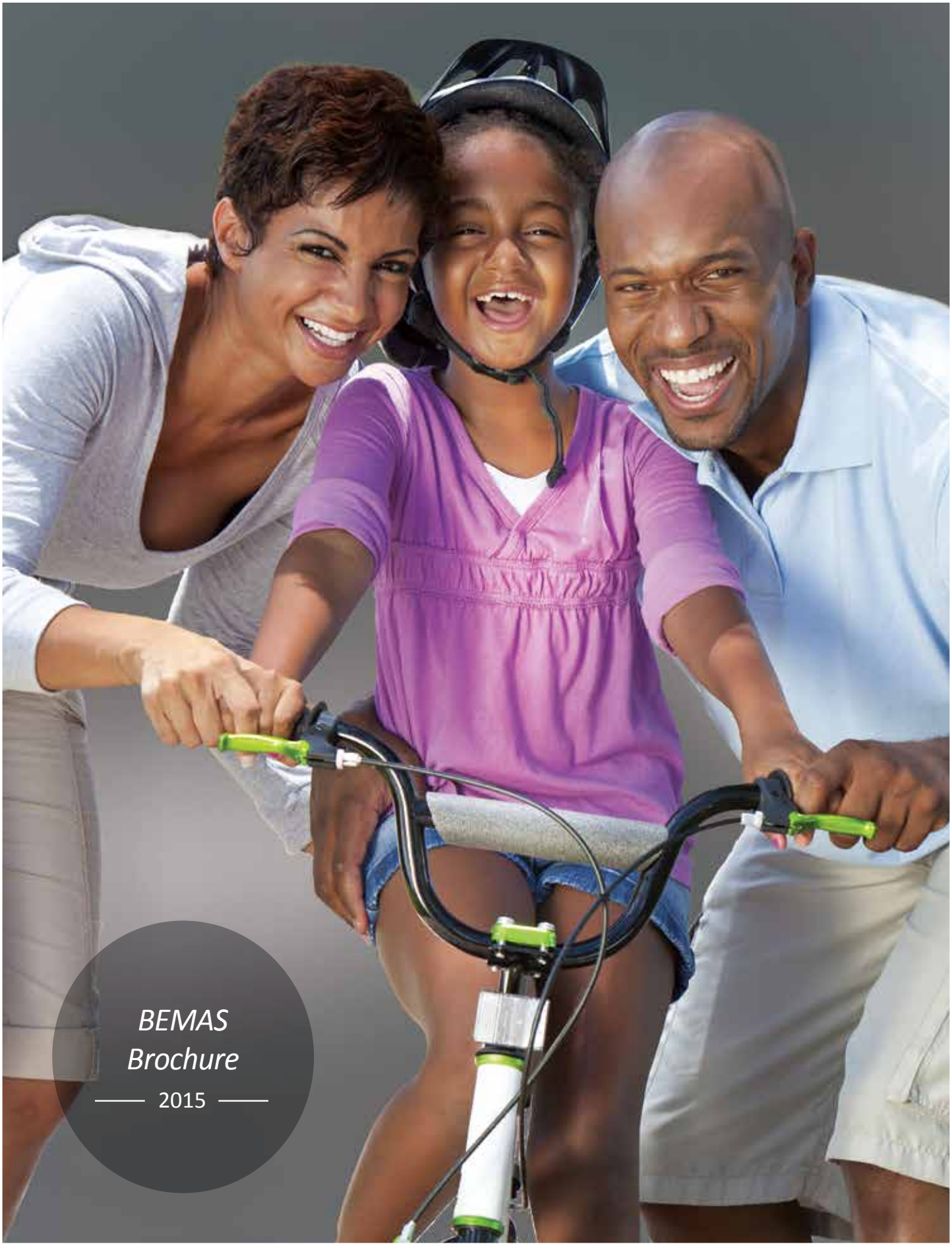
BMW Employees Medical Aid Society

Administered by Discovery Health



BEMAS Brochure

2015

Message from the Society

The Society provides you with all the tools you need to make the most of your cover

