



HIV/AIDS Programme

Who we are

Bankmed Medical Scheme, registration number 1279, 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) which takes care of the administration of your membership for the Scheme.

Disclaimer

The information contained in this document is subject to change.

The HIV/AIDS Programme is governed by the Scheme Rules, administered by Discovery Health (Pty) Ltd. The use of the benefits and programmes associated with the HIV/AIDS Programme is subject to specific conditions and Rules. Members are required to ensure that they are familiar with these rules and conditions.

Any instructions or advice on medication and the management of the member's condition is intended as a supplement to, and not a substitute for, the knowledge, expertise, skill and judgement of the member's Healthcare Professional or pharmacist. The Scheme reserves the right to determine how we cover treatment on the programme at any time.

Contact us

Kindly contact us on 0800 BANKMED (0800 226 5633) or send an e-mail to hiv@bankmed.co.za should you require any additional information.

Overview

This document gives you information about the Bankmed HIV/AIDS Programme. It explains your cover for hospital admissions related to HIV and AIDS and how we pay for HIV medication. We also give you information on the Healthcare Professionals' consultations, laboratory tests and X-rays that Bankmed covers.

About some of the terms we use in this document

Terminology	Description
Day-to-day benefits	These are the funds available in your Medical Savings Account and/or Above Threshold Benefit, if available on your Plan. Additionally, insured sub-limits might apply dependent on your selected Plan.
Above Threshold Benefit (ATB)	This is a limited out-of-hospital Insured Benefit that provides additional out-of-hospital cover. When your cumulative expenses equal the Annual Threshold amount, you will enter the Above Threshold Benefit. This is only available on the Plus Plan.
Cost	The net cost (after discount) charged for a relevant health service or, in respect of a contracted or negotiated service, the contracted rate. In respect of surgical items and procedures provided in hospital, "cost" shall be the net acquisition price.
Scheme Rate	The rate at which health services are reimbursed by the Scheme in accordance with the applicable benefit schedule and determined by the Scheme from time to time.
Designated Service Provider (DSP)	A Healthcare Professional or group of providers contracted by the Scheme as preferred providers to provide diagnosis, treatment or care to members in respect of one or more Prescribed Minimum Benefit conditions.
Prescribed Minimum Benefit (PMB)	A set of minimum benefits to be funded by all medical schemes in line with the Medical Schemes Act and regulations, in respect of the PMB conditions. A PMB condition is a condition contemplated in the Diagnosis and Treatment Pairs listed and Chronic Disease List conditions in Annexure A of the Regulations or any emergency medical condition.
Maximum Medical Aid Price (MMAP)	Bankmed covers the cost of medication up to the recommended MMAP. This price represents the lowest average price available in the marketplace for a particular classification of drug. This price is in most cases is the lowest average generic price.

The HIV Programme at a glance

You have access to clinically sound and cost-effective treatment

We base the Bankmed HIV protocols on the Southern African HIV Clinicians' Society and the South African Department of Health guidelines. Approval of HIV-related services is subject to PMB guidelines and your benefits.

Our Preferred Pharmacy Provider network for HIV medication

All members who are registered on the HIV Programme can use pharmacies in the preferred pharmacy provider network to obtain their monthly HIV medication. Members can also use their dispensing GP for their HIV medication.

We deal with each case with complete confidentiality

Our HIV healthcare team respects your right to privacy and will always deal with any HIV and AIDS related query or case with complete confidentiality.

There is no limit for hospitalisation for members who register on the HIV/AIDS Programme

This applies to all the Bankmed Plans. Members must always obtain approval for their hospital admissions. The [Bankmed Rules](#) determine how we pay for treatment.



Bankmed covers a specified number of consultations and HIV-specific blood tests

- **GP and specialist consultations**
For members who are registered on the HIV/AIDS Programme, Bankmed pays for four GP consultations and one specialist consultation for each member per year for the management of HIV.
- **HIV monitoring blood tests**
Bankmed also pays for HIV-specific blood tests for members who are registered on the HIV/AIDS Programme. These tests are a measure of how many copies of HIV (viral load) are present in the blood and how well the immune system is functioning and are instrumental in managing the patient's response to treatment.

