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**FISHING INDUSTRY  
MEDICAL SCHEME**

**MEMBER HANDBOOK**

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## CONTACT DETAILS

### POSTAL ADDRESS

Fishing Industry Medical Scheme  
P.O. Box 15747  
VLAEBERG  
8018

### PHYSICAL ADDRESS

Town Square  
61 St George's Mall  
Cape Town  
8001

Tel: 0860 104 121  
Fax: 0860 104 123

This handbook is not meant to replace the registered rules. You may obtain a full set of benefits and rules from the Client Service Department.

## WELCOME TO FISHING INDUSTRY MEDICAL SCHEME

Fishing Industry Medical Scheme (Fishmed) is dedicated to providing affordable healthcare through a comprehensive range of benefits to people who are employed in the South African fishing industry.

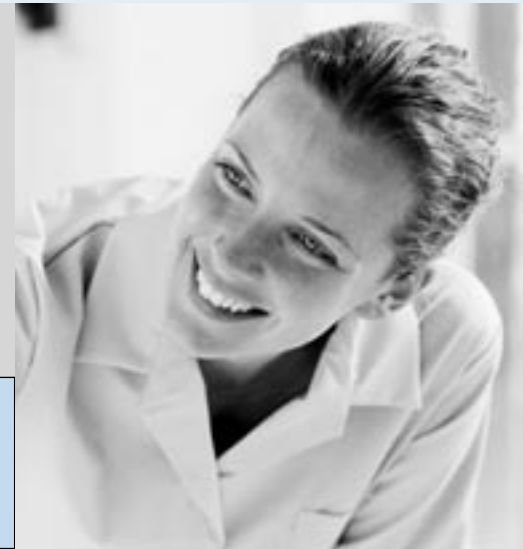
### MEMBERSHIP AND CONTRIBUTIONS

#### WHO MAY JOIN FISHMED?

All personnel employed by the South African Fishing Industry who receives a wage or salary may join Fishmed.

#### YOU MAY REGISTER THE FOLLOWING PEOPLE AS YOUR DEPENDANTS:

- ▶ Your spouse;
- ▶ Your partner;
- ▶ Your children; and
- ▶ Your immediate family (of the main member only).



#### WHEN MAY I START CLAIMING FROM FISHMED?

You may start claiming for benefits only after you have paid your contributions or premiums\* for three months.

#### HOW DO I JOIN FISHMED?

All new members must complete an application form, which may be obtained from the Client Service Department (please see contact details).

Complete and sign the application form and send it back to the Client Service Department. Make sure that you attach the relevant required documents. **Please note that no dependants will be registered on this Scheme if the required documents, e.g. marriage certificate, birth certificate, etc., are not provided.**

*\*All members of medical schemes are required to pay monthly fees or amounts to the Scheme so that it can help pay for their medical expenses. These fees are called contributions or premiums.*

*As a member of the Scheme, your contributions are payable monthly in arrears.*

Please make sure that the following sections are completed/documents are attached when you send your application form to us:

- ▶ The "State of your Health" section for you and your dependants;
- ▶ The "Authorisation" section, allowing Fishmed to deduct contributions from your salary or bank account;
- ▶ A copy of your identification document;
- ▶ Proof of prior membership of any other medical scheme(s); and
- ▶ Any other information that the Board of Trustees may request.

### CHANGES IN MEMBERSHIP STATUS

Please notify Fishmed within 30 days of any of the following changes to your membership status:

- ▶ Marriage;
- ▶ Divorce;
- ▶ Birth or adoption of children;
- ▶ Change of address;
- ▶ Children reaching the age of 21; and
- ▶ Going on pension.

#### PLEASE NOTE:

The child dependant contribution is applicable for all children **under** the age of 21 years. The adult dependant contribution must be paid for all children **over** the age of 21 years.

### WHEN ARE CONTRIBUTIONS DUE?

- ▶ If your employment with the company starts on or before the 15th of a month, a full month's contribution will be deducted from your salary.
- ▶ If your employment with the company starts after the 15th of a month, the deduction will commence from the start of the new month.

### WHAT HAPPENS WHEN I RESIGN?

- ▶ If your employment with the company ends on or before the 15th of a month, no contribution will be deducted from your salary.
- ▶ If your employment with the company ends after the 15th of a month, the full month's contribution will be deducted from your salary.

