Bankmed
your good health

Dear Member

# Your 2017 Bankmed Benefit Enhancements, Contributions and Plan Selection

## Contribution increase for 2017 on the Traditional 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 8% as of 1 January 2017. This increase is 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 and Amendments

- Benefit limits will increase by 6.5%; these limits are displayed in your 2017 Bankmed Benefit & Contribution schedule enclosed with this communication.
- A standard deductible will apply to a specific list of conditions/procedures for treatments performed in a network hospital or day clinic. This new deductible or co-payment is to be paid to the hospital directly when you are admitted.
- The Compassionate Care Benefit is being introduced for terminally ill members. This provides end of life care for non-oncology patients (in-patient care and homecare visits).
- The new Advanced Illness Benefit will provide cover for a defined list of out-of-hospital benefits for patients with advanced oncology conditions only (end of life treatment).
- Bankmed is introducing a new Specialised Lens Benefit on your Plan type.
- The External Prosthesis Benefit will cover repairs to your external prosthesis.
- The Internal Prosthesis Benefit is being enhanced from January 2017. Where the hip, knee and shoulder joint prosthetic device is obtained via our preferred providers, the device will be covered at cost. However, if the member chooses to utilise a non-preferred provider, cover for the prosthetic device is subject to the Hip, Knee and Shoulder Joint Prosthesis sub-limit.
- Pacemakers and defibrillators will also be funded in full where the device is obtained via our preferred providers.
- 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.

## Deductible Structure Change for Admissions to Non-DSP Hospitals

The Traditional Plan is a network Plan and as such, members need to make use of the Bankmed Designated Service Providers (DSPs) and network providers in order to obtain the most out of their benefits and reduce co-payments. Bankmed negotiates preferential rates with hospitals in order to keep the contributions on this Plan type as low as possible.

For this reason, the voluntary use of a non-DSP (non-network) hospital has always resulted in members having to pay a deductible upfront upon admission and their claims were reimbursed at 80% of the Scheme Rate. As of January 2017, the deductible value is being increased to R4 500 (per admission to a non-network hospital) to encourage members to seek treatment at a network hospital as opposed to a non-network hospital.

However, to make the claiming process simpler, Bankmed will no longer reimburse claims at 80% of the Scheme Rate. Instead, claims for approved procedures will be reimbursed at 100% of the Scheme Rate. This will assist members in determining what their out-of-pocket expenses will be prior to the admission. Please familiarise yourself with the new deductible value prior to accessing hospital treatment at a non-network hospital.

### Updates to the Chronic Medicine List and Designated Service Providers (DSPs)

As a Traditional 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 Traditional Plan. We also refer to these network providers "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. 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.

Should you be a member that has chronic medication approved under the Chronic Illness Benefit, you will be subject to the Scheme-approved medicine list, also known as the Chronic Medicine List. This list will be updated with effect from 1 January 2017. Please visit the website, www.bankmed.co.za to view the updated list from 1 January 2017.

**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 / 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

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**