Should you register on the HIV/AIDS Programme, Bankmed pays for the following blood tests up to the Scheme Rate:

Test	Number of tests we cover for each member a year
CD4 count	4
Viral load	4
ALT	3
Full blood count (FBC)	4
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	1
Liver function test (LFT)	1
HIV drug resistance test (genotype)	1 <i>(We only cover this test if we have pre-authorised the test before it is conducted)</i>

If you do not register on the HIV/AIDS Programme, the cost for tests will be funded from your available out-of-hospital benefits on your selected Plan with accumulation to any applicable limit. If you run out of funds, or your out-of-hospital benefits are depleted, you will be required to pay for these costs out of your own pocket.

We pay for antiretroviral medication from our HIV medicine list (formulary) up to the Scheme Medication Rate on the Essential and Basic Plans. For members on the Core Saver, Traditional, Comprehensive and the Plus Plans, we pay for antiretroviral medication from our HIV medicine list (formulary) up to 100% of the MMAP or 100% of Scheme Medication Rate/Reference Price where no MMAP price is available.

Members who test positive for HIV have cover for antiretroviral medication that is on our HIV medicine list (formulary). This includes treatment for prevention of mother-to-child transmission, treatment of sexually transmitted infections and HIV-related (or AIDS-defining) infections. We will fund for supportive medication where the conditions meet our requirements for cover (clinical entry criteria). Our case managers will coordinate HIV medication applications and monitor the member's use of antiretroviral treatment to ensure the treatment is effective.

For preventive treatment in case of sexual assault, mother-to-child transmission, trauma, or workman's compensation, no HIV waiting periods will apply for preventive medication. Members must pre-authorise their treatment. We pay for treatment according to the Department of Health and SA HIV Clinicians' Society treatment guidelines. Members do not need to register on the HIV/AIDS Programme for prevention of mother-to-child transmission of the virus.



We provide cover for nutritional feeds to prevent mother-to-child transmission

We pay for nutritional feeds up to six months, for babies born to HIV-positive mothers from the date of birth. These are paid according to the HIV nutritional and mother-to-child prevention medicine list (formulary). This formulary can be found on www.bankmed.co.za.

Getting the most out of your benefits

Register on the HIV/AIDS Programme to access comprehensive HIV benefits

Contact 0800 BANKMED (0800 226 5633), e-mail hiv@bankmed.co.za or fax 011 539 3151 to register. Bankmed's HIV team will only speak to you, the patient, or your treating Healthcare Professional regarding any HIV-related query.

Benefits of using a Premier Plus HIV GP to manage your condition

When you register for our HIV/AIDS Programme and choose a Premier Plus HIV GP to manage your condition, you are covered for the care you need, which includes additional cover for social workers.

Use a Healthcare Professional in our [network](#)

You have full cover for GPs who are on the Premier Plus HIV GP Network and specialists who have a payment arrangement with us. Bankmed will pay the account up to the agreed rate. If you don't use a Healthcare Professional in the network, we will pay up to 100% of the Scheme Rate.

Use approved medication on our medicine list

Bankmed does not cover experimental, unproven or unregistered treatments or practices.

You have full cover for approved medication on our [HIV medicine list \(formulary\)](#) if your Healthcare Professional charges the Scheme Medication Rate for medication.

You will be responsible for the payment of any shortfall for medication not on the list, or if a pharmacy charges more than the Scheme Medication Rate, MMAP or Reference Price for medication.

Getting your HIV medication

Pharmacies in the preferred pharmacy network are the Preferred Service Providers for HIV medication.

Take your HIV medication as prescribed and send test results when we ask for them

We will only pay for your HIV treatment if Bankmed has approved it. It is important that you follow your treatment plan. Once you have registered on the HIV/AIDS Programme, you will need to send us the results of the follow-up tests for us to assist you in the on-going management of your condition.

