

summary of benefit changes for 2017

The following benefit enhancements were approved by the Board of Trustees and will be implemented with effect from 1 January 2017. All benefit limits have increased by 6%. Please refer to the BPMAS website at www.bpmas.co.za for the detailed breakdown of the changes.

This summary of benefit changes for 2017 is subject to approval by the Council for Medical Schemes and in the event of a dispute, the registered rules of Society will apply. The member guide for 2017 will contain the approved benefits of the Society.

summary of benefit changes for

2017

BENEFIT	BENEFIT STRUCTURE FOR 2017	ADDITIONAL COMMENTS
MAJOR MEDICAL BENEFITS		
All medical benefits such as hospitalisation, medical procedures, rehabilitation, organ transplants, dialysis and blood transfusions have individual limits which are subject to the overall annual limit	Overall annual limit: R2 000 000 per family	Once the overall annual limit and/or sub-limits are reached, only the diagnosis, treatment and care costs of the prescribed minimum benefit (PMB) conditions will be paid in full
Visits by medical practitioners	100% of cost up to a maximum of 100% of the Society rate If a network provider is used, 150% of the Society rate	In-hospital consultations are subject to the overall annual limit
Sub-acute facilities/alternatives to hospitalisation: 1. Step-down nursing facilities 2. Private nursing (in lieu of hospitalisation) 3. Hospice	100% of the Society rate or agreed tariff at designated service providers (DSPs), whichever is applicable	1. Subject to the overall annual limit 2. Excludes frail care facilities 3. Subject to pre-authorisation by the Society's designated agent
4. Post-hospitalisation benefit (in lieu of hospitalisation)	Annual limit of R25 000 per family	
5. Hospital prevention	Subject to the overall annual limit and pre-authorisation; managed care protocols apply	
CHRONIC BENEFITS		
Chronic medication (excluding specialised medication) Chronic sickness conditions	100% of agreed tariff at DSPs For non-DSPs, the single exit price plus the lower of the dispensing fee, as set out in medicine pricing regulations, apply Annual limit: R32 300 per beneficiary	Once the limit is reached, only medication in respect of PMB chronic conditions will be paid in full according to the care plan, formulary and MMIRP (therapeutic reference price) or Metref (generic reference price) – the maximum price that the Society pays for medication
Specialised medication	100% of agreed tariff at DSPs Annual limit: R125 000 per beneficiary	Only medication on the Society's specialised medicine list will be covered Subject to authorisation and clinical entry criteria
DAY-TO-DAY BENEFITS		
Acute medication Acute sickness conditions	100% of cost up to R1 280 per beneficiary; thereafter at 80% of cost Annual limits: M R4 690 M + 1 R7 320 M + 2 R8 290 M + 3 + R9 110	Subject to Metref and MMIRP Acute benefit is subject to an acute exclusion list
Self-medication	100% of cost or 80% of cost, as per the acute medication benefit R210 per ailment, subject to the acute medication limits	

