



Pensioner Talk

March 2017

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PENSIONER TALK

March 2017

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Editor's Note

2016 was filled with change and many of those changes are meant to improve your experience of the EPPF. It's the beginning of a new year and it is worth looking back to bring perspective to the milestones that have been achieved.

The new Board of Trustees, which you had a hand in selecting, is knee-deep in its role of overseeing the affairs and performance of the Fund. It will continue to do so until the end of this four year term in 2020, when you will once again have a chance to select a new Board of Trustees.

We received more article suggestions from you last year than we have in the recent past. We appreciate this feedback and where we can, we research as much information as possible in order to turn your suggestions into articles that can be beneficial to all our pensioners. One such idea is an article on prescribed minimum benefits (PMBs) which is covered in this edition. In this article, we have tried to answer as many of the questions about PMBs as possible. The article is full of useful information and we think it makes this edition of Pensioner Talk a keepsake.

In order to make communication with you more effective, we translated some of our content in the last edition of Pensioner Talk and we are keen to hear what you think of this initiative. We would also like you to update us each time you change any of your contact details. This way, we know we can always reach you whenever we need to send you important information.

We would like to take this opportunity to apologise for the miscalculation of tax in the January pension which affected some of our pensioners. We have refunded all monies due to affected pensioners and are working on the prevention of similar errors in future.

We printed the incorrect dates on the April 2017 pensioner calendar that was distributed in December 2016. We've since redistributed an updated and correct calendar.

We thank you for your patience and we look forward to servicing you even better this year!

Dear EPPF...

Principal Officer,
Eskom Pension & Provident Fund

Dear Sir,

Earlier this year, I had a problem with the size of the account which I received from pathologists who had carried out blood tests on my wife, after a discussion with a bonitas consultant I managed to get the account reduced considerably.

Fortunately, I had obtained a pamphlet giving a rundown on the operation and benefits of the government's chronic medicine scheme (CMS), by referring to this pamphlet I was able to contest the matter.

It turned out that the doctor concerned had not filled in the application for a blood test correctly, by leaving out an ICD-10 code number. Unfortunately I have since mislaid the pamphlet concerned.

I think it would be a good idea if the editor of the pensioner talk magazine could publish an article on the government's chronic medicines benefit scheme. I am sure that an article of that nature would be of benefit to pensioners who may not have full knowledge of the scheme.

Yours Faithfully,

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Yours Faithfully,

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LANGUAGE COLOUR CODES

ENGLISH

AFRIKAANS

ISIZULU

SESOTHO

Prescribed Minimum Benefits

The private health finance provided through medical aid schemes is regulated by the Council for Medical Schemes (CMS). The CMS regulates approximately 87 medical schemes in South Africa. CMS also sets the prescribed minimum benefits that need to be covered by medical aid schemes.

Prescribed minimum benefits (PMB) are a set of medical conditions and chronic conditions which medical schemes are obliged to cover, regardless of the medical aid option that a member may belong to.

Thank you to one of our pensioners, Mr J. Bayes, for sharing his recent experience with us regarding the issue of medical aid cover for prescribed medical benefits and medications, which is the reason he suggested this topic for an article.

The information provided below explains the basic requirements set by the Council for Medical Schemes on the cover of PMBs. It is important that you familiarise yourself with the rules of your own medical aid which will explain any other conditions that have been put in place by your medical scheme to manage the cover of PMBs such as the use of designated service providers.

Is my medical scheme obliged by law to provide cover for certain medical conditions?

Yes, these are known as Prescribed Minimum Benefits (PMBs). They were introduced in order to ensure that members of medical schemes would not run out of benefits for certain conditions. The PMBs cover 270 conditions, such as meningitis, various cancers, menopausal management, cardiac treatment and many others including medical emergencies.

These benefits are provided for largely in hospitals and where your medical scheme has made arrangements for you to be treated. You can contact your medical aid to request information on the hospital groups that they have made an arrangement with.

You should always check your benefits with your scheme and make sure that you have the scheme's rules at hand.

Is it true that schemes now also have to provide chronic medication?

Yes, the list of prescribed minimum benefits (PMBs) has been extended to cover 25 common chronic diseases.

Medical schemes have to provide benefits that cover you for the following:

- the diagnosis;
- the treatment; and
- care of these 25 chronic illnesses.

However, you should remember that a scheme does not have to pay for diagnostic tests which establish that you are suffering from a disorder that is NOT one of the 25 chronic ailments.

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Also, medical schemes are entitled to expect you to obtain treatment for a PMB from certain providers, the so-called "designated service providers". These are particular groups of hospitals, clinics, doctors, retail pharmacies etc.

If a scheme has appointed designated service providers for PMB treatments, this must be stated in its rules and you must be informed about where and how you can get medication and treatment from that provider.

Why have 25 chronic illnesses been made PMBs?

By making these benefits mandatory, the government, on the Council for Medical Scheme's recommendation, hopes to stop attempts by schemes to rate members on the financial risk they pose to a scheme because of the state of their health.

Which chronic illnesses are covered?

Addison's disease	Cardiomyopathy	Diabetes insipidus	Haemophilia	Parkinson's disease
Asthma	Chronic obstructive pulmonary disorder	Diabetes mellitus types 1 & 2	Hyperlipidaemia	Rheumatoid arthritis
Bipolar mood disorder*	Chronic renal disease	Dysrhythmias	Hypertension	Schizophrenia
Bronchiectasis	Coronary artery disease	Epilepsy	Hypothyroidism	Systemic lupus erythematosus
Cardiac failure	Crohn's disease	Glaucoma	Multiple sclerosis	Ulcerative colitis

*Will only be covered when a step-by-step treatment process has been developed for the patient.

What are the main points I need to verify with my medical scheme about PMB?

- Find out if your medical scheme has made arrangements with designated service providers. This will help you avoid paying for PMBs out of your own pocket
- Make sure you get a copy of the rules from your medical scheme so you know all the conditions that have been put in place to manage the cover of PMBs.
- When you consult with a doctor about any condition that is listed under the PMB provision, make sure they understand the minimum treatment protocols for treating that condition.
- Medical schemes are required to cover the medication that is used to treat chronic conditions, however, coverage on a specific desired brand of the medication may not always be provided. The medical scheme decides on the brand of the medication that it will pay for. If you want to contest a particular brand based on valid medical conditions (such as an allergic reaction etc.) you need to take that up with your medical scheme.
- Finally, a PMB cannot be covered from your medical scheme's savings account.

