5

HELP PLAN MAKES I TELEVISION DEBUT

The NMA HOSPITAL EXCESS LOSS PLAN designed to provide for the costs of hospitalisation which exceed maximum tariff rates, was launched to existing members in April 1991.

General Public

The plan was so successful that NMA decided to open the membership to the general public and with this in mind, acquired partial sponsorship rights for a health care educational series of television programmes on CCV TV. The series consists of a weekly 5-minute programme flighted each Thursday afternoon and repeated each Saturday morning from January to December of this year. Each programme deals with a different aspect of everyday health care and the type of problems which may be encountered.

Educational

Unlike the advertising campaigns run by the various insurance based $a\200\234$ top up plans, $a\200\235$ the HELP campaign has avoided using the negative tactic $a\200\234$ Who will pay the difference? $a\200\235$ Instead, its programmes are educational and strive to teach the viewer about the costs involved and the various methods of financing these which he/she may choose.

Planning for a child

The first programme was called $\frac{200}{234}$ and used an $\frac{200}{234}$ everyday $\frac{200}{235}$ scenario to illustrate the planning which should precede the decision to have another child. Scene one is set in an office situation showing the leading actor KHOTSO talking to a colleague. He mentions that he and his wife LERATO

are planning to have another child, but that he is worried about the additional costs this would involve. The colleague smiles, takes out a copy of the Help Plan brochure and hands it to KHOTSO saying that costs need not be a worry if he joins the NMA HELP PLAN.

Professional Advice

Scene two takes us into the home of KHOTSO and LERATO where they are entertaining THOKO, an old family friend and nursing sister. LERATO tells THOKO of her plans to have another child and asks her professional opinion about the costs involved. THOKO verbally lists all items of cost which may occur including baby clothes, maternity clothes, hospital costs and others.

KHOTSO asks her if she has heard of the NMA HELP PLAN and her opinion of it. THOKO confirms that the Hospital Excess Loss Plan is very important and suggests that they join immediately. She explains that the money need not necessarily be used for hospital costs, but may be used in whatever manner KHOTSO and LERATO see fit.

Positive Reaction Reaction to the series has been excellent from all quarters. The series

was and still is, informative and educational.

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- Top up insurance Northern branches out Rossing Uranium Motor vehicle accidents Frames Unlimited

GETTING BACK IN SHAPE

By H. Leon Garrett, Ed.D.

Millions of South Africans realize the need for more physical activity in their daily lives. Yet if they have been $a\geq 0$ 0 and $a\geq 0$ 0 are reluctant to plunge into vigorous exercise.

The caution is well-advised. But there is a safe way to develop oneâ\200\231s own personal fitness program.

First, find a physician who will measure your physical capacities and limitations. Depending on your age and other factors, he may recommend an exercise stress test including an electrocardiograph taken while exercising. It will allow him to judge how much exertion you can safely do.

Next, select the type of exercise program that is appropriate. Each training session should be divided into three phases: a warm-up period of 5-8 minutes, a work-out session of 20 a 200 22425 ~ minutes and finally a recovery period of 5-8 minutes.

The exercise should involve large muscle groups such as those of the legs and back. It should produce an increase in heart rate of about 80 to 90 per cent several times during the session.

Activities such as jogging, walking, running, cycling, swimming or combinations of these seem to produce the

W & e e 4 ©

SHEâ\200\231S VERY FAST OVER FIVE FURLONGS, BUT SHE FADES OVER A LONGER DISTANCE

best results. Interval-type activities that produce episodic increases in heart rate followed by a rest appear to develop and maintain fitness most effectively.

To bring about a change from a state of unfitness to fitness requires a minimum of four such sessions per week, preferably five. Once a higher level of fitness has been attained, three intensive 20-minute sessions per week will maintain fitness.

The time of day and location of training sessions are individual matters. No special dress is required for afitness program with the exception of shoes. Comfortable, thick-soled shoes that fit well and give adequate arch and ankle support are essential. This is especially true during the first weeks of training. Such items as rubberized suits are not necessary and may even be harmful.