Thank you for giving us the opportunity to look after your healthcare cover needs. In this guide, the BMW Employees Medical Aid Society will be referred to as the Society. You can have peace of mind knowing that the Society places members first with a focus on comprehensive benefits, value for money and services to improve the quality of care available to our members.We have designed this guide to provide you with a summary of information on how to get the most out of the Society's benefits. You'll find online tools that help you choose full cover options for healthcare professionals, chronic medicine and GP consultations. We are here to help and guide you in making the best choices when it comes to your healthcare.

Our Society Rules are availble online

This brochure is a summary of the benefits and features of BMW Employees Medical Aid Society.

The Rules of the Society apply to your benefits. If you want to refer to the full set of rules, please visit our website or email bmwquery@discovery.co.za

The rules and benefits explained in this guide apply to the main member and the dependants registered on their membership.

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Summary of benefits

Detailed explanations of our benefits are available on the Society's website

Each beneficiary receives a total of R500 000 as an annual benefit limit. This amount adds up to the Overall Annual Limit (OAL) with a maximum of R1 000 000 per family.

Gap Cover is applicable for procedures in hospital. The services of your providers rendered while in hospital will be covered up to a maximum of 150% of the Society Rate.

The Hospital Benefit covers you if you are admitted to hospital and the Society has preauthorised admission and treatment before you are admitted.

You have extensive cover for a list of certain chronic conditions and cover for cancer, and HIV and AIDS.

We pay your day-to-day expenses from the pooled Day-to-Day Benefit Limits. According to the Prescribed Minimum Benefits, you have the right to a guaranteed level of cover for a list of medical conditions and treatments even if your health plan benefits have run out.

These benefits include cover for a list of 270 conditions, emergency conditions and 27 chronic conditions, including HIV and AIDS.

Medical Aid Schemes must provide cover for the diagnosis, treatment and cost of ongoing care for these conditions according to the Medical Schemes Act guidelines.

To find out how you can access your Prescribed Minimum Benefits, go to www.bemas.co.za or contact us for more information.

Detailed explanations of our benefits are available on the Society's website www.bemas.co.za or you can contact us on 0860 002 107.

The benefits explained in this brochure are provided by BMW Employees Medical Aid Society, registration number 1526, administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

Cover for medical emergencies

What is a medical emergency?

A medical emergency is the sudden and unexpected onset of a health condition that needs immediate medical or surgical treatment, where failure to provide this treatment would result in:

- serious impairment to bodily functions, or
- serious dysfunction of a bodily organ or part, or
- would place the person's life in serious jeopardy

Cover for medical emergencies in South Africa

Cover for going to hospital

In an emergency, go straight to hospital. If you need medically equipped transport, call **0860 999 911**. This line is managed by highly qualified emergency personnel who will send air or road emergency evacuation transport to you, depending on which is most appropriate. It is important that you, a loved one or the hospital let us know about your admission as soon as possible, so we can advise you on how we will cover you for the treatment you receive.

Cover for HIV medicines - Post Exposure Prophylaxis (PEP)

If you need HIV medicine to prevent HIV infection, from occupational or traumatic exposure to HIV or sexual assault, call us immediately on **0860 002 107**. Treatment must start as soon as possible.

Cover for going to casualty

If you are admitted to hospital from casualty, we will cover the costs of the casualty visit from your Overall Annual Limit (OAL), as long as we preauthorise your hospital admission. If you go to a casualty or emergency room and you are not admitted to hospital, we will pay the costs from funds available in your Day-to-Day Benefit Limit.

Cover for outside of South Africa

Cover outside South Africa is limited to territories that use the Rand. Cover applies according to Society Rules.