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Where can I get more information about prescribed minimum benefits?

As a start, you can check the Council for Medical Benefits website: http://www.medicalschemes.com/medical_schemes_pmb/-index.htm

If you have a problem with your medical aid and its cover for PMBs, contact the Council for Medical Schemes on the following details:

Tel: 012 431-0500 / 0861 123 267
Fax: 012 430-7644
E-mail: support@medicalschemes.com
Mail: Private Bag X34, Hatfield, 0028

Geagte EPPF...

Die privaat gesondheidsfinansiering wat voorsien word deur mediesefondsskemas word geregleer deur die Raad op Mediese Skemas (RMS). Die RMS reguleer ongeveer 87 mediese skemas in Suid-Afrika. Die RMS bepaal ook die voorgeskrewe minimum voordele wat deur mediesefondsskemas gedek moet word.

Voorgeskrewe minimum voordele (VMV) is 'n stel mediese toestande en chroniese toestande wat mediese skemas verplig is om te dek, ongeag van die mediesefonds-opsie waaraan 'n lid behoort.

Ons bedank een van ons pensioenarisse, mnr. J. Bayes, dat hy sy onlangse ondervinding met ons gedeel het ten opsigte van die kwessie oor mediesefondsdekking vir voorgeskrewe mediese voordele en medikasie, en dit was sy voorstel dat 'n artikel hieroor geskryf moet word.

Die inligting wat hieronder verskaf word, verduidelik die basiese vereiste wat gestel word deur die Raad op Mediese Skemas oor die dekking van VMVs. Dit is belangrik dat jy jou vergewis van die reëls van jou eie mediese fonds wat enige ander voorskrifte sal verduidelik wat deur jou mediese skema daargestel is om die dekking van VMVs te bestuur, soos die gebruik van aangewese diensverskaffers.

Word my mediese skema deur die wet verplig om sekere mediese toestande te dek?

Ja, dit staan bekend as Voorgeskrewe Minimum Voordele (VMVs). Hierdie voordele is ingesluit om te verseker dat lede van mediese skemas se voordele vir sekere toestande nie sal opraak nie. Die VMVs dek 270 toestande, soos meningitis, verskeie vorms van kanker, menopousale bestuur, kardiële behandeling en talle ander, wat mediese noodgevalle insluit.

Hierdie voordele word hoofsaaklik in hospitale voorsien en ook by die plek waar jou mediese skema daarvoor gereël het dat jy behandeling kan ontvang. Jy kan jou mediese fonds kontak om inligting te vra oor die hospitaalgroepe waarmee hulle die reëlins getref het.

Jy moet altyd by jou skema seker maak wat jou voordele is en seker maak dat jy die skema se reëls byderhand het.

Is dit so dat skemas nou ook chroniese medikasie moet voorsien?

Ja, die lys van voorgeskrewe minimum voordele (VMVs) is verleng om 25 algemene chroniese siektes te dek.

Mediese skemas moet vir jou voordele voorsien vir die volgende:

- die diagnose;
- die behandeling; en
- die sorg vir hierdie 25 chroniese siektes.

Jy moet egter onthou dat 'n skema nie vir diagnostiese toetse hoef te betaal wat toets vir 'n siekte wat NIE een van die 25 chroniese siektes insluit nie.

Mediese skemas het die reg om van jou te verwag om behandeling vir 'n VMV by sekere verskaffers te kry – die sogenaemde “aangewese diensverskaffers”. Dit is spesifieke groepe hospitale, klinieke, dokters, kleinhandelsapteke, ens.

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Indien 'n skema aangewese diensverskaffers vir VMV-behandelings het, moet dit in die reëls genoem geword en moet jy ingelig word oor waar en hoe jy daardie medikasie en behandeling vanaf daardie verskaffer kan verkry.

Die regering het, op aanbeveling van die Raad op Mediese Skemas, hierdie voordele verpligtend gemaak om sodoende te verhoed dat skemas probeer om lede te gradeer volgens die finansiële risiko wat hulle vir die skema inhou vanweë die toestand van hulle gesondheid.

Waarom is 25 chroniese siektes VMVs gemaak?

Watter chroniese siektes word gedek?

Addison se siekte	Chroniese obstruktiwe pulmonêre siekte	Epilepsie	Hipertensie	Parkinson se siekte
Asma	Crohn se siekte	Gloukoom	Hipotiroïdisme	Rumatoïede artritis
Bipolêre gemoeds-versteuring	Diabetes insipidus	Hartversaking	Kardiomiopatie	Sistemiese lupus eritematose
Brongiëktasie	Diabetes mellitus tipes 1 & 2	Hemofilie	Koronêre arteriesiekte	Skisofrenie
Chroniese niersiekte	Disritmie	Hiperlipedemie	Multipele sklerose	Ulseratiewe kolitis

* Sal slegs gedek word wanneer 'n stap-vir-stap-behandelingsproses uitgewerk is.

Wat is die hoofpunte wat ek met my mediese skema moet bevestig oor VMVs?

- Vind uit of jou mediese skema reëlins getref het met aangewese diensverskaffers. Dit sal help verhoed dat jy uit jou eie sak vir VMVs sal moet betaal.
- Maak seker jy kry 'n afskrif van die reëls by jou mediese skema sodat jy bewus is van al die voorwaardes wat daargestel is om die dekking van VMVs te bestuur.
- Wanneer jy 'n dokter besoek oor enige toestand wat gelys word onder die VMV-voorsiening, moet jy seker maak dat hulle die minimum behandelingsprotokol verstaan ten opsigte van die behandeling vir daardie toestand.
- Mediese skemas is verplig om die medikasie te dek wat gebruik word om chroniese toestande te behandel, maar dit sluit nie altyd dekking in vir 'n spesifieke, gewilde medisynehandelsmerk nie. Die mediese skema besluit oor die handelsmerk van die medikasie waarvoor hulle sal betaal. Indien jy beswaar wil aanteken teen 'n spesifieke handelsmerk gegrond op geldige mediese toestande (soos allergiese reaksie, ens.) moet jy dit met jou mediese skema bespreek.
- Laastens, 'n VMV kan nie deur jou mediese skema se spaarrekening gedek word nie.