Donâ\200\231t pay much attention to fatness, develop your fitness.

If you want to trim your figure, adjust your food intake to unbalance your energy output by 500 calories per day. In a week this energy deficit will expend 2 kilos of body fat and that rate of weight loss is fast enough.

Make exercise and fitness a part of your life pattern, like shaving and washing. While the hard evidence to prove that such a regimen will prolong your health and life is lacking, there is a great body of supporting evidence to indicate that exercise and fitness are the reasons that primitive peoples are immune to the chronic diseases of late life so prevalent and threatening in the sedentary developed societies.

There may be some minor complications as a result of exercise. The most common are foot, ankle or knee discomfort. Soreness and swelling may occur but these need not prevent your exercising. Modify your activity by reducing the intensity and/or duration of exercise and these problems usually will disappear. Should they persist, see your physician.

Some helpful hints to the long outof-shape fitness seeker:

B Don't compete with others. Itâ\200\231s great to have someone accompany you as you exercise but not as a competitor.

B The adage which suggests that only those activities that cause pain are beneficial is nonsense. Don't exercise, at the outset, to the point where you are sore and in pain the next day.

B Avoid isometric exercises and activities that cause straining while holding the breath.

B You will feel better after only a few training sessions and the temptation to $a\200\234$ take a break $a\200\235$ and skip some sessions will be great. Make every effort to train regularly. You cannot store the benefits of physical activity.

B Proceed slowly. Don't try to become fit in one weekend.

Adapted from an article by: H. Leon Gar-

rett, Ed.D., chairman of the health and phys-

ical education department at George Pea-

body College, Nashville, Tenn.

PERSONALITY OF THE MONTH

Banking and Insurance a good background for administration.

Alan Clayton was born in Barberton in the Eastern Transvaal, but spent his early years in Swaziland and Southern Rhodesia (Zimbabwe).

He completed his secondary education in Nelspruit and his first job was with a bank in his hometown of Barberton, but after completing his military service was transferred to a branch of the bank in Stilfontein where he stayed until June 1972, when an opportunity presented itself to start a career in insurance as a chief clerk. Soon, promotions elevated him to resident inspector and finally to the operations manager in the DP department. Alan stayed on the West Rand with the same company for 10 years during which time he had reached Branch Manager status.

He changed employers in 1985 and, still in insurance, became regional accountant for the Western Transvaal and later moved to Mafikeng as regional accountant for Bophuthatswana, where he stayed for 3 years before being recruited by Northern as their Administration Manager.

COMPETITION CORNER

Opinions expressed in this newsletter do not necessarily reflect those of NMA Administrators (Pty) Ltd, the Committees of Management of the Societies or any organisation which represents the interests of medical schemes.

PUBLISHER Advista Advertising & Marketing c.c.
PO Box 555
SUNNINGHILL 2157

Bruce Sheppy

PO Box 61471 MARSHALLTOWN 2107

EDITORIAL Karin Lawrie ASSISTANT

CORRESPONDENCE SHOULD BE ADDRESSED TO THE EDITOR.

EDITOR

- 11. Large weasel (5)
- 13. Violent wind storm (7)
- 15. Tailless amphibian (4)
- 16. Story (4)
- 17. Occupied by houses (11)

6

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15
17
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ACROSS DOWN

- 1. Praiseworthy (11) 1. Builder (11)
- 6. Birdâ $\200\231$ s home (4) 2. Network (4)
- 8. Unbleached linen (4) 3. Requirements (5)
- 9. Fish (7) 4. Part of the body (4) 10. Circular (5) 5. Instructional (11)
- 7. Polluted (7)
- 8. Excessive joy (7)
- 12. Tree fruit (5)
- 13. Faucets (4)
- 14. Cab (4)

Make a photostat copy of the X-word puzzle above and send it to Competition Corner PO. Box 61471 Marshalltown 2107 with your name and address. A prize of R25 will be sent to the first correct entry drawn. The winnerâ\200\231s name as well as the solution will be published in the next issue of NMA HEAITH LINE. Anyone may enter and the number of entries per person s not limited. The Editorâ\200\231s decision will be final and no correspondence will be entered into. Solution to last monthâ\200\231s puzzle: Congratulations to our winner:

