



EST 1964

BCIMA
Medical Aid

2019

MEMBER BROCHURE

THE BUILDING AND CONSTRUCTION
INDUSTRY MEDICAL AID FUND



Administered by Universal Healthcare Administrators (Pty) Ltd



Universal
Administrators



EST 1964

BCIMA
Medical Aid

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A very definite advantage is that the Fund was created especially for the Building, Construction and Civil Engineering Industries.

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A Message From Your Medical Aid Fund

The Board of Trustees looking after your medical fund comprises of 8 members. Four of these trustees are nominated and elected by yourself amongst the members; and four of the Trustees are nominated by the participating employers. The Trustees consider all factors on an annual basis, and with the help of an actuary, decide on the contribution increases and increases on benefit limits for the next year. The two most important factors considered in these considerations is the impact on members and the Fund. The Trustees want to make sure members are not impacted negatively with an unreasonable contribution increase, at the same time the increase must be sufficient to make sure that the Fund will remain financially stable and strong.

Contribution Increase

The contribution increase of 7% is less than the industry increases and salary/wage increases. The Fund is able to afford the low increase and benefit enhancements mostly because of the way members manage their benefits in a responsible manner. Your Employer will complete and submit the monthly wage schedule, as contributions are paid in accordance with the actual earnings of each individual. Employee Annual contributions are structured over 48 weeks/12 months. These contributions allow for cover throughout the year and cover for the 4 week holiday period.

Benefit Enhancements

At The Building and Construction Industry Medical Aid Fund's Annual General Meeting held in June 2018, Members requested the Trustees to investigate increasing the Hospital Benefit. After taking into account, all factors including member needs, costs and the potential long term impact on the Fund, the decision was taken to increase the Hospital Limit by 40%. The new Hospital Limit is R 400 000, and is generous enough to give members the assurance that they are covered when they need hospitalisation.

The Board also agreed to implement an Emergency Transport Service through Netcare 911, with effect from 01 January 2019. When you have a medical emergency please call 082 911. Assistance and advice is just a phone call away through Netcare 911's Health-on-Line, a 24-hour Emergency Operations Centre which provides emergency as well as non-emergency telephonic medical advice to members, and dispatch an ambulance if it is clinically indicated. It is important that you phone 082 911 to obtain authorisation for an ambulance to ensure that the account will be paid. Enclosed are the Netcare 911 Contact Information Stickers. With the Emergency Service Agreement coming into effect, it will result in less member co-payments for ambulance services. All other limits and sub-limits will increase with 5%, which continues to offer excellent value to you as our members.

LifeSense – the HIV/aids disease management programme

Members are reminded to contact LifeSense for HIV related issues. You can call 0860 506 080 – 24hrs a day; your query will be logged and a case manager will be in touch with you as soon as possible.

Personal Information Update Form

We have pleasure in enclosing the Personal Information Update Form, please complete and return to us as soon as possible. Please use this opportunity to update any information with BCIMA that might be outdated. Please also indicate your race and provide your Tax Reference number – this is a requirement from Government.

Fraud

If you as a member become aware of any fraudulent activities by a provider or a member, please contact the call centre. BCIMA will investigate the case and take appropriate action. Please remember – do not take money or any other non-medical incentive from any provider! This is fraud. Providers are only allowed to provide you with medical treatment.

SMS – call back system

Remember to use the sms call back system to assist you. Simply sms the word "CALL" followed by your membership number (e.g. CALL 1234567) to **47975** and one of our agents will call you. The sms line is open from 7h00 to 19h00 during weekdays and from 8h00 to 13h00 on Saturdays.

We thank you for your support, and wish you and your family a blessed festive season and a healthy and successful 2019.

BCIMA 2019

Benefits

ANNUAL LIMITS	
LifeSense HIV Programme	Unlimited
Hospitalisation	R 400 000 per family, per year
Annual Limit: Day-to-day expenses	R 18 000 per family, per year
Chronic medicine Benefit paid according to RP	R 10 700 per family, per year

HOSPITALISATION	
Hospitalisation	R 400 000 per family, per year at 100% of the agreed tariff
Pre-authorisation required	R 1 000 levy if not pre-authorised

IN-HOSPITAL AND DAY CLINICS
THE FOLLOWING SERVICES ARE COVERED, INCLUDING ALL RELEVANT ACCOUNTS:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Ward fees - General, ICU, High Care • Theatre fees • Medication (while in hospital) • Surgical procedures • GP and specialist visits • Surgical prostheses • Oncology • MRI and CT scans • Electronic/nuclear appliances and/or prostheses, subject to prior approval by the Board of Trustees and hospital limit | <ul style="list-style-type: none"> • Dentistry (in-hospital procedures, subject to pre-authorisation) • Clinical technologists • Radiology • Pathology • Confinements: normal births • Caesarean sections • Home confinements - by arrangement • Blood transfusions • Renal dialyses • Psychiatric treatments - 21 days per family per year |
|---|---|

PRIVATE NURSING

Private nursing	100% of the agreed tariff - if pre-authorised Limited to 60 days per condition
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AMBULANCE SERVICES – EMERGENCY TRANSPORT

Netcare 911	100% of the agreed tariff - subject to hospital limit
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ANNUAL LIMIT

Annual Limit	Day-to-day limits apply R 18 000 per family, per year
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IMPORTANT:

As BCIMA is a low-cost fund, The Registrar of Medical Schemes has granted the Fund exemption in respect of the provision of prescribed minimum benefits (PMBs). However, the Fund pays for PMB treatments at BCIMA Tariffs, subject to the annual limits.

PLEASE NOTE: ALL SUB-LIMITS ARE SUBJECT TO THE ANNUAL LIMIT

MEDICINE

Acute (prescribed medication) Benefit paid according to RP	80% of cost			
	Member	R 5 850	M+ 3	R 8 650
	M+ 1	R 6 950	M+ 4	R 9 600
	M+ 2	R 7 455	M+ 5+	R 11 350
Pharmacy-advised therapy (PAT) or Over-the-counter medication (OTC)	100% of cost Single R 1 650 or Family R 2 750 Subject to R150 per script, per beneficiary, per day			
Homeopathic remedies	80% of cost			

GENERAL PRACTITIONERS/SPECIALISTS (out-of-hospital)

Visits and consultations	100% of the BCIMA Tariff			
	Member	R 4 000	M+3	R 6 950
	M+1	R 4 900	M+4	R 8 150
	M+2	R 6 000	M+5+	R 9 450
Non-surgical procedures	100% of the BCIMA Tariff - subject to annual limit			

DENTISTRY

Conservative: fillings, scaling & polishing, extractions, etc.	100% of the BCIMA tariff - subject to annual limit			
Specialised: crowns, bridgework, orthodontics, periodontics, prosthodontics, plastic dentures, maxillo-facial, oral surgery, etc.	100% of the BCIMA tariff - R 5 400 per family per year			

OPTICAL

Eye tests	100% of the South African Optometric Association (SAOA) Rates			
Spectacles or contact lenses	R 3 700 per family, per year			
Frames	R 600 maximum (included in optical limit)			
Refractive eye surgery	Subject to optical limit and the South African Optometric Association (SAOA) criteria			

SURGICAL AND MEDICAL APPLIANCES

Hearing aids, wheelchairs, crutches, glucometers, etc.	100% of the Agreed tariff - R 3 950 per family per year			
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OTHER SERVICES (Annual Limit for day-to-day)

Chiropractors	100% of the BCIMA tariff; subject to day-to-day			
Naturopaths and homeopaths	100% of the BCIMA tariff; subject to day-to-day			
Speech, occupational therapy and audiology	100% of the BCIMA tariff; subject to day-to-day			
Chiropodists (feet)	100% of the BCIMA tariff; subject to day-to-day			
Pathology and X-rays	100% of the BCIMA tariff; subject to hospital limit			
Physiotherapy	100% of the BCIMA tariff - 20 treatments per condition			
Psychiatric treatments	R 3 950 per family, per year			
Traditional healers	R 1 310 per family, per year			

LifeSense

Disease Management Programme

Know your HIV status

Antiretroviral (ARV) medicines have been shown to be highly effective in the management of HIV (the Human Immunodeficiency Virus) and they have been made readily available in recent years. Studies show that HIV-positive individuals can live normal, productive lives with standard life expectancy, as long as their condition is appropriately medically managed. It is therefore recommended that all sexually active individuals go for an HIV test to determine their status. The HIV test is a simple blood test called the ELIZA test and it can tell whether you have been infected with HIV or not.