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Waar kan ek meer inligting kry oor voorgeskrewe minimum voordele?

Om mee te begin, kan jy gaan kyk op die Raad op Mediese Voordele se webtuiste:

http://www.medicalschemes.com/medical_schemes_pmb/index.htm

Indien jy 'n probleem ondervind met jou mediese fonds en hulle dekking vir VMVs, moet jy met die Raad op Mediese Voordele in aanraking kom op die volgende maniere:

Tel: 012 431-0500 / 0861 123 267

Faks: 012 430-7644

E-pos: support@medicalschemes.com

Pos: Private Sak X34, Hatfield, 0028

EPPF Ethandekayo...

Izimali zokuhlinzekela ezempilo ngokuzimele ezihlinzekwa yizikimu zokwelapha zilawulwa Umkhandlu Wezikimu Zokwelapha (i-CMS). I-CMS ilawula izikimu zokwelapha ezilinganiselwa kuma-87 eNingizimu Afrika. I-CMS iphinde imise imihlomulo eyisisekelo okudingeka ukuthi ihlinzekwe izikimu zokwelapha.

Imihlomulo eyisisekelo emisiwe (ama-PMB) yezimo zempilo ezithile kanye nezifo ezingelapheki okuphoqelekile ukuthi izikimu zokwelapha zizihlinzekele, ngisho noma ilungu likhethe oluphi uhlobo lwesikimu sokwelapha.

Sibonga elinye ilungu lethu eselathatha umhlalaphansi, uMnu. J. Bayes, ngokusazisa ngesimo elisanda kubhekana naso esiphathelene nesikimu sokwelapha lapho kuphele imihlomulo yokwelashwa kanye nezemithi, okuyisizathu esidale ukuthi aphakamise ukuthi le ndaba ibe nalesi sihloko.

Ulwazi oluhlinzekwe ngezansi luchaza ngalokho okuyisisekelo okumiswe Umkhandlu Wezikimu Zokwelapha esihlinzekweni sama-PMB. Kubalulekile ukuthi uzijwayeze imithetho yesikimu sokwelapha sakho ukuze ukwazi ukulawula umhlomulo wama-PMB njengokusetshenziswa kwabahlizeki bezidingo abaqokiwe.

Ngabe isikimu sokwelapha sami siphokelekile ngokomthetho ukuthi sihlinzekele izimo ezithile zempilo?

Yebo, lokhu kwaziwa ngokuthi Imihlomulo Eyisisekelo Emisiwe (ama-PMB). Yethulwa ukuze kuqinisekise ukuthi amalungu ezikimu zokwelapha akazukuphelelwa imihlomulo yezimo ezithile. Ama-PMB ahlinzekela izimo ezingama-270, ezinjenge-meningitis, imidlavuza enhlobonhlobo, ukulawulwa kwe-menopause, ukwelashwa kwezifo eziphathelene nenhliziyo kanye nokunye okuniningi okubandakanya izimo zempilo eziphuthumayo.

Le mihlomulo ivame ukuhlinzekelwa ezibhedlela kanye nalapho isikimu sokwelapha sakho sihlele ukuthi welashelwe khona. Ungathintana nesikimu sokwelapha sakho ukuze ucele imininingwane yamaqoqo ezibhedlela okwenziwe izivumelwano nawo.

Kumele uthintane nesikimu sakho ngaso sonke isikhathi ukuze ubheke imihlomulo yakho futhi uqinisekise ukuthi unayo imithetho yesikimu ongakwazi ukuyisebenzisa noma kunini.

Ngabe kuyiqiniso ukuthi sekuphoqelekile ukuthi izikimu zihlinzeke ngemithi yezifo ezingelapheki?

Yebo, uhlu lwemihlomulo eyisisekelo emisiwe (ama-PMB) lweluliwe ukuze ludidiyele izifo ezingelapheki ezejwayelekile ezingama-25.

Izikimu zokwelapha kumele zihlinzekele okulandelayo:

- ukuhlololwa isifo;
- ukwelashwa; kanye
- nokunakekelwa kwezifo ezingelapheki ezingama-25.

Nokho, kumele ukhumbule ukuthi isikimu akuphoqelekile ukuthi sikhokhele ukuhlololwa isifo okuzeza ukuthi uguliswa okuthile OKUNGEKHO ngaphansi kohlu lwezifo ezingelapheki ezingama-25.

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Futhi, kufanele izikimu zokwelapha zilindele ukuthi uthole ukwelashelwa ama-PMB kubahlinzeki abathile, laba ababizwa ngokuthi "abahlinzeki bezidingo abaqokiwe". Labo bahlinzeki kuba amaqoqo ezibhedlela, imitholampilo, odokotela, amak-hemesi asezitolo, njll.

Uma isikimu siqoke umhlinzeki wezidingo ozokwelapha ama-PMB, lokhu kumele kubhalwe emithethweni futhi waziswe ngokuthi imithi ungayitholaphi, kanjani kulowo mhlinzeki.

Kungani izifo ezingelapheki ezingama-25 zenziwe ama-PMB?

Ngokuphoqelela le mihlomulo, uhulumeni, ngokulandela izincomo zoMkhandlu Wezikimu Zokwelapha, wethemba ukuthi uzoqeda umkhuba wezikimu wokubheka ubungozi kwezezimali amalungu abeka isikimu kubo ngenxa yesimo sawo sezempilo.

Yiziphi izifo ezingelapheki ezihlinzekelwayo?

