

Dear Member

In this issue we provide information on:

- The Society's 71st Annual General Meeting (AGM)
- Contribution increases effective 1 April 2008
- What the Society will be paying your doctors and other service providers in 2008
- Radiology: Benefit enhancement
- Acute and chronic medication
- HIV/AIDS benefit
- 10 general rules for a healthy diet



- Are you stressed?
- Important contact details
- Member Q & A

The Society's 71st Annual General Meeting (AGM)

The Society's 71st AGM was held in Johannesburg on 27 May 2008. In addition to this meeting, a focus group was held on 28 May in Cape Town.

A total of 27 members attended the AGM, which is in excess of the minimum number of 24 members required for a quorum.

The Member-elected Trustees were announced at the AGM. Member-elected Trustees serve terms of office of three years. The following people were re-elected and will serve until the 2011 AGM:

- Mr John Bush; and
- Mr Albert Myburgh.

Next year there will be another opportunity for you to vote for a Member-elected Trustee. In accordance with our rules and to ensure continuity, two Member-elected Trustees serve for three years, while a third serves a term of office of four years. Mr Michael Manson-Smith, whose term of office will expire at the 2009 AGM, currently fills the latter position.

The Society thanks all members who participated in the election process and those members who were able to attend the AGM.

The draft minutes of the AGM held in Johannesburg as well as a copy of the presentation given at the meeting are included with this newsletter.



Contribution increases effective

During March 2008 the Trustees of the BP Medical Aid Society reviewed the contributions payable by members and BP.

One of the biggest challenges facing the Society's Trustees is to provide the best benefits possible while keeping contribution increases to a minimum. This ensures our long-term objective, which is to ensure sustainability by keeping our reserves at a healthy level to support the Society through tough times.

To do this, the Society estimates benefit use during the year and determines how much money needs to be collected in contributions to ensure we have sufficient funds available to cover benefits and administrative expenses.

When estimating benefit use for the year, the following factors are taken into account:

1. Medical inflation

The benefit increases for 2008 have been set by the Society at 6%.

Added to this, certain benefit categories, such as hospitalisation and prostheses, were increased by 10%. These higher-than-average increases in benefits also need to be factored in when calculating contribution increases.

2. Age inflation

The Society's membership base is getting older each year. This means that we will claim more every year simply because we are getting older.

3. Expense inflation

All of the administration fees to service providers and other general expenses were increased in line with the Consumer Price Index (CPIX).

4. Date of increase

The Society has for many years announced its new contribution rates to coincide with the annual salary and pensioner increases in April, unlike most other medical aid societies who announce their contribution increases to coincide with the announcement of the new year's benefits, i.e. on 1 January each year.

This means that although the Society pays out increased benefits for 12 months, it only receives increased contributions for nine months.

The impact is twofold. Increases are one third higher than if they are introduced on 1 January, but the reverse is also true: members are afforded better benefits for the full 12 months.

Taking all of the above into account and to ensure that sufficient income to cover the Society's expenses is received during the 2008 benefit year, contributions have been increased by 9.75% with effect from 1 April.

To ensure that no bracket creep takes place, a review of the actual income bands was also conducted, keeping the impact of these increases on your pocket to a minimum.

Therefore, after taking the expected salary and pensioner increases into account, income bands for the coming year were increased by an average of 8%.

What the Society will be paying your doctors and other medical service providers in 2008

Every year, the Department of Health, in conjunction with the Council for Medical Schemes, determines an acceptable rate of payment for medical services. This list is known as the National Health Reference Price List (NHRPL).

The Trustees, on the advice of their actuarial consultants, have decided to base the rate of payment for 2008 on the NHRPL published by the Council for Medical Schemes for 2008.

We encourage you to negotiate the charges with

your doctor and/or specialist before receiving treatment. In this way you are able to budget for the portion of the account you might have to pay from your own pocket. Request a quotation from your consulting doctor in advance for any voluntary medical procedures you may undergo. The quotation, which must include ICD-10 and tariff codes, can then be submitted to the Client Service Department for confirmation of exactly how much the Society will pay and the amount for which you may be liable.

