

## Circular 1 - 2020

Evergreen Muizenberg

15 January 20209

Dear Resident,

Medical Aid will pay for your Medical Care, it will usually not pay for the care you need when you are unable to manage the normal activities of daily living without assistance. Some exceptions mostly among the Restricted medical schemes. These are not open schemes but restricted to groups of people such as employees of a particular company or industry.

Frail Care is considered a Social Welfare responsibility and generally falls outside the ambit of medical scheme cover.

When you are recuperating from a health event such as a stroke or accident and when you need short-term assistance with daily living and you need assistance with daily living before returning to your former independent state the cost will generally be covered by your medical aid scheme.

Bankmed, a restricted scheme, contributes to the cost of frail care on three of its top options. Some time ago this was a benefit of 50% of frail care costs to a maximum of R355 per beneficiary per day.

Another restricted scheme, Anglo Medical Scheme has a benefit of R54 355 per beneficiary per year for Frail Care but only for medically related frail care. Alzheimer's and Dementia are common reasons for granting Frail Care benefits.

There are about 80 different medical schemes in South Africa, 21 of which are open schemes and 59 restricted schemes. Not possible to assess the benefits offered by each medical aid but what is very important is that our health care facility is correctly defined and registered

An acute facility is one registered and licensed as a Hospital. A Day Clinic is also regarded as an acute care facility so is a mental health hospital. A sub-acute facility is like a hospital but lacks operating theatres etc. Sometimes the term step down facility is used to describe a sub-acute facility but step-down care is less intensive than sub-acute facility and is typically for short stays. Sub-acute facility is focused on rehabilitating you to normal or near normal functioning. For example, you may be sent to a sub-acute care facility after a stroke where you will have access to an occupational therapist etc.

A step-down facility is used to avoid the costs of remaining in hospital since it is less expensive and can provide the care needed during your recovery period – hip and knee replacements for example.

### BESTMED

Specifically excluded is accommodation in an Old Age home providing general care and nursing services to persons eg, the infirm aged and chronicle sick patients, or similar institutions.

It does not provide cover for frail care. It seems that cover will be forthcoming for step down that is really an extension of a hospital.

### BONITAS (COMPREHENSIVE)

*Step down:* R15 760 per family per year. This could have been increased recently.

*In Hospital Terminal Care:* Unlimited including hospice, home oxygen, pain management, psychologist and social work care.

*Frail Care:* Brochure which comprehensive is silent about frail care. But see general summary.

*Physical Rehabilitation:* R49 610 per annual per family.

### DISCOVERY

*Frail care:* Discovery will not cover any bills from a frail care facility that is not registered with the BHF (Body that issues practice numbers to registered health care providers).

### GEMS

Acute admissions to step down facilities are excluded but one could infer that if one is moved to a step-down facility following a stay in hospital this would be covered since it is less expensive than a registered hospital.

Also excluded are institutions, nursing homes or similar institutions, not duly registered in terms of the law.

Accommodation and non-health care services provided in a geriatric hospital, old age home, Frail care facility or similar institution are excluded unless it is part of prescribed minimum benefits and subject to managed care authorization.

### PEERS VILLAGE in Fishhook (out of interest)

Registered non acute facility (frail care). They confirmed medical aids do not cover frail care. Go to say that depending on the medical aid they might pay for the nursing part of frail care. This usually follows motivation from a GP or Specialist.  
Frail Care Costs R24 000 per month.