



BY LETITIA WATSON

NETWORK PITFALLS

Carefully consider your health needs before choosing a network plan

QUESTION

I've changed medical aids and now I'm required to find a new doctor, one of the new scheme's preferred service providers. Is my previous doctor obliged to send my records to my new one? It seems nonsensical that my new GP can't have access to my information. I also want to know the pitfalls of joining a medical fund's network option.

SEAN LE ROUX*

ANSWER

I asked two industry experts, Alain Peddle of Discovery Health and Deon Hydenrych of Optivest Health Services, to respond to Sean's questions.

It's accepted practice among doctors to send a summary of a patient's health records, including all test results and diagnoses, to a patient's new doctor, Peddle says. The Promotion of Access to Information Act of 2000 gives patients the right to a clear copy of their medical records.

A network option is cheaper than more comprehensive benefit plans but still covers a variety of medical services. Every medical aid has a network of medical-services suppliers and members may use only the doctors, specialists, pharmacies and hospitals that are part of that network.

The funds negotiate special tariffs with these suppliers, their so-called preferred service providers, who then charge less because they're guaranteed that fund members will use their services.

Network options are often recommended for people with small children who need good



cover but can't afford to pay too much. They're usually targeted at people earning R2 000 to R7 000 a month. Members who earn more can still make use of them but fall into the highest income category and pay the highest premium. Examples of such premiums are: Discovery's Keycare Plus costs R445 a month for individuals earning less than R3 900 a month and R1 112 if you earn more than R8 301 a month. Topmed's Network Plan costs R498 a

month for someone earning less than R3 500 a month and R1 109 if you earn more than R13 001.

Hydenrych says many people shift to network options because they believe it will save them money. The big attraction for people who are on a hospital plan only, for example, are non-hospital benefits such as dental appointments but they don't keep in mind their hospital benefits might then be restricted.

Network plans usually require you to pay extra for certain operations. While you might be covered for regular visits to your doctor during the year, in general you won't be covered for procedures such as neck and back surgery and knee and hip replacements. Operations must also be done by the fund's preferred service provider, which in many cases is the government.

So if you're considering a network option you need to know exactly what it covers and what the do's and don'ts are. For example you can't contact a specialist directly; your GP must refer you. The fund then has to authorise the consultation or it will not be covered.

Your network doctor may also prescribe only the medications on the network option's payment plan. Your access to blood tests may be limited and require referral by your doctor, not a specialist, or the fund won't pay for them.

So you should consider your medical needs carefully before choosing a network plan – if you look at only the price and not the benefits you could be heading for trouble.

This applies to any change of medical aid or benefit plan. Remember you could be subject to waiting periods when you join a new medical aid.

Find out exactly what benefits your new plan offers – having great maternity benefits when you're a man with no plans to have children is silly. Always ask to what extent hospital expenses are covered because these days even comprehensive plans require you to pay in. □

* NOT HIS REAL NAME

**'Young men wish: love, money and health.
One day they'll say: health, money and love'**

PAUL GÉRALDY FRENCH POET

tip:

Consider taking out gap cover for expenses that aren't covered by your medical aid.