1 April 2008

The table below shows a breakdown of contributions payable to the Society. Any subsidies offered by the company are in terms of BPSA's company policy and are not determined by the Society.

Unsubsidised contribution rates:

INCOME BANDS	MEMBER RATE	ADULT RATE	CHILD RATE
0 - 730	162	113	37
731 - 1 490	501	353	128
1 491 - 1 900	697	498	177
1 901 - 2 400	797	563	201
2 401 - 2 950	928	644	228
2 951 - 4 450	991	675	240
4 451 - 5 800	1 065	732	262
5 801 - 7 300	1 147	802	281
7 301 - 8 850	1 218	857	302
8 851 - 11 700	1 295	920	313
11 701 - 17 650	1 353	957	334
17 651 - 25 000	1 404	991	347
25 001 - 30 750	1 453	1 025	361
30 751 - 36 700	1 501	1 055	376
36 701 +	1 552	1 091	392



Radiology: Benefit enhancement

The Board of Trustees, with actuarial input from Alexander Forbes Health Care Consultants, reviewed the benefit for x-rays received out of hospital for conditions that do not qualify for Prescribed Minimum Benefits (PMB). The Board has decided to adjust this benefit category from 1 January 2008. Non-PMBs and out-of-hospital x-rays will be covered at 100%, limited to R600 per beneficiary per year.

Where the service is deemed clinically appropriate and medically necessary by the Society's designated service provider, an additional benefit may be granted by the Trustees in excess of this limit, provided that application is made for the additional benefit prior to receiving the service.

Should you require more information, you are more than welcome to contact the Client Service Department, who will assist you with your query.

Acute and chronic medication

Acute medication is used on a short-term basis for an illness or condition such as flu, a headache or back pain, while chronic medication can be any medication that is used for more than three consecutive months. Chronic medication is used to treat possibly life-threatening conditions or chronic illnesses such as diabetes, high blood pressure or asthma.

Should you or any of your dependants require medication for the treatment of chronic conditions, please apply for registration on the Society's Medicine Risk Management (MRM) programme that is managed by Qualsa. This programme will assist you in managing your chronic condition more effectively. Your application must be approved by Qualsa before you can claim for medication from the chronic medicine benefit.

Please note: If any of your benefit limits are almost exhausted, you may apply for ex gratia benefits from the Society if the medication or treatment you require is clinically necessary and appropriate. An ex gratia application form is available on the Society's website. Alternatively, you may contact the Client Service Department, who will be able to assist you.

HIV/AIDS benefit

The Society provides comprehensive cover for all members who are HIV positive and who have registered on the Society's confidential HIV/AIDS programme that is managed by Qualsa. Should you suspect that you have been exposed to the virus, please contact Qualsa immediately on the confidential telephone numbers below:

- Namibia: +27 21 480 4804; or
- South Africa: 0861 888 300.

It is important that you obtain pre-authorisation for medication and hospitalisation and that you comply strictly with your prescribed care plan, e.g. a letter setting out a list of services for the treatment of your condition, such as consultations and diagnostic services.

Remember that all interaction with the HIV/AIDS programme is treated confidentially.

10 general rules for a healthy diet

Follow these 10 general rules for a healthy diet!

- ✓ Get down to, and maintain, your desirable body weight.
- ✓ Reduce your total fat intake, particularly saturated fats.
- ✓ Ensure adequate intake of mono- and certain poly-unsaturated fats.
- ✓ Reduce your intake of foods high in cholesterol.
- ✓ Increase your fibre intake.
- ✓ Use sugar, and foods high in simple carbohydrates, in moderation.
- ✓ Use less salt.
- ✓ Eat a variety of foods.
- ✓ If you drink alcohol, drink it in moderation and avoid binge drinking.
- ✓ Drink at least six to eight glasses of water a day.





