Coalfields Medical Aid Scheme (WCMAS) to provide and manage the WCMAS Fraud and Ethics Hotline.

Fraud and Ethic Hotline's provide a third-party anonymous and confidential whistle blowing reporting service for you to report potential fraud, corruption, misappropriation of resources or any other unethical conduct.

In an environment of increasing fraud and corruption, and declining ethical values, hotlines are a necessity in organizations fight against theft, misconduct, abuse, bribery and dishonesty.

The Hotline provides seven (7) reporting channels, Free Call telephone, email, mobile application, Website, SMS, fax and post available in all eleven (11) official South African languages, 24 hours a day, 7 days a week, 365 days a year, for you to voice your concerns and report incidents of Fraud or Corruption.

Whatever preferred reporting channel is used, your anonymity is guaranteed and information treated confidentially in line with the Protected Disclosure Act (Act 26 of 2000).

The Hotline's highly secured environment, systems and processes can provide you with the peace of mind that your concerns are dealt with, confidentially, securely and professionally.

HOW IT WORKS

- Whistleblower reports incident via preferred reporting channel
- Our Agent interviews caller using an approved questionnaire to compile an incident report
- Each incident report allocated a unique reference number
- Incident report reviewed by Team leader and Manager
- Incident report is password protected and distributed to designated recipient within 24 hours.
- Incident report sent to investigators for investigation
- Investigators provide updates and feedback to Fraud Hotline on progress of the investigation
- Fraud Hotline provides updates to whistle blower
- Investigation can take up to 21 days working days
- Reported incident could result in a conviction

Toll Free Number: 0800 212 174

Email: wcmas@thehotline.co.za

Website: www.thehotline.co.za/report
(Use 0800 212 174 to report)

SMS: 30916

Mobile App: Vuvuzela Hotline
(Use 0800 212 174 to report)

Available in all eleven (11) official South African languages, 24 hours a day, 7 days a week, 365 days a year.

Abuse of privileges, false claims, misrepresentation and non-disclosure of factual information.

The Board may exclude from benefits or terminate the membership of a member or dependant whom the Board finds guilty of abusing the benefits and privileges of the Scheme by presenting false claims or making a material misrepresentation or non-disclosure of factual and relevant information. In such event he/she may be required by the Board to refund to the Scheme any sum which, but for his or her abuse of the benefits or privileges of the Scheme, would not have been disbursed on his or her behalf.

No person may be a member of more than one medical scheme or a dependant of more than one member of a particular scheme. The membership will terminate if he or she becomes a member or a dependant of a member of another medical scheme.

No person may claim or accept benefits in respect of himself/herself or any of his/her dependants from any medical scheme in relation to which he/she is not a member or dependant.

Other Information

MEDICAL CLAIMS REQUIREMENTS

The Scheme receives accounts from members which cannot be processed for payment due to incorrect or insufficient details.

To ensure that your claims are being paid correctly and timeously within 4 months after service date, you are requested to ensure that the following details are clearly indicated on your accounts:

- Medical aid number
- Member details
- ICD10 codes
- Patient details
- Service dates
- Service codes
- Diagnosis

REFUNDS & STALE CLAIMS

Should members first pay their accounts before submitting it to the Scheme for a refund, they must ensure that the account is fully specified and proof of payment is submitted together with the claim.

In order to qualify for benefits, any claims must, unless otherwise arranged, be signed and certified as correct and must be submitted to the Scheme not later than the last day of the fourth (4th) month following the month in which the service was rendered. Any claims older than this will be for the member's own account.

Disputes

Members are encouraged to explore the Scheme's dispute resolution process prior to lodging any complaints with the CMS.

Disputes resolution at Scheme level:

- A complaint can be lodged in terms of the medical scheme rules to the Scheme Principal Officer in writing to **wcmas@wcmas.co.za**
- Should the member's complaint warrant further investigation then the member may address the complaint to the Board of Trustees in writing to **wcmas@wcmas.co.za** and marked for the attention of the Chairperson
- Final submission can be sent to the Schemes Disputes Committee in writing to **wcmas@wcmas.co.za** and marked for the attention of the Disputes Committee

Legend

M	member
M+	member with dependants
pbpa	per beneficiary per annum
p.f.p.a	per family per annum
PMB	prescribed minimum benefits
Financial Year	1 January to 31st December
MSA	Medical Savings Account
DSP	Designated Service Provider
SR	Scheme Rates
PPO	Preferred provider pharmacies
CDL	Chronic Disease List
TTO	To take out i.e. medicines taken out of hospital when discharged
ADL	Additional Disease List as per Annexure L of the Scheme Rules

COUNCIL FOR MEDICAL SCHEMES

Private Bag X34
HATFIELD
0028

Share Call number: **0861 123 267**

www.medicalschemes.com

support@medicalschemes.com

complaints@medicalschemes.com

WCMAS
013 656 1407

Please call me
066 516 3574 (office hours only)

Hospital Pre-authorisation
0861 370 337
preauthorisation@wcmas.co.za

Disease management programme
0861 370 337
diseasemanagement@wcmas.co.za

Chronic medicine registration
0800 132 345
chronic@medikredit.co.za

Mental wellbeing programme
013 656 1407 press 5
well@wcmas.co.za

Oncology programme
oncology@wcmas.co.za

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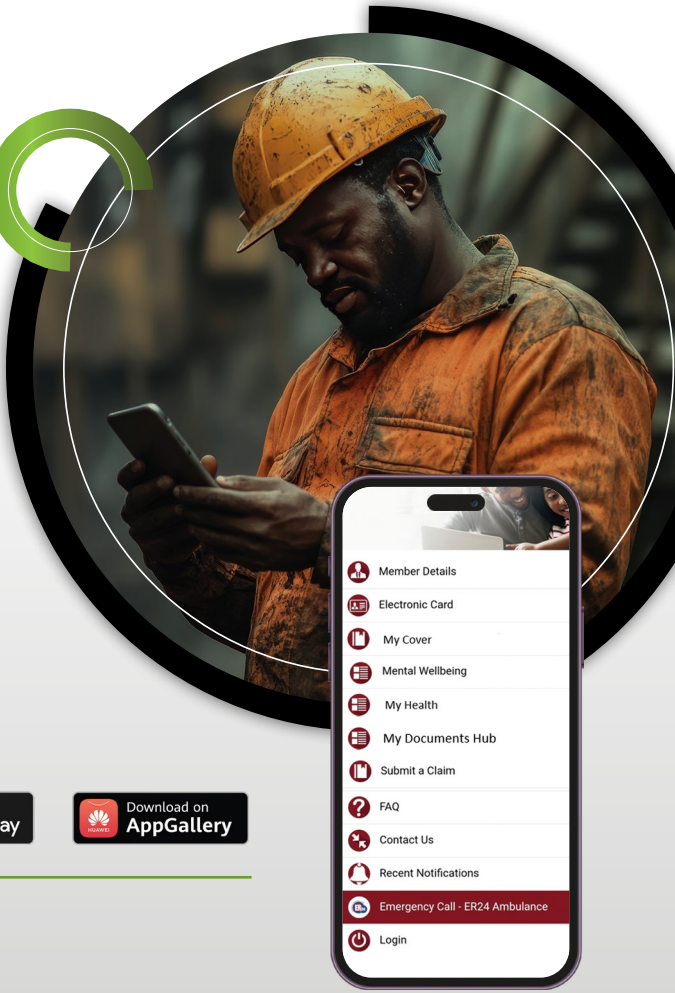

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Please note that the Scheme Rules supersede information contained in this document.
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