2027

Advisor Handbook

bestMed

personally yours

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BESTMED IMPORTANT CONTACT DETAILS

ADVISOR SUPPORT
Tel: 012 472 7182
Email: brokersupport@bestmed.co.za
Any enquiry may be directed to advisor support services, i.e. benefit confirmation, chronic medicine enquiries, claims enquiries etc.

NEW INDIVIDUAL & CORPORATE APPLICATIONS
Email: brokerindividual@bestmed.co.za

MEMBERSHIP CHANGES & ENQUIRIES
Email: membership@bestmed.co.za

COMMISSION ENQUIRIES
Email: commissions@bestmed.co.za

LIBERTY APPLICATIONS
Email: libapps@bestmed.co.za

TRANSNET APPLICATIONS
Email: transnetapplications@bestmed.co.za

ESCALATIONS (OF UNSATISFACTORY FEEDBACK/ COMPLAINT OR SERVICE)
Email: escalations@bestmed.co.za

CLAIMS
Email: claims@bestmed.co.za

CHRONIC MEDICINE APPLICATIONS & ENQUIRIES
Tel: 086 000 2378
Email: medicine@bestmed.co.za

AUTHORISATIONS
Tel: 080 022 0106
Email: authorisations@bestmed.co.za

PMB APPLICATIONS AND ENQUIRIES
Email: pmb@bestmed.co.za

NETCARE 911 EMERGENCY SERVICES
Tel: 082 911

ONCOLOGY
Email: oncology@bestmed.co.za

DISEASE MANAGEMENT
Email: diseasemanagement@bestmed.co.za

MATERNITY CARE
Tel: 012 472 6797
Email: maternity@bestmed.co.za

OPTOMETRY ENQUIRIES
www.ppn.co.za

CARD ESCALATIONS (ONLY)
Email: cards@bestmed.co.za

BESTMED BANKING DETAILS
Bank: ABSA
Account Number: 610000266
Branch Code: 632005
Reference: Membership Number

ADVISOR PORTAL LINK
https://rb.gy/li2yls

ACCREDITATION PORTAL LINK
https://rb.gy/7mcki8

BESTMED LATEST BROCHURES AND FORMS
https://rb.gy/8tt95m

MANAGEMENT

TITLE	NAME	CONTACT	EMAIL
Advisor Sales Channel Manager	Babalwa Sihele	068 803 9469	babalwa.sihele@bestmed.co.za
Advisor Sales Team Leader	Lindie Maher	079 884 6360	lindie.maher@bestmed.co.za

BUSINESS CONSULTANT CONTACT DETAILS

REGION/PROVINCE	NAME	CONTACT	EMAIL
Gauteng	Charmaine Mali Felicia van Zyl Victor Mokwele Khotso Moahloli Hendre Venter Lebohang Skhosana	082 954 4468 076 532 4243 074 868 9956 060 988 8492 065 867 1275 060 513 1013	charmaine.mali@bestmed.co.za felicia.vzyl@bestmed.co.za victor.mokwele@bestmed.co.za khotso.moahloli@bestmed.co.za hendre.venter@bestmed.co.za lebohang.skhosana@bestmed.co.za
Mpumalanga & Limpopo	Palesa Skosana	078 277 9374	palesa.skosana@bestmed.co.za
Free State & North West	Felicia van Zyl	076 532 4243	felicia.vzyl@bestmed.co.za
KwaZulu-Natal	Laura Peters Tyron Sookdev	084 361 7454 081 344 7683	laura.peters@bestmed.co.za tyron.sookdev@bestmed.co.za
Western Cape	Claudette Jansen Ruann Britz	061 350 8323 071 868 2625	claudette.jansen@bestmed.co.za ruann.britz@bestmed.co.za
Northern Cape	Ruann Britz	071 868 2625	ruann.britz@bestmed.co.za

NEW BUSINESS DEVELOPMENT SPECIALIST

QUERY	NAME	CONTACT	EMAIL
New Brokerages and Groups	Anni Wolf	083 399 9292	anni.wolf@bestmed.co.za

ADVISOR SALES ADMIN CO-ORDINATOR

QUERY	NAME	CONTACT	EMAIL
Contract Management	Siyasanga Dimbaza	083 733 8520	siyasanga.dimbaza@bestmed.co.za

ADVISOR SALES ADMINISTRATOR

QUERY	NAME	CONTACT	EMAIL
Contract Management	Phumzile Mahlangu	012 472 6052	phumzile.mahlangu@bestmed.co.za
Contract Management	Tshepiso Musundwa	012 472 6058	tshepiso.musundwa@bestmed.co.za

Member application checklist

To assist in ensuring that your application submitted to Bestmed Medical Scheme is processed as quickly as possible without outstanding requirements, please use the checklist below for a complete application form.

Please ensure applications are submitted with all supporting documents to brokerindividual@bestmed.co.za.

NB: Previous membership certificates with an end date specified are required to calculate late-joiner penalties (LJP) and apply waiting periods (WP). LJPs and waiting periods may be applied if we do not receive proof of previous medical aid history.

New business cut-off dates:

27th of the current month for Individual members

10th of the next month for Corporate members

- [ ] **Join date, title, full names, ID/Passport number, gender and SARS tax number**. If applicable, please provide current employer details (for participating employer groups). **Page 1**
- [ ] **Benefit option and income bracket** (if applicable) indicated with "X". **Page 1**
- [ ] **Healthcare advisor signature, date, name and advisor code** (sub-code required, not the brokerage / house code). **Page 2**
- [ ] **Member contact number, email, residential address and postal address. Page 2**
- [ ] **Completed banking and refund details.** If "OTHER" please complete required details below the account section for SARS legislative requirements. **Page 3**
- [ ] **Signature of principal member and signature of account holder** (if different). **Page 3 or 4 (depending on corporate or individual)**
- [ ] **Complete dependant details.** Please specify relationship to principal member. **(Pages 4, 5, 6)**
- [ ] **Partnership and child declaration completed and signed by the principal member**. Full details of partner and child (where surname differs). **Page 6**
- [ ] **Previous membership history completed.** NB: Arrear paying is only allowed for continuous members who were previously arrear paying with their previous scheme. **Page 7**
- [ ] **Medical questionnaire completed in full.** Indicate YES or NO for all 26 questions for all beneficiaries applying to the Scheme with diagnosed date, last treatment date, diagnosed condition, medicine and dosage, nature of treatment, level/stages of illness and hospitalisation. **Pages 8, 9, 10 and 11.**
- [ ] **Member signatures required on pages 3 or 4, 11, 12, 13 and 14.** If applicable for Declaration, **page 7.**
- [ ] **HR Details, Signature and Stamp** (if applicable - Corporate Application Form), **page 15.**

Attachments that may be required:

- [ ] **Previous membership certificates with end date** (required to calculate LJP and WP)
- [ ] Affidavit confirming **dependency for extended family dependants** (siblings, parents and others approved by the boards)
- [ ] **Report from medical practitioner** for handicapped dependant (for adult dependants)
- [ ] Affidavit for **previous membership** including day/month/year/ names of schemes **(terminated more than 5 years ago)**
- [ ] **Declaration for unemployed overage dependants** (older than 24 as adult dependant)
- [ ] **Proof of income for Rhythm options** (most recent 3 month's payslips / bank statements)
- [ ] **Chronic application form** submit to medicine@bestmed.co.za once active

Underwriting definitions

Underwriting categories defined:

New Entry (Category A)
Any person of whom an application is made for membership or admission as a dependant, and who was not a beneficiary of a medical scheme for a period of at least 90 (ninety) days preceding the date of application.

Not Continuous (Category B)
Any person of whom an application is made for membership or admission as a dependant, and who was previously a beneficiary of a medical scheme for a continuous period of up to 24 (twenty-four) months, terminating less than 90 (ninety) days immediately prior to the date of application.

Continuous (Category C)
Any person of whom an application is made for membership or admission as a dependant, and who was previously a beneficiary of a medical scheme for a continuous period of more than 24 (twenty-four) months, terminating less than 90 (ninety) days immediately prior to the date of application.

Underwriting application defined:

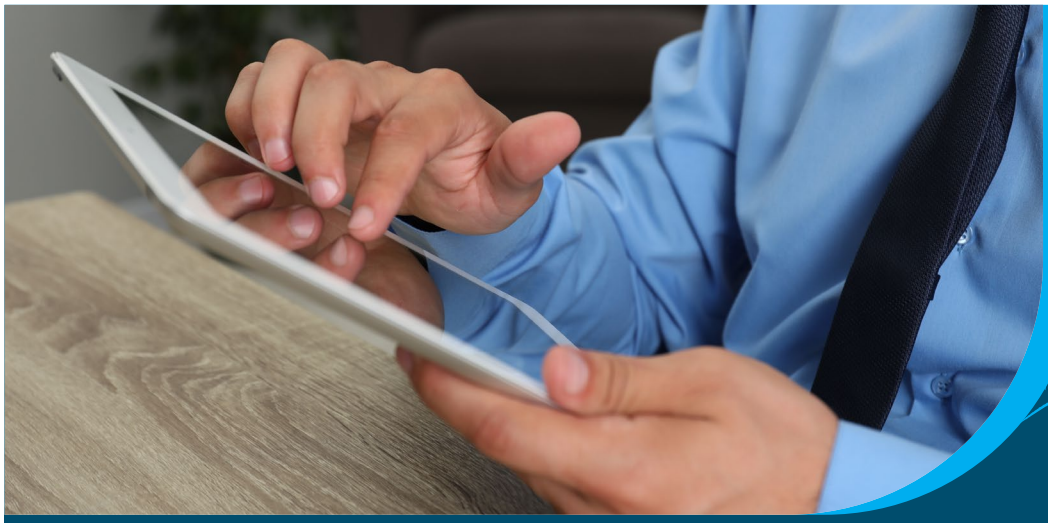
Monitoring for possible non-disclosure:
To exclude the possibility of non-disclosure of material information, for the first 12 (twelve) months we will monitor membership for "New Entry" and "Not Continuous" beneficiaries. Please note that if membership is subject to the abovementioned 12-month (twelve-month) monitoring period, the Scheme may request additional medical history upon receiving a claim and/or a request for authorisation. In this case, the Scheme will only confirm benefits once it is satisfied with the additional information received.