I-Addison's disease

I-Cardiomyopathy

I-Diabetes insipidus

I-Haemophilia

I-Parkinson's disease

I-Asthma

I-Chronic obstructive

I-Diabetes mellitus types 1 & 2

I-Hyperlipidaemia

I-Rheumatoid arthritis

I-Bipolar mood disorder*

I-Chronic renal disease

I-Dysrhythmias

I-Hypertension

I-Schizophrenia

I-Bronchiectasis

I-Coronary artery disease

I-Epilepsy

I-Hypothyroidism

I-Systemic lupus erythematosus

I-Cardiac failure

I-Crohn's disease

I-Glaucoma

I-Multiple sclerosis

I-Ulcerative colitis

* Zizohlinzekelwa uma sekusungulwe umhlahlandlela wokwelapha isiguli kuphela.

Yimaphi amaphuzu amqoka okumele ngiwaqinisekise kusikimu sokwelapha sami mayelana nama-PMB?

- Thola ukuthi ngabe bakhona na abahlinzeki bezidingo isikimu sokwelapha sakho esinezivumelwano nabo. Lokhu kuzokusiza ukuze ugweme ukukhokhela ama-PMB ngokwakho.
- Qinisekisa ukuthi uthola ikhophi yemithetho ephuma kusikimu sokwelapha sakho ukuze wazi zonke izimo ezikhona zokulawula ukuhlinzekelwa kwama-PMB.
- Uma ubonana nodokotela mayelana nanoma okuphi ukugula okusohlwini olungaphansi kwemihlomulo ye-PMB, qiniseka ukuthi uyayiqonda imigomo yokwelashwa eyisisekelo yokwelapha leso sifo.

- Izikimu zokwelapha kudingeka ukuthi zihlinzeke ngemithi esetshenziselwa ukwelapha izifo ezingelapheki, nokho akuhlinzekwa ngezinhlobo zamagama athile aleyo mithi esuka idingeka. Isikimu sokwelapha sithatha isinqumo ngohlobo lwegama esizolikhokhela. Uma ufisa ukuphikisana nohlobo lwegama elithile ngenxa yezizathu zezempilo ezizwakalayo (njengokuguliswa yilolo hlobo lomuth, njll.) kudingeka ukuthi lokho ukwenze ngokuxhumana nesikimu sokwelapha sakho.
- Okokugcina, i-PMB ngeke ihlinzekelwe nge-akhawunti yakho yokonga yesikimu sokwelapha.

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Ngingalutholaphi olunye ulwazi ngezinhlizeko ezimisiwe eziyisisekelo?

Ungaqala ngokubheka iwebhusayithi Yomkhandlu Wezikimu Zokwelapha:

http://www.medicalschemes.com/medical_schemes_pmb/index.htm

Uma unenkinga ngesikimu sokwelapha sakho kanye nemihlomulo yama-PMB, thintana Nomkhandlu Wezikimu Zokwelapha ngemininingwane yokuxhumana elandelayo:

Ucingo: 012 431-0500 / 0861 123 267

Ifeksi: 012 430-7644

I-imeyli: support@medicalschemes.com

Iposi: Private Bag X34, Hatfield, 0028

EPPF ya Ratehang...

Tefello ya ditshebeletso tsa bophelo ya poraefete e etswang ka merero ya kalafo e laolwa ke Lekgotla le Laolang Merero ya Kalafo (Council for Medical Schemes [CMS]). CMS e laola merero ya tsa kalafo e ka bang 87 Afrika Borwa. CMS e boetse e beha dipehelo tsa hore na bonyane ke ditshebeletso dife tsa kalafo tseo ditho tsa merero ya kalafo di lokelang ho di fumantshwa.

Dipehelo tsa bonyane ba ditshebeletso tsa kalafo tse lokelang ho fanwa (Prescribed minimum benefits [PMB]) ke sehlopha sa mafu a itseng le mafu a sa foleng ao merero ya kalafo e tlamelang ho a lefella, ho sa tsotellehe hore na setho se wela mofuteng ofe wa morero wa kalafo.

Re leboha e mong wa batho ba rona ba seng ba behile meja fatshe e leng Monghali J. Bayes, ka hore ebe o ile a re bolella se sa tswa mo etsahalla ka morero wa kalafo mabapi le dipehelo tsa bonyane ba ditshebeletso tsa kalafo le meriana tseo motho a lokelang ho di fumantshwa, e leng lebaka le entseng hore a etse tlhahiso ya hore ho ngolwe sehloho sena.

Tlhahiso leseding e ka tlase mona e hlalosa bonyane ba dintho tse hlokalang tse behilweng ke Lekgotla le Laolang Merero ya Kalafo (Council for Medical Schemes) mabapi le di PMB. Ke habohlokwa hore o tsebe melao e tsamaisang morero wa hao wa kalafo e tla hlalosa dintho tse ding tse hlokwang ke morero wa hao wa kalafo mabapi le ho lefella di PMB, tse kang hore na ho ka sebediswa ditsi dife tse fanang ka ditshebeletso tsa bophelo.

Na morero wa ka wa kalafo o tlangwa ke molao hore o lefelle mafu a itseng?

E, tsena di tsejwa e le Dipehelo Tsa Bonyane ba Ditshebeletso Tsa Kalafo Tse Lokelang ho Fanwa (Prescribed Minimum Benefits [PMBs]). Di ile tsa kenngwa tshebetsong e le ho etsa bonnete ba hore ditho tsa merero ya kalafo ha di fellwe ke tjhelete ya ho lefella pheko ya mafu a itseng. Di PMB di lefella mafu a 270, a kang meningitis, mefuta e sa tshwaneng ya kankere, ho sebetsana le boemo ba ho kgaotsa ho ilela kgwedi, ho pheko ya mafu a pelo hammoho le mafu a mang a mangata, a akarelletsang ditshebeletso tsa kalafo tsa boemo ba tshohanyetso.

Ditshebeletso tsena di fumaneha haholo holo dipetlele le dibakeng tseo morero wa hao wa kalafo o entseng ditokisetso tsa hore o fumantshwe pheko ho tsona. O ka ikopanya le ba morero wa hao wa kalafo hore o kope lethathamo la dipetlele tseo ba entseng tokisetso le tsona.

O lokela ho dula o hlahloba ditshebeletso tse fanwang ke morero wa hao wa kalafo mme o etse bonnete ba hore o dula o na le melao ya morero oo.

Na ke nnete hore jwale merero ya kalafo e se e lokela le ho lefella mafu a sa foleng?

