

**THE COUNCIL FOR MEDICAL SCHEMES  
APPEAL COMMITTEE**

In the matter between:

**BES**

Appellant

and

**MEDIHELP**

Respondent

---

**APPEAL RULING**

---

1. The Appellant's complaint arises out of what he says was misleading information contained in the communications from the Respondent to him, concerning whether the chronic medication used by him was covered by the prescribed minimum benefits.
  
2. The essence of the dispute between the parties has in fact been resolved and the Appellant now understands what it is to which he is entitled and which chronic conditions form part of the prescribed minimum benefits.

3. The Appellant's confusion arose out of wording contained in the Information and Benefit Guide published by the Respondent for the year 2006 and from certain correspondence.
4. Under the section of that guide dealing with the Day to Day Benefits, and under the heading *Medicine*, the guide indicated that chronic medicine with respect to the Dimension Prime 1 benefit option was for the members account.
5. The Appellant's complaint is that this guide would lead the ordinary member to understand that all chronic medicine needed to be self funded. A member reading this guide would not understand that medicine in respect of those chronic conditions that formed part of the prescribed minimum benefits would be covered by the scheme.
6. It has now been explained to the Appellant that to the extent that the medication required by him for a chronic condition relates to a condition that forms part of the prescribed minimum benefits the scheme will meet the costs of such medication without any co-payment from the Appellant. Nevertheless, the Appellant remains aggrieved by the misleading literature.
7. The Appellant has asked the appeal committee to rule whether the literature in question is misleading. The Respondent denies that it is, and points to that aspect of the guide in which prescribed minimum

benefits are listed, and reference is made to treatment, care and diagnosis of two hundred and seventy PMB conditions and twenty five CDL conditions. This, the Respondent maintains, makes it clear that chronic diseases included in the prescribed minimum benefits are covered.

8. This notwithstanding, the statement that chronic medicine is for the members account in respect of the Dimension Prime 1 option, standing as it is in the guide without any qualification, is indeed misleading. There is nothing in the guide that would indicate to a member, who wishes to know his status with regard to chronic medicine, that what is therein stated is subject to, or should be read with, the provisions relating to the prescribed minimum benefits. A member reading only this section of the guide would, therefore, not be directed elsewhere, and would understand that all chronic medicine was excluded.
9. In the circumstances the appeal committee agrees with the Appellant that the literature in question is misleading, and would advise the scheme, in its future publications, to include a qualification under this heading to indicate clearly that it applies to chronic medicine other than that covered by the prescribed minimum benefits.

DATED AT JOHANNESBURG THIS      DAY OF MARCH 2007

---

P R JAMMY  
FOR: APPEAL COMMITTEE