General waiting period (PMB or No PMB)
Means a period in which a beneficiary is not entitled to claim any benefits for up to 3-months from the join date, either including Prescribed Minimum Benefits (PMBs) or except in respect of any treatment or diagnostic procedures covered within the PMBs.

Condition specific waiting period (CSWP) (PMB or non-PMB)
Means a period in which a beneficiary is not entitled to claim any benefits for any pre-existing medical conditions for up to 12-months from the join date, either including Prescribed Minimum Benefits (PMBs) or except in respect of any treatment or diagnostic procedures covered within the PMBs.

Late-Joiner Penalty (in terms of Regulation 131 of the Medical Schemes Act [Act 131 of 1998])
Late-joiner penalties are imposed on new members and dependant(s) over the age of 35 years. Depending on the number of years the member and dependant(s) did not belong to a medical scheme, a late joiner penalty will be added to the member / dependant's monthly contribution. The penalty is calculated on a sliding scale, based on the total number of years from the age of 35 years being effective 1 April 2001, where a member / dependant did not belong to a medical scheme. Please refer to the below table:

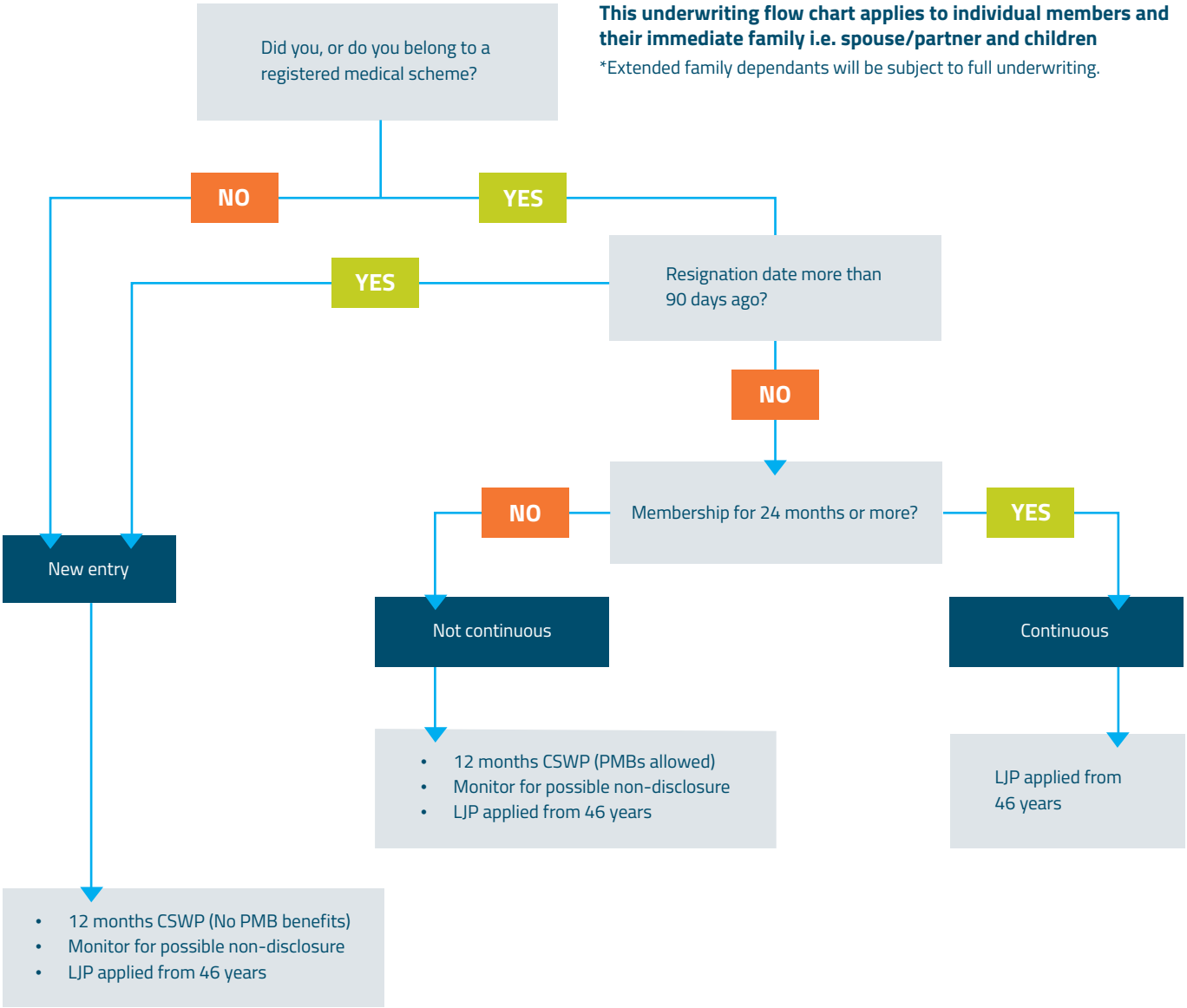
Number of years since age 35 where applicant was not a member of a medical scheme	Penalty
1 - 4 years	0.05 x risk contribution
5 - 14 years	0.25 x risk contribution
15 - 24 years	0.50 x risk contribution
25+ years	0.75 x risk contribution



INDIVIDUAL MEMBER UNDERWRITING FLOWCHART

This underwriting flow chart applies to individual members and their immediate family i.e. spouse/partner and children

*Extended family dependants will be subject to full underwriting.



Bestmed reserves the right to re-evaluate and amend the terms and conditions of this Individual Member Underwriting Policy in accordance with the Medical Schemes Act (No. 131 of 1998).

Employer group underwriting

All existing employer groups are granted a once-off underwriting concession at the end of the year from 1 October to 31 December to join the Scheme without any underwriting, upon approval by the Board of Trustees of the Scheme.

The underwriting concession is valid for new members from existing schemes who would like to apply to join Bestmed, along with their immediate dependants from the same inception date. Immediate dependants include spouses, partners and children, as defined in the Bestmed Rules. Extended family members will, however, be subject to full underwriting.

The window period does not extend to existing Bestmed members who apply to have their immediate dependants registered with the Scheme. Normal risk underwriting in accordance with Bestmed's Rules will be applicable after the concession period as stipulated in our Risk Underwriting Policy below:

Risk free underwriting is applicable to members and immediate family

NO underwriting is applicable in any of the below events:

- Member joining within 90 (ninety) days from **permanent appointment**.
- Joining within 90 (ninety) days from date of **marriage**.
- Joining within 90 (ninety) days from date of **divorce**.
- Joining within 90 (ninety) days from **compulsory termination of previously recognised scheme**.
- Joining child dependant within 90 (ninety) days from **registration as a student**.
- Joining child dependant within 90 (ninety) days from **adoption date or foster care**.
- Joining child dependant within 90 (ninety) days from **birth (born while membership is active)**.
- In respect of whom an application is made for membership or admission as a dependant, and who was previously a beneficiary of a medical scheme for a continuous period of more than 24 (twenty-four) months, terminating less than 90 (ninety) days immediately prior to the date of application.

Principal members, adult dependants and child dependants who join after the above events will be subject to the underwriting conditions specified below.

a) New entry - Risk underwriting

The Scheme may impose upon a person in respect of whom an application is made for membership or admission as a dependant, and who was not a beneficiary of a medical scheme for a period of at least 90 (ninety) days preceding the date of application.

- A general waiting period of up to 3 (three) months (during this general waiting period no claims will be funded by the Scheme).
- A condition-specific waiting period of up to 12 (twelve) months.
- The Scheme will monitor membership for 12 (twelve) months for possible pre-existing medical conditions, whether or not a condition specific waiting period has been applied.

b) Not continuous - Risk underwriting

The Scheme may impose upon any person in respect of whom an application is made for membership or admission as a dependant, and who was previously a beneficiary of a medical scheme for a continuous period of up to 24 (twenty-four) months, terminating less than 90 (ninety) days immediately prior to the date of application:

- A condition-specific waiting period of up to 12 (twelve) months, except in respect of any treatment or diagnostic procedures covered within the Prescribed Minimum Benefits (PMBs).
- The Scheme will monitor membership for 12 (twelve) months for possible pre-existing, medical conditions, whether or not a condition specific waiting period has been applied.
- In respect of any person, contemplated in this sub-rule, where the previous medical scheme had imposed a condition-specific waiting period, and such waiting period had not expired at the time of termination, a condition-specific waiting period for the unexpired duration of such waiting period imposed by the former medical scheme.

c) Extended family (parents and siblings)

FULL risk underwriting conditions will be applicable as per the Act including LJPs (in terms of Regulation 131 of the Medical Schemes Act [Act 131 of 1998]).

Bestmed reserves the right to re-evaluate and amend the terms and conditions of this Corporate Member Underwriting Policy in accordance with the Medical Schemes Act (No. 131 of 1998).

For more information regarding the application of underwriting and late-joiner penalties, please refer to the Council for Medical Schemes website: Medicalschemes.co.za

Employer group proposition

Trusted medical aid for thousands of employees
Bestmed is the scheme of choice for all types of employer groups across various industries. With our comprehensive service offering, our members at participating employer groups have chosen Bestmed to provide the cover for their medical aid needs. At Bestmed, we accept split-risk arrangements with other schemes to cater to our employer groups' needs.