Are you **stressed**?

Today's lifestyle is very demanding and carries with it a label of "faster is better". You are expected to get more done in a day, which means you have to work faster, meet tight deadlines and juggle many activities. For most working people and parents this leads to increased multitasking. This hectic lifestyle affects us all and results in stress.

The workplace in particular has become an ideal breeding ground for stress and stress-related illnesses. Most employees experience pressure due to profit focus and operational demands in the work environment.

How stress manifests itself

Stress may be manifested in a variety of ways. Physically, those under stress experience frequent headaches, high cholesterol, tightness in the neck and shoulders, general muscle and back ailments, a pounding heart, chest pains, high blood pressure, stomach or digestive discomfort, fatigue and frequent colds, flu or other illnesses.

Stress also has emotional symptoms such as feelings of extreme sadness, hopelessness, helplessness, negative thoughts, anger and resentment, irritability and forgetfulness.

Behavioural problems relating to stress include extremes in eating, sleeping, spending, an increased use of alcohol or medication and chemical stimulants, hurting others and withdrawal from family, friends and life.

Just how stressed are you?

Do you find that you:

- don't sleep enough;
- feel anxious;
- feel tired all the time;
- feel depressed;
- eat too much or too little;
- withdraw from others;
- race through your day;
- often feel impatient;
- lose your sense of humour;
- have feelings of not being able to cope;
- get angry quickly;
- become forgetful;
- have high blood pressure;
- have tense muscles; and/or
- have tension headaches?

If you answered "yes" to one or more of the above statements, you could be experiencing some form of stress in your everyday life.

What can you do?

There are many different ways in which stress can be dealt with. The most obvious, yet most impractical, solution is to remove the cause of the stress. We would have to do away with the "faster is better" label and slow down but, in today's competitive environment, hardly anyone can afford to do that.

We therefore have to look to other ways of beating stress. Even though exercise may impact your time, it is a great way to deal with stress because it relieves your pent-up energy and tension in a healthy way. In addition, it helps you get in better shape, which can make you feel better overall.

If you are currently experiencing the effects of stress, contact your Employee Assistance Programme (EAP) on 0800 004 770.



Please send claims to:

BPSA Medical Aid Society
 PO Box 5324
 Cape Town
 8000

Client Service Department (including Prescribed Minimum Benefit queries)

Namibia tel:	+27 21 480 4610	South Africa tel:	(021) 480 4610 or 0800 001 607
Namibia fax:	+27 21 480 4969	South Africa fax:	(021) 480 4969
E-mail:			bpsa@mhg.co.za
Website:			www.bpmas.co.za

Chronic medication

Namibia:	+27 21 480 4610	South Africa:	(021) 480 4610 or 0800 001 607
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Chronicare

Customer service and information line:	0860 102 304 or (011) 660 4005
Fax numbers:	0866 737 027 or (011) 660 4099
E-mail:	info@chronicare.co.za

ER24 emergency services

Namibia:	061 230 505 or 112 (cell)	South Africa:	084 124
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Hospital pre-authorisation

Namibia:	+27 21 480 4762	South Africa:	0800 007 092
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Confidential HIV/AIDS Programme

Namibia:	+27 21 480 4804	South Africa:	0861 888 300
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Oncology Programme

Namibia:	+27 21 480 4073	South Africa:	(021) 480 4073
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KPMG Fraud Hotline

Namibia:	+27 21 480 4610	South Africa:	0800 200 564
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Pension queries (Alexander Forbes)

0800 112 157

PPN (Preferred Provider Negotiators for optical care)

Namibia:	+27 41 506 5961	South Africa:	0860 103 529
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Member Q & A

We would like to hear from you. If you have ideas for future articles, suggestions for improvements to your benefits, or if you have concerns you believe other members should know about, please send an e-mail to bpsa@mhg.co.za. Look out for our response in the next issue of our newsletter.