If you are HIV positive

If your HIV test is positive, it means you have been infected with HIV and you will need to have further tests to determine whether you require ARV treatment or not. These tests will inform you and your doctor of your CD4 cell count, which provides an indication of the state of your immune system and viral load, the amount of virus in your body.

It is recommended that those with CD4 cell counts below 350 should be started on ARVs. The aim of ARV therapy is to reduce the viral "burden" on the immune system. With successful, uninterrupted ARV therapy the viral replication should cease and the viral load become undetectable.

If HIV-positive individuals are started on ARVs before their CD4 count drops beneath 350 and their viral load remains undetectable, they may expect to live completely normal lives of average life expectancy.

Share your status

Opening up about your HIV status with your loved ones and appropriate healthcare professionals, will help you to begin normalising HIV, reduce stress and anxiety, and better ensure your ability to maintain uninterrupted adherence to your ARV treatment programme. In addition, it will allow you to seek the necessary support, information and acceptance from those around you and to better understand the condition.

BICMA members who have questions regarding HIV, should not hesitate to contact a professional Case Manager at LifeSense Disease Management. These case managers have years of experience and training to help you better understand HIV from both a medical and social viewpoint.

Confidentiality

LifeSense Disease Management maintains 100% confidentiality regarding your HIV status. Anything you share with us will be handled with the utmost confidentiality and will never be passed on to your employer, colleagues or family members without your consent. Your confidentiality is protected by both the South African Constitution and the Labour Relations Act (No 66 of 1995 chapter 5 section 91) In addition, chapter 8 section 185 of the Labour Relations Act protects your right to fair labour practice and from unfair dismissal.

What is the LifeSense HIV programme?

The LifeSense HIV programme has been developed by qualified doctors and medical professionals who specialise in the treatment and management of people living with HIV. The purpose of the programme is to assist you to maintain your adherence to your ARV treatment programme, overcome any barriers that may prevent adherence, coordinate and centralise your treatment and ensure that you are able to maintain a healthy, productive lifestyle.

What can I expect from the LifeSense programme?

- Counselling from experienced case managers.
- Advice on lifestyle management.
- Referral to healthcare providers who are specialists and experienced in HIV.

What medical benefits am I covered for when joining the LifeSense programme?

- Blood tests related to HIV doctor consultations.
- Antiretroviral medication and delivery to an address of your choice.
- Treatment of expectant mothers and mother and child.
- Post exposure prophylaxis (PEP) medication to prevent HIV infection if you are exposed to blood or body fluids.
- Management of TB (tuberculosis) for those who require it (as per scheme rules).
- Treatment may be altered on recommendation of our physician and treating doctor where patients are not responding, despite adhering to their treatment programme.

How to register on the LifeSense programme

- Contact LifeSense to verify if you qualify for HIV benefits.
- Once qualified you can go to any doctor of your choice with the LifeSense application form for the initial examination.
- You can either contact LifeSense to request the application form or you can download it from www.lifesensedm.co.za.
- Your doctor will complete the application form with you and fax or email it back to LifeSense.
- Based on the completed application form and blood results a drug treatment plan will be approved by our physician. Your medication will be delivered to your preferred address.

Contacting LifeSense

- Send an **SMS to 37096** and LifeSense will call you back.
- Email your query and contact details to enquiry@lifesense.co.za and LifeSense will call you back.
- Call **0860 506 080**, 24 hours a day, seven days a week. Your query will be logged and a case manager will get in touch with you as soon as possible.