Cover under the Prescribed Minimum Benefits

In an emergency, we will cover you in full at any provider until your condition is stable. You may have a co-payment once your condition is stable and you receive treatment from a non-Designated Service Provider who charges more than the Society Rate. Please remember that even though you or your doctor may consider this to be an emergency, it may not be classified as an emergency under the Prescribed Minimum Benefits.

BENEFIT TIPS

- Call 0860 999 911 in an emergency
- Let us know about your admission as soon as possible

Discovery 911

Discovery has made available to BEMAS members an emergency medical service to ensure that the Society's members receive world-class emergency medical care. This service is called Discovery 911 and is operated by highly qualified ER24 emergency personnel. ER24 is a nationwide emergency system that brings together facilities, services and expertise of a national network of private and state hospitals, including medical personnel and doctors.

When you have an emergency:

- Call 0860 999 911, 24 hours a day, seven days a week.This number is printed on all BEMAS car stickers.
- You will be connected with highly qualified ER24 emergency personnel, who have access to the Society's database with state-of- the-art backup.
- The most appropriate emergency medical service within your geographical area will be dispatched.

The Discovery 911 benefit includes the following services:

- 24 hour emergency services call centre operated by ER24.
- Discovery 911 Alert.
- Medical Advice Line (previously known as Smart Health Choices).
- Inter-hospital transfers.
- Trauma Support.

ER24 is responsible for all operational assets of the Discovery 911 rapid emergency response service. This includes handling emergency calls and sending emergency medical services, managing inter-hospital transfers, providing medical advice and offering cellphone based location services in a medical emergency.

Discovery 911 Alert

Members have an option to activate this cellphone based, voice-free panic alert system. This allows a cellphone user to send his or her location to the Discovery 911 call centres by simply pressing the programmed speed dial on the cellphone. Once this alert has been sent, the call centre will immediately call the member to find out about their emergency. If the member does not answer, a vehicle will be dispatched.

- This option can be activated using the Society's website (www.bemas.co.za).
- This service is for medical emergencies only.
- The service is available to both prepaid and contract subscribers of Vodacom and MTN who have Caller Line Identity (CLI).
- This service is not available on Cell C, Virgin Mobile or 8ta.
- This is a free service.

Medical Advice Line

The Medical Advice Line is also offered and will be operated by nurses. This service is available 24 hours a day.

These services include the telephonic and email queries.

The telephone number for the medical information line is 0860 999 911 (select the Smart Health Choices Medical Advice Line option).

Call Discovery Trauma Support on 0860 999 911

Discovery Trauma Support is available to assist 24 hours a day, seven days a week. Mobile, face-to-face counselling by trained counsellors is made possible by our fleet of dedicated Discovery Trauma Support vehicles.

Hospital benefits

You can go to any private hospital for emergency and planned admissions

Important information about your hospital cover

We cover:

- the hospital cost, and
- all other accounts, like accounts from your admitting doctor, anaesthetist or any approved healthcare expenses, while you were in hospital.

Limits, clinical guidelines and policies apply to some healthcare services and procedures in hospital.

How we pay the hospital account

We pay the hospital account (the ward and theatre fees) in full at the rate agreed with the hospital. You have cover for a general ward, not a private ward.

Accounts from your doctor and other healthcare services

Your doctor or treating Healthcare Professional's accounts are separate from the hospital account and are called related accounts. Examples of related accounts includes accounts from the doctor, anaesthetist and any approved healthcare expenses, (for example, radiology or pathology), that you are billed for during your hospital stay. These expenses are funded from the OAL. Please contact us to preauthorise your benefits before you receive treatment or extend your hospital stay.

Before you go to hospital for any planned procedure, you must:

- see your doctor who will decide if it is necessary for you to be admitted
- make sure you know how the account from your admitting doctor will be covered
- choose which hospital you want to be admitted to
- find out how we cover other Healthcare Professionals, for example your anaesthetist
- call us on 0860 002 107 to preauthorise your hospital admission at least 48 hours before you go in. We will give you information that is relevant to how we will pay for your hospital stay. Please refer to the cover for medical emergencies for more information.

