# Navigating the Funding Puzzle



## **Medical Schemes Industry**

Medical Schemes Act

**Open Schemes** 

Closed schemes

Maximum protection for members within rules

**Insurance Act** 

**Medical Insurance** 

Day by Day insurance

No protection other than financial limits

These are very different and should not be confused

### Medical schemes

**Traditional Options** 

**Savings Options** 

Both include hospitalisation and chronic cover in the benefits

PMBs - Prescribed Minimum Benefits

270 listed conditions

The minimum that all schemes must cover regardless of the plan type

### Dementia

Diagnosis code: F01.0 to F06.8

PMB entitlement

Admission to confirm the diagnosis

Admission for management of an acute psychotic episode for 1 week No chronic medication unless it's combined with Parkinsons

Chronic medication

Paid from the chronic benefit to the limit - if approved

Subject to savings

# **Long Term Care Options**

Family Members
Home Based Care
Home Nursing
Frail Care Centres
Dementia Centres
Government Homes

Plan Ahead from the first Diagnosis

Don't be an Ostrich



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### **Palliative Care**

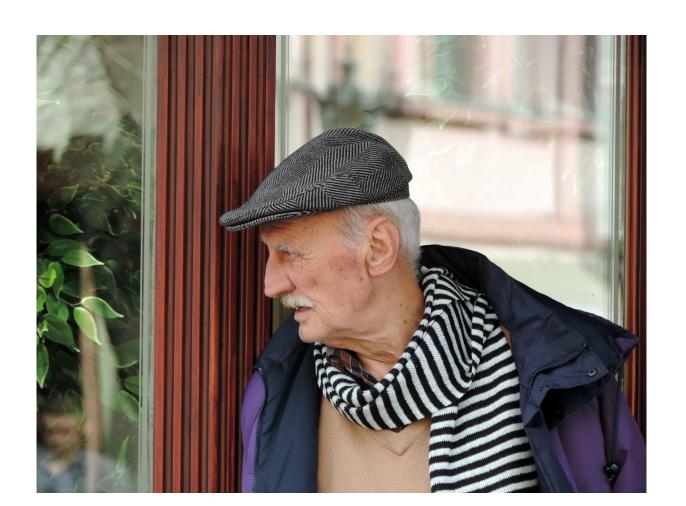
PMB - diagnosis code Z51.5

There is no set time frame

Included in the treatment
Comfort care
Pain relief
Hydration

Dementia does not always mean Palliative Care

# The Orphaned Aged



### **Stats**

Over 60 yr. old Population group (employed or previously employed)

15 % are childless

40% are alone without a spouse

32% of the employed over 50yrs have children outside of the country

70% have not identified long term care

This is a crisis on our doorstep

What can we do

### Cause

Long term planning is non existent Children are encouraged to spread their wings

Take a gap year

Play sport

See what employment opportunities there are

Looking for greener pastures

Get out of here

It will never happen to me My children will always be there

### Result

Family circle is broken

Children lose interest due to distance

Grandchildren have no relationship with Grandparents

Busy lives prevent constant contact





# What can We do?



#### Plan ahead

Living wills
End of life directives
Appoint a proxy

#### Living arrangements

Where will they go after discharge Who is going to do the care

#### Plan

Be proactive
Don't wait for last minute .com
Have the difficult discussion
Establish the cost

#### **Reach Out**

Support Groups Collaborate Network

#### Our role is not to BE the solution but to find it

It takes a village to raise a child

It takes the same village to protect the aged

We don't have the community care structure available elsewhere

We need to create our own network

Its up to us, to be the difference

# Thank you

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