Netcare 911 - Emergency Services

Netcare 911 is a leading private emergency medical service provider in South Africa with an extensive footprint across all nine provinces and that serves patients with quality service. Netcare 911 is focused on sustainable service excellence, especially patient outcomes.

Recognising that technology is playing an increasingly important role in all aspects of emergency medicine, Netcare 911 is harnessing cutting-edge technologies, embracing international standards and best practice, as well as academically rooted methodologies. Netcare 911's helicopter and fixed wing aeroplanes can be dispatched, should it be required.

By dialling **082 911** from any landline or cellular phone, you and your dependants have access to excellent emergency medical care.

Points to remember when calling Netcare 911:

- Dial 082 911 if there is a medical emergency.
- Give your name and the telephone number you are calling from.
- Give a brief description of what the medical emergency is.
- Give the address or location of the incident as well as the nearest cross streets or other landmarks to assist paramedics to reach the scene as quickly as possible.
- Please, if possible, tell the Call Taker which medical scheme you belong to.
- Do not put the phone down until the controller has disconnected.

Health-on-Line – emergency telephonic medical advice and information

Assistance and advice is just a phone call away through Netcare 911's Health-on-Line, which provides emergency as well as non-emergency telephonic medical advice to members by qualified nursing sisters via the Netcare 911 24-hour Emergency Operations Centre and in accordance with current clinical best practice.

Emergency medical response by road or air from scene of medical emergency

Immediate response, using the most appropriate and closest road or air medical resource, staffed by doctors, nurses and paramedics administering instant, life-saving treatment, resuscitation and stabilisation.

Ambulance authorisation procedure

In all instances, where possible, call Netcare 911. In the case of an inter-hospital transfer, when you are admitted to hospital, please inform the admitting hospital that you are a Netcare 911 member and that any transfers must be done through **082 911**.



Exclusions

IMPORTANT:

As BCIMA is a low-cost fund, The Registrar of Medical Schemes has granted the Fund exemption in respect of the provision of prescribed minimum benefits (PMBs). However, the Fund pays for PMB treatments at BCIMA Tariffs, subject to the annual limits.

- 1.1. Treatment arising out of an injury sustained by a member or dependant and for which any other party is liable. The member shall be entitled to such benefits for the service rendered, as would have applied under normal conditions, irrespective of the lapse of time. Where a member has recourse in terms of a third party claims, the member must refund the Fund for payments received from third parties in lieu of claims paid by the Fund for the injury/event. Where the member refuses to refund the Fund it constitutes unlawful enrichment and the Fund will reverse claim payments made in respect of the injury/event.
- 1.2. Treatment of an illness or injury sustained by a member or a dependant of a member, where in the opinion of the Board such illness or injury is directly attributable to failure to carry out the instructions of a medical practitioner.
- 1.3. Claims and expenses incurred by a member or dependant of a member in the case of or arising out of willful self-inflicted injury, will not be paid.
- 1.4. Claims and expenses incurred by a member or dependant of a member in the case of or arising out of professional sport, speed contests and speed trials will be paid, subject to annual limits only.
- 1.5. Medical examinations or inoculations initiated by employers or required by a member or a dependant of a member for statutory, employment or social purposes, including consultations, visits, examinations and tests for insurance, school camps, visas, employment or similar purposes.
- 1.6. Cosmetic and Treatment for Obesity:
 - All costs for operations, medicines, treatment and procedures for cosmetic purposes and obesity, eg Bariatric Surgery, gastric bypass, slimming preparations and appetite suppressants; including tonics, slimming products and drugs as advertised to the public.
 - Consultations and treatments as provided by General Practitioners and Dieticians as part of a conservative lifestyle based protocol will be paid subject to the Annual Limit.
 - Keloid and scar revisions
 - Sclerotherapy
 - Operations or surgical procedures relating to jaw, ear, eyelids or any other cosmetic procedures
- 1.7. Dental:
 - Bone Augmentations
 - Bone and tissue regeneration procedures
 - Crowns and bridges for cosmetic reasons and associated laboratory costs
 - Enamel micro abrasion
 - Fillings: the cost of gold, precious metal, semi precious metal and platinum foil
 - Laboratory delivery fees
 - Othognatic surgery
 - Sinus lift
 - Gum guards or mouth protectors
- 1.8. Holidays for recuperative purposes, accommodation and/or treatment in headache and stress relieve clinics, spas and resorts for health, slimming recuperative or similar purposes.
- 1.9. Treatment of infertility and impotence:

Investigations, operations and/or treatment whether advised for psychiatric or similar reasons in respect of artificial insemination and treatment for infertility. Including but not limited to: Assisted Reproductive Technology, In-vitro fertilization, Gamete Intrafallopian Tube Transfer, vasovasostomy (reversal of vasectomy) and salpingectomy (reversal of tubal ligation).

1.10. Medicine

- Medicines not registered with the Medicines Control Council and proprietary preparations;
- Applications, toiletries and beauty preparations;
- Homemade remedies;
- Alternative medicines;
- Bandages, cotton wool and similar aids; unless prescribed by a General Practitioner or Specialist.
- Patented foods including baby foods;
- Contraceptives and slimming preparations;
- Tonics as advertised to the public;
- Household biochemical;
- Vitamins, mineral supplements and herbal remedies;
- The purchase of medicine prescribed by a person not legally entitled to prescribe medicine;
- Purchase of chemist supplies not included in the prescription from a medical practitioner or any other person who is legally entitled to prescribe medicine. Provided that this excludes benefits payable under Pharmacy Advisory Therapy;
- Aphrodisiacs and/or any products to induce, enhance, maintain and promote penile erection or to address erectile dysfunction such as erectile appliances and drugs, including but not limited to Viagra.
- Anabolic steroids such as, but not limited to Deca Durabolin;
- Non-scheduled soaps, shampoos and other topical applications;
- Stop smoking products, such as but not limited to Nicorette, Nicoblock.
- Sun screens and tanning agents;

1.11. Mental Health:

- Sleep therapy and hypnotherapy

1.12. Optical:

- Sunglasses (lenses with a tint greater than 35%)
- Coloured contact lenses
- Corneal cross linking
- Phakic implants

1.13. Radiology and Radiography

- PET scans; unless pre-authorized by oncology management for the appropriate diagnosis, staging, the monitoring of response to treatment and investigation of residual tumour or suspected recurrence (restaging). Metastatic breast cancer.
- CT Colonoscopy.

1.14. Travelling expenses.

1.15. All costs in respect of sickness conditions that were specifically excluded from benefits when the member joined the Fund; as per waiting periods and exclusions applied as per the Medical Schemes Act.

1.16. Private Nursing Fees in respect of both mother and child in postpartum cases.

1.17. Cost of accommodation in respect of old age homes, and other custodial care facilities.

1.18. Alcoholism and drug addiction.

1.19. Charges for appointments which a beneficiary fails to keep.

1.20. Venereal Disease.

1.21. Injuries arising from parachute jumping or hang-gliding.

1.22. Uvulo-palatopharyngioplasty {UPPP}.

- 1.23. All costs that are more than the annual maximum benefit to which a benefit is entitled in terms of the Fund.
- 1.24. Costs for services rendered by –
- Persons not registered with a recognised professional body constituted in terms of an Act of Parliament; or
 - Any institution, nursing home or similar institution not registered in terms of any law except a state or provincial hospital.
- 1.25. No member shall be entitled to any benefits or portion thereof, payable in terms of these Rules, where such benefit or portion thereof is recoverable by such member.
- Under the Compensation for Occupational Injuries and Diseases Act; or
 - Are invalidated as claims under the Compensation for Occupational Injuries and Diseases Act through failure of the member to report the accident in the manner required; or
 - Would have arisen if the member had been able to, and had made use of the facilities provided by the Employer at factories to treat the results of accidents at work, or
 - Are covered by any ex-gratia compensation from the Employer; or
 - From third party {including an insurance company registered under Act 29 of 1942} who is liable therefore;
 - Any amount recovered or recoverable by the member or dependant as aforesaid in respect of any illness or accident must be disclosed by the member of the Fund.
- 1.26. Prosthesis and appliances:
- Where not introduced as an integral part of a surgical operation;
 - Transcatheter Aortic Valve Implantation (TAVI);
 - Replacement batteries for hearing aids or other devices;

