

HIV Care Programme 2024

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.

Overview

This document gives you information about the BEMAS HIV Care Programme. It explains your cover for hospital admissions related to HIV and AIDS and how we pay for HIV medicine. We also give you information on the doctor consultations, laboratory tests and X-rays BEMAS covers.

About some of the terms we use in this document

You might come across some terms in the document that you may not be familiar with. Here are the terms with their meaning:

Terminology	Description
Chronic Drug Amount (CDA)	The CDA is a maximum monthly amount we pay up to for a medicine class. This applies to medicine that is not listed on the medicine list (formulary). The Chronic Drug Amount includes VAT and the dispensing fee.
Shortfall	BEMAS pays service providers at a set rate, the Society Rate. If the service providers charge higher fees than this rate, you will have to pay the outstanding amount from your pocket.
Day-to-day benefits	These are the funds available in the Medical Savings Account and Pooled Benefits.
Deductible	This is the amount that you must pay upfront to the hospital or day clinic for specific treatments/procedures if you use a facility outside of the network.
Society Rate	This is the rate that BMW Employees Medical Aid Society sets for paying claims from healthcare professionals.
Designated service provider (DSP)	A healthcare provider (for example doctor, specialist, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate.
Payment arrangements	We have payment arrangements in place with specific specialists to pay them in full at a higher rate.

The HIV Care Programme at a glance

You have access to clinically sound and cost-effective treatment

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

We deal with each case with complete confidentiality

HIV and AIDS is a sensitive matter, whether one has the condition or not. 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 overall limit for hospitalisation for members who register on the HIV Care Programme

For members who register on the HIV Care Programme there is no limit to the hospital cover. Members must always get approval for their hospital admissions. The BEMAS rules always inform us of how we pay for treatment.

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

GP and specialist consultations

For members who are registered on the HIV Care Programme, the Society pays for:

- Four GP consultations
- One specialist consultation per person each year for the management of HIV.

HIV monitoring blood tests

BEMAS also pays for HIV-specific blood tests for members who are registered on the HIV Care Programme. These tests are a measure of the extent of the HI virus and are instrumental in managing the patient's response to treatment. The specific tests are listed in the *Benefits available for your plan*.

If you have registered on the HIV Care Programme, BEMAS pays for these blood tests up to the Society Rate:

Test	Number of tests we cover for each person 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 (we only cover this test if we have approved funding before the test is done)
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HIV drug resistance test

You do not automatically qualify to have this test covered from the Society's risk benefits, authorisation for the test is a prerequisite. Authorisation applies for requests for tests done in-hospital and out-of-hospital.

The authorisation process is used to manage risk to ensure that you receive best-practice HIV care, based on clinical evidence, to ensure optimal quality of care and health outcomes. It is important that the authorisation process be followed for every request.

If you haven't registered on the programme, the consultation costs and blood tests will be paid from available funds in your day-to-day benefits, up to the Society Rate. You must pay any shortfall from your pocket.

We pay for antiretroviral medicine from our HIV medicine list up to the Society Rate for medicine

Members who test positive for HIV have cover for antiretroviral medicine that are 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 medicine where conditions meet our requirements for cover (clinical entry criteria).

Our case managers will coordinate HIV medicine 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, any HIV waiting periods do not apply to preventive medicine. Cover is subject to national treatment guidelines and benefit confirmation. Members do not need to register on the HIV Care Programme for this preventive treatment.

Getting the most out of your benefits

Register on the HIV Care Programme to access comprehensive HIV benefits

Call us on 0860 002 107, fax 011 539 3151 or email HIV_Diseasemanagement@discovery.co.za to register. The HIV Care team will only speak to you, the patient, or your treating doctor about any HIV- related queries.

Use approved medicine on our medicine list

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

You have cover for approved medicine on our HIV medicine list (formulary) if your healthcare provider charges the Society Rate for medicine.

For clinically appropriate antiretroviral medicine that is not on the list, we will pay up to a set monthly amount (Chronic Drug Amount). You will be responsible to pay any shortfall from your pocket for medicine not on the list or if the pharmacy charges more than the Society Rate for medicine.