Cover is subject to the Society Rules

We pay medically appropriate claims. Your cover is subject to our Society Rules, funding guidelines and clinical rules. There are some expenses that you may be billed for while you are in hospital that your hospital benefit does not cover, for example, private ward costs. Please be aware that certain procedures, medicines or new technologies need separate approval while you are in hospital. Please discuss this with your doctor or the hospital.

Gap Cover

Gap Cover (additional cover) is only applicable for procedures in hospital. The services of medical and dental specialists, general and dental practitioners, physiotherapists, radiologists and pathologists are covered up to a maximum of 150% of the Society Rate. In other words, an amount up to 50% over and above the Society Rate will automatically be paid for these services, where obtained in hospital and provided by the healthcare service providers.

! BENEFIT TIPS

- If your health professional/s does not participate in one of the Society's networks, make sure that you submit quotes when obtaining preauthorisation to understand whether you may have a co-payment for the planned procedure.

MaPS Advisor

Use our online MaPS Advisor, available on: www.bemas.co.za to find a provider in the network.

How to use the MaPS tool on our website

Go to the www.bemas.co.za website and log in with your username and password. If you are looking for the nearest doctor, go to "Your Details" on the left of the screen and click on "BEMAS" where you can click on "MaPS (Medical and Provider Search)". You can search by Healthcare Professional name or by area.

There are three sections:

1. Plan: BMW Employees Medical Aid Society.
2. Provider: This section gives you two choices. You have to select the category of provider you are looking for.
3. Location: Here you will find three fields for region/province, city and suburb respectively. Once you have filled in all your requirements, click on "Search", to see a list of all the available healthcare providers in your area. The doctor's details will include the practice name, practice number, physical address and even GPS coordinates. The colours green or grey will explain exactly how we will cover you and what rate the doctor charges. It will also warn you of possible co-payments.

Prescribed Minimum Benefit

In most cases, the Society offers benefits which cover far more than the Prescribed Minimum Benefits.

To access Prescribed Minimum Benefits, there are rules that apply:

- Your medical condition must qualify for cover and be part of the list of defined Prescribed Minimum Benefit conditions.
- The treatment needed must match the treatments offered in the defined benefits.
- For payment in full you must use Designated Service Providers in the network. This does not apply in life-threatening emergencies.

However, even in these cases, where appropriate and according to the rules of the Society, you may be transferred to a Designated Service Provider, otherwise a co-payment will be levied. You will be responsible for the difference between what we pay and the actual cost of your treatment.

BENEFIT TIPS

- You must call us at least 48 hours before any planned procedure
- You will be covered in full if you use doctors who are on our network
- Some treatments you receive while in hospital may need separate approval or benefit confirmation

Cover for healthcare professionals

"You can benefit by using healthcare professionals who we have a network agreement with, as we will cover their approved procedures in full"

Full cover for specialists who are on our network

You can benefit by using healthcare professionals who we have a network agreement with as we will cover their approved procedures in full.

Cover for non-network specialists

In hospital we cover you up to 100% of the Society Rate. You may have a co-payment if your specialist charges above these rates. Out-of-hospital specialist consultations are covered from the consultations and visits limit. Please refer to your Benefit Schedule for more information.

Other Healthcare Professionals

We cover GPs who are on our network in full, subject to your available benefit and annual limits. Non-network GP consultations performed in hospital are covered at 100% of the Society Rate. Out of hospital GP consultations are covered from the Consultations and Visits limit. Please refer to your Benefit Schedule for more information.Cover for radiology and pathology

For radiology and pathology, in-hospital claims are covered at 100% of the Society Rate from the OAL. Out-of-hospital claims are covered at 100% of the Society Rate from the radiology and pathology benefit.