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E, lethathamo la dipehelo tsa bonyane ba ditshebeletso tsa bophelo tse lokelang ho fanwa (di PMB) le atelositswe hore le akarelletse mafu a sa foleng a 25 a tlwaelehileng.

Merero ya bophelo e lokela ho fana ka ditshebeletso tse lefellang dintho tse latelang:

- tlhahlobo ya ho fumana lefu;
- phekolo; le
- kalafo ya mafu ana a 25 a sa foleng.

Leha ho le jwalo, o lokela ho hopola hore morero wa kalafo ha o a tlameha ho lefella tlhahlobo ya ho fumana lefu le o tshwereng haeba lefu leo E SE le leng la mafu a 25 a sa foleng.

Ho feta moo, merero ya kalafo e na le tokelo ya ho lebella hore o fumane ditshebeletso tsa kalafo tsa PMB ditsing tse itseng tsa bophelo tseo ho thweng "ke tse kgethetsweng ho fana ka ditshebeletso." Tsena ke dihlopha tse itseng tsa dipetlele, ditliniki, dingaka, le mabenkele a rekisang ditlhare le tse ding tse jwalo.

Haeba morero wa kalafo o kgethile ditsi tse itseng tsa kalafo hore di fane ka ditshebeletso tsa PMB, sena se lokela ho bolelwa melaong ya morero oo mme o lokela ho tsebiswa hore na o ka fumana meriana le kalafo hokae le hore na o ka di fumana jwang ditsing tseo.

Ke hobaneng ha mafu a 25 a sa foleng a entswe di PMB?

Ka ho etsa hore ditshebeletso tsena e be tse tlamang, ka kgothaletso ya Lekgotla le Laolang Merero ya Kalafo, mmuso o tshepa hore o tla thibela boiteko ba merero ya kalafo ba ho arola ditho ka hore tse ding ke tse behang boemo ba ditjhelete ba merero eo kotsing, ho latela boemo ba tsona ba bophelo.

Ke mafu afe a sa foleng a lefellwang?

Addison's disease

Cardiomyopathy

Lefu la tsewerekere la insipidus (Diabetes insipidus)

Haemophilia

Parkinson's disease

Asma (Asthma)

Chronic obstructive pulmonary disorder

Diabetes mellitus types 1 & 2

Hyperlipidaemia

Ramatiki (Rheumatoid arthritis)

Bipolar mood disorder*

Chronic renal disease

Dysrhythmias

Hypertension

Lefu la ho lahlehelwa ke kelello (Schizophrenia)

Bronchiectasis

Lefu le amang methapo ya pelo (Coronary artery disease)

Lefu la ho wa (Epilepsy)

Hypothyroidism

Systemic lupus erythematosus

Lefu la pelo (Cardiac failure)

Crohn's disease

Glaucoma

Ho satalla mesifa (Multiple)

Ulcerative colitis

* a tla lefella ha feela ho se ho entswe moralo wa mehato ya kalafo e tla latelwa bakeng sa mokudi.

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Ke dintlha dife tse ka sehlohong tseo ke lokelang ho di netefatsa ho morero wa ka wa kalafo mabapi le di PMB?

- Fumana hore na morero wa hao wa kalafo o entse ditokisetso le ditsi tse kgethilweng tse fanang ka ditshebeletso. Sena se tla o thusa hore o se ke wa tlameha ho itefella bakeng sa di PMB
- Etsa bonnete ba hore o fumana kopi ya melao ya morero wa hao wa kalafo e le hore o tsebe dintlha tsohle tse hlokalang mabapi le ho lefella ha di PMB.
- Ho lebeletswe hore merero ya kalafo e lefelle meriana e sebediswang ho alafa mafu a sa foleng, leha ho le jwalo, hase kamehla mofuta e itseng ya meriana eo motho a ratang ho e sebedisa e ka lefella. Morero wa kalafo o etsa qeto ya hore na o tla lefella mofuta ofe wa moriana. Haeba o sa batle ho sebedisa mofuta o itseng wa moriana ka mabaka a utlwahalang (a kang hore moriana oo o wa o hlola kapa a mang), o lokela ho buisana le ba morero wa hao wa kalafo ka taba eo.
- Qetellong, PMB e ke ke ya lefella ka tjelele e akhaonteng ya poloko ya tjelele ya morero wa hao wa kalafo.

Ke hokae moo nka fumanang tlhahiso leseding e mabapi le dipehelo tsa bonyane ba ditshebeletso tsa bophelo tse lokelang ho fanwa?

O ka qala ka ho sheba websaete ya Lekgotla le Laolang Ditshebeletso Tsa Kalafo Tseo Batho ba Lokelang ho di Fumantshwa (Council for Medical Benefits):

http://www.medicalschemes.com/medical_schemes_pmb/index.html

Haeba o na le bothata ka morero wa hao wa kalafo le ka tsela ya ona ya ho lefella di PMB, ikopanye le Lekgotla le Laolang Merero ya Kalafo (Council for Medical Schemes) ka ditsela tse latelang:

Telefono: 012 431-0500 / 0861 123 267

Fax: 012 430-7644

Imeile: support@medicalschemes.com

Poso: Private Bag X34, Hatfield, 0028

The family is growing

Karabo Letlhaku



Role: Retirement Fund Consultant
Location: Johannesburg

"I've spent the past few months focused on training and it has been a welcomed relief to learn that a lot of the skills that I have gained in my previous role, such as project management, budget management, procurement

and events management are critical to this new role. I am most passionate about helping others through information sharing and conducting member presentations. Pensioner functions allows me to do just that. Receiving input and feedback from our pensioners and members has only added more value to the work ahead of me."

Nadia Coetzee



Role: Retirement Fund Assistant
Location: Emalahleni Regional Office

"I have experience within the retirement fund industry and am finding the transition to a new company fairly smooth due to my previous experience."

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“ I assist members and pensioners at our walk-in centre in Emalahleni. I also assist with the planning of pensioner functions so my event planning qualification has come in very handy. I had the pleasure of being trained by Amanda to take over her previous role before she retired and am looking forward to making the best of this opportunity.”

