Welcome to

Bestmed Medical Scheme's

Information Session Rhythm2







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Preventative care benefits

Tempo 2023



Oncology care programme



Savings and Contributions



benefits

Bestmed App



Questions



Rhythm2



Hospital authorisation

Phone 0800 22 0106 or send an email to authorisations@bestmed.co.za and provide the following details to them:

- ✓ Member number
- Dependant code of patient
- Treating doctor's practice number
- ✓ Hospital practice number
- ✓ Date of admission
- ICD-10 code(diagnosis) and procedure codes



Hospital benefits

- Services rendered while hospitalised and authorised by the preauthorisation centre
- No overall annual limit
- 100% of Scheme tariff (DSP network providers)

Important

- Treatment in mental health clinics Limited to 21 days per beneficiary per year
- Treatment of chemical and substance abuse Limited to 21 days.
 Subject to pre-authorisation and DSP network
- Major medical maxillofacial surgery Approved PMBs at DSPs only
- Dental and oral surgery Approved PMBs at DSPs only
- Prosthesis overall 100% Scheme tariff. Subject to preferred providers or DSPs. Limited to R58 461 per family



Hospital benefits

- Prosthesis external Approved PMBs at DSPs only
- Prosthesis internal spinal limit now includes artificial disc, limited to R28 968
- Exclusions: Joint replacements (except if PMBs subject to prosthesis limits)
- Refractive surgery and all types of procedures to improve or stabilise vision – Approved PMBs at DSPs
- Co-payment of up to R13 078 event for voluntary use of a non-DSP hospital



Out-of-hospital benefits



Out-ofhospital benefits

Consultations at General Practitioners

- Unlimited medically necessary consultations with a Bestmed Rhythm Network FP for basic primary care. 100% Scheme tariff
- Casualty and out-of-network FP visits limited to R1 569 per family per year

Specialist consultations

- Subject to Rhythm Specialist DSP network
- Rhythm Network Provider must refer patient to Rhythm Specialist DSP

Limited to: M = R1 586 M1+ = R2 643



Out-ofhospital benefits

Dentistry

- Where clinically appropriate and subject to Bestmed Rhythm2 protocols, Bestmed Rhythm Dental Network Providers, and Rhythm approved dental codes
- Specialised dentistry and crowns: No benefit

Dentures

 Limited to a maximum of 2 removable acrylic dentures (i.e., 2 single denture plates) per family every 24 months



Out-ofhospital benefits

Pathology

 100% Scheme tariff. Basic blood tests as requested (/referred for) by a Bestmed Rhythm Network FP and subject to Bestmed Rhythm2 protocols and Rhythm approved pathology codes.

Radiology

 100% Scheme tariff. Basic X-rays as requested (/referred for) by your Bestmed Rhythm Network FP and subject to Bestmed Rhythm2 protocols and Rhythm approved radiology codes.



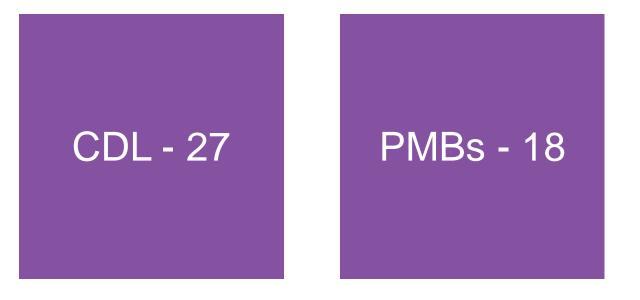
Benefits for medicine



Benefits for medicine

Medicine and treatment for the conditions listed in the CDL and PMB lists.

Treatment - specified in the treatment plan, general treatment that an average patient requires in the treatment of the condition. Prescribed by the DoH (Treatment protocol).





Benefits for chronic medicine

CDL conditions

CDL	
1 - Addison's disease	2 - Asthma
3 - Bipolar mood disorder	4 - Bronchiectasis
5 - Cardