







## YOU FREQUENTLY ASKED QUESTIONS ANSWERED








### 1. HOW CAN MY MYSAVER™ BENEFIT BE DEPLETED ALREADY?

The Council for Medical Schemes (CMS) allows for only a certain portion of your contributions to be allocated to a savings facility. Because you are in complete control of your MySaver™ benefit, it's important that you keep a very close eye on how you spend these funds to make sure you don't run out before the end of the year. Here are a few additional tips to help stretch your MySaver™ benefit even more:

-  • Using a Designated Service Provider for your healthcare needs
-  • Asking for generic medicines as far as possible
-  • Using medicines that are on your option's medicine (formulary) list
-  • Taking preventative care of your health with your Preventative Screening benefits





### 2. HOW DO I ACCESS MY MEDIBOOSTER?

Accessing your MediBooster is an easy, step-by-step process:

-  **Step 1:** Visit your local Clicks that has a pharmacy and clinic
-  **Step 2:** Tell the nurse you want to access your Spectramed MediBooster benefit
-  **Step 3:** Undergo the preventative screening tests
-  **Step 4:** Confirm that the nurse will submit your screening results to Spectramed
-  **Step 5:** Return to the same Clicks after 2 working days
-  **Step 6:** Select your vitamin and minerals from the allowed list ([click here](#))
-  **Step 7:** Take your goods to the pharmacist who will process them from your Spectramed MediBooster

### 3. WHY DO I NEED PRE-AUTHORISATION FOR MY PROCEDURE?

Because we always have the best interests of our members at heart, our pre-authorisation process is designed to:

-  • Confirm that you have cover for the procedure
-  • Make sure that the level of treatment is clinically allowed by Spectramed according to independently designed clinical protocols and guidelines
-  • Help you understand what is covered and what is not covered on your option
-  • Assist you in limiting any out-of-pocket expenses you may incur

### 4. WHAT IS THE DIFFERENCE BETWEEN A NEW GENERATION AND A HYBRID MEDICAL OPTION?

**New generation** options typically cover your day-to-day healthcare expenses from a medical savings account. Once these funds are depleted, you have a Self-Payment Gap where all expenses, up to a set Rand amount, are covered by the member in full. Once the member has covered this Rand amount, an Above Threshold Benefit is activated that provides access to additional cover.

Spectramed's **next generation hybrid options**, on the other hand, not only provide a generous MySaver™ account, but also include additional cover through a Benefit Booster™ with these benefits not subject to funds available in your medical savings account (MySaver™). This is a unique benefit and therefore allows you to utilise your savings for clinical necessary treatment when it is really needed.