

Cover for pregnancy and childbirth 2022

Who we are

The BMW Employees Medical Aid Society (referred to as 'BEMAS'), registration number 1526, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to '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.

How we cover pregnancy and childbirth

The Maternity Benefit covers day-to-day and in-hospital medical expenses for expecting mothers and newborns.

Overview

This document tells you about how BEMAS covers you for pregnancy and childbirth. Read further to understand what is included in your benefits and how to get the most out of your maternity benefits.

You'll also find information about the cover available on your plan, including the Prescribed Minimum Benefits and the available benefits for antenatal care and childbirth.

About some of the terms we use in this document

You can have peace of mind that BEMAS places members first with a focus on comprehensive benefits, value for money and services to improve the quality of care available to you.

There may be some terms we refer to in the document that you may not be familiar with. We give you the meaning of these terms.

Terminology	Description
Prescribed Minimum Benefits (PMBs)	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 for the treatment of these conditions.
Related accounts	Any account other than the hospital account for in-hospital care. This could include the gynaecologist/obstetrician and anaesthetist's account.

Shortfall or co-payment

BEMAS pays service providers at a set Society Rate. If the doctor's accounts are higher than this rate, you will have to pay the outstanding amount from your pocket.

The Maternity Benefit

You may have lots of questions surrounding pregnancy, the information below details how BEMAS covers pregnancy and childbirth.

You'll also find information on what you need to do to register your baby on BEMAS so he or she is covered.

The Maternity Benefit is covered according to your Plan. To have access to the benefit, call us on 0860 002 107 or visit our website (www.bemas.co.za/medical-aid/maternity-benefit)

Below you will find a detailed explanation of how we cover for maternity benefits:

Antenatal consultations

- Your Maternity Benefit limit covers up to 12 antenatal consultations for each pregnancy covered at a midwife, GP, or gynaecologist subject to a limit of **R7 232**.

Prenatal screening

- You are covered for one nuchal translucency and you have an option between a Non Invasive Prenatal Testing (NIPT) or a Chromosome test for Down syndrome screening subject to clinical entry criteria from the Maternity Benefit at the Society Rate.
- You are covered for one flu vaccination during your pregnancy.

Scans

- Pregnancy scans are limited to funds available in your Maternity Benefit limit.
- Limited to two (2) 2D Ultrasound scans for each pregnancy. 3D and 4D scans will be covered up to the cost of a 2D scan.
- We pay the maternity consultations and scans up to a limit of **R7 232** for each pregnancy.
- We pay for one (1) amniocentesis per pregnancy from your overall annual limit.

Blood tests

You have cover for a defined basket of blood tests per pregnancy from the Maternity Benefit. These tests include:

- To confirm pregnancy (bHCG)
- Glucose
- HIV (Elisa)
- Blood cross-matching (Rh antigen)
- Coombs-Antiglobulin
- Syphilis (RPR and TPHA)
- Anaemia (Haemoglobin)
- German Measles (Rubella)
- Blood group (A, B and O antigen)

Antenatal and postnatal care

- You have cover for up to five pre- or postnatal classes up until two years after birth, with a registered nurse.
- You also have access to postnatal care which includes one postnatal consultation, one nutritional assessment with a dietitian and two mental healthcare consultations with a GP, Gynaecologist or psychologist.
- You are also covered for one lactation consultation with a registered nurse or lactation specialist from the Maternity Benefit at the BMW society Rate
- Your baby under the age of two years is covered for two visits to a GP, paediatrician or an ENT from the Maternity Benefit at the BMW society Rate.

Cover for having a baby

If you are expecting a baby, we want to make sure the childbirth is a time of celebration. Before you go to hospital for any planned procedure, you must:

- See your doctor
- Authorise your hospital admission with us beforehand as hospital cover is not automatic. You must authorise your admission to hospital at least 48 hours before you go in. Failure to authorise may result in a deductible payment of R 5000 that you may have to pay.

Getting the most out of your maternity benefits

Tell us about your pregnancy as soon as you receive confirmation

We cover the birth of your baby either in hospital with a doctor or midwife, or at home with the help of a midwife. It is important to call and notify us of your pregnancy as soon as you become aware of it so that you always know how we cover you for your pregnancy-related healthcare services, whether these are received in- or out-of-hospital

We need to be made aware of your hospital admission so we can manage your costs in the best way, and give you information that is relevant to how we will cover your hospital stay. If you do not authorise your admission, you will be liable for a **R5 000** deductible.