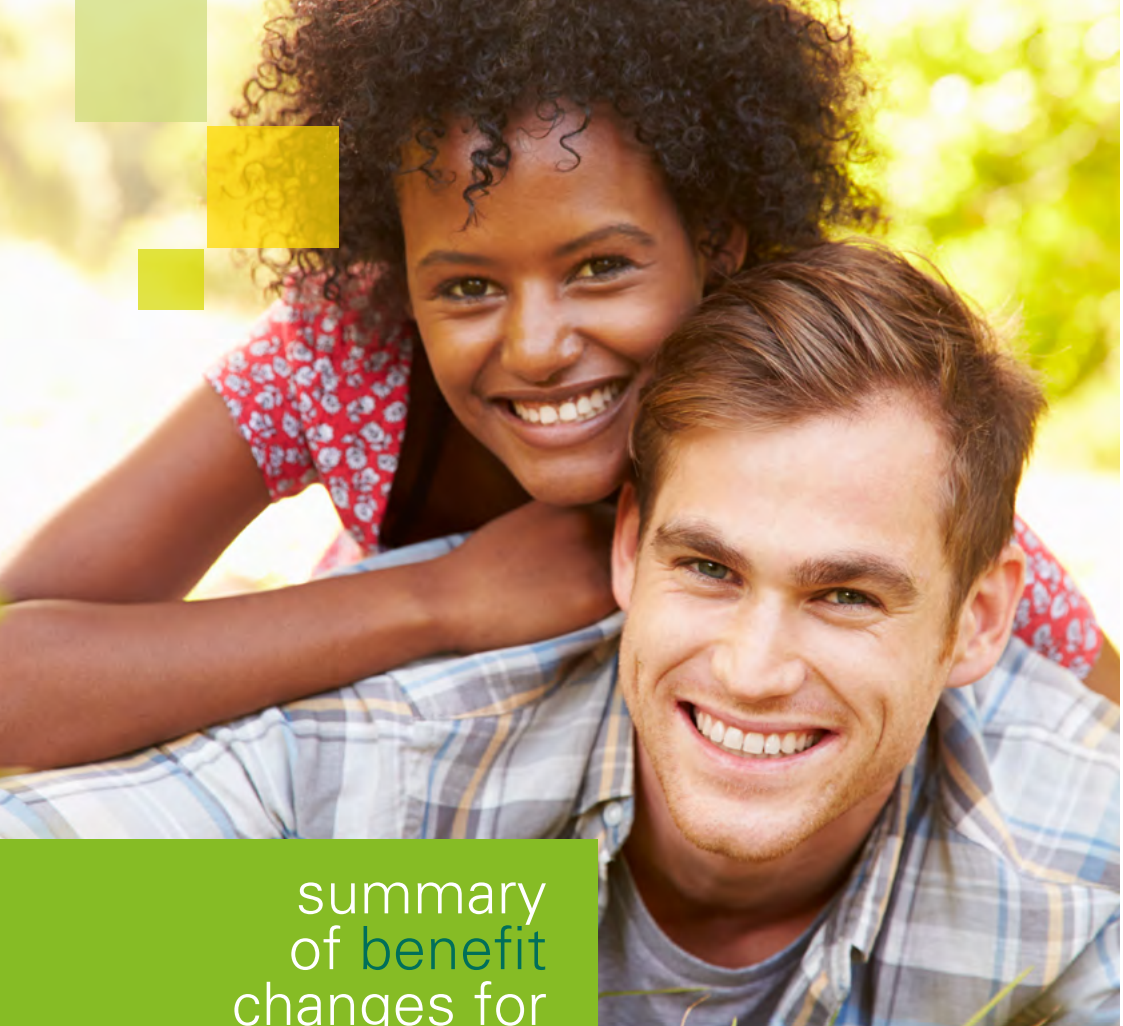


BENEFIT	BENEFIT STRUCTURE FOR 2017	ADDITIONAL COMMENTS
DAY-TO-DAY BENEFITS (CONTINUED)		
Specialist and general practitioner (GP) services Consultations and visits (out of hospital)	Combined specialist and GP consultations and visits limit: PMB: Unlimited, subject to the diagnosis, treatment and care costs of PMB conditions Non-PMB limits: M R6 150 M + 1 R8 220 M + 2 R10 260 M + 3 + R12 340	Specialist services: PMB: 100% of cost Non-PMB: 100% of the Society rate for the first 2 consultations per beneficiary; thereafter at 80% of the Society rate PMB: 120% of the Society rate if a network provider is used Non-PMB: 120% of the Society rate for the first 2 consultations per beneficiary; thereafter at 80% of the Society rate GP services: PMB: 100% of agreed tariff at a network provider Non-PMB: If a network provider is used, 100% of agreed tariff If non-network provider is used, 80% of the Society rate
Out-of-hospital auxiliary services: 1. Audiology 2. Audiometry 3. Occupational therapy 4. Speech therapy 5. Orthoptic services 6. Physiotherapy	80% of the Society rate Annual limit: R7 500 per family	Only treatment or procedures to be paid from this benefit
Dental services: 1. Conservative and restorative dentistry (includes plastic dentures and extractions under conscious sedation) 2. Special dentistry (including metal-based dentures) 3. Implants	100% of the Society rate or agreed tariff Limited to: M R9 660 M + 1 R14 420 M + 2 R17 860 M + 3 + R19 290	All orthodontic services are subject to prior approval
Optical services 1. Comprehensive consultations (inclusive of tonometry (glaucoma) screening and visual screening)	100% of cost if obtained from Iso Leso	Iso Leso is the Society's DSP for optical care One consultation per beneficiary per 2-year cycle Consultations at a non-network provider will be limited to a maximum of R350 per beneficiary per cycle 1. Cycle shall mean a 2-year cycle: 2017/2018 2. A list of Iso Leso-affiliated optometrists may be obtained at www.bpmas.co.za