For more information.Cover for radiology and pathology

For radiology and pathology, in-hospital claims are covered at 100% of the Society Rate from the OAL. Out-of-hospital claims are covered at 100% of the Society Rate from the radiology and pathology benefit.

Your cover for investigations

Scopes (gastroscopy, colonoscopy, proctoscopy and sigmoidoscopy)

Scopes are covered at 100% of the Society Rate for procedures performed in providers' rooms. Preauthorisation is required and your procedure will be covered from the overall annual limit. Anaesthetic costs, if applicable, are only covered for local or regional anaesthetic or, at most, conscious sedation. General anaesthetic costs are not covered for procedures performed in a doctor's rooms except in respect of Prescribed Minimum Benefits.

MRI and CT scans

If your MRI or CT scan is done as part of an authorised admission, we pay it from your Hospital Benefit at 100% of the Society Rate.

BENEFIT TIPS

- You must register on the DiscoveryCare programmes to access these benefits
- More details are available on www.bemas.co.za or you can contact us on 0860 002 107

Cover for chronic conditions

You have extensive cover for chronic conditions, HIV and AIDS and cancer

Cover for chronic medicines

The Chronic Illness Benefit covers approved medicine for the 27 Chronic Disease List (CDL) conditions, including HIV and AIDS. We will pay your approved chronic medicine in full up to the Society Rate for medicine if it is on the BMW Employees Medical Aid Society medicine list (formulary). If your approved chronic medicine is not on the medicine list, we will pay your chronic medicine up to a set monthly amount (Chronic Drug Amount) for each medicine category.

If you use a combination of medicine in the same medicine category, where one medicine is on the medicine list and the other is not, we will pay for the medicines up to the one monthly Chronic Drug amount for that medicine category.

You must apply for chronic cover by completing a chronic application form with your doctor and submitting it for review. For a condition to be covered from the Chronic Illness Benefit, there are certain criteria that the member needs to meet.

If your condition is approved by the Chronic Illness Benefit, the Chronic Illness Benefit will cover certain procedures, tests and consultations for the diagnosis and ongoing management of the 27 Chronic Disease List conditions (including HIV and AIDS) in line with Prescribed Minimum Benefits.

Here is the list of 27 Chronic Disease List conditions that are covered under the Chronic Illness Benefit. Funding for approved chronic medicine for these conditions is subject to the Society medicine list (formulary) or monthly Chronic Drug Amount.

- Addison's disease
- Asthma
- Bipolar mood disorder
- Bronchiectasis
- Cardiac failure
- Cardiomyopathy
- Chronic obstructive pulmonary disease
- Chronic renal disease
- Coronary artery disease
- Crohn's disease
- Diabetes insipidus
- Diabetes mellitus type 1
- Diabetes mellitus type 2
- Dysrhythmia
- Epilepsy
- Glaucoma
- Haemophilia
- Rheumatoid arthritis
- Hyperlipidaemia
- Schizophrenia
- Hypertension
- Systemic lupus erythematosus
- Hypothyroidism
- Ulcerative colitis
- Multiple Sclerosis
- Parkinson's disease

There are further Additional Disease List conditions that are covered. There is no medicine list (formulary) for these conditions. We pay approved medicines for these conditions up to the monthly Chronic Drug Amount.

- Ankylosing spondylitis
- Behcet's disease
- Ass Churg-Strauss Disease
- Cushing's Disease
- Corneal transplant
- Cystic fibrosis
- Delusional disorder
- Dermatopolymyositis
- Generalised anxiety disorder
- Huntington's disease
- Isolated growth hormone deficiency in children less than 18 years old
- Major depression
- Motor neurone disease
- Muscular dystrophy and other inherited myopathies
- Myasthenia gravis
- Obsessive compulsive disorder
- Osteoporosis
- Overlap syndrome (mixed connective tissue disease)
- Paget's disease
- Panic disorder
- Polyarteritis nodosa
- Post traumatic stress disorder
- Pulmonary interstitial fibrosis
- Psoriatic arthritis
- Systemic sclerosis
- Sjogren's syndrome
- Wegener's granulomatosis

Claims for all chronic medicine add up to an annual limit. We will only fund medicine for Chronic Disease List conditions once you have reached the annual limit.