### WHAT HAPPENS WHEN I REGISTER A NEW DEPENDANT?

If a member applies to register a newborn or newly adopted child within 30 days of the date of birth or adoption of the child, the increased contribution will commence from the start of the new month. The dependant's benefits will accrue as from the date of birth or adoption.

If a member applies to register his/her spouse within 30 days of date of marriage, the increased contribution will commence from the start of the new month. The spouse's benefits will accrue as from the date of marriage.

#### PLEASE NOTE:

No dependant will qualify for benefits until the member qualifies for benefits.

### WHAT HAPPENS WHEN I RESIGN A DEPENDANT?

A member must notify the Scheme within 30 days if he/she chooses to resign his/her dependant. The member's change in contribution will commence from the start of the new month.



## CLAIMING

### SENDING IN A CLAIM

Please send all claims to:

**Fishing Industry Medical Scheme**

P.O. Box 15747

VLAEBERG

8018.

### FAXING ACCOUNTS

Fishmed will only accept original claims sent by post or claims submitted electronically by service providers, e.g. your doctor or specialist.

Please note that we may unfortunately not accept faxed accounts for the purposes of paying your claims. Faxes are often unclear and difficult to read. If you fax us a service provider's account, it may cause delays in the payment of your claims.

## SENDING IN CLAIMS ON TIME

It is your responsibility to ensure that all accounts reach Fishmed on time. This means that claims must reach us within four months of the date that you visited your doctor. If the account reaches us after this date, you will have to pay the account yourself. It is your responsibility to ensure that accounts are paid. Please check your claims statement regularly.

## WHEN ARE CLAIMS PAID?

Claims are paid once a month to members and service providers. If you wish to know when the next claims payment will take place, please contact our Client Service Department.

## DETAILS ON ACCOUNTS

Always ask your doctor to provide you with a copy of your account so that you may check it thoroughly to make sure the following details appear on it:

- ▶ Your membership number;
- ▶ Your surname and initials;
- ▶ The patient's first name, surname and initials;
- ▶ Name of the Scheme, i.e. Fishmed;
- ▶ The name and practice number of the service provider;
- ▶ The date you received the service;
- ▶ The nature and cost of the treatment;
- ▶ The referring doctor's practice number on specialist's accounts;
- ▶ The referring doctor's practice number on pathology and radiology accounts; and
- ▶ The tariff code for the service you received.

Please attach any receipts you may have received from the service provider to the account if you have paid the account yourself.

## CLAIMS STATEMENTS

If Fishmed has processed a claim sent in by either you or your service provider, we will send you and your service provider a claims statement, which sets out the benefit paid and/or the reasons why claims were not paid.

It is in your best interest to ensure that all the information on the statement is correct. Please check the statement for the following in particular:

- ▶ Are all claims shown for you or one of your dependants?
- ▶ Have all claims submitted to Fishmed been paid?

## MAKING USE OF CONTRACTED SERVICE PROVIDERS

When you visit a doctor, pharmacy, dentist or optometrist who has been contracted by Qualsa, he/she will submit your account directly to Fishmed.

You must produce your membership card every time that you see a service provider.

The service provider may ask for your identification document and may at times phone the Client Service Department for confirmation that you are a member of Fishmed and that you have sufficient benefits available.

In terms of the Rules of Fishmed, members should make use of a contracted service provider, unless there is a genuine emergency and no contracted service provider is available, or if the member is not in the Western Cape at the time of the emergency.

The Trustees will require the member to explain why he/she made use of a non-contracted service provider before the service provider's account will be paid.

A list of contracted doctors, pharmacies, dentists and optometrists may be obtained from the Client Service Department.



## YOUR BENEFITS

### ARE THERE ANNUAL (YEARLY) LIMITS TO MY BENEFITS?

Yes, there are annual limits. These limits are calculated according to Fishmed's benefit year.

### WHAT IS A BENEFIT YEAR?

This is the period that your benefits are available to you. The benefit year runs from 1 January to 31 December of each year. The exception to this rule is the limit for dentures, which are covered for a two-year period.

### ARE THERE DIFFERENT BENEFIT OPTIONS ON FISHMED?

Yes, there are two benefit options available to members on Fishmed. They are the:

|           |  |
|-----------|--|
| <b>1.</b> | <b>Primary Option</b><br>This option only covers you for “out-of-hospital” benefits, i.e. for services received outside hospital, and the services provided at provincial hospitals. |
| <b>2.</b> | <b>Standard Option</b><br>This option covers you for “out-of-hospital” benefits plus limited private hospital cover.   |

**VOLUNTARY BUY-UP (CHANGING TO A DIFFERENT OPTION)**

You may select the Standard Option voluntarily. However, you may only buy-up or change your option once a year.