BENEFIT	BENEFIT STRUCTURE FOR 2017	ADDITIONAL COMMENTS
DAY-TO-DAY BENEFITS (CONTINUED)		
PLUS		
2. Spectacles	One pair of clear single vision spectacle lenses, limited to R170 per lens	
2.1 Lenses	<p>One pair of clear bifocal lenses, limited to R375 per lens when obtained from a non-network provider per beneficiary per cycle</p> <p>One pair of clear multifocal lenses of any prescription, limited to R800 per lens</p> <p>Limited to R800 per beneficiary per cycle.</p>	
2.2 Frames and/or prescription lens enhancements	Lens enhancements limited to R500 per beneficiary per cycle at network providers only	
3. Contact lenses in lieu of spectacles (alternate to spectacle benefit)	<p>Limited to R2 050 per beneficiary per cycle.</p> <p>100% of cost when obtained from a non-network provider, limited to R1 550 per beneficiary per cycle</p>	
4. Refractive surgery		Refractive eye surgery is provided for under the hospitalisation benefit and is subject to pre-authorisation and guidelines laid down by the Scheme's designated agent





summary
of benefit
changes for

2017



BENEFIT	BENEFIT STRUCTURE FOR 2017	ADDITIONAL COMMENTS
EMERGENCY TRANSPORTATION/AMBULANCE SERVICES		
Ambulance services (road and air)	100% of cost at the preferred provider, except in the case of an emergency	<ol style="list-style-type: none"> 1. Netcare 911 is the DSP 2. Such transport is to be certified by a medical practitioner as essential 3. Subject to authorisation by Netcare 911 4. Failure to obtain authorisation will render the member liable for all of the costs incurred
PREVENTATIVE CARE BENEFITS		
Preventative care benefits (out of hospital)	100% of agreed tariff, subject to the overall annual limit	Benefits are subject to the Society's protocols and use of DSPs
Mammograms	One per beneficiary per annum	Limited to one per beneficiary per annum Age limit: 40 years and older (benefits for beneficiaries younger than 40 years are subject to motivation and prior approval)
Pap smears	One per beneficiary per annum	Limited to one per beneficiary per annum
Prostate-specific antigen (PSA)	One per beneficiary per annum	Age limit: 50 years and older (benefits for beneficiaries younger than 50 years are subject to motivation and prior approval)
Vaccinations: Child and infant vaccinations Human Papillomavirus (HPV) Pneumococcal vaccine Flu vaccination	Maximum of 3 per beneficiary depending on vaccination make	A list of approved vaccinations is available at www.bpmas.co.za Male and female beneficiaries between the ages of 9 and 18
Faecal occult blood	100% of agreed tariff One per beneficiary per annum	Age limit: 50 years and older (benefits for beneficiaries younger than 50 years are subject to motivation and prior approval)
Bone density test	100% of agreed tariff One per beneficiary per annum	Age limit: 50 years and older (benefits for beneficiaries younger than 50 are subject to motivation and prior approval)
Male circumcisions	100% of agreed tariff Subject to a limit of R1 150 if performed in a doctor's rooms	
Contraceptives	100% of agreed tariff Limited to R1 400 per beneficiary and subject to the overall acute medication limit	
HIV screening: Elisa Test	100% of agreed tariff One per beneficiary per annum	
Cardiovascular screenings: Blood pressure Blood glucose Cholesterol Body mass index	100% of the Society rate One per beneficiary per year annum	Will be paid by Multiply if the tests are conducted by either Clicks or Dis-Chem, as part of the Base Multiply health assessments
Dental consultation	100% of the Society rate One per beneficiary per annum	
Dietician consultation	100% of the Society rate One per beneficiary per annum	