A *Personally Yours* service offering
Our employer groups receive only the best ongoing support from a dedicated Key Accounts Consultant, Corporate Membership Consultant and your own Business Consultant. Our services include assisting with Wellness Days via our Tempo wellness programme, conducting inductions and year-end presentations to staff members, regular site visits and employer group reporting.

- Key Accounts Consultant
- Group Interventions
- Business Consultant
- Induction and Year-End Presentations
- Corporate Wellness Programme
- Site Visits
- Wellness Days
- Personalised Communication Plan
- Group Reporting

Choose only the BEST for your employer groups!
Speak to your Business Consultant or our New Business Development Specialist today to request a quote or underwriting concession for your employer groups. Register a **"Micro Group"** with a minimum of 2 employees or a **Corporate Group** with a minimum of 15 employees.

Kindly refer to the Payer Criteria below:

Description	Micro Groups	Corporate Groups
Size	Two to fourteen main members	Fifteen members or more
Underwriting	Member underwriting	Concession free underwriting based on group criteria and demographics and group underwriting after take-on
Underwriting decision	We may apply 12-month condition-specific waiting periods and later joiner penalties	We may apply full-risk underwriting decisions at the Scheme's discretion
Collateral	Micro group collateral submission	Corporate group collateral
Monthly cut-off for processing	27th of previous month for inception on the 1st	10th of current month for inception on the 1st
Billing	Access to portal to download billing	Access to portal to download billing
Dedicated billing specialist	Yes	Yes
Special year-end concession	Not applicable	Applicable as per the Scheme's decision
Payer application to be completed	Payer application form	Payer application form

What is required:
- **Demographics** (number of employees and their dependants with ages or date of birth and annual / monthly income if applicable - for Rhythm options)
- **Industry type** (Financial Services, Mining, Education etc.)
- **Compulsory or voluntary**
- **Currently covered** (Yes or No - number of uncovered lives if applicable)
- **Subsidy** (Yes or No - please specify Rand amount or %)
- **Split risk** (Yes or No - please specify which schemes)
- **Interested options** (e.g. Beat2 and Pace1)

Why Bestmed?

Reasons to join the *Personally Yours* scheme.

Expansive provider network of more than **19 360** contracted healthcare providers nationwide!

Child dependant rates up to the age of **24** and pay for only the first three (3) children (except Rhythm1).

Up to 16 preventative care benefits that do not utilise your personal medical savings account (PMSA).

Maternity benefits leading up to childbirth on all options.

Eight Managed care programmes with the best partners in healthcare, so our members received the best.

Comprehensive Oncology care programme with the largest network of Oncologists in the country - **ICON (Independent Clinical Oncology Network).**

International medical travel cover on all our options for both leisure and business travel.

Tempo wellness benefits across all Bestmed options available for beneficiaries 16 years and older. Do an annual Tempo Lifestyle Screening, visit a Tempo partner biokineticist and/or dietitian, and join our monthly Tempo Wellness Webinars. All the Tempo benefits are available free of charge.

Chronic medicine and treatment plans across all Bestmed options for up to **44 chronic conditions** (27 CDL and 17 PMB). Depending on your Bestmed option, up to **29 additional chronic conditions** (non-CDL).

R1 000 per family members receive over and above their annual day-to-day and/or personal medical savings account (PMSA) benefits, and is used for out-of-hospital claims. Once the **Tempo Lifestyle Screening** is done and the results submitted, the **Best Bucks** will automatically be activated.

A scheme that **keeps winning**.

Orange Index Ask Africa	Product Supplier of the Year – Intermediary Experience Awards 2022	Best of Pretoria	Titanium Awards	news24 Business Awards 2024
2020 | 2022 2026	2022	2025	2020 | 2022 2023 | 2025 2026	2024

Terms and conditions apply.
Scheme Rules, funding guidelines, protocols and pre-authorisation are required where applicable. Visit www.bestmed.co.za to view more information.

TEMPO

Unlock your BEST Self with the Tempo wellness programme

Start by completing your Tempo Lifestyle Screening to unlock your Tempo benefits

START HERE

Tempo Lifestyle Screening
The Tempo Lifestyle Screening is intended for beneficiaries 16 years and older and includes: the Bestmed Tempo lifestyle questionnaire; a blood pressure check, cholesterol check, glucose check, as well as a height and weight check.

Where you can do your Tempo Lifestyle Screening:
- A Bestmed-contracted pharmacy (Dis-Chem, Clicks, Van Heerden Pharmacy, Arrie Nel Pharmacy Group, and The Local Choice)
- On-site at participating employer groups
- Various Tempo partner biokineticists
- Online via the Tempo Lifestyle Screening button on the Tempo main page

CONTINUE HERE

Physical wellbeing and Nutrition benefits
- Get 2 x consultations with a Tempo partner biokineticist
- Get 2 x consultations with a Tempo partner dietitian

Find a service provider here.

AND HERE

Emotional wellbeing
In addition to the Tempo physical wellbeing and nutrition benefits, you will also have access to Tempo Wellness Webinars hosted throughout the year. The webinars are themed around mental health and emotional wellbeing and various other wellness-related topics.

For more information visit https://www.bestmed.co.za/tempo-wellness/tempo-wellness-programme

BEST BUCKS BENEFIT

What if completing a routine health check unlocked actual funds that pay for your next doctor's visit? Well, with Best Bucks and the Tempo Lifestyle Screening, it does! Here's what you need to know.

WHAT IS BEST BUCKS?

Best Bucks is an additional Bestmed benefit of R1 000 per family that members receive over and above their annual day-to-day and/or personal medical savings account (PMSA) benefits, and that is used for out-of-hospital claims.

Best of all, all qualifying out-of-hospital claims are paid from your Best Bucks first, before your annual day-to-day and/or personal medical savings account (PMSA) benefits.

WHICH OUT-OF-HOSPITAL CLAIMS ARE PAID FROM THE BEST BUCKS?

- GP and specialist consultations
- Radiology
- Pathology
- Over the counter medicine
- Acute medicine
- Supplementary services such as mental health, dietitians, biokineticists consultations, etc.

HOW DO I UNLOCK MY BEST BUCKS?

To activate this extra benefit, all adult beneficiaries registered on your Bestmed membership must complete their free Tempo Lifestyle Screening at a Tempo network pharmacy, Tempo network GP, Tempo partner dietitian, or Tempo partner biokineticist. The list of service providers can be found on www.bestmed.co.za under Tempo wellness programme.

Once the Tempo Lifestyle Screening is done and the results are submitted to Bestmed, your Best Bucks will automatically be activated.

IMPORTANT:

- Claims are paid at 100% Scheme tariff from the Best Bucks.
- Co-payments or shortfalls cannot be paid from the Best Bucks.
- Best Bucks is not available on the Beat1, Beat1 Network, Rhythm1 and Rhythm2 options.

Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided herein and the Scheme Rules, the Scheme Rules will prevail.

Bestmed 2027 contribution comparison

		BEAT1 N	BEAT1	BEAT2 N	BEAT2	BEAT3 N	BEAT 3	BEAT3 PLUS	BEAT4
Personal Medical Savings Account		**N/A**		**16%**		**15%**		**25%**	**14%**
PRINCIPAL MEMBER	Risk	R2 439	R2 712	R2 506	R2 785	R3 712	R4 125	R4 027	R6 872
	Savings	R0	R0	R477	R530	R655	R728	R1 343	R1 119
	Total	**R2 439**	**R2 712**	**R2 983**	**R3 315**	**R4 367**	**R4 853**	**R5 370**	**R7 991**
ADULT DEPENDANT	Risk	R1 896	R2 106	R1 947	R2 163	R2 648	R2 943	R2 992	R5 675
	Savings	R0	R0	R371	R412	R467	R519	R997	R924
	Total	**R1 896**	**R2 106**	**R2 318**	**R2 575**	**R3 115**	**R3 462**	**R3 989**	**R6 599**
CHILD DEPENDANT	Risk	R999	R1 109	R1 025	R1 140	R1 311	R1 455	R1 491	R1 699
	Savings	R0	R0	R195	R217	R231	R257	R497	R277
	Total	**R999**	**R1 109**	**R1 220**	**R1 357**	**R1 542**	**R1 712**	**R1 988**	**R1 976**
You pay for a maximum of three children. Any additional children join as beneficiaries on the Scheme at no additional cost.									
Recognition of a child dependant		Dependants under the age of 24 years are regarded as child dependants.							

		PACE1	PACE2	PACE3	PACE4
Personal Medical Savings Account		**19%**	**14%**	**14%**	**3%**
PRINCIPAL MEMBER	Risk	R5 143	R8 179	R9 390	R13 232
	Savings	R1 206	R1 332	R1 529	R409
	Total	**R6 349**	**R9 511**	**R10 919**	**R13 641**
ADULT DEPENDANT	Risk	R3 717	R8 021	R7 559	R13 232
	Savings	R872	R1 306	R1 231	R409
	Total	**R4 589**	**R9 327**	**R8 790**	**R13 641**
CHILD DEPENDANT	Risk	R1 336	R1 803	R1 615	R3 099
	Savings	R313	R294	R263	R96
	Total	**R1 649**	**R2 097**	**R1 878**	**R3 195**
You pay for a maximum of three children. Any additional children join as beneficiaries on the Scheme at no additional cost.					
Recognition of a child dependant		Dependants under the age of 24 years are regarded as child dependants.			

		RHYTHM1			RHYTHM2	
Income level		**R0 – R9 000 pm**	**R9 001 – R14 000 pm**	**≥ R14 001 pm**	**R0 - R5 500pm**	**≥ R5 501 pm**
PRINCIPAL MEMBER	Risk	R1 866	R2 176	R3 886	R3 214	R3 762
	Savings	R0	R0	R0	R0	R0
	Total	**R1 866**	**R2 176**	**R3 886**	**R3 214**	**R3 762**
ADULT DEPENDANT	Risk	R1 866	R2 176	R3 886	R3 054	R3 387
	Savings	R0	R0	R0	R0	R0
	Total	**R1 866**	**R2 176**	**R3 886**	**R3 054**	**R3 387**
CHILD DEPENDANT	Risk	R769	R925	R2 013	R1 882	R1 882
	Savings	R0	R0	R0	R0	R0
	Total	**R769**	**R925**	**R2 013**	**R1 882**	**R1 882**
Maximum contribution child dependant		N/A			You pay for a maximum of three children. Any additional children join as beneficiaries on the Scheme at no additional cost.	
Recognition of a child dependant		Dependants under the age of 24 years are regarded as child dependants.				