Miss E.A. Marais

PO. Box 60 Fontainebleau 2032

Solution to No 4 1991

STAFF NOTICE BOARD

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. ; Thanks to all staff in
CONGRATS! to %?v% E%\ddot{} 2011lj Itz assessing, mailing and filing
To Denise Van Wyk g for their wonderful help
on the birth of for her wedding a\200\224 Estelle
Tesattoee o 80 Jpm. - LG8 AR el @1 Aol i ohel \mid80 CONGRATS) . ) COOD erc
. To Norma Davies Operatj()la for the
GET WELL SOON! | on the marriage of her o gocomlng
g oM daughter on 1st Feb. - on
X Thanks
operation . oo to Farosl Egglia%nsgor
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0 NV : WELCOME! A
t, 900 3 . WG\COHQ/?â\200\230Ã@rW6 To Eleanor Elkington
â\200\234ag\d Lynne VY%W apOke our new PRO. - gooddluck
thex el ... you're going to need it.
To aTIIHS)%aNflch\!/VhO a.\hat{a}200\230rr\\Ome NMA Whe e fr\hat{A}$m the Boys
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. remarks \hat{a}\200\224 Eleanor , . another new
Alan - we notice you have nothing to say! NMA teamster
W10 B\ 1124 N5
G012\ 3124 | e e *
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Thereâ $\200\231s$ no fun in medicine, but there's a lot of medicine in fun.

 \hat{a} 200\230No need to, was the reply. T'm sure that wants a rest too!

 \hat{a} 200\230But Doctor/, she said, \hat{a} \200\230you haven't looked at my tongue \hat{a} \200\231

An old man went to a Doctor and complained he was $\ \ \,$

A lady went to her Doctor and was advised to take a rest.

Kok ok Ak ok ok ok ok ok kK

losing his hearing.

How old are you?" asked the Doctor.

 \hat{a} \200\230Ninety-two, was the reply.

 \hat{a} 200\230Ah, said the Doctor, \hat{a} \200\230you've heard quite enough!

* * *

 $\hat{a}\200\2341$ reckon a pregnant secretary should stop work when she can no longer reach the typewriter. $\hat{a}\200\235$

Xt 3 % 0% 6 3 6 b 3% 36 06 6 36 6 6 % % b X 3 % X6 26 2 6 26 X % 3 36 6 3 % 2 X 3 % O X% % % % % % %

P b 40 b 40 20 48 b 20 4b b 20 ah ¢

THE 3 WISE LADIES FROM THE NORTH

."[he contmua'l enlaxgement and the growth of the team at Northern, in order to meet the de mands and cater to the needs of its members, is a policy decision which has never been regretted. With the advent of mul tiple options and an enormous growth in membership population over the last few years, it has become increasingly importa nt to seek and find specialist skills which are able to cope with requests, queries and complaints of both member organisa tions and the members themselves.

Three recent and most welcome additions to the specialist team are Fran Piggott, Eleanor El kington and Lynne van der Merwe.

FRAN PIGGOTT

Born and educated in Kenya and emigrated to South Africa in 1963 where she completed her matric. She spent a year in Switzerland at a finishing school and back in South Africa, entered the medical aid profession in 1978 where she studied all aspects of administration and marketing. Her sales skills are demonstrated through her ability to lead successful fund-raising projects for several charities, welfare organisations and schools. Currently the chairman of the Management Committee of a large girls school on the East Rand, her favourite sports are golf and swimming, and she loves to travel to $a\200\234$ out of the way places $a\200\235$ and renovate houses.

At Northern she is responsible for new client contacts and her charming professional manner has already brought much success in this area. Fran also has an agency for First Aid kits which fits in well with her client calls.

