

Oncology Programme 2021

Who we are

The BMW Employees Medical Aid Society (referred to as 'BEMAS'), registration number 1526. This is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for BEMAS.

Your cover for cancer treatment

Members who are diagnosed with cancer need to register on the Oncology Programme.

Overview

This document explains how BEMAS covers you for cancer treatment on the Oncology Programme for 2021. It tells you about what you need to do in the unfortunate event when you are diagnosed with cancer and gives you information about our flexible range of options available for BEMAS members who have been diagnosed with cancer.

We also provide information about your benefits for cancer treatments under the Prescribed Minimum Benefits, how BEMAS covers cancer-treating GP and specialist consultations in- and out-of-hospital.

What you need to do before your treatment

If you are diagnosed with cancer, you need to register on the BEMAS Oncology Programme.

To register, you or your treating doctor must send us a copy of your histology results that confirm your diagnosis.

Call us on 0860 002 107 for assistance.

About some of the terms we use in this document

Terminology	Description
ICD-10 code	A clinical code that describes diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).

Terminology	Description
Doctors and healthcare providers we have an arrangement with	We have payment arrangements in place with specific specialists, GPs and other healthcare providers like hospitals and pharmacies to pay them directly at an agreed rate. When you use these providers you won't need to pay a co-payment.
Morphology code	A clinical code that describes the specific histology and behaviour, and indicates whether a tumour is malignant, benign, in situ or uncertain (whether benign or malignant) as classified by the World Health Organization (WHO).
Prescribed Minimum Benefits	A set of minimum benefits which, by law, must be provided to all medical scheme members and include the provision of diagnosis, treatment and costs of ongoing care.
Overall annual limit	All benefits accumulate to the overall annual limit.
Society Rate	This is the rate that BEMAS sets for paying claims from healthcare professionals.

The Oncology Benefit at a glance

The Oncology Benefit provides members cover for approved cancer treatment.

Cover for approved cancer treatment is subject to the overall annual limit of R 713 287 for each family a year subject a sub-limit of R320 747 for each family a year for specialised oncology medicine. This rand amount will be allocated for the year.

The rand amount covers the following treatments that are provided by your cancer specialist and other healthcare providers:

- Chemotherapy and radiotherapy
- Technical planning scans
- Implantable cancer treatments, for example prostate or cervical brachytherapy and Gliadel® wafers
- Hormonal therapy related to your cancer
- Consultations with your cancer specialist
- Fees charged by accredited facilities
- Specific blood tests related to your condition
- Materials used in the administration of your treatment, for example drips and needles
- Medicine on a medicine list (formulary) to treat pain, nausea and mild depression as well as other medicine used to treat the side effects of your cancer treatment except schedule 0, 1 and 2 medicines.
- External breast prostheses and special bras
- Stoma products

- Oxygen
- Radiology requested by your cancer specialist, which includes:
 - Basic X-rays
 - CT, MRI and PET-CT scans related to your cancer
 - Ultrasound, isotope or nuclear bone scans
 - Other specialised scans, for example a gallium scan.
- Scopes such as bronchoscopy, colonoscopy and gastroscopy that are used in the management of your cancer. Please note that BEMAS will pay for up to a maximum of two scopes from your Oncology Benefit for the management of your condition, where you are registered on the Oncology Programme.

All costs related to your approved cancer treatment including Prescribed Minimum Benefit treatment during the 12-month period, will add up to the 12-month cycle cover amount.

We cover all cancer-related healthcare services up to 100% of the Scheme Rate from health professionals who do not have a payment arrangement with the Scheme. You might have a co-payment if your healthcare professional charges more than this rate. Health professionals who have a payment arrangement with the Scheme will be funded at the agreed rate.

Once this rand limit has been reached, we will continue to pay for the treatment defined by SAOC Tier 1. Alternatively, you can apply to continue to have your approved cancer treatment covered by BEMAS. This is subject to approval.

You have full cover for doctors who we have an agreement with

You can benefit by using doctors and other healthcare providers like hospitals who we have an agreement with, because we will cover their approved procedures in full at the Negotiated Rate.

You have cover for bone marrow donor searches and transplants

BEMAS covers you for bone marrow donor searches and transplants up to the agreed rate, if you adhere to our protocols. Your cover is subject to review and approval.

We need the appropriate ICD-10 and morphology codes on accounts

All accounts for your cancer treatment must have a relevant and correct ICD-10 and morphology code for us to pay it from the Oncology Benefit. To ensure there isn't a delay in paying your doctor's accounts, it would be helpful if you double check to make sure that your doctor has included the ICD-10 and morphology codes.