**OUT-OF-AREA SERVICE PROVIDERS**

This benefit only applies if there is not a contracted doctor, dentist or optometrist in your area or for an “out-of-town” emergency.



**PLEASE NOTE:**

Fishmed pays Scale of Fee rates\* for services received from an out-of-area service provider.

*\* Scale of Fee rates are the rates at which Fishmed pays your service providers' claims. Some service providers charge private rates. These rates are generally higher than Scale of Fee rates.*

*If your service provider charges you fees above Scale of Fee rates, Fishmed will pay the service provider the Scale of Fee rate and you will have to pay the rest of the account.*

**IMPORTANT INFORMATION**

**HOSPITAL BENEFITS**

**PRE-AUTHORISATION (Standard Option only)**

**All hospital admissions must be authorised by calling Qualsa on 0861 888 118.** Pre-authorization must be obtained at least 48 hours before you go to hospital or, in the case of an emergency, within 24 hours or the next working day after you were admitted.



Please note that you may not obtain authorisation for hospitalisation from the Client Service Department – you **must** contact Qualsa on the number provided on page 6. When you need to obtain pre-authorization, please ask your doctor for as much assistance as possible. It is still your responsibility to obtain an authorisation number from Qualsa. Should this not be done, you will be liable for payment of the full account.

Qualsa requires the following information from you when you call:

- ▶ Name, surname and date of birth of the patient;
- ▶ Name of the Scheme, i.e. Fishmed;
- ▶ Your membership number;
- ▶ Name of treating doctor;
- ▶ Hospital you are to be admitted to;
- ▶ Proposed length of stay at the hospital;
- ▶ Date and time of admission;
- ▶ Procedure (remember to ask your doctor for the CPT-4 code); and
- ▶ Diagnosis (remember to ask your doctor for the ICD-10 code).

**YOUR BENEFITS WHILE IN HOSPITAL (Standard Option only)**

Patients who are admitted to hospital under the care of a general practitioner must be referred to a specialist within 24 hours of admission.

Fishmed covers the following, subject to the annual hospital benefit limit:

- ▶ All costs in hospital, including general ward, high care, ICU and theatre fees, medicines and consumables (please refer to the benefit restrictions on page 8);
- ▶ All professional fees directly associated with each admission (surgeons, anaesthetists, pathology, radiology, etc.);
- ▶ Home nursing services instead of hospitalisation.



**PLEASE NOTE:**

If the hospital costs are likely to be more than the annual hospital limit, you will be directed to a provincial hospital.

**List of contracted hospitals\***

| HOSPITAL NAME                 | AREA             | PRIVATE/STATE |
|-------------------------------|------------------|---------------|
| Gatesville Hospital           | Gatesville       | Private       |
| UCT Private Hospital          | Observatory      | Private       |
| West Coast Private Hospital   | Vredenburg       | Private       |
| Mitchell's Plain Hospital     | Mitchell's Plain | Private       |
| Kenilworth Clinic             | Kenilworth       | Private       |
| Bellville Medical Centre      | Bellville        | Private       |
| Booth Memorial Hospital       | Oranjezicht      | State         |
| Groote Schuur Hospital        | Observatory      | State         |
| Karl Bremer Hospital          | Parow            | State         |
| Mowbray Maternity Hospital    | Mowbray          | State         |
| Red Cross Children's Hospital | Rondebosch       | State         |
| Somerset Hospital             | Greenpoint       | State         |
| Tygerberg Hospital            | Parow            | State         |

**Benefit restrictions**

Please remember the following:

- ▶ If you need to be admitted to hospital, you must obtain authorisation from Qualsa at least 48 hours in advance by calling **0861 888 118**.
- ▶ If you are on the Standard Option, you will not be able to go to a private hospital if your stay there will cost more than your annual (yearly) hospital benefit limit.
- ▶ You are allowed a maximum of three days in an intensive care unit on the Standard Option.
- ▶ Admissions requiring less than one day in hospital, e.g. surgical procedures performed by general practitioners and dental clinics, are excluded from the hospital benefit.
- ▶ Admissions for investigative procedures, e.g. gastroscopy, colonoscopy and arthroscopy, are limited to designated service providers.
- ▶ You are allowed to spend a maximum of R1 500 on **pathology** per admission on the Standard Option.
- ▶ You are allowed to spend a maximum of R1 500 on **radiology** per admission on the Standard Option.