Retirement – Amanda Kleynhans



Ms Amanda Kleynhans went on early retirement at the end of October 2016. Amanda was the Retirement Fund Assistant, based at the Emalahleni Regional Office.

Amanda joined EPPF in June 1999. Over the 17 years she spent at EPPF, Amanda has contributed to the growth of the Fund through her

diligence, commitment and knowledge for Retirement Fund Operations.

We would like to take this opportunity to thank Amanda for her dedication to EPPF over the years and wish her well on her retirement, as well as welcome her to the EPPF pensioner pool.

POPI Act (Protection of Personal Information Act)

In 2013, certain section of the POPI Act came into effect. POPI seeks to regulate the processing of personal information. The purpose of the POPI Act is to ensure that all South African institutions conduct themselves in a responsible manner when they are in possession of another entity or person's personal information. This includes prohibiting the sharing of member's personal information with third parties. The Fund complies with the POPI Act to ensure that our members' information is secure and protected. Therefore the EPPF does not provide pension information to third parties (e.g. financial advisors) unless compelled to do so by law.

Wet op Beskerming van Persoonlike Inligting (“POPI”)

In 2013 het 'n sekere seksie van die POPI-wet in werking getree. Met POPI word daar gepoog om die verwerking van persoonlike inligting te reguleer. Die doel van hierdie Wet op Beskerming van Persoonlike Inligting is om te verseker dat alle Suid-Afrikaanse instellings verantwoordelik optree wanneer hulle in besit is van 'n ander entiteit of persoon se persoonlike inligting. Dit sluit 'n verbod in dat enige lid se persoonlike inligting met derdepartye gedeel mag word. Die Fonds tree op in ooreenstemming met die POPI-wet deur te verseker dat ons lede se inligting veilig is en beskerm word. Daarom verskaf die EPPF nie pensioeninligting aan derdepartye nie (bv. finansiële adviseurs) tensy ons wetlik daartoe verplig word.

POPI Act (Protection of Personal Information Act) UMthetho owaziwa nge-POPI Act (UMthetho wokuVikela Ulwazi Oluqondene Nomuntu)

Ngonyaka wezi-2013, ezinye izingxenye **zoMthetho owaziwa nge-POPI Act zaqala ukusebenza**. I-POPI ihlose ukulawula ukuphathwa kolwazi oluqondene nomuntu. Inhloso yoMthetho i-POPI ukuqinisekisa ukuthi zonke izikhungo zaseNingizimu Afrika ziziphatha ngendlela enokuzibophezela uma bephethe ulwazi lwesinye isikhungo noma oluqondene nomuntu. Lokhu kubandakanya ukuvimbela ukwabelana ngolwazi oluqondene nelungu kubantu besithathu. Isikwama siyawuthobela uMthetho we-POPI ukuze siqinisekise ukuthi ulwazi lwamalungu luphephile futhi luvikelekile. Ngakho-ke, i-EPPF ayimuhlinzeki umuntu wesithathu ngolwazi lwempesheni (isib. Abeluleki bezezimali) ngaphandle uma siphoqwa umthetho ukwenza lokho.

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Molao wa POPI (Molao wa Tshireletso ya Tlhahisoleding ya Dintlha tsa Botho)

Ka 2013, karolo e itseng ya Molao wa POPI e ile ya kena tshehetsong. POPI e leka ho laola tshebediso ya tlhahisoleding ya dintlha tsa botho. Sepheo sa Molao wa POPI ke ho netefatsa hore mekgatlo yohle ya Afrika Borwa e itshwara ka mokgwa o nang le boikarabelo ha e tshwere tlhahisoleding ya mekgatlo o mong wa kgwebo kapa ya dintlha tsa botho. Hona ho kenyeletsa thibelo ya ho abelana tlhahisoleding ya dintlha tsa botho tsa setho le batho ba bang ba sele. Letlole le ikamahantse le Molao wa POPI ho netefatsa hore tlhahisoleding ya dintlha tsa botho ya ditho tsa rona e bolokehile mme e sireletsehile. Ka lebaka leo EPPF ha e fane ka tlhahisoleding ya phenshene ho batho ba bang ba sele (mohl. baeletsi ba ditjhelete) ntle le ha e qobellwa ho etsa jwalo ke molao.

Update of Personal Information

It is important for the Fund to have accurate and up-to-date records of your personal information, hence we urge that members update their spouse's date of birth. Should you go through a divorce and re-marry later, please ensure that you update the Fund with the details of your new spouse.

Die bywerking van persoonlike inligting

Dit is vir die Fonds belangrik om akkurate rekords te hê wat jou jongste persoonlike inligting bevat, en daarom spoor ons lede aan om hulle eggenoot se geboortedatum by te werk. Indien jy moontlik geskei is en later weer trou, is dit baie belangrik dat jy die Fonds moet voorsien van die inligting van jou nuwe eggenoot.

Ukufaka ulwazi oluqondene nomuntu lwakamuva

Kubalulekile ukuthi isiKhwama sibe namarekhodi ashaya emhlohlweni nawakamuva olwazi lwakho oluqondene nawe, yingakho sinxusa amalungu ukuthi alungise usuku lokuzalwa lwabalingani awo. Uma kwenzeka udabula incwadi yomshado bese uphinde uyashada emva kwesikhathi esithile, sicela uqinisekise ukuthi uyasinika isiKhwama imininingwane yomlingani wakho omusha.