2. LIMITATION OF BENEFITS

- 2.1. The amount payable in any one financial year, i.e. the period from **1st January to 31st December** inclusive, shall be limited only to the extent of the separate maxima as set out in the relevant Annexures.
- 2.2. For the purpose of these Rules a claim shall be considered as falling within the financial year if the liability was incurred by the member or a dependant of a member within such financial year.
- 2.3. Beneficiaries admitted during the course of a financial year are entitled to the benefits set out in the relevant benefit option chosen, with the maximum benefits being adjusted in proportion to the period of membership calculated from the date of admission to the end of the particular financial year.
- 2.4. In cases of illness of a protracted nature, the Board shall have the right to insist upon a member or dependant of a member consulting a particular specialist the Board may nominate in consultation with the attending practitioner. In such cases, if the specialist's advice is not acted upon, no further benefits will be allowed for that particular illness.
- 2.5. In cases where a specialist, except an eye specialist, is consulted without the recommendation of general practitioner, the amount of assistance to be rendered by the Society may, at the discretion of the Board, be limited to the amount that would have been paid to the general practitioner for the same service.
- 2.6. Unless otherwise decided by the Board – hospitalisation in respect of psychiatric treatment shall be limited to a stay of not more than 21 days per family in a calendar year.
- 2.7. Benefits for the following medication will be allowed if prescribed by a Dermatologist: Dianne and Roaccutane.

- 2.8. No claim shall be payable by the Fund if, in the opinion of the Medical Adviser, the health care service in respect of which such claim is made, is not appropriate and necessary for the symptoms, diagnosis, or treatment of the medical condition at an acceptable and reasonable level of care.
- 2.9. Not with standing the provisions of this Rule, the Board shall be entitled, but at no stage obliged, in its role and absolute discretion, to pay the whole or part of any account which may otherwise be excluded in terms of the Rules.
- 2.10. Unless otherwise decided by the Board, benefits in respect of medicines obtained on a prescription are limited to one month's supply for every such prescription or repeat thereof.

3. CONTRIBUTIONS

- 3.1. Hourly Rate and Monthly Paid Employees:
 - Contributions for hourly rate of pay employees are due weekly, in arrears and payable no later than the second working day of the following week.
 - Monthly paid employees' contributions are payable in advance and no later than the second working day of the month that the contributions are due.
- 3.2. Continuation members:
 - Contributions are structured according to the gross monthly salary or pensionable earnings
 - Contributions are payable in advance not later than the second working day of the month that the contributions are due.

4. WAITING PERIODS AND SPECIAL EXCLUSIONS

In terms of the criteria laid down by the Medical Schemes Amendment Act, the Fund may impose the following waiting periods:

- 4.1. A general waiting period of three months.
- 4.2. Twelve month exclusion on pre-existing medical condition/s, for that specific condition/s.
- 4.3. A administrative fee may be imposed upon a member according to the late joiner penalties, as described in the Medical Schemes Act.

5. ABBREVIATIONS AND DEFINITIONS

Agreed Tariff/ BCIMA Tariff	The National Health Reference Price List (NHRPL) of 2006 increased with inflation annually, or the Uniform Patient Fee Schedule (UPFS), or the contracted fee or negotiated fee, or the Universal Healthcare negotiated fee
DSP	Designated service provider
OTC	Over-the-counter medication
PAT	Pharmacy-advised therapy
PMB	Prescribed minimum benefits
SAOA	South African Optometric Association
RP	Reference Pricing
EXCLUSIONS	Claims not covered according to the rules of the Fund

6. IMPORTANT NOTICE

This is a summary of benefits that are applicable in terms of the rules of the Fund. A copy of the rules may be obtained from the administrator if so required.

The rules of the Fund will always take precedence over this summary.

Contribution Schedule for Weekly and Monthly Paid Employees

Contributions payable per family, applicable as from January 2019.