Get your HIV medicine from our designated service provider for this service

Dis-Chem is BEMAS's designated service provider (DSP) for dispensing HIV antiretroviral medicine.

What you need to do to get your approved medicine from Dis-Chem

To get your approved HIV antiretroviral medicine, you need to register with Dis-Chem:

1. Call 0860 906 090
2. Complete and sign the form and email it to direct@dischem.co.za or fax it to 086 641 8311
3. For all queries and submission of repeat prescriptions email direct@dischem.co.za or fax your repeat script to 086 641 8311

Use a healthcare provider who participates in our payment arrangements

You have full cover for healthcare providers we have a payment arrangement including GPs and specialists. BEMAS will pay the account up to the agreed rate. If you don't use a healthcare provider who we have an arrangement with, you will be responsible for any shortfall between what the provider charges and what BEMAS pays.

Tell us about where you'll be having your treatment and who your treating doctor is and we'll confirm if we have an agreement with the healthcare provider. If you choose to have your treatment at a provider who we have an arrangement with, there will be no shortfall in payment. Remember that any plan benefits still apply in this case.

Log in to www.bemas.co.za to find medical services and providers where you will be covered without a co-payment.

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

We will only fund your HIV treatment if BEMAS has approved it. It is important that you remain compliant with your treatment plan. Once you've registered on the HIV Care Programme, you'll need to send us follow-up tests when we ask for them, for us to assist you in the ongoing management of your condition.

Prescribed Minimum Benefits (PMBs) cover

The Prescribed Minimum Benefits 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 Prescribed Minimum Benefits or DTPMB) and 27 chronic conditions.

You may be required to use a designated service provider (DSP) to have full cover for Prescribed Minimum Benefits. A DSP is a hospital or healthcare provider who has a payment arrangement with BEMAS to provide treatment or services at a contracted rate and without any co-payments.

All medical schemes in South Africa have to include the Prescribed Minimum Benefits in the health plans they offer to their members. There are, however, certain requirements that a member must meet before he or she can benefit from the Prescribed Minimum Benefits.

These are the requirements that apply to access Prescribed Minimum Benefits

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

HIV is classified as a Prescribed Minimum Benefit 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 Prescribed Minimum Benefits is available at www.bemas.co.za.

Your doctor can appeal for additional cover

BEMAS covers certain basic out-of-hospital treatments related to HIV infection as Prescribed Minimum Benefits. You can ask for additional cover, if your condition requires this, through an appeals process. 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 Prescribed Minimum Benefits.

If the additional cover is approved, BEMAS will pay the claims for these treatments in full, if we have a payment arrangement with your doctor. You may be responsible to pay part of the claim if we do not have an arrangement with your doctor and he or she charges higher than what BEMAS pays.

We pay all other out-of-hospital treatments from the available funds in your day-to-day benefits, if available on your plan type. If your plan does not have day-to-day benefits or you have run out of money, you will be responsible to pay these from your pocket.

Hospital admissions

Cover for all costs while you are hospitalised is not automatic. When you know you are going to hospital, you need to tell us beforehand. You must preauthorise your admission to hospital at least 48 hours before you go in. Please phone DiscoveryCare on 0860 002 107 and follow the prompts to get approval.

When you contact us, please have specific information about your procedure and admission available, so that we can assist you.

HIV antiretroviral and HIV-supportive medicine

Approved antiretroviral medicine not on our HIV medicine list will be covered up to a set monthly amount (Chronic Drug Amount). You will be responsible to pay any shortfall from your pocket if your provider charges more than the Society Rate.

If your approved supportive medicine is on our HIV supportive medicine list, we will pay for it up to the Society Rate for medicine

You have cover of up to R580 per person each year for the multivitamins and vaccination shown below. Flu vaccinations will be paid from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin forte	715460001
Multivitamin orange	838500005
Multivitamin	799173002
Heberbio hbv sgl dose 1ml adult	701659001

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