Prescribed Minimum Benefit under certain conditions

Prescribed Minimum Benefits is a set of conditions that all medical schemes must provide a basic level of cover for. This basic level of cover includes the diagnosis, treatment and costs of the ongoing care of

these conditions. The aim of the Prescribed Minimum Benefits is to ensure that no matter what plan a member is on, there is always a basic level of cover for these conditions.

Cancer is one of the conditions covered under the Prescribed Minimum Benefits. BEMAS will cover your treatment in full as long as you meet all three of these requirements for funding.

<p>Your condition must be part of the list of defined conditions for Prescribed Minimum Benefits.</p>	<p>You may need to send us the results of your medical tests and investigations that confirm the diagnosis for your condition.</p>
<p>The treatment you need must match the treatments included as part of the defined benefits for your condition.</p>	<p>There are standard treatments, procedures, investigations and consultations for each condition.</p>
<p>You must use a doctor, specialist or other healthcare provider who BEMAS has a payment arrangement with.</p>	<p>There are some cases where this is not necessary, for example a life-threatening emergency.</p>

BEMAS may pay the out-of-hospital pathology and radiology tests and investigations tests that are done to confirm a diagnosis (diagnostic work-up) from your day-to-day benefits.

You may apply for us to review our decision

We will review our decision if you or your doctor sends us new information about your condition or information that was not sent with the original application. We will review the individual circumstances of the case, but please note this process does not guarantee funding approval.

You will need to complete an Oncology PMB appeal form. You can get a form at www.bemas.co.za or call us on 0860 002 107.

You can dispute our funding decisions in certain circumstances

If you disagree with our decision on the PMB cover you requested, there is a formal disputes process that you can follow. Call us on 0860 002 107 to find out the disputes process.

You have full cover for doctors who we have a payment arrangement with

You can benefit by using doctors and other healthcare providers like hospitals and pharmacies we have a payment arrangement with, because BEMAS will cover their approved procedures in full.

For radiology and pathology (including histology) please use healthcare providers who we have a payment arrangement with, to avoid any possible co-payments. We recommend you discuss this with your cancer specialist.

BEMAS covers you in full if you visit these healthcare providers we have a payment arrangement with:

Radiology and pathology (including histology)	Please use healthcare providers who we have an agreement with, to avoid any possible co-payments. We recommend you discuss this with your cancer specialist.
Cancer-treating specialists	Any oncologist who we have an agreement with
Cancer-treating GPs	Any GP who is on the GP Network and is a member of the South African Oncology Consortium (SAOC)
Medical and surgical management	When you are admitted to hospital for medical or surgical treatment for your cancer, you need to ensure that your surgeon or treating doctor, anesthetist and the hospital are within our designated service provider networks.

You can Find a healthcare professional at www.bemas.co.za or call us on 0860 002 107 to find healthcare service providers where you won't have shortfalls.

Benefits available

Cancer treatment

We cover approved cancer treatment subject to overall annual limit of R713 287 for the family. Once you reach this limit, you have access to PMB (SAOC Tier 1) cover only.

Radiology and pathology approved for your cancer treatment is also covered from the Oncology Benefit.

Cancer treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no copayment if you use service providers who we have an agreement with. Refer to the section *Understanding what is included in your cancer benefits* for more information on this.

Approved hospital admissions with administration of chemotherapy or radiotherapy for your cancer

Claims for the oncologist, appropriate pathology, radiology and medicine, as well as radiation therapy add up to the R713 287 amount for your cancer treatment.

Surgery for your cancer

We pay the medical expenses incurred during an approved hospital admission from the overall annual limit.

However, implantable cancer treatments done in-hospital such as, but not limited to, brachytherapy (for prostate, cervical, and head and neck cancer) and Gliadel® wafers, are covered from the Oncology Benefit.

PET-CT scans

We cover PET-CT scans subject to certain terms and conditions. You need to preauthorise PET-CT scans with us before having it done. Your condition determines how many PET-CT scans will be covered.

Wigs

We cover wigs subject to overall annual limit of R713 287 for the family.

Contact us

You can call us on 0860 002 107, or visit the website on www.bemas.co.za for more information.

Complaints process

You may lodge a complaint or query with BMW Employee Medical Aid Society directly on 0860 002 107 or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following BMW Employees Medical Aid Society's internal disputes process.

Members, who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or email complaints@medicalschemes.co.za . Customer Care Centre: 0861 123 267/website www.medicalschemes.co.za