Contributions payable per family, structured according to the employee's hourly rate of pay

WEEKLY CONTRIBUTION SCHEDULE			
INCOME BAND	HOURLY WAGE BAND	50% OF CONTRIBUTION	WEEKLY CONTRIBUTION
01-As	R 1 - R 23.99	R 168.65	R 337.30
02-Bs	R 24 - R 25.99	R 183.40	R 366.80
03-Cs	R 26 - R 27.99	R 199.90	R 399.80
04-Ds	R 28 - R 30.99	R 215.50	R 431.00
05-Es	R 31 - R 46.99	R 231.75	R 463.50
06-Fs	R 47 - R 61.99	R 292.55	R 585.10
07-Gs	R 62 - R 77.99	R 333.30	R 666.60
08-Hs	R 78 - R 92.99	R 371.70	R 743.40
09-Is	R 93 +	R 424.05	R848.10

Contributions payable per family, structured according to the employee's monthly salary

MONTHLY CONTRIBUTION SCHEDULE (Based on 48 weeks divided by 12 months.)			
INCOME BAND	MONTHLY INCOME BAND	50% OF CONTRIBUTION	MONTHLY CONTRIBUTION
01-Aa/Av	R 1 - R 4 159	R 674.60	R 1 349.20
02-Ba/Bv	R 4 160 - R 4 505	R 733.60	R 1 467.20
03-Ca/Cv	R 4 506 - R 4 852	R 799.60	R 1 599.20
04-Da/Dv	R 4 853 - R 5 372	R 862.00	R 1 724.00
05-Ea/Ev	R 5 373 - R 8 146	R 927.00	R 1 854.00
06-Fa/Fv	R 8 147 - R 10 745	R 1 170.20	R 2 340.40
07-Ga/Gv	R 10 746 - R 13 519	R 1 333.20	R 2 666.40
08-Ha/Hv	R 13 520 - R 16 119	R 1 486.80	R 2 973.60
09-Ia/Iv	R16 120 +	R 1 696.20	R 3 392.40

Contribution Schedule for Continuation Members

Applicable as from January 2019

Payable monthly, in advance, per family

INCOME BAND	MONTHLY INCOME BAND	MONTHLY CONTRIBUTION
01 - Ac	R 1 - R 2 959	R 1 170
02 - Bc	R 2 960 - R 4 299	R 1 670
03 - Cc	R 4 300 - R 6 449	R 2 190
04 - Dc	R 6 450 - R 8 059	R 3 030
05 - Ec	R 8 060 - R 10 749	R 3 800
06 - Fc	R 10 750 - R 13 439	R 4 360
07 - Gc	R 13 440 - R 16 129	R 4 900
08 - Hc	R 16 130 +	R 5 600



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Should you have any queries, or require any further information please contact:

Claims & Administration:

Direct Tel: 011 208 1005
Direct Fax: 0865 292 757
E-mail:
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Hospital Pre-Authorisation:

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Council for Medical Schemes: General Queries and Complaints

Private Bag X34
Hatfield
0028
Share Call: 0861 123 267
E-mail:
support@medicalschemes.com
complaints@medicalschemes.com

Key Account Manager:

Patrick Gegeza
Direct Tel: 011 208 1321
E-mail:
bcimafund@universal.co.za

Call back SMS facility:

SMS the word **“CALL”** followed by your membership number (e.g. CALL 1234567) to 47975, and one of our agents will phone you within 24 hours.
07h00 – 19h00 weekdays
08h00 – 13h00 Saturdays

Administered by:

Universal Healthcare Administrators (Pty) Ltd
PO Box 1411, Rivonia 2128
Tel: +27 11 208 1000 | Fax: +27 11 208 1128
www.universal.co.za
Reg. No. 1974/001443/07



All information relating to the 2019 BCIMA benefits and contributions is subject to formal approval by the Council for Medical Schemes. On joining the Fund, all members will receive a detailed member brochure, as approved. The final registered Rules of the Fund will apply.



Administered by Universal Healthcare Administrators (Pty) Ltd