ELEANOR ELKINGTON

Born and educated in Kenya and moved to Natal in 1964, she studied as a beautician until the marriage to her Zimbabwian husband, Brian. They moved to Johannesburg in 1981 where Eleanor decided to study landscaping which led to the opening of her own business in this field and the running of it successfully until 1986. Having now identified her own skills as being primarily people related, she once again returned to college and completed a course in Public Relations. After successful completion of her course, she joined a large medical aid society as their PR. manager and stayed with them for two

years.

She was recruited by Northern at the end of 1991 where she occupies the office of Public Relations Manager. This very personable lady loves reading, gardening, cake icing and bird watching, takes every opportunity to go camping and loves people.

LYNNE VAN DER MERWE

Born in Romford in Essex in the United Kingdom, and moved to Rhodesia at the tender age of 4. Lynne completed her schooling and most of her post school training in Salisbury where she completed courses in all aspects of secretarial work. She moved to South Africa with her parents in 1975 where she married and had 3 children. She furthered her training by completing a course in word processing and over the years worked in various corporate environments as a high level secretary and personal assistant. Lynne is an extremely $a\200\234$ together $a\200\235$ career lady who sets herself very high standards and is determined to $a\200\234$ get what she wants. $a\200\235$ Her 2 grandchildren are her greatest delight between aerobics classes and reading. She loves going fishing as well as the theatre and her function at Northern as secretary and P.A. to the marketing department is complimented by these diverse interests.

FROM THE EDITOR

$a\200\234$ Smart Cards $a\200\235$ will reduce fraud

It is incredible that the high incidence of medical aid fraud, which pushes up the price of medical aid subscriptions at an alarming rate, has necessitated the introduction of state of the art technology to control this cost. A $\alpha \times 100 \times 100$ and $\alpha \times 100 \times 100$ is a

card the size of the usual credit card which has a built-in microporcessing chip containing data which will identify the user to the supplier of service immediately upon presentation. In the case of a medical aid member, his/her usual details, details of benefits used and balances of benefits available, as well as details of claims made against each benefit to date. Northern is poised to commence a trial run of the system using 3 or 4 major clients in Natal as $a\200\234$ guinea pigs. $a\200\235$ Once the system has been

approved for use, it will be introduced throughout the Society. An in depth report on the results will be published in the next issue of HEAITH LINE.

VIVIEA

IS $\hat{a}\200\234$ TOP UP $\hat{a}\200\235$ INSURANCE REALLY NECESSARY?

Much has been said and many claims made in the media and in advertising brochures by insurance companies regarding the amounts which medical aid members would have to pay in excess of medical aid rates for major surgery and other procedures requiring hospitalisation. Their research has, for obvious reasons, been selective in terms of societies chosen and procedures targeted as cost comparisons for the purpose of supporting their claims.

Whilst we do not disagree nor contest their figures, our own $a\200\234$ in house $a\200\235$ research shows that the Diamond option, does not fall far short of paying the total bill thus making the need for top up cover far less acute than is generally believed.

Our research was conducted by randomly selecting several recent cases which have been claimed against our Diamond option. By comparing the actual invoiced cost to the amounts paid by the Society, we have formulated the illustration to this article.

Most surprising is that every case studied for this survey, was performed

Procedure Charged Society = Member % Paid by cost paid paid member
Cancer of
the mouth
removal R25370 R24 423 R947 3,7%
Heart
bypass R25 285 R24 953 R332 1,3%
Heart:
attack R14 169 R13 756 R413 2,9%
Hip
Replacement R17 029 R16 697 R332 2,0%
QOpvarian cyst
remov.
(FEMALE) R40 772 R40 195 R577 1,5%

in a private clinic by private practising specialists. The figures include the hospital cost, practitioners fees and medicines dispensed during the hospital period. It is interesting to note that in all cases studied, the members contribution was far less than the annual

subscription charged by any of the insurance schemes on offer. The Diamond option has no annual overall limit so a member could claim an unlimited number of these procedures for him and his family and the result should remain the same as illustrated.

NORTHERN BRANCHES OUT

CAPETOWN A

Pam Brogan (Supervisor) Tel: (021) 762-6860

PO. Box 189

OTTERY

7808

The opening of branches in Durban and Cape Town allows members living in these areas to submit claims and clear up problems much quicker than in the past. Both branches have a direct computer link to head office and are staffed by qualified personnel who are able to answer any questions without reference to Johannesburg.

