

Dear Member

## **Your 2017 Bankmed Benefit Enhancements, Contributions and Plan Selection**

### **Plan Name Change in 2017**

Following a review of the PMB Plan benefits and taking into consideration input from various stakeholders, the PMB Plan will be renamed the "Essential Plan" from 2017. This is to ensure that members are able to differentiate between the Plan itself and the PMB benefits which are set out by the Council for Medical Schemes. You will be issued with new membership cards with the new Plan name (these will be sent via post). You may also download the Bankmed App on your smartphone and download your digital membership card, which can be used until such time as your card arrives.

### **Contribution increase for 2017 on the Essential Plan**

We are proud to confirm that Bankmed has once again been able to increase your current benefits and add new benefits for 2017. At the same time, we have managed to limit your contribution increase to 6.5% as of 1 January 2017. This increase is significantly lower than the medical scheme industry average. This indicates that Bankmed remains extremely competitive from a benefit and contribution perspective when compared to other medical schemes.

### **Overview of Benefit Enhancements**

- Benefit limits will increase by 6.5%; these limits are displayed in your 2017 Bankmed Benefit & Contribution schedule enclosed with this communication.
- Bankmed is introducing a new Specialised Lens Benefit on your Plan type. This benefit covers specialised lenses for PMB level of treatment, thus affording members additional benefits they may not have previously had access to.
- The External Prosthesis Benefit will cover repairs to your external prosthesis (PMBs only).
- HIV and AIDS cover is being expanded to cover Antiretrovirals (ARVs) for all members diagnosed with HIV and AIDS. Regardless of your CD4 count, you may now obtain ARVs from the date of diagnosis. This is aligned to the Department of Health's "Test and Treat" protocol.

### **Updates to Formularies and Designated Service Providers (DSPs)**

Remember that as an Essential Plan member, you are covered in full when you use the Bankmed network providers contracted to your Plan. We negotiate extensively with these providers so that you have access to benefits and avoid co-payments. It is therefore essential that you check that your provider is a member of the network contracted to the Essential Plan. We also refer to these network providers as "Designated Service Providers" (DSPs) when referencing Prescribed Minimum Benefit (PMB) treatment. The DSP list is updated annually and made available to members on the Bankmed website, [www.bankmed.co.za](http://www.bankmed.co.za). Kindly review this list to ensure that you avoid unnecessary co-payments that you may incur by visiting a doctor who does not form part of the DSP network.

Given that you are on a network plan, Scheme-approved medicine lists (also known as formularies) apply to you as an Essential Plan member.



The following formularies will be updated with effect from 1 January 2017 and apply to your Plan type. Please visit the website, [www.bankmed.co.za](http://www.bankmed.co.za) to view the updated formularies from 1 January 2017:

- Chronic Illness Benefit formulary
- Prescribed Acute Medicine formulary

**Please note:** It is important that you familiarise yourself with these formularies/medicine lists, the networks and the Designated Service Providers and any limit or benefit that applies to your Plan type. It is not possible to capture every detail about your plan in this communication. You are therefore encouraged to go through the 2017 Bankmed Benefit & Contribution Schedule for an in-depth understanding of all the benefits.

## How to exercise a Plan change for 2017

Should you wish to exercise a Plan change for 2017, kindly submit your Plan selection **on or before 9 December 2016**. Please do not miss the cut-off date, as Plan selections are only available once a year and take effect from January of the following year. Mid-year plan selections are regrettably not allowed.

You may use one of the following convenient methods in order to submit your Plan selection, on or before 9 December 2016:

### 1. Online

Visit [www.bankmed.co.za](http://www.bankmed.co.za) / LATEST INFO / Plan selection. You will be asked to log in, using your secure username and password.

### 2. E-mail

Complete the enclosed Plan selection form and e-mail the form to us at [planselections@bankmed.co.za](mailto:planselections@bankmed.co.za)

Do not submit any other correspondence, queries or claims to this mailbox – only your completed Plan selection form.

### 3. Fax

Complete the enclosed Plan selection form and fax the form to us on 021 527 1926.

Do not submit any other correspondence, queries or claims to this fax line – only your completed Plan selection form.

### 4. Telephone

Alternatively, you may contact 0800 BANKMED (0800 226 5633) for assistance. Please select the "Plan change" option on the call and you will be routed to a Call Centre agent who will assist you with your Plan change.

### 5. Post

Complete the enclosed Plan selection form and post the form to us at Bankmed Plan Selections, PO Box 1242, Cape Town 8000. While we discourage the use of this Plan change method due to the unreliability of the postal service, should you choose to post your Plan selection form, kindly factor in sufficient time for your form to reach us by the deadline.

We look forward to providing you and your family with exceptional value and service during 2017 and thank you for your support in 2016.

Yours in good health

**Teddy Mosomothane**

**Principal Officer**

**Bankmed Medical Scheme**