Preventative care benefits 2027

BENEFIT	QUANTITY AND FREQUENCY	BENEFIT CRITERIA	BEAT	PACE	RHYTHM
Respiratory syncytial virus (RSV) vaccines	One (1) single dose per lifetime.	Infants born between January and May. Indicated from birth up to six months of age.	√	√	√
Flu vaccines	One (1) per beneficiary per annum.	Applicable to all active members and beneficiaries.	√	√	√
Pneumonia vaccines	Children: As per schedule of Department of Health. Adults: Twice in a lifetime with booster above 65 years of age.	The Scheme will identify high-risk individuals for immunisation.	√	√	√
Travel vaccines	Quantity and frequency depending on product up to the maximum allowed amount.	Mandatory travel vaccines for typhoid, yellow fever, tetanus, meningitis, hepatitis and cholera from Scheme risk benefits.	*Available on Beat2, Beat3, Beat3 Plus and Beat4	√	√
Paediatric immunisation	According to the Bestmed vaccine schedule.		√	√	√
Baby growth and development assessments	Three (3) assessments per annum for beneficiaries 0-2 years.	Assessments are done at a Bestmed partner pharmacy clinic.	√	√	√
Oral / injectable / implantable female contraceptives OR Intrauterine device (IUD)	Female contraceptive quantity and frequency dependent on product and subject to maximum amount OR 1 IUD device every 5 years.	Limits per female beneficiary per annum apply per benefit option for oral / injectable / implantable female contraceptives. IUD funding subject to applicable benefit limits per option.	√	√	√
Glaucoma screening	Beneficiaries 50 years and older. Once every 12 months.	Subject to service being received from the contracted Optometrist Network only.	X	*Available on Pace2, Pace3 and Pace4	X
Mammogram	Females 40 years and older. Once every 24 months.	Scheme tariff applies.	√	√	√
HPV vaccinations	Three (3) vaccinations per beneficiary. Males and females 9 - 26 years.		√	√	*Available on Rhythm2
PSA screening	Males 45 years and older. Once every 24 months.	Can be done at a urologist or GP. Consultation paid from the available personal medical savings account (PMSA) / consultation benefit.	√	√	√
Bone densitometry	Beneficiaries 45 years and older. Once every 24 months.		X	√	X
Pap smear	Beneficiaries 18 years and older. Once every 24 months.	At any gynaecologist or GP. Consultation is paid at Scheme tariff from Scheme risk benefits.	√ *Consul-tation cost available on Beat4	√ *Consul-tation cost available	√
Preventative dentistry	Refer to Comparative guide for a full breakdown of benefits per option.	Subject to clinical protocols and funding guidelines.	*Available on Beat2, Beat3, Beat3 Plus and Beat4	√	X
Colon cancer screening	40 years and older. Once every 24 months.	Faecal Occult Blood Test (FOBT).	√	√	√
HIV rapid test	Voluntary counselling and testing (VCT) subject to Scheme protocols and funding guidelines.		√	√	√

Note: The Rhythm range offers preventative services under the basic dentistry benefit.
Benefits mentioned above may be subject to pre-authorisation, clinical protocols, formularies, funding guidelines and the Maximum Medical Aid Price (MMAP)

Preventative dentistry benefits 2027

DESCRIPTION OF SERVICE	AGE	FREQUENCY	BEAT	PACE	RHYTHM
General full-mouth examination by a general dentist (incl. gloves and use of sterile equipment for the visit)	12 years and above	Once per annum	*Available on Beat2, Beat3, Beat3 Plus and Beat4	√	Note: The Rhythm range offers preventative services under the dental benefit.
	Under 12 years of age	Once every six months	*Available on Beat2, Beat3, Beat3 Plus and Beat4	√	
Full-mouth intra-oral radiographs	All ages	Once every 36 months	*Available on Beat2, Beat3, Beat3 Plus and Beat4	√	
Intra-oral radiographs	All ages	2 photos per annum	*Available on Beat2, Beat3, Beat3 Plus and Beat4	√	
Scaling and/or polishing	All ages	Once every six months (i.e. every 6 months from the date of service)	*Available on Beat2, Beat3, Beat3 Plus and Beat4	√	
Fluoride treatment	All ages	Once every six months (i.e. every 6 months from the date of service)	*Available on Beat2, Beat3, Beat3 Plus and Beat4	√	
Fissure sealant	Up to and including 21 years of age		*Available on Beat2, Beat3, Beat3 Plus and Beat4	√	
Space maintainers	All ages	Once per beneficiary per annum.	*Available on Beat2, Beat3, Beat3 Plus and Beat4	√	

*Subject to pre-authorisation, clinical protocols and funding guidelines.

Paediatric vaccines

Funding for the vaccines listed below will be paid as Preventative Care, which is a Scheme benefit, and will not be paid from the personal medical savings account (PMSA) or day-to-day benefit, provided that the age limitations set below are adhered to. These vaccines will also be covered as per the registered indications.

AGE GROUPS INDICATED FOR	NAME	DESCRIPTION	NAPPI CODE
0 months to 2 months (maximum 2 administrations)	Bivalent Oral Polio Meriuex OPV Merieux 10 Dose	Polio	722017 823678
0 months to 2 months (maximum 1 injection)	BCG AJV Vaccine	Tuberculosis	872962
0 months to 5 years (maximum 3 injections)	Prevenar 13 28mcg/0.5ml Prefill Synflorix Vaccine	Pneumococcus	715858 714999
1 month to 4 months (maximum 2 administrations)	Rotarix Liquid Oral Vaccine Rotateq 2ml Vaccine	Rotavirus	714133 710935
1 month to 6 months (maximum 1 injection)	Engerix-B Paed Monodose Euvax B Vial 20mcg/ml Euvax B Vial 20mcg/ml	Hepatitis B	700356 713048 715349
1 month to 24 months	Tetanus Vaccine Cipla 40iu/0.5ml	Tetanus	3002364
2 months to 6 months	Infanrix Pre-filled Syringe 0.5ml	Pertussis	703994
	Tetanus Vaccine Cipla 40iu/0.5ml	Tetanus	3002364
1 month to 18 months (maximum 4 injections)	Hexaxim Pre-filled Syringe Infanrix Hexa Vaccine	Diptheria Haemophilus Influenzae Type B Hepatitis B Pertussis Polio	719637 707285
2 months to 5 years	Hiberix Single Dose 0.5ml + Saline	Haemophilus Influenzae Type B	700767
6 months to 12 months (maximum 2 injections)	Measles vaccine live attenuated Measles vaccine Cipla Measbio Multi-Dose Powder Vial	Measles	720384 3002554 722290
9 months to 12 years	Menactra Vaccine 0.5ml Vial	Meningitis	720708
12 months to 24 months	Avaxim Prefilled Syringe 80 0.5ml Avaxim Prefilled Syringe 0.5ml Havrix Junior Single Dose 0.5ml	Hepatitis A	700513 848905 703448
12 months to 6 years	Onvara 1350 PFU/Vial Varilrix Vial	Chickenpox	723131 892939
9 months to 6 years	Measles, mumps & rubella 0.2ml Morupar Single Dose Omzyta Vaccine Powder Priorix Single Dose 0.5ml Prefill	Measles Mumps Rubella	720383 879452 724016 700772

AGE GROUPS INDICATED FOR	NAME	DESCRIPTION	NAPPI CODE
9 months to 12 years	Priorix Tetra Vial	Chickenpox Measles Mumps Rubella	716550
1 year to 12 years	Twinrix Vaccine	Hepatitis A and B	706829
2 years to 12 years	Typherix Pre-Filled Syringe Single Typhim VI 0.5ml Prefilled	Typhoid Fever	703442 822442
2 years to 12 years	Dukoral Vaccine	Cholera	703846
6 years to 12 years	Boostrix Tetra Pre-filled Syringe Adacel Quadra Prefill Syringe Adacel Vial 0.5ml Tetraxim Prefilled Syringe 0.5	Diptheria Pertussis Polio Tetanus	716655 713229 3002510 711258
	Tetanus Vaccine Cipla 40iu/0.5ml	Tetanus	3002364
	Boostrix Vaccine Prefilled	Diptheria Pertussis Tetanus	3000689

Contraceptives

Contraceptives are available for female beneficiaries between the age of 12 and 55 years on all Bestmed options. The quantity and frequency depend on the product up to the maximum allowed amount.

Benefits are subject to the following:

- The MediKredit Reference Price (MMAP) is a reference pricing model applicable to all medicines with generic equivalents or biosimilars. MMAP sets the maximum reimbursable price for a list of generically similar or biosimilar products with a cost lower than that of the original medicine. This means that if you opt to use a medicine that is more expensive than the MMAP, you will have to pay the difference between the price of the chosen medicine and that of MMAP.
- This list is subject to change without notice.