\* Please see "Making use of contracted service providers" on page 5.

- ▶ You are allowed to have one **MRI/CT scan** per annum to a maximum of R3 500 on the Standard Option. This benefit will only be covered at a provincial hospital.
- ▶ You are allowed to spend a maximum of R500 on physiotherapy per admission.

**The following procedures have certain restrictions under the hospital benefit:**

- ▶ Maxillo-facial/oral surgery is covered for trauma patients only.
- ▶ Private nursing instead of hospitalisation is restricted to 14 days per year per family.
- ▶ Patients may be required to undergo lifestyle changes, e.g. to stop smoking or lose weight, before authorisation is given for surgery where such risk factors may negatively affect the outcome of elective surgery.
- ▶ Psychiatric care is covered only in facilities that offer specialised psychiatric programmes. Psychiatric care will also be monitored by Qualsa and be limited to 21 days care per beneficiary per year.
- ▶ Private hospital admissions for a chronic illness will only be covered if the treatment conforms with the patient's recommended chronic therapy, e.g. a diabetic patient who fails to take his/her insulin would be disqualified from private hospital cover if he/she should go into a coma due to this.
- ▶ To-take-out (TTO) medicines are limited to three days' analgesia or completion of a course of antibiotics during the patient's stay in hospital.
- ▶ Chemotherapy, transplants, cardiothoracic surgery, neurosurgery and renal dialysis are only covered in provincial hospitals.
- ▶ MRI/CT scans for members on the Standard Option are only covered in provincial hospitals, subject to a limit of R3 500.
- ▶ Internal prosthesis, excluding joint replacements, is limited to R15 000 per beneficiary per year.
- ▶ Internal prosthesis for joint replacements is limited to R20 000 per beneficiary per year.

**Maternity benefit**

- ▶ The patient must register with Qualsa within the first 16 weeks of her pregnancy.
- ▶ A midwife at Mowbray Maternity Hospital or Gatesville Medical Centre, or any other hospital nominated by Qualsa, must perform the delivery.
- ▶ An obstetrician may perform the delivery only if referred by a midwife.

- ▶ Provision is made for one course of antenatal classes per family for the entire length of the main member's membership.
- ▶ This benefit is subject to a three-day limit for normal deliveries and four days for a caesarian section.
- ▶ If the patient wishes to terminate her pregnancy, this procedure must be performed at Marie Stopes' Clinics.
- ▶ Multiple pregnancies are covered only in provincial hospitals or other facilities authorised by Qualsa.
- ▶ Qualsa will provide telephonic support to the patient.

### CONTRACTED PHARMACIES

All medicines not obtained from your doctor must be obtained from a contracted pharmacy. A list of pharmacies is available from the Client Service Department.

### SPECIALISTS

Fishmed pays 100% of medical aid rates for specialists, including radiology (x-rays, etc.) and pathology (blood tests, etc.).

A contracted general practitioner must refer you to a specialist who is accredited to Fishmed. The general practitioner must obtain authorisation from Qualsa in this event.

### CHRONIC MEDICATION

If you suffer from a chronic condition such as diabetes or high blood pressure, you must apply via the chronic medication programme (Qualsa) in order to become eligible for the chronic medication benefit.

Qualsa provides automatic authorisation for the treatment of asthma, diabetes and high blood pressure, but if you suffer from any other chronic illness, your doctor needs to send in a report along with your application form to motivate your application.

Chronic application forms are available on request from the Client Service Department. Please ask your general practitioner to complete this form.

### EXCLUSIONS (CONDITIONS, PRODUCTS AND PROCEDURES NOT COVERED BY FISHMED)

Fishmed is governed by a set of registered rules, which sets out its benefits, contributions and exclusions.

The following exclusions apply to all members of Fishmed:

- ▶ Laser surgery;
- ▶ Laparoscopic appendicectomies;
- ▶ Laparoscopic hernia operations;
- ▶ Laparoscopic hysterectomies and other gynaecological surgery;
- ▶ Self-inflicted injuries and suicide;
- ▶ Treatment for obesity;
- ▶ Cosmetic treatment;
- ▶ Treatment for infertility;
- ▶ Birth control;
- ▶ Herbal and patent remedies;
- ▶ Vitamins and minerals for voluntary dietary supplementation;
- ▶ Injuries due to participation in professional sport; and
- ▶ Cancelled appointments.

