

**PRESCRIBED MINIMUM BENEFITS (PMB'S).**

**1. DEFINITIONS**

**“Prescribed minimum benefits”**, the benefits contemplated in section 29(1)(o) of the Act and consist of the provision of the diagnosis, treatment and care costs of —

- (a) the Diagnosis and Treatment Pairs listed in Annexure A of the Regulations, subject to any limitations specified therein; and
- (b) any emergency medical condition. (Regulation 7).

**“Prescribed minimum benefit condition”**, a condition contemplated in the Diagnosis and Treatment Pairs listed in Annexure A of the Regulations or any emergency medical condition.

**2. DESIGNATION OF SERVICE PROVIDERS**

The Scheme designates the following service provider(s) for the delivery of prescribed minimum benefits to its beneficiaries:

- 2.1 Chronicare
- 2.2 Mediclinic Private Hospital Group
- 2.3 State/Public Hospital Facilities

The above service provider(s) shall for the purposes of this Appendix be referred to as “designated service providers”.

**3. PRESCRIBED MINIMUM BENEFITS (OTHER THAN MEDICATION) OBTAINED FROM DESIGNATED SERVICE PROVIDERS**

100% of the cost in respect of diagnosis, treatment and care costs, other than medication, of prescribed minimum benefit conditions if those services are obtained from a designated service provider.

## BP MEDICAL AID SOCIETY RULES

---

### **4. PRESCRIBED MINIMUM BENEFITS (OTHER THAN MEDICATION) VOLUNTARILY OBTAINED FROM OTHER PROVIDERS**

If a Beneficiary voluntarily obtains diagnosis, treatment and care, other than medication, in respect of a prescribed minimum benefit condition from a provider other than a designated service provider, the benefit payable in respect of such service is subject to a co-payment equal to:

- 4.1 In respect of private hospital accommodation, 10% of the actual cost incurred. The 10% co-payment will not apply in respect of private hospital accommodation in Gatesville Medical Centre, Mitchells Plain Medical Centre and Bellville Medical Centre.
- 4.2 In respect of all other services, the difference between the actual cost incurred and the benefit payable in terms of the Scheme rules.

### **5. PRESCRIBED MINIMUM BENEFITS (OTHER THAN MEDICATION) INVOLUNTARILY OBTAINED FROM OTHER PROVIDERS**

- 5.1 If a Beneficiary involuntarily obtains diagnosis, treatment and care, other than medication, in respect of a prescribed minimum benefit condition from a provider other than a designated service provider, the Scheme will pay 100% of the cost in relation to those prescribed minimum benefit conditions.
- 5.2 For the purposes of Rule 5.1 of this Appendix, a Beneficiary will be deemed to have involuntarily obtained a service from a provider other than a designated service provider, if –
  - 5.2.1 the service was not available from the designated service provider or could not be provided without unreasonable delay;
  - 5.2.2 immediate medical or surgical treatment for a prescribed minimum benefit condition was required under circumstances or at locations

## BP MEDICAL AID SOCIETY RULES

---

which reasonably precluded the Beneficiary from obtaining such treatment from a designated service provider; or

5.2.3 in respect of hospital accommodation, there was no designated service provider within 25 kilometers of the Beneficiary's ordinary place of personal residence; or

5.2.4 in respect of other services, there was no designated service provider within a reasonable distance from the Beneficiary's ordinary place of personal residence.

5.3 Except in the case of an medical emergency, pre-authorisation shall be obtained by a Member prior to obtaining a service from a non-DSP provider in terms of this Rule, to enable the Scheme to confirm the circumstances contemplated above are applicable.

### 6. MEDICATION

6.1 Where a prescribed minimum benefit includes medication, the Scheme will pay 100% of the cost of the medication, subject to MMAP, if that medication is obtained from a designated service provider or is involuntarily obtained from a provider other than a designated service provider, *and*

6.1.1 the medication is included on the applicable formulary in use by the Scheme; or

6.1.2 the formulary does not include a medicine that is clinically appropriate and effective for the treatment of that prescribed minimum benefit condition.

6.2 Where a prescribed minimum benefit includes medication, and the formulary includes medication that is clinically appropriate and effective for the treatment of a prescribed minimum benefit condition suffered by a Beneficiary, and that

## **BP MEDICAL AID SOCIETY RULES**

---

Beneficiary knowingly declines the formulary medicine and opts to use another medicine instead, the member will be liable for 25% of the cost.

### **7. PRESCRIBED MINIMUM BENEFITS OBTAINED FROM A STATE/PUBLIC HOSPITAL**

Notwithstanding anything to the contrary contained in these Rules, the Scheme shall pay 100% of the costs of prescribed minimum benefits obtained in a State/Public Hospital, without limitation.

### **8. DIAGNOSTIC TESTS FOR AN UNCONFIRMED PMB DIAGNOSIS**

Where diagnostic tests and examinations are performed but do not result in confirmation of a prescribed minimum benefit condition diagnosis, except for an emergency medical condition, such diagnostic tests or examinations are not considered to be a prescribed minimum benefit.

### **9. CHRONIC CONDITIONS**

Any benefit option covers the full cost for services rendered in respect of the prescribed minimum benefits for the chronic disease list, which includes the diagnosis, medical management and medication to the extent that it is provided for in terms of a therapeutic algorithm as prescribed for the specified chronic conditions.

### **10. DIAGNOSIS (CHRONIC DISEASE LIST – PRESCRIBED MINIMUM BENEFITS)**

1. Addison's disease
2. Asthma
3. Bipolar mood disorder
4. Bronchiectasis
5. Cardiac failure
6. Cardiomyopathy disease
7. Chronic renal disease
8. Coronary artery disease

## BP MEDICAL AID SOCIETY RULES

---

9. Chronic obstructive pulmonary disorder
10. Crohn's disease
11. Diabetes insipidus
12. Diabetes mellitus type 1&2
13. Dysrhythmias
14. Epilepsy
15. Glaucoma
16. Haemophilia
17. Hyperlipidaemia
18. Hypertension
19. Hypothyroidism
20. Multiple sclerosis
21. Parkinson's disease
22. Rheumatoid arthritis
23. Schizophrenia
24. Systemic lupus erythematosus
25. Ulcerative colitis

The HIV/AIDS benefit provided will be in accordance with the National Antiretroviral Treatment Guidelines and the algorithms specified within the prescribed minimum benefits for the treatment and management of HIV/AIDS.