ORAL CONTRACEPTIVE TABLETS (ONE CLAIM EVERY 24 DAYS)

NAME	NAPPI CODE	NAME	NAPPI CODE
Actordene tabs	3005867	Eloine tabs	3001962
Biphasil tab	825808	Ermaft 0.75mg tabs	3004529
Carmadene tabs	3005872	Ermaft 1.5mg tabs	3004530
Contrez tabs	3007984	Escapelle 1.5mg tabs	710109
Contrezin tabs	3007983	Esdopil 3/0.03mg tabs	3008296
Denopaus 1mg/2mg	3010827	Estelo 1.5mg tabs	3007553
Desimar tabs	3005921	Ethodros tabs	3010233
Diane-35 tabs	825859	Famynor tabs	720417
Diva-35 tabs	707875	Femilevo 1.5mg tabs	3006780
Drasira tabs	3005920	Femodene ed tabs	825905
Drovelis tabs	3008836	Ginette tabs	897214
Dyolafem tabs	3007504	Hy-an 30mcg tabs	720418
Ekuvor 1.5mg tabs	3005437	Jarina tabs	3001904
Ella 30mg tabs	3002636	Levette tabs	721606

ORAL CONTRACEPTIVE TABLETS (ONE CLAIM EVERY 24 DAYS) (continued)

NAME	NAPPI CODE	NAME	NAPPI CODE
Levonorgestrel Unicorn 1.5mg tab	3010917	Norlevo tabs	880612
Lexilev tabs	3007262	Novynette tabs	723085
Leyla tabs	3005428	Ocaz tabs	3007415
Logynon ed tabs	825956	Oralcon tabs	720419
Lornestin 1.5mg tabs	3009959	Ovral tab	826138
Marvelon tabs	825964	Plan B 0.75mg tabs	721167
Maya tabs	723653	Qlaira tabs	716676
Medilevo 1.5mg tabs	3000062	Rubaz tabs	3006169
Medinor 1.5mg tabs	3000741	Ruby tabs	716207
Melodene tabs	842893	Trigestrel tabs	720420
Mercilon tabs	825972	Triphasil tabs	825832
Merdeza tabs	3006185	Vonel 0.75mg tabs	723165
Microval tabs	826006	Yade tabs	723652
Minerva tabs	897311	Yasmin plus tabs	723736
Minesse tabs	879576	Yasmin tabs	700089
Minulette tabs	826014	Yaz plus tabs	723730
Mirelle tabs	880418	Yaz tabs	712856
Nessifem tabs	3005891	Ynez tabs	3001912
Nordette tabs	826030	Zoely 2.5mg/1.5mg tabs	720904
Nordiol tabs	826049		

TRANSDERMAL (ONE CLAIM EVERY 28 DAYS)	NAPPI CODE
Evra patches	704091

VAGINAL RING (ONE CLAIM EVERY 28 DAYS)	NAPPI CODE
Nuvaring vaginal ring	715533

INJECTABLES (ONE CLAIM EVERY 60 DAYS)	NAPPI CODE
Nur-isterate 200mg/ml inj	748552

INJECTABLES (ONE CLAIM EVERY 90 DAYS)	NAPPI CODE
Depo-provera 150mg/ml 1ml vial	718440
Mytricon 150mg/ml susp for inj	3005353

IMPLANTABLE (ONE CLAIM EVERY 36 MONTHS)	NAPPI CODE
Implanon nxt implant	718619

IMPLANTABLE (ONE CLAIM EVERY 36 MONTHS)	NAPPI CODE
Implanon nxt implant	718619

INTRA-UTERINE DEVICE (ONE CLAIM EVERY 60 MONTHS)	NAPPI CODE
Avibela 52mg IUD	3010214
Contraceptive device with copper wire and accessories	1015109
Device dalcept intra-uterine	402756
Intrauterine ball contraception hormone free	277898
Intrauterine contraceptive device	191107
Intrauterine contraceptive device etherena	152456
Intrauterine contraceptive device lub ballerine hormone free	277899
Intrauterine contraceptive device mona lisa 380mm	159440
Intrauterine contraceptive device mona lisa 375mm	159442
Intrauterine contraceptive device mona lisa 375mm	159443
Intrauterine contraceptive device mona lisa 380mm	159444
Intrauterine contraceptive device safeload	152454
Intrauterine contraceptive device silverline	152458
Intrauterine contraceptive device t care t cu 380a	256305
Intrauterine copper contraception copper t 10 years	1223763
Intrauterine copper contraception copper y 5 years	1223765
Intrauterine copper contraception frameless gynefix 5 years	1094879
Intrauterine copper contraception frameless gynefix 5 years short	1094876
Intrauterine copper contraception silverline w loader 5 years	1223766
Intrauterine copper contraception device post caesarean 10 years	1009993
Intrauterine copper contraception device post caesarean 3 years	1009992
Intrauterine copper contraception device post caesarean 5 years	1015041
Intrauterine copper device cu375	137456
Intrauterine copper t premium pack	600290
Intrauterine device copper 10 years safeload	1265331
Intrauterine device copper t 380a	438254
Intrauterine device copper t mini	1053532
Intrauterine device cuprocept	549612
Intrauterine device cu375	131904
Intrauterine device dalcept cu 250	664354
Intrauterine device dalcept cu 375	527056
Intrauterine device dalcept cu.260 std	664362
Intrauterine device dalcept large	694330
Intrauterine device endometrial pipelle	2035900
Intrauterine device merite cu t 380a 380mm2	1273951
Intrauterine device nova t 380	530671
Intrauterine device pregna postpartum copper t380a 100x440mm	1043144
Intrauterine iud copper yanae inflatable membrane 5 years	1223992
Kyleena 19.5mg iud	3000026
Mirena kit	852252
Nova T 380 iud	530671

MANAGED CARE PROGRAMMES

Back and neck care programme

What is the Back and neck programme?

The back and neck programme's goal is to assist members with chronic back and/or neck pain and to improve the clinical state of the back and/or neck to prevent surgery. Documented Based Care (DBC) and Workability facilities are Bestmed's contracted healthcare providers for this programme.

The principles applied include analysis, correction, and maintenance of the correct body posture as well as stabilisation of the spine. All members are entitled to this benefit, provided they meet the entry criteria. To be considered for the programme, a member must be referred by a medical doctor to visit a DBC Clinic or Workability facility for an evaluation/first assessment to determine if the member has a suitable clinical profile and will benefit from the programme. If the member is considered to qualify for the programme, the doctor will provide a motivation to the Scheme. The member can then send the application to Bestmed for consideration and authorisation.

Which Scheme options provide cover under this benefit?

This benefit is available to qualifying members on all the Scheme options. It is available where there are DBC/Workability facilities in the area.

How to apply for the benefit?

A member must be referred by a medical doctor to make an appointment at a DBC/Workability facility. A member then needs to visit the DBC/Workability facility and undergo an initial assessment for the clinic to determine if the member is a suitable candidate. The first assessment will be covered by the Scheme if the member qualifies for the programme. If the member does not qualify, the amount of the first assessment will either be payable from available day-to-day benefits/personal medical savings account (PMSA) or be for the member's own expense. There are also instances where the Scheme could refer a member that is scheduled for surgery, to visit such a facility. These referrals are covered by Bestmed.

Please keep in mind that a full clinical history, including the latest X–rays and other reports are required for the Scheme to evaluate the request. Once the assessment report has been evaluated, the rehabilitation treatment programme may be approved as suggested or declined. Bestmed will confirm the services that will be reimbursed and for which duration the approval is valid. After obtaining pre–authorisation from the Scheme, the healthcare provider will schedule an appointment for the member to start the programme.

It is important to take note that for this programme to have optimum results, the member must adhere to all clinic visits without any interruption.

Visit the Bestmed website for a list of the Designated Service Provider (DSP) facilities available for this programme. For more information contact us via telephone on +27 (0)12 472 6235/6249, or email to mhc@bestmed.co.za.

HIV/AIDS care

Bestmed implemented the HIV/AIDS managed care programme to help members and their dependants living with HIV to remain healthy and to live a productive life. This is done by managing the disease as efficiently as possible. The aim of the programme is to improve the member's quality of life by ensuring that the correct medicines are prescribed (according to the stage of infection).

The treatment programme covered by the Scheme is based on HIV/AIDS funding guidelines and approved treatment depends on the clinical parameters of each individual. The stage of the disease and the results of blood tests determine what treatment will be covered and how often the individual must be followed up. Cover is also provided for mother-to-child transmission in pregnancy and post-exposure prophylaxis.

To qualify for your HIV related prescribed minimum benefits (PMBs) members have to register their condition with Bestmed by calling 086 000 2378 and submitting proof of your diagnosis. Once a HIV/AIDS diagnosis has been confirmed with the Scheme, members can submit a treatment plan from their doctor to Bestmed for approval. In addition to the PMBs, Bestmed also offers an HIV/AIDS managed care programme with LifeSense that members can register for to receive additional support and guidance for living with the condition.

Enrolling on the HIV/AIDS programme

To register on the HIV/AIDS managed care programme, members simply have to phone the LifeSense Helpline on 086 050 6080. LifeSense will send you an application form, which has to be completed by you or your dependant and the treating doctor.

- The doctor will submit your form to LifeSense together with your blood test results.
- LifeSense will approve a treatment plan based on the information they've received.
- Once enrolled, LifeSense will forward a treatment plan to your doctor.
- The LifeSense disease management case manager will, from this point onwards, keep in regular contact with you. The case manager will give assistance and support, and emphasise the importance of using your medicine correctly.
- If you're responding satisfactorily, your medicine will be continued.
- If you're not responding satisfactorily to your treatment, LifeSense will review and make appropriate recommendations to your doctor to change your treatment.
- Any member receiving medicine for TB, or diagnosed with TB, must inform LifeSense about this.

Dialysis care

Members who require chronic dialysis for end-stage renal disease can register on the dialysis programme. Depending on clinical and other parameters the Scheme will consider funding for peritoneal or haemodialysis. Certain medicines which are used in end-stage renal disease are only covered when the Scheme funding guidelines are met. Bestmed has appointed National Renal Care (NRC) as Designated Service Provider (DSP) for renal dialysis services for its members on all the benefit options.

Register to access benefits

Members are required to register for the Dialysis care programme to qualify for additional benefits. To successfully register on the programme, members need to submit a clinical summary of their condition, as set out by their treating doctor. The summary should include the history and
ICD-10 codes.