Prescribed Minimum Benefit (PMB) cover

The PMBs are minimum benefits for specific conditions that the Medical Scheme Act defines that all medical schemes are required to cover, according to clinical guidelines. In terms of the Act and its regulations, all medical schemes must cover the costs related to the diagnosis, treatment and care of any life-threatening emergency medical condition, a defined set of 270 defined diagnoses (Diagnostic Treatment Pairs PMBs or DTPMB) and 27 chronic conditions.

You may need to use a DSP to receive full cover for a PMB. A DSP is a hospital or Healthcare Professional who has a payment arrangement with Bankmed to provide treatment or services at a contracted rate and without any co-payments by you.



All medical schemes in South Africa must include the PMBs in the Plan types they offer to their members. There are, however, certain requirements that a member must meet before he or she can benefit from the PMBs.

These are the requirements that apply to access PMBs

- Your condition must be part of the list of defined conditions for PMBs. You might need to submit the results of your medical tests and investigations that confirm the diagnosis for your medical condition.
- The treatment you require must match the treatments included in the list of defined benefits for your medical condition.
- You must use a Healthcare Professional or specialist with whom Bankmed has a payment arrangement. There are some cases where this is not necessary, for example a life-threatening emergency.

HIV is classified as a PMB condition for members who qualify for cover. However, only certain treatment protocols are available for funding from this benefit.

More information on our approach to PMBs is available at www.bankmed.co.za.

Your Healthcare Professional can appeal for additional cover

Bankmed covers certain basic out-of-hospital treatments related to HIV infection as a PMB. You may ask for additional cover, if your condition requires this through an appeals process. Your Healthcare Professional will need to complete the [HIV PMB application form](#) and return it with the required documentation to hiv@bankmed.co.za. We will review the individual circumstances of the case, however it's important to note that an appeals process doesn't guarantee a positive outcome and neither does it change the way we cover PMBs.

Should your treatment change, your Healthcare Professional will need to appeal for the new treatment to be covered.

We pay all other out-of-hospital treatments from the available funds in your day-to-day benefits on your Plan type. If you have run out of day-to-day benefits or Medical Savings Account, you will be responsible for paying these claims.

Benefits available

Hospital admissions

Cover for all costs while you are hospitalised is not automatic. You need to inform us beforehand when you know you will be going to hospital.

You must pre-authorise your admission to hospital at least 24 hours before you are admitted

Contact Bankmed on 0800 BANKMED (0800 226 5633) and follow the prompts to obtain approval. You can also apply for approval by sending an e-mail to treatment@bankmed.co.za

When you contact us, please have specific information regarding your procedure and admission available, so that we can assist you. This includes the date of admission, your Healthcare Professional's name and practice number, the hospital name and practice number and the diagnosis (ICD-10) codes and treatment (RPL) codes.

GP and specialist consultations

Should you register on the HIV/AIDS Programme, we pay for four GP consultations and one specialist consultation for HIV, for each member per year up to the Scheme Rate. The preferred provider for GP consultations is the [Premier Plus HIV GP Network](#). Bankmed might pay for more consultations should further consultations be clinically necessary.



Should you not register on the HIV/AIDS Programme, the consultation costs will be paid from available funds in your day-to-day benefits, up to the Scheme Rate. You will be required to pay any shortfall yourself.

HIV antiretroviral and HIV-supportive medication

If your approved medication is on our HIV medicine list ([formulary](#)), we will pay for it up to the Scheme Medication Rate at any pharmacy of your choice.

If your approved HIV medication is not on our medicine list (formulary), we will pay for it up to the MMAP or the Scheme Rate where there is no MMAP available. You may be required to pay a co-payment. The following medicine lists (formularies) apply, and you can access them [here](#):

- HIV Supportive medicine list (formulary)
- HIV Basket of care medicine list (formulary)
- HIV Antiretroviral medicine list (formulary)
- HIV Nutritional and mother-to-child medicine list (formulary)

Complaints process

You may lodge a complaint or query with Bankmed Medical Scheme directly on 0800 BANKMED (0800 226 5633) or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following Bankmed Medical Scheme'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 via e-mail at complaints@medicalschemes.co.za. Customer Care Centre: 0861 123 267/website www.medicalschemes.co.za

