Parc du Cap, 7 Mispel Road, Bellville 7530 PO Box 5324 Cape Town 8000

Enquiries: Tel 021 480 4610 or 0800 001 607 Fax 021 480 4969

E-mail: bpmas@mhg.co.za www.bpmas.co.za





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Dear Member

INTRODUCING THE 2017 BENEFIT CHANGES

Over the last few months the Board of Trustees has been discussing the Society's benefits, trying to find a balance between affordability and the comprehensiveness of benefits.

To assist us in making some of the changes, the Trustees embarked on a member survey – we would like to thank all of you who participated in the survey. Your input has been invaluable. The results of the survey were shared with you via the Society's newsflash. There is also an article about it in the enclosed newsletter.

This letter also serves to share with you some of the significant changes to the benefits, which have been summarised below to assist you to identify them with ease. You will be glad to note some of the major changes. Please ensure that you understand the details and get a full picture of your 2017 benefits; we recommend that you study your new member guide.

One of the Trustees' biggest challenges was to try to ensure that we increase the Scheme rate (the rate at which we reimburse claims), as well as the benefit limits, sufficiently to ensure that we pay claims at a fair rate of remuneration and that the benefit limits are enough to ensure that you have very reasonable medical cover, while at the same time seeking to keep contributions at affordable levels.

Benefit review for 2017: Summary of changes

The main benefit changes are as follows:

- Change in emergency ambulance service provider: The ER24 contract with the Society comes to an end on 31 December 2016. Based on a very competitive offering, the Trustees approved the change from ER24 to Netcare 911 for ambulance services with effect from 1 January 2017. Ensure that you place the enclosed Netcare 911 stickers on your motor vehicle and fridge. Remember that you cannot contact ER24 for an ambulance anymore. Details on Netcare 911's services are included in this newsletter and in the member guide you will receive in January 2017.
- Change in optical provider: From 1 January 2017 the Society will contract Iso Leso as its preferred provider network for the delivery of all optical services to members. PPN will no longer be the preferred provider for optical services to members. A detailed benefit breakdown has been enclosed with the newsletter and your member guide.
- Scheme rate, overall annual limit and sub-limits increased: The Trustees approved a 6% increase in the Scheme rate, the overall annual limit and the sub-limits for the various benefit categories. Simply put, this means that you will have access to 6% more benefits in 2017.
- Substantial increase in private nursing benefit: The private nursing benefit was increased by 32% from R19 000 to R25 000 per annum. This change will ensure that you will be adequately covered for benefits in lieu of hospitalisation.

Continued overleaf

- Hospitalisation prevention benefit: A new hospitalisation prevention benefit has been introduced to help keep you healthy and out of hospital. This benefit will give you access to additional benefits, which will be reviewed by your managed care provider based on clinical appropriateness and protocols.
- In-hospital reimbursement rate for medical practitioners, such as GPs and specialists: The in-hospital rate for non-network medical practitioners has been changed from 200% to 100% of the Scheme rate. To manage out-of-pocket expenses, members are encouraged to use GPs and specialists on the Society's network. A list of GPs and specialists can be viewed at www.bpmas.co.za. You may also contact the Client Service Department on 0800 001 607 or +27 21 480 4610 for assistance.
- Auxiliary services and physiotherapy: The two benefits have been combined into a maximum benefit of R7 500 per family per annum and will continue to be paid at 80% of the Scheme rate; however, physiotherapy for prescribed minimum benefit conditions will be paid at 100% of cost. The combined benefit gives you added flexibility in the use of the benefit. Consultation fees for auxiliary services and physiotherapy will continue to be paid from the out-of-hospital GP consultation benefit. Once the limit has been reached, additional benefits may be granted by the managed care provider where the treatment is clinically appropriate and medically necessary.
- **Human papillomavirus (HPV) vaccines:** Another positive change was the extension of the HPV vaccine to both males and females between the ages of 9 and 18. In previous years this benefit was only available to female beneficiaries.
- **Pharmacy benefits:** The Society has retained the services of both our pharmacy designated service providers (Clicks and Dis-Chem) for next year.

Remember: Should you obtain your medicines from one of these providers, you will not have to pay any additional administration fees or levies on the dispensing fees! In addition to providing medication, you may have your vaccinations administered at these pharmacies.

 Multiply benefits: Clicks and Dis-Chem continue to offer clinic services where you can have your blood pressure, blood glucose, body mass index and cholesterol tested via the Multiply programme. Taking advantage of this benefit could help you nip some lifestyle-related conditions in the bud through early detection. These services are already covered, so you will not be required to pay cash at the point of service and your day-to-day benefits will not be affected.

Please note that these changes are subject to approval from the Council for Medical Schemes.

Yours faithfully

BP MEDICAL AID SOCIETY