Follow these easy steps to register

1. Download the chronic dialysis application form from our website (**www.bestmed.co.za**) and complete all the relevant sections.
2. Email the completed form and clinical summary (including the ICD-10 codes) to **mhc@bestmed.co.za**.
3. For enquiries/assistance please contact: 012 472 6235/6249

Kindly refer to the Contact details section, at the back of the guide, for contact details.

Alcohol and substance abuse care

Bestmed has contracted with various Designated Service Providers (DSPs) to provide rehabilitation for alcohol and substance abuse. Please note that this benefit is subject to pre-authorisation and will be funded up to a maximum limit or a duration of 21 days whichever is depleted first.

Wound care

Specialised wound care therapy, including dressings and negative-pressure wound therapy (NPWT) treatment and related nursing services, are included in Bestmed's Provider Network.

Stoma care

Bestmed has partnered with Dis-Chem for the supply and distribution of stoma and incontinence care products. Bestmed members who are registered for stoma care receive the following value-added benefits:

- Assistance with obtainng the relevant Scheme authorisation for their stoma products.
- Provided with direct contact details for the supplier's business unit to address all product-related enquiries.
- Provided with a quoting and product sourcing service of the most affordable and cost-effective products as not all stoma and incontinence care needs of patients are covered in full by Bestmed.
- Direct submissions of claims to Bestmed to ensure that they don't have to pay cash up front and claim back from the Scheme.
- A delivery service will be provided free of charge.

Maternity

Finding out you are pregnant comes with a whole lot of emotions, questions and information. Sometimes just knowing where to start and which information you can trust can be a challenge.

Pregnant members and dependants have access to the Maternity care programme. The programme provides comprehensive information and services and was designed with the needs of expectant parents and their support network in mind.

Registration

You need to register on the Bestmed Maternity care programme as soon as you confirmed your pregnancy by means of a pathology test and or scan from your family practitioner or gynaecologist. After registering your information, a consultant will contact you. If your pregnancy is associated with risks the information will be forwarded to Bestmed's case managers who will contact you to help monitor your progress.

How to register:

- Send an email to maternity@bestmed.co.za or call us on 012 472 6797.
- Please include the expectant member's contact number and email address, your membership number and your expected delivery date in the email.

Once registered on the Maternity Care Programme, you will receive a confirmation letter indicating all necessary information, including an informative pregnancy book about the stages of pregnancy.

Our third-party service provider, DLA, will be in contact within the next two to three weeks via email requesting you to complete a registration form. Keep an eye on your inbox (including the spam folder) for such an email. Completing this form will ensure you are registered on their database to ensure you receive maternity information, additional support if the pregnancy is identified as a high-risk pregnancy and a gift on behalf of Bestmed towards the end of the 2nd trimester. DLA will guide you through the process of selecting a gift. The registration form and gift selection form must be returned to DLA directly. The maternity gift will only be sent towards the end of the 2nd trimester.

Registration provides you with access to a 24-hour medical advice line and benefits through each phase of your pregnancy.

Please take note of the following important information:

- All enquiries related to claims should be directed to service@bestmed.co.za.
- For hospital delivery pre-authorisations, please contact authorisations@bestmed.co.za.
- To confirm available benefits and for other general enquiries, please contact service@bestmed.co.za
- To register your newborn baby on the Scheme after delivery, please contact membership@bestmed.co.za

Oncology care

Bestmed's various healthcare options have specified benefits that define the cover for cancer. These benefits are called oncology benefits. The Bestmed Oncology programme offers coverage for PMB (Prescribed Minimum Benefits) diagnoses and non-PMB diagnoses. Thus all types of cancer are covered under the Bestmed Oncology programme. Bestmed uses protocols, funding guidelines and evidence based medicine principles, to assist in making funding decisions. Review is done on a case by case basis - each member is important to us and Bestmed provides special attention to each request received.

Registration on the Oncology Programme and summary of benefits with registration

To register members diagnosed with cancer on the Oncology programme, they need to forward a clinical summary and histology of their cancer, as set out by their treating doctor. This must contain the clinical history, ICD–10 codes, the clinical findings of the doctor; as well as

the test results confirming the specific type of cancer.

This registration process results in extensive benefits authorised and allocated to the member.

These benefits include:

- tariffs claimed by the treating doctor and facility (includes consultations, administration and facility)
- chemotherapy according to the type of cancer subject to pre-authorisation
- radiotherapy according to the type of cancer subject to pre-authorisation
- implantable cancer treatments for example brachytherapy in prostate cancer
- supportive hardware and consumables (like drip bags, pumps and intra-venous (IV) solutions used during the administration of the chemotherapy)
- supportive medicine given for symptomatic treatment of side-effects
- pathology tests
- pain medicine
- radiology which includes clinically appropriate scans for the specific cancer: which includes CT, MRI and PET scans, ultrasound, bone scans, scopes and other specialised scans (subject to benefit confirmation and reference number received from the Contact Centre).

Oncology benefits

Options	Extended benefit	Standard benefit
	-	Rhythm1 & Rhythm2
	Pace3	
	Pace4	Beat1 & Beat1N
	-	Beat2 & Beat2N
	-	Beat3 & Beat3N
	-	Beat3 Plus
	-	Beat4
	-	Pace1
	-	Pace2
Providers	Make use of ICON as the DSP	
Protocols/formularies	Essential (all options) Core and Enhanced (Pace3 and Pace4)	
Registration on oncology programme	Only approved treatment would qualify for the oncology benefit	
	ICON network has to be used	
	Evidence-based medicine principles are applied	
	Registered indication/s of medicines at the SAHPRA are taken into account	
	Medicines reimbursed at MRP	

Biological and other high-cost medicine limits per option	
RHYTHM range, BEAT range and PACE1	No benefit available, except where treatment is PMB level of care for a specific cancer and its stage.

Pace2	Benefits shall be paid at 100% Scheme tariff up to R218 616 per beneficiary per annum. Subject to pre-authorisation.
Pace3	Benefits shall be paid at 100% Scheme tariff up to R437 523 per beneficiary per annum. Subject to pre-authorisation.
Pace4	Benefits shall be paid at 100% Scheme tariff up to R647 533 per beneficiary per annum. Subject to pre-authorisation.

ICON = Independent Clinical Oncology Network, SAHPRA = South African Health Products Regulatory Authority, MMAP = MediKredit Reference Price

CHRONIC MEDICINE BENEFITS

Was your chronic medicine previously authorised?

E-mail a copy of the previous authorisation letter together with a copy of your latest prescription to medicine@bestmed.co.za

Chronic medicine benefits

- CDL = 27 conditions covered on all options
- PMB = minimum benefits covered for specific conditions on all options
- Non-CDL = additional chronic conditions covered from the chronic limit depending on the option

How do I apply?

Register your chronic medicine to access the benefit.

We need:

- A completed chronic application form and a copy of your latest repeatable prescription including the ICD-10 code
- Send the documentation via e-mail to medicine@ bestmed.co.za

Your request(s) will be processed within 3 to 5 working days

Formulary: a formulary is a pre-determined list of medicines that will be covered for the CDL, non- CDL and PMB conditions. These lists of covered medicines vary from option to option. Bestmed makes use of formularies for each condition.

MMAP: the MediKredit Refernce Price (MMAP), is a reference pricing model applicable to all medicines with generic equivalents or biosimilars. MMAP sets a maximum reimbursable price for a list of generically similar or biosimilar products with a cost lower than that of the original medicine.

Biosimilar: a biosimilar is a biologic medical product that is almost an identical copy of an original product that is manufactured by a different company.

ICD-10 code: an ICD-10 code is a diagnosis code, indicating the illness condition for which treatment is being received and is, therefore, compulsory on all medicine applications and prescriptions.

Co-payment: this is the portion of a claim that a member must pay out of pocket directly to the service provider. A co-payment can occur in the following instances:

- When a medicine is chosen for the treatment of a CDL, non-CDL or PMB condition that is not on the formulary.
- When the chosen medicine cost is above the MRP.
- When the provider charges a higher dispensing fee than that which the Scheme reimburses.

CONTACT US

medicine@bestmed.co.za

(012) 472 6760

086 000 2378

https://www.bestmed.co.za/benefits-and-cover/ medicine-and-chronic-\benefits

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Bestmed Medical Scheme is a registered medical scheme (Reg. no. 1252) and an Authorised Financial Services Provider (FSP no. 44058).

INTERNATIONAL MEDICAL TRAVEL COVER

What does the International Travel Policy Cover?

The benefit covers you and your family for Medical Emergencies when you travel outside of South Africa.

The International travel insurance for Emergency Medical Conditions covers unforeseen and unexpected illnesses or accidental injuries (includes pre-existing medical conditions up to R250 000).

The cover provided is not a comprehensive medical scheme option and does not cover medical procedures that can be done in South Africa.

What is the benefit limit?

Holiday travel: emergency medical & expenses

Limited to 90 days and R5 000 000 per family, i.e. members and dependants. Limited to R1 000 000 per family for travel to the USA.

Business travel: emergency medical & expenses

Limited to 60 days and R5 000 000 per family, i.e. members and dependants. Limited to R1 000 000 per family for travel to the USA.

What is covered?

- Emergency medical and related expenses
- Hospitalisation: outpatient and in-patient
- Emergency optical and dental expenses
- Medical repatriation, evacuation and transportation

Limits, excesses, terms and conditions apply. These are outlined in the policy wording and documents, which you will receive once you have registered with AZOZA.

What is not covered (excluded)?