For information and quick reference, the contact details are published below.

; enny Saunders
% Samantha Nelson
| Francisca Mtizongo
& Jean Oâ\200\231Donovan
(Supervisor)

Tel: (031) 305-6146

{ PO. Box 11038 MARINE PARADE 4056

The newly refurbished entrance to Northernâ\200\231s

Johannesburg headquarters.

A\ JOHANNESBURG

Tel: (011) 833-6530

PO. Box 9263

JOHANNESBURG 2000

Johnnie van Jaarsveld

Die ontwikkeling by Rossing Myn naby Swakopmund het reeds gedurende 1970 begin.

Aansoek om lidmaatskap by Northern Medical Aid is deur middel van Rio Tinto Management Services hanteer en op 25 Maart 1975 is Rossing Uranium Mine as 'n volwaardige samestellende lid van Northern Medical Aid geregistreer met 80 lede.

Die ledetal van-die groep het aansienlik gegroei en gedurende 1981 is die Sekretarisse versoek om 'n eie mediese skema vir Rossing te registreer. Die registrasiesertifikaat is op 31 Julie 1981 uitgereik en op 1 September 1981 is 1 624 lede oorgeplaas na die nuwe mediese skema.

Aangesien die hoofkantoor van Rossing in Windhoek gevestig was en die grootste gros van die lede by die myn op Swakopmund werksaam was, het daar met verloop van tyd die gevoel ontstaan dat die lede in Windhoek nie

dieselfde voordele geniet as die lede in $\ensuremath{\mathsf{Swakopmund}}$ nie.

Voorbeelde hiervan was die kraaminrigting, die Marie Douglas Heim, wat deur Rossing bestuur is en waarvan die

lede in Swakopmund gebruik kon
maak.

Verder is daar ook besluit om 'n paneeldokter stelsel in Swakopmund en Arandis by die myn in te stel. Die lede in Windhoek kon nie van hierdie voordele gebruik maak nie. Aangesien daar ook nie 'n hospitaal met voldoende geriewe in Swakopmund was nie en die lede van Antonius Hospitaal gebruik moes maak, het Rossing besluit om 'n eie hospitaal met al die nodige geriewe in Swakopmund op te rig. Ook hierdie voordeel het die lede in Windhoek nie gehad nie en daar is gevolglik besluit dat â\200\230'n bystand skema vir die lede in Swakopmund gestig moes word.

Die Rossing Medical Benefit Scheme is in Januarie 1984 in die lewe geroep en die mediese skema in Windhoek is met 90 lede gelaat. Die skema in Swakopmund het besluit om self die administrasie van die skema te doen met NMA Administrators as adviseurs.

Ten spyte van hierdie klein ledetal was die reserwes voldoende om aan al die vereistes van die Registrateur van Mediese Skemas te voldoen.

Die eerste vergadering van die Bestuurskomitee is op 2 September 1981

ROSSING URANIUM MEDIESE SKEMA TIENDE VERJAARSDAG .. suonie e et

te Windhoek gehou met Brian Burgess as Voorsitter. Die eerste jaarvergadering van die Vereniging is op 6 Mei 1982 te Swakopmund gehou.

Op die eerste jaarvergadering is Ian Dettmar aangewys as ondervoorsitter van die Vereniging en op pad terug van die Rossing Country Club na Swakop-mund was hy betrokke in â\200\230n motorvoertuig ongeluk en is dieselfde nag oorlede.

In 'n ligter luim, kan gemeld word dat 'n kworum by die jaarvergadering nooit 'n probleem was nie. Die voorsitter het eenvoudig die kroeg gesluit en almal wat binne was moes eers die jaarvergadering bywoon voordat hul weer hul dors kon les.

Rossing Mediese Skema word tans nog deur NMA Administrators geadministreer en H. van Jaarsveld wat op die eerste vergadering as hoofuitvoerende beampte aangewys is beklee nog steeds die pos.