Hospital cover includes home births done by midwives with valid practice numbers and who are registered with the Board of Healthcare Funders. You need to preauthorise your delivery even if it is a home birth.

Caesarean section

We cover a stay of four (4) days and three (3) nights in hospital. You will have a co-payment of **R2 699** for a caesarean section birth that is not medically necessary.

Normal vaginal deliveries

We cover a stay of three (3) days and two (2) nights.

Home births

We cover home births from the overall annual limit. The midwife attending the birth must have a valid practice number and be registered appropriately with the Board of Healthcare Funders. You must let us know if you choose to have a home birth. The midwife charges a global fee for the confinement (the birth of the baby) and this includes any follow-up care needed for two days after the delivery.

Make sure your baby is covered

The baby will be covered for the calendar month of his or her birth. To continue cover, contributions for the baby must be paid from the first month following the baby's birth.

Example: A baby is born on 3 March. The mother is registered on the Society. The baby is covered until 31 March. If the baby needs cover from 1 April onwards, the baby must be registered on the Society.

The Medical Schemes Act allows 30 days from the date of birth for the parents to register the baby with the Society. The baby may be subject to underwriting, if he or she is not registered within the 30-day period.

We may not pay for your treatment in full

Cover is based on our rules

Once we authorise your hospital admission, you may find that we may not pay for the treatment in full. Your cover is according to the Society Rules, funding guidelines and clinical rules. There are some expenses you may be responsible for while you are in hospital that BEMAS does not cover, for example, private wards. Certain procedures, medicines or new technologies need extra authorisation while you are in hospital. Your preauthorisation consultant will confirm your cover when you call us to preauthorise.

The following in-hospital expenses are not covered by the Maternity Benefit:

- Mother and baby packs supplied by the hospital.
- Your lodger or boarder fees if your baby needs to stay in hospital for longer and you choose to stay on.
- Circumcisions are not covered unless medically necessary and home nursing related to this procedure will not be covered.
- The bed-booking fee that some hospitals may require you to pay.
- The cost of a birthing pool for water births if you choose to hire a birthing pool outside of what is supplied.

Please see below table summary for a comprehensive view for your Maternity Benefit

Childbirth Service	Limit
Pregnancy scans	Two 2D scans for each pregnancy, which we pay from the available money in your day-to-day benefits
Normal vaginal deliveries	A stay of three days and two nights in hospital
Caesarean section	A stay of four days and three nights in hospital. You will have a co-payment of R2 699 for a caesarean section birth that is not medically necessary

You can receive up to 25% discount on umbilical cord blood and tissue storage with Next Biosciences

In a unique offering, we have been able to arrange an exclusive offer for medical scheme members with Next Biosciences. It is the only cryogenic biobank in South Africa to process and store stem cells according to validated international accreditation standards. This gives you peace of mind that your baby's cord stem cells are collected and stored and can be used for any future life-saving treatments he or she may need.

Society members will be entitled to an upfront discount of up to 25% on the Netcells umbilical cord blood and tissue stem cell banking. For more information on this, visit www.netcells.co.za/netcells

Use healthcare providers who we have a payment arrangement with

You have full cover for healthcare providers who we have an arrangement with, and up to 100% of the Society Rate for other healthcare providers.

To find a healthcare provider we have an arrangement with, use the find a healthcare Provider (MaPS) Advisor tool on www.bemas.co.za

Understand your benefits

Prescribed Minimum Benefits is a set of conditions which all medical schemes must provide a basic level of cover for. The Prescribed Minimum Benefit regulations include funding for antenatal care where it is necessary to hospitalise the mother before she gives birth.

To access full cover for your hospitalisation as a Prescribed Minimum Benefit, you must use a doctor, specialist or other healthcare provider who we have an arrangement with. We will pay the account in full up to the agreed Society Rate. If you choose to use a hospital or healthcare provider who we do not have an arrangement with, you will be responsible for any difference between what is charged and what we pay.

Pregnant mothers who need to be admitted during their pregnancy can apply for in-hospital PMB cover by calling us on 0860 002 107. For more information on the Prescribed Minimum Benefits go to our website at www.bemas.co.za

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 BEMAS 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 BEMAS' 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