- Vaccines
- Traveling on a one-way airline ticket
- Cover for winter sports, adventure, and/or hazardous activities
- Cover not activated before you leave South Africa
- A child born whilst on the journey
- Treatment that the medical advisors are aware of will arise during the international journey or where a medical advisor has advised against travel
- Investigatory treatment that is not specified by the medical practitioner appointed by the insurer as immediately necessary
- Elective surgery, procedures or medical appointments, and travel specifically to obtain treatment abroad
- The benefits will not cover you if you intend to emigrate
- Expenses incurred in obtaining or replacing medication
- Additional costs arising from single or private room accommodation
- Treatment of services provided by a health spa, convalescent or nursing home, or any rehabilitation centre unless agreed by the Emergency Assistance Service
- Any costs incurred by you to visit another person in hospital
- Any expenses incurred after you have returned to your home
- Any expenses incurred after the date we exercise our rights under this section to move you from one hospital to another and/or arrange your repatriation, but you decide not to be moved or repatriated
- Business travel undertaking manual labour

How to make sure you are covered before your departure

Call 0861 838 333 or email bestmed-assist@linkham.com to activate the international travel benefit when you are planning to travel out of the country. To be eligible to receive the benefits included in the international travel insurance policy, your premiums must be up to date and the travel insurance policy must be issued before your date of departure from the country of residence.

Please note that the turnaround time for receipt of the policy document is 24 business hours. Please read the policy document carefully to ensure that you understand all the terms and conditions.

What information is required when requesting cover for an international trip?

- Member medical aid and plan
- Membership number
- Full names and surname as reflected in the passport
- ID number
- Contact numbers
- Departure date and date of arrival back in South Africa
- Destinations
- Are you traveling for business or leisure?
- Will you be participating in any hazardous pursuits of adventure sports?
- Do you have any pre-existing conditions?
- Email address to where the policy should be emailed
- Physical Address
- Credit card used to purchase an airline ticket

If you require emergency assistance abroad

Emergency medical assistance is available 24 hours a day, 7 days a week. Call +27 (11) 991 8055, WhatsApp +27 83 676 0411 or email assist@azoza.co.za as soon as possible if you need assistance. Reverse call charges are also accepted.

What must you do?

- Read the Policy Wording and Schedule of Benefits to familiarise yourself with what is covered and not covered
- Obtain your family's travel insurance policies before they leave on the trip
- Be fit and healthy to travel

In the event of an incident, it is your duty to contact the Emergency Assistance Services.

All hospital admissions, treatment and/or medical care need to be pre-authorised by AZOZA via telephone on +27 (11) 991 8055, WhatsApp +27 83 676 0411 or email assist@azoza.co.za. Should pre-authorisation not have been obtained from AZOZA, they reserve the right to refuse reimbursement of your claim.

THE BESTMED ADVISOR ONLINE EXPERIENCE

Use your online profile to get access to:

- Update Contact and FAIS Information
- Updated Brokerage Details (House Code login)
- View employer group details
- Search for your members
- View member information, claims, authorisations, premiums, payment history, communication and benefits
- View your correspondence
- Submit and view Online Applications for individual members
- Search for Network Providers
- Use our Mediscor search for chronic medicine formulary and co-payment enquiries

Step 1: Visit the Bestmed website at www.bestmed.co.za

Step 2: Click on the login icon on the top-right of your screen

Step 3: Click on the "Advisor login" and click "Go to Login >"

Step 4: A new window will open. If you have never registered a profile, click on "New user" or enter your user name and password to sign in

Step 5: If you are a new user you will need to enter your 4 or 5 digit advisor sub-code

Step 6: You will be asked to select your preferred verification method (SMS / email)

Step 7: Once you have completed all the required fields you will receive a verification code. You will need to return to the login screen to verify your profile

Step 8: Once the verification process is complete you can log on with your username and password

Important Information:

House code access on the Advisor Portal will not include online applications as the membership must be linked to a registered healthcare advisor. The house code access will also show all advisor sub-codes linked to the brokerage and their members.

You may register more than one user for a house code / sub-code to allow access for consultants or administrators to your Advisor Portal without sharing your username/password.

NB: Due to POPIA, we cannot access or reset your password for you. Please use the "Forgot your Password?" link to follow the prompts. Always use the email and cell number we have on your Bestmed profile to receive your OTP when attempting to reset your password. If your contact details have changed, please send a request to your Business Consultant (BC).

If you have forgotten your username, please ask your BC or register a new login.

Advisor Portal main page

Once you've logged in, you will find your profile information where you can update your details or your FAIS information. This main page will give you access to various tabs at the top to view your employers, members, correspondence, submit online applications, search for providers, change your profile on the settings tab, or link to the Mediscor website for chronic medicine search.

Members page

Here you can search through a list of your members using various parameters (employer, option, membership number, surname, ID number or even if they have been suspended). Click on the magnifying glass for a particular member and you will be taken to the Member details page.

Member details page

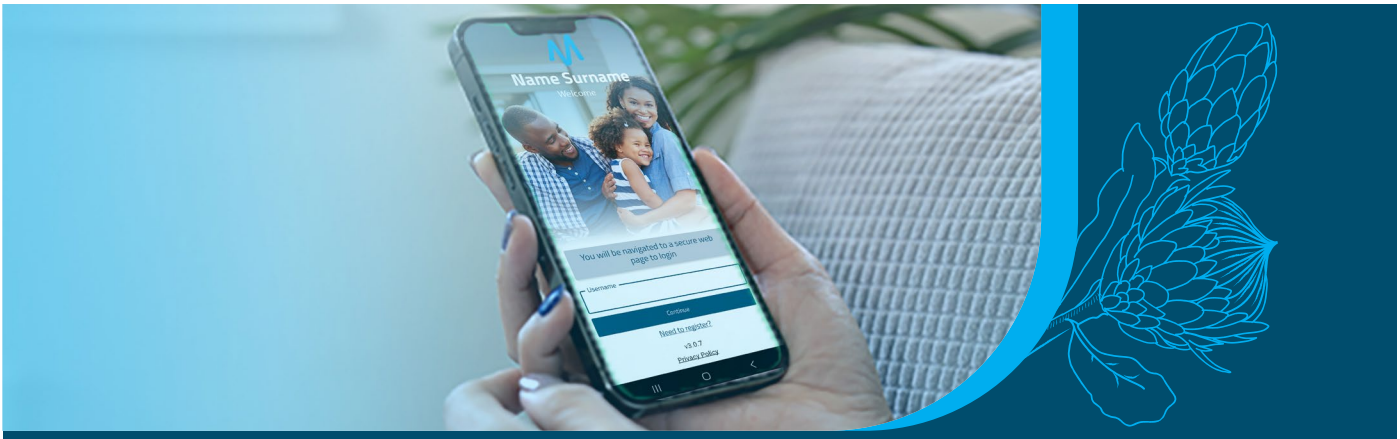
This page allows you to find an overview of your member's profile, including dependant information, contributions, personal medical savings account (PMSA), claims history, authorisations, payment history, correspondence and benefits available.

How to navigate the Advisor Portal

https://rb.gy/fw5rld

How to complete an online application

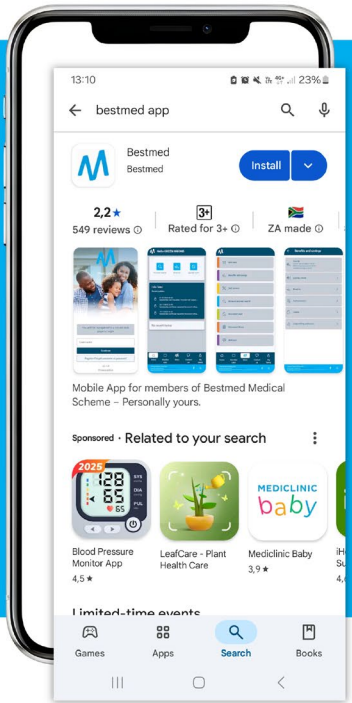
https://rb.gy/qw483s



HOW TO DOWNLOAD THE BESTMED APP

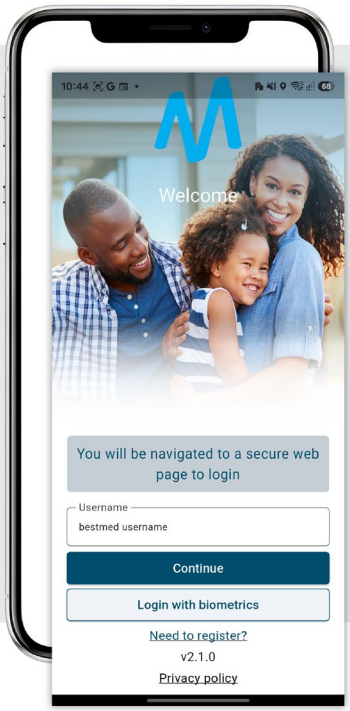
Step 1:
Visit the app store on your phone and search for the "Bestmed" App