NMA Administrators is trots op die verbintenis wat hulle met Rossing Uranium Mediese Skema gehad het sedert hul ontstaan en vandag nog voortsit. Op hierdie stadium is Rossing Medical Benefit Scheme nie meer by die Registrateur van Mediese Skemas geregistreer nie, maar Rossing Medical, Aid Society is nog steeds 'n Suid-Afrikaans geregistreerde skema, aangesien die administrasie in die Republiek gedoen word.

MOTOR VEHICLE ACCIDENTS ., von coner

Medical expenses including ambulance fees resulting from a motor vehicle accident in which members have suffered injury,

are only payable by the Society once all other sources of claim have been exhausted. These other sources include the MVA

fund, the member $\hat{200}231s$ private insurance and/or the insurance company of the other part y or, if uninsured, the other party himself.

In the latter two cases, ie. the other party to the accident or his insurer, this pre-suppo ses that such other party is legally liable

by virtue of his having caused the accident. Since claims of this nature generally take mon ths or even years to conclude, the

Society will pay the member \hat{a} medical costs and ask the member to submit these, thr ough his attorney or insurance company,

as part of his claim and repay these to the Society when the case is finalised.

Members who are involved in motor vehicle accidents and who incur medical expenses as a result of injury, are asked to report these to the Society immediately. Members will be

asked to complete an $a\200\234$ undertaking form $a\200\235$ which should be accompanied by a copy of the police report, a sketch of the accident and all other relevant details. In cases where the member is not insured, he will be asked to submit a sworn affidavit to this effect.

Claims for medical expenses resultant from a motor vehicle accident will be paid in accordance with the Society $\hat{a}\200\231s$ scale of benefits and will be assessed in terms of any benefit maxima applicable to the option of which the claimant is a member.

FRAMES UNLIMITED
DOES IT AGAIN!
SPECTACLE LENS MONOPOLY IS BROKEN.

Seven years ago Frames Unlimited rocked the foundations of the s; cle market mon(;goly and made massive inroads in $a\200\234$ medical enterprise $200\235$ by offering a discount on spectacle frames and in so doing became a household name in South Africa.

Giant Step

Not content with resting on its laurels Frames Unlimited now takes another giant step for consumers by offering a discount on prescription lenses.

MD of Frames Unlimited, Irwin Schaffer

Frames Chief Executive, Irwin Schaffer, fought the battle in the law courts for the rights of consumers to buy spectacle frames at a discount. The result $a\200\224$ a chain of 20 stores nationwide.

Frames Unlimited $\hat{200}$ Eastgate store

- 25 Percent Off

Now Schaffer has t%one further $a\200\224$ Frames Unlimited is offering a 25 percent discount on prescription lenses.

A Northern Medical Aid spokes— man has praised the move by Frames Unlimited saying that $a\200\234$. . . any savings that could go towards lessening the burden of medical costs to the man-in-the-street are most welcome. $a\200\235$

Monopoly

Explains Schaffer: $\hat{a}\200\234I$ do not expect that those who wish to protect their monopoly will take my latest steF lying down, but I am not afraid of the

challenge.

purchased from

 $\hat{a}\200\234$ In these hard times we are hard pressed to make ends meet and for thousands of South Africans, spectacles are a necessity and not a luxury. For most people, the possibility of a

ercent discount on prescription enses will be a gleam of light at the end of the tunnel, $\hat{a}\200\235$ he said.

Medical Aid

In addition therrice of spectacles rames Unlimited may be claimed from medical aid.

Frames Unlimited also offers an unconditional money-back guarantee on all their lenses and spectacle frames.

No Dispensing Fee

Frames Unlimited will not charge a dispensing fee which consumers have been paying when taking delivery of spectacles in the traditional manner, thus saving themselves an additional sum.

Concludes Schaffer: $\hat{a}\200\234$ Optometry in most developed countries is a free enterprise business where customers are free to shop around for the best service at prices within their reach. Why should South Africans still be prejudiced by a local restrictive monopoly? $\hat{a}\200\235$