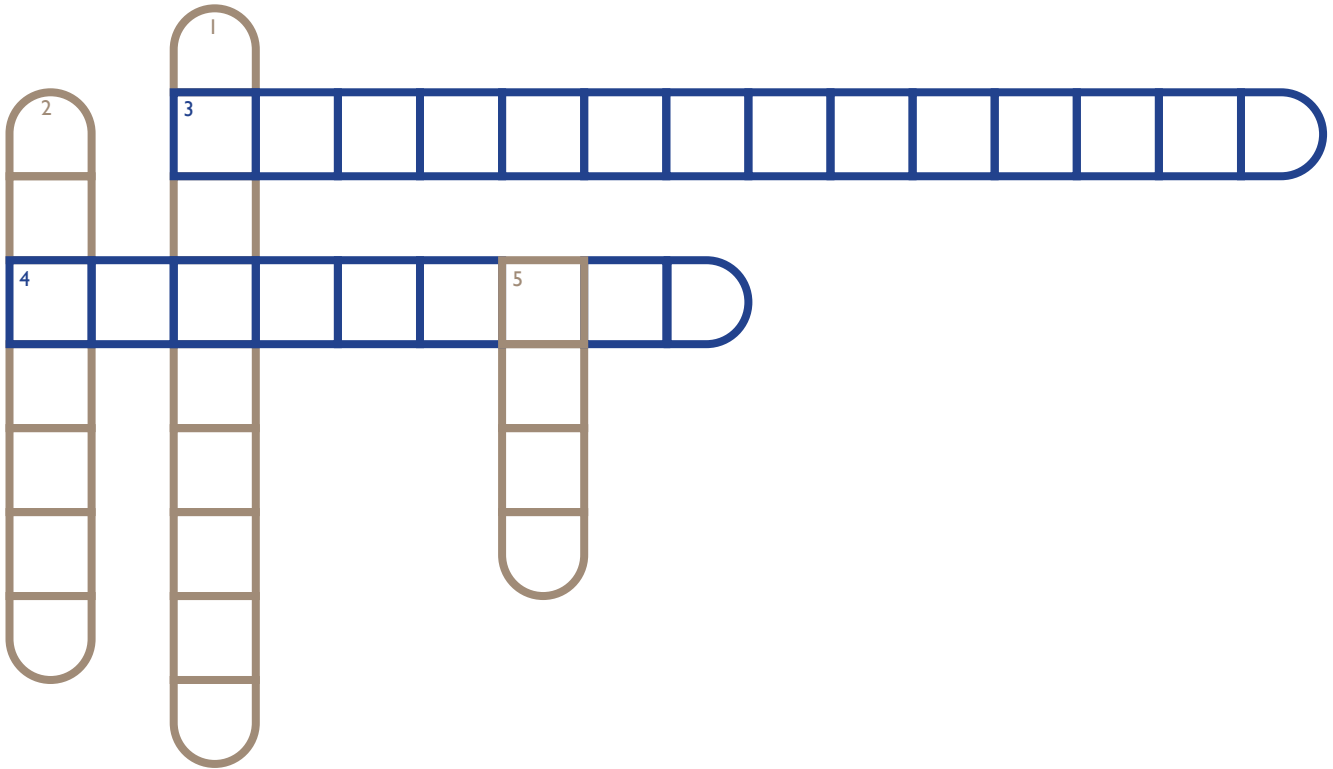
Ntjhafatso ya Tlhahisoleding ya Dintlha tsa Botho

Ho bohlokwa bakeng sa Letlole ho ba le direkoto tse nepa-hetseng le tse ntjhafaditsweng tsa dintlha tsa hao tsa botho, ke kahoo re kgothaletsang ditho ho ntjhafatsa letsatsi la tlhaho la bahatsa ba tsona. Haeba o ba tlhalanong mme o boetse o nyala hape ha morao, ka kopo netefatsa hore o tsebisa Letlole ka dintlha tsa mohatsao e motjha



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Pensioner Talk Crossword



Across

3. Where can pensioners download the death application form?
 4. Who is the administrator of the voluntary burials scheme?

Down

1. After the death of a member/pensioner, an eligible child could be entitled to receive a monthly pension until.....years of age
 2. On which day of the month does EPPF pay pensioners?
 5. An IRP5 must be submitted to.....every year.

CROSSWORD ANSWERS

Across

3. www.eppf.co.za
 4. Sanlam Sky

Down

1. Twenty one
 2. Last day
 5. Sars

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Pensioner Savvy

Pick 'n Pay

Each Pick 'n Pay Hypermarket, supermarket and family market's management is free to establish their own pensioner's policy. Some have a pensioner's day once a week where a 5% discount is offered.

Others have a discount booklet with vouchers and have a Pensioner's Tea once a month. Senior citizens need to be at least 60 years old. The customer care line can indicate to you what you can expect from the Pick 'n Pay closest to you, for more information call: 0800 11 22 88.

Automobile Association (AA)

If you are over the age of 60, your annual AA membership will be R497.50 on the AA Alliance option and includes 3 call-outs per membership year.

The regular amount is R780.00, therefore you save R282.50 a year. Call 083 843 22 if you would like more information about AA.

Shosholoza Meyl

Shosholoza Meyl - rail service - offers pensioners and senior citizens a 25% discount on all their trips. You must be over 60 years old to qualify and produce your Identification as proof.

For further details you can call the Shosholoza Meyl customer care line on 086 000 8888

Game

Game have a senior citizens discount card for people over the age of 60 which can be used on Wednesdays.

Criteria:

Customers must be over the age of 60 to qualify for a Senior Citizens Discount Card.

- Senior Citizens Day is restricted to normal trading hours only on a Wednesday in GAME Stores.
- Senior Citizens must present their Game Senior Citizens Discount Card in person to qualify for a discount.
- Senior Citizens Discount Card Holders will get 10% off the first R1500 spent.

- Please be advised there is no Pensioner Discount on Groceries, Liquor, Insurance Products, Cell Phones, Airtime & Cell Phone Contracts.
- An ID size photograph may be handed in with application form, or your photograph will be taken in store in order for your card to be processed.

For more information contact Game on: 0861 426 322 73



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Deceased List

It is with sadness and regret that we have to inform you of the passing of fellow EPPF pensioners. The list below is of pensioners who passed away between September and December 2016.