Step 2:
Download and install

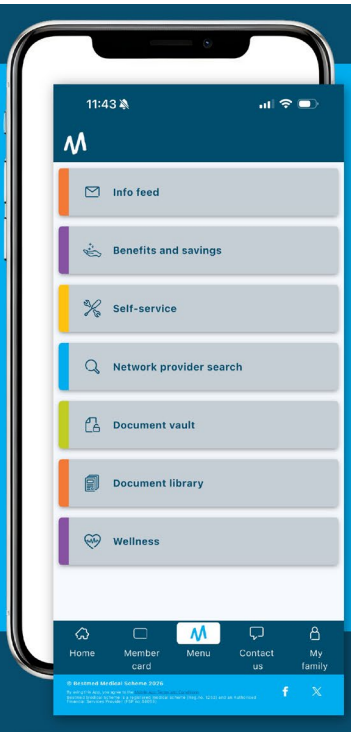


Step 3:
Register if you are a new user

Step 4:
Log in if you have already created an account



Step 5:
Lets explore the main menu of the app

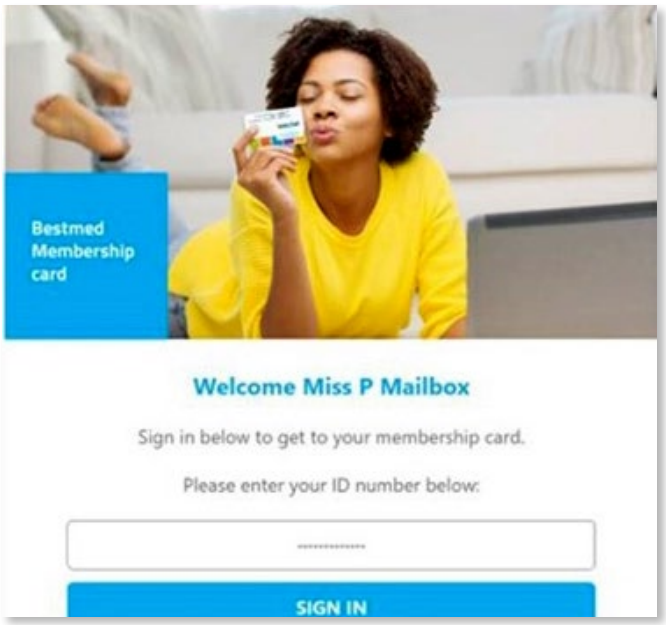


- **INFO FEED** covers all communications.
- **BENEFITS + SAVINGS** gives you all the information for those areas.
- **SELF SERVICE** gives you access to all the items which you can action yourself.
- **NETWORK PROVIDER SEARCH** lets you find a doctor or pharmacy or whichever healthcare provider you are looking for.
- **DOCUMENT VAULT** Safely store and access your important health-care and membership documents in one place.
- **DOCUMENT LIBRARY** Browse and download essential Bestmed forms, guides and member resources.
- **WELLNESS** provides you with access to a library of information and resources to support you on your journey to emotional wellbeing. Only available to beneficiaries 21 years of age and older.

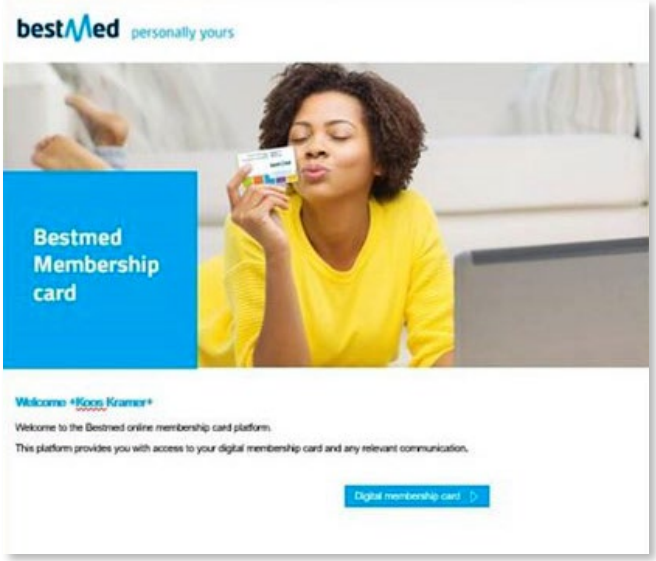
Switch to Bestmed's digital membership card

To assist our members with queries about their digital membership cards, here's a quick reminder of the communication distributed via email and SMS to members. This included a link to the online membership card platform.

Members only need to click on the link and log in with their ID or passport number.



Once successfully logged in, the member is welcomed to the membership card platform and can then follow the instructions on the page.



How to download the Bestmed App.

Watch here

https://acesse.one/nv7w485

Members have access to their digital card and related communication, all of which can be downloaded. Going forward, no physical membership cards will be posted. This enables us to reduce our carbon footprint and paper usage, and to limit expenditure and resource allocation to services and offerings that do not add value to membership with the Scheme. Below is an example of what the screen will look like to a new member.

Members can also download their digital membership card to their smartphone or PC via the Bestmed App, to use anytime and anywhere just like a physical membership card. In other words, when a member is asked to present their Bestmed membership card, they can present the digital copy on their phone to their service provider. Bestmed's service providers are aware of the transition to digital membership cards as primary proof of membership, and will all gladly accept the Bestmed digital membership card. Members can also print it out if they prefer to have a printed copy at hand.

Principal members can also share the membership card with their dependants or service provider via SMS, email, WhatsApp or Telegram.

Should a member have no way to access and use a digital membership card, they can request a physical membership card at Bestmed Head Office, any of our Regional Offices, or via their appointed medical advisor (should they have one) or Key Accounts Consultant.

Members can also request a physical membership card by phoning our Call Centre on 086 000 2378, or contacting us via our WhatsApp support number on 068 376 7212.

Thank you for your *Personally Yours* assistance in encouraging our members to access their digital membership card.

NOTES

NOTES

Contact details

CLIENT SERVICES
Tel: +27 (0)86 000 2378
Email: service@bestmed.co.za

HIV/AIDS CARE PROGRAMME
Tel: +27 (0)86 000 2378 request x3333
Email: mhc@bestmed.co.za

BESTMED HIV/AIDS MANAGED CARE ORGANISATION
LIFESENSE

Tel: +27 (0)86 050 6080
Email:enquiry@lifesensedm.com

BESTMED DSP PHARMACIES
Please refer to the Bestmed website, www.bestmed.co.za, for network pharmacies in your area.

ONCOLOGY CARE PROGRAMME
Tel: +27 (0)86 000 2378 request x3333
Email: oncology@bestmed.co.za

COMPLAINTS
Tel: +27 (0)86 000 2378
Email: escalations@bestmed.co.za
(Subject box: Manager, escalated query)
Postal address:
PO Box 2297,
Pretoria, Gauteng, 0001

CMS ESCALATIONS
Should an issue remain unresolved with the Scheme, members can escalate to the Council for Medical Schemes (CMS) Registrar's office:

Fax Complaints: 086 673 2466.

Email Complaints: complaints@medicalschemes.co.za

Postal Address:
Private Bag X34, Hatfield, 0028

Physical Address:
Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157

REGIONAL OFFICES

Pretoria (Head Office)
Tel: +27 (0)86 000 2378
Email: service@bestmed.co.za
Glenfield Office Park,
361 Oberon Avenue,
Faerie Glen, Pretoria, 0081

Cape Town
Tel: +27 (0)21 202 8808
Email: service@bestmed.co.za
Belvedere Office Park
Suite GE003, Portion Ground Floor
Block E, Bella Rosa Street
Bellville, Cape Town, 7550

Durban
Tel: +27 (0)31 279 5420
Email: service@bestmed.co.za
Unit 8, Office 1,
Pencarrow Park,
Pencarrow Crescent,
La Lucia Ridge, 4051

Gqeberha (Port Elizabeth)
Tel: +27 (0)41 363 8921
Email: service@bestmed.co.za
Corner of Carnarvon Place and Humewood Road,
Building 3, Ground Floor, Humerail,
Gqeberha, 6001

Nelspruit
Tel: +27 (0)13 101 0280
Email: service@bestmed.co.za
Crossing Office Block,
Level 1, Block E,
Crossing Shopping Centre,
Nelspruit, 1200.

Polokwane
Tel: +27 (0)86 000 2378
Email: service@bestmed.co.za
Unit 3 Tobara Place,
9 Watermelon Street,
Platinum Park, Bendor,
Polokwane, 0699

HOSPITAL AUTHORISATION
Tel: 080 022 0106
Email: authorisations@bestmed.co.za

CHRONIC MEDICINE
Tel: 086 000 2378
Email: medicine@bestmed.co.za

CLAIMS
Tel: 086 000 2378
Email: service@bestmed.co.za (queries)
claims@bestmed.co.za (claim submissions)

MATERNITY CARE
Tel: 012 472 6797
Email: maternity@bestmed.co.za

WALK-IN FACILITY
Block A, Glenfield Office Park,
361 Oberon Avenue, Faerie Glen,
Pretoria, 0081, South Africa

POSTAL ADDRESS
PO Box 2297, Arcadia,
Pretoria, 0001, South Africa

NETCARE 911
Tel: 082 911
Email: customer.service@netcare.co.za (queries)

INTERNATIONAL MEDICAL TRAVEL INSURANCE (AZOZA)
Tel: 0861 838 333
Claims and emergencies: assist@azoza.co.za
Travel registrations: bestmed-assist@linkham.com

PMB
Tel: 086 000 2378
Email: pmb@bestmed.co.za

BESTMED HOTLINE, OPERATED BY KPMG
Should you be aware of any fraudulent, corrupt or unethical practices involving Bestmed, members, service providers or employees, please report this anonymously to KPMG.

Hotline:	080 111 0210 toll-free from any Telkom line
Hotfax:	080 020 0796
Hotmail:	fraud@kpmg.co.za
Postal:	KPMG Hotpost, at BNT 371, PO Box 14671, Sinoville, 0129, South Africa

086 000 2378

service@bestmed.co.za

068 376 7212

www.bestmed.co.za

Bestmed Medical Scheme

Bestmed Medical Scheme

For a more detailed overview of your benefit option and to receive a membership guide please contact service@bestmed.co.za

Disclaimer: All the 2027 product information appearing in this brochure is provided without a representation or warranty whatsoever, whether expressed or implied, and no liability pertaining thereto will attach to Bestmed Medical Scheme. All information regarding the 2027 benefit options and accompanying services including information in respect of the terms and conditions or any other matters will only be valid once approved by the Registrar of Medical Schemes and may change without notice having due regard to further advice from the Council for Medical Schemes. Please note that should a dispute arise, the registered Rules, as approved by the Registrar of Medical Schemes, shall prevail.

Please visit www.bestmed.co.za for the complete liability and responsibility disclaimer for Bestmed Medical Scheme as well as the latest Scheme Rules.

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Documents are printed on paper procured from sustainable sources.

bestMed

personally yours