BENEFIT TIPS

- Discuss alternatives with your doctor to avoid co-payments

The Specialised Medicine Benefit

This benefit covers a specific list of new and advanced medicines. This is a limited benefit and you need authorisation to qualify for this benefit.

Programme to manage oncology

The Oncology Programme follows the South African Oncology Consortium guidelines to ensure you have access to the most appropriate level of treatment for the particular stage of your disease. Call 0860 002 107 to register on this programme.

Programme to manage HIV and Aids

The HIVCare Programme provides comprehensive disease management for members living with HIV and AIDS. They will have access to antiretroviral treatment, subject to the formulary medicine list and Chronic Drug Amounts. Members who do not register will have their claims for HIV and AIDS treatment paid at 100% of the Society Rate, subject to Day-to-Day Benefits and the overall annual limit.

To register on this programme, please call 0860 002 107.

BENEFIT TIPS

- You can access the MaPS Advisor on www.bemas.co.za to search for Healthcare Professionals who we have a network agreement with and are on our network

Day-to-Day Cover

Day-to-Day claims are expenses that you incur without being admitted to hospital. We cover these claims through the Day-to-Day Pooled Benefits and Limits. Examples of day-to-day expenses are consultations at Healthcare Professionals (for example, GPs, specialists and physiotherapists), prescribed medicine, radiology, pathology performed out of hospital, and conservative dentistry.

Please refer to the Benefit Schedule for the details on how these benefits are covered and the sub-limits that are applied.

The following benefit categories are funded from this Day-to-Day Benefit Limit:

- Acute medicine
- Alternative healthcare practitioners
- Basic dentistry
- Out-of-hospital non-surgical procedures
- Additional medical services
- Out-of-hospital physiotherapy, biokinetics and chiropractics.

The Day-to-Day limits	
Member	R5 700
Member + 1 dependant	R8 425
Member + 2 dependants	R10 100
Member + 3 dependants	R11 775
Member + 4 or more dependants	R12 675

Cover for acute medication

A Preferred Medicine List for acute medicine

Cover for acute medicine will be extended to certain cost-effective branded medicines through the Preferred Medicine List. The Preferred Medicine List will consist of preferentially priced branded and generic medicines. These medicines will be covered in full when you use a pharmacy in our network. Medicine not on our Preferred Medicine List, both branded and generic, will be covered up to 75% of the Society Rate.

Use our online MaPS Advisor on **www.bemas.co.za** or contact us on **0860 002 107** to find a network pharmacy.

For more information, please refer to your Benefit Schedule.

! BENEFIT TIPS

- Discuss alternatives with your pharmacist or doctor to avoid co-payments

General Exclusions

The Society has certain exclusions. We will not pay for healthcare services related to the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits

- Examinations, consultations and treatment relating to obesity or for cosmetic purposes
- Attempted suicide, willfully inflicted injuries, or sickness conditions arising due to body piercing or their complications outside of PMB requirements
- Costs in respect of drug abuse, unless treatment is received in State facilities, SANCA or Ramot, covered as PMB only
- Costs in respect of infertility unless treatment is received in a DSP facility or as a PMB
- Purchase or hire of medical or surgical appliances such as special beds, chairs, cushions, commodes, sheepskins, waterproof sheets, bedpans, special toilet seats, adjustment or repair of sick rooms or convalescing equipment (with the exception of hire of oxygen cylinders), unless clinically appropriate
- Unregistered providers
- Sun-screen and tanning agents
- Soaps, shampoos and other topical applications
- Household remedies
- Slimming preparations, appetite suppressors, food supplements and patent foods including baby food
- Growth hormones
- Tonics, nutritional supplements, multi-vitamins, vitamin combinations- except prenatal, lactation and paediatric use – unless authorised as part of a Disease Management Programme
- Anti-smoking preparations
- Aphrodisiacs
- Anabolic steroids
- Treatment for erectile dysfunction
- Mouth protectors and gold dentures
- Examinations for insurance, school camps and visas
- Stimulant laxatives
- Anti-diarrheal micro-organisms replacement therapy for natural gut flora
- Travelling costs
- Accommodation in old age homes
- Accommodation and treatment in spas and resorts
- Holidays for recuperation
- Appointments not kept
- Telephone consultations with medical practitioners
- Ante and post-natal exercise classes as well as breast feeding instruction
- Sunglasses and spectacle cases
- Replacement batteries for hearing aids
- Contact lens solution, kits and consultation for fitting and adjustments
- Costs associated with vocational, child and marriage guidance, school therapy or attendance at remedial education facilities
- Bleaching of teeth that have not had root canal treatment, metal inlays in dentures and front teeth
- Injuries during professional, hazardous sports and activities unless such injuries constitute a PMB condition
- Accommodation and treatment in headache and stress-relief clinics
- Payment for ambulance transportation and air lifting outside of RSA (including PMB's)

We also do not cover the complications or the direct or indirect expenses that arise from any of the exclusions listed above, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits.

The benefits outlined in this guide are a summary of those registered in the Society's Rules. These benefits are reviewed annually and amended in line with the requirements of the Medical Schemes Act and also take into account the requirements of the Consumer Protection Act where it relates to the business of a medical scheme.

Important tips when claiming

When claiming from the Society for your medical costs, whether these are hospital, chronic or day-to-day, these steps apply

- To avoid duplication, check with your healthcare professional if they have sent your claims to us.
- Send your claims within four months, otherwise we will consider them expired and will not pay them.
- When sending claims, please make sure the following details are clear:

1. Your membership number
2. The service date
3. Your Healthcare Professional's details and practice number
4. The amounts charged
5. The relevant consultation, procedure or NAPPI code and diagnostic (ICD-10) codes
6. The name and birth date of the dependant for whom the service was done
7. If paid, attach your receipt or make sure the claim says 'paid'.

- Remember to always keep copies of your claims for your records.
- To see the status of your claim, you can go to www.bemas.co.za

This brochure is a summary of the benefits and features of the BMW Employees Medical Aid Society, pending formal approval from the Council for Medical Schemes.

Contact us

For ambulance and other emergency services, call Discovery 911 at 0860 999 911

General queries
service@discovery.co.za
call centre: 0860 002 107

To send in claims
Email us at claims@discovery.co.za or

Fax it to 0860 329 252

Drop off your claim in any blue Discovery Health claims box, or post it to:

PO Box 652509, Benmore 2010

Other services

Oncology service centre: 0860 002 107
HIVCare Programme: 0860 002 107
Internet queries: 0860 100 696

If you would like to let us know about suspected fraud, please call our fraudhotline on 0800 004 500 (callers will remain anonymous).

www.bemas.co.za

To preauthorise admission to hospital

Email us at: preauthorisations@discovery.co.za or
Phone us from a landline at 0860 002 107

You are also welcome to visit one of our walk-in centres at:

- Knowledge Park, Heron Crescent, Century City Cape Town
- 16 Fredman Drive, Sandton
- 41 Imvubu Park Place, Riverhouse Valley Business Estate, Nandi Drive Durban
- Corner of Oak and Tegel Avenues, Highveld Techno Park, Centurion
- BPO Building, Zone 4 – IDZ Coega, Port Elizabeth

Administered by: Discovery Health | 155 West Street Sandton | 0860 002 107

An authorised financial services provider.