SURNAME	FULL NAME(S)	DATE OF PASSING
ABRAHAMS	SEDICK	2016-10-21
BALOYI	GEZANI JOHANNES	2016-10-29
BECHT	WILHELMUS JOHANNES MARIA	2016-10-22
BUYS	LOUW DANIEL	2016-10-26
CARSTENS	JONANNES CHRISTIAAN	2016-09-12
CEDRAS	MARTHINUS NICKLAAS	2016-10-26
COETZEE	PETRA BRIGETTE	2016-09-12
DE WET	MICHAEL CHRISTY	2016-10-01
DIRE	MOSALASHUPING ELIAS	2016-10-03
DLADLA	MVAKASHA KOOS	2016-11-02
DUBE	ERNEST BONGANI	2016-09-02
DUBE	SKHIYA WALTER	2016-10-06
FOURIE	SALMON JOHANNES LODIEWYK	2016-10-23
GOOSEN	GERRIT PIETER	2016-10-12
GREYLING	PIETER JOHAN	2016-11-14
HARPIN	ROBERT HENRY	2016-10-24
JACKSON	GARTH DEREK	2016-11-03
JAFTHAS	PIETER JOHANNES	2016-10-27
JANSE VAN RENSBURG	WILLEM ADRIAAN	2016-09-06
JANSEN VAN VUUREN	ANNA CATHARINA	2016-10-21
JORDAAN	HENNING PETRUS NICOLAAS	2016-12-02
JOUBERT	JOHAN GEORG FRANCOIS	2016-10-15
KOWALSKI	BENEDYKT BARTLOMIEJ	2016-10-24
LAMUSSE	DAVID FARNHAM MARC	2016-11-09
MADONSELA	AMOS GEORGE	2016-09-17
MAHLANGU	MLWAYEDWA JOHANNES	2016-09-19
MAHLANGU	SANA SYDNEY	2016-09-21



SURNAME	FULL NAME(S)	DATE OF PASSING
MALEHO	MOLATOLI JEREMIAH	2016-09-29
MAPHARI	AVHAPFANI FITZGERALD	2016-10-04
MAYISELA	JOHN MHLUPHEKI	2016-11-19
MKHABELA	MAFOTOLO PHINEAS	2016-11-14
MKHIZE	KHULEKANI ERNEST	2016-09-29
MOAGI	MOLEFEYANE MICHAEL	2016-10-19
MOGALE	GANATIUS LULU	2016-10-29
MOKOENA	RAPHANYANE JULIUS	2016-09-13
MONTSHO	RADIMMPE CHRIS	2016-10-22
MOROE	RAMAJA JOHANNES	2016-09-26
MOSIKILI	MOLAHLEHI SAMUEL	2016-11-04
MOSITO	KALU OLEFILE	2016-10-08
MPHAHLELE	POMPI WILLIAM	2016-10-18
MTAU	KITI DAVID	2016-09-03
MUNISI	MAPFALO ELSON	2016-11-02
MVUNDLA	HLEKEYAKE JOHN	2016-11-29
NDLANGAMANDLA	MAKHOBENI MICA	2016-09-03
NETSHIAVHA	NKHANGWENI AMON	2016-10-17
NGQELE	THEMBEKILE	2016-09-07
NHLAPO	THEMA RUEBEN	2016-09-06
NTSHANGASE	FIHLENI THOMAS	2016-10-18
NYEKENDALA	NCAMILE LOOK	2016-10-16
OOSTHUIZEN	NICOLAAS LOURENS	2016-10-26
POTGIETER	PAUL STEPHANUS	2016-09-12
REITSMA	JOUCHE RIENK	2016-10-05
REYNEKE	SUSARA ELIZABETH	2016-10-04
ROWE	JAMES SIDNEY	2016-11-22
SCHWAB	WENDY IRIS	2016-09-18
SEMPER	JACQUELINE YVONNE	2016-11-06
SETSUMI	GAONAKGOMO PIET	2016-09-25
SHABANGU	KHOTANE ELMON	2016-10-20

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SURNAME	FULL NAME(S)	DATE OF PASSING
SHARPE	ROBBY	2016-09-10
SIBANYONI	TULU DANIEL	2016-10-03
SIBEKO	INOCK	2016-09-14
SINGWANE	TSOTSI SOLOMON	2016-10-06
STOKES	DAWID JOHANNES BESTER	2016-10-04
TILE	BENEDICTOR MANDISA	2016-09-07
TSHIGO	PHOOFOLWANA JANTJIE	2016-09-17
VAN DER SCHYFF	PIETER WILLEM ADRIAAN	2016-10-11
VAN HEERDEN	STEPHANUS JACOBUS JOHANNES	2016-09-24
VAN VREDEN	ADRIAAN JOHANNES	2016-10-12
VENA	KITCHENER	2016-09-15
VHENGANI	TSHILILO MARIA	2016-11-12
VILAKAZI	PILA ABSALOM	2016-11-23
WIESENAAR	JOHAN PETRUS JACOBUS	2016-12-02



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Contact Us

ESKOM PENSION AND PROVIDENT FUND

Call Centre Toll Free Number: 0800 11 45 48

Call Centre Landline: +27 11 709 7492

Call Centre Fax Number: 0866 815 449

Email: info@eppf.co.za

Postal Address: Private Bag 50, Bryanston, 2021

HEAD OFFICE AND JOHANNESBURG WALK-IN CENTRE:

Reception Switchboard: +27 11 709 7400

Physical Address: Isivuno House, EPPF Office Park, 24 Georgian Crescent,
Bryanston East, 2021

GPS Coordinates: S26 02.437 E28 01.101

EMALAHLENI OFFICE WALK-IN CENTRE:

Contact numbers: +27 13 693 3240 / 3918

Physical Address: House No. 27, Eskom Park, Visagie Street, Emalahleni

EAST LONDON OFFICE WALK-IN CENTRE:

Contact numbers: +27 43 703 5772

Physical Address: Sunilaws Office Park, Block A, Corner Quenera Drive & Bonza Bay Road,
East London

COMPULSORY DEATH BENEFIT

+27 11 800 4526

SANLAM CONTACT DETAILS (VOLUNTARY BURIAL SCHEME)

Queries related to the new scheme and your benefits

Telephone Number: 0860 276 885

Email: eskomqueries@sanlamsky.co.za

EXISTING RECORD AMENDMENTS AND CLAIM SUBMISSIONS

Telephone Number: 0860 302 922

Fax Number: 0860 276 884

Email for claims: eskomclaims@sanlamsky.co.za

Email for servicing: eskomservicing@sanlamsky.co.za

INDWE (CAR AND HOUSEHOLD INSURANCE)

Claims

Call Centre: 0860 843 244 / +27 11 912 7300

Email: hobackline@indwerisk.co.za

Homeowner new claims: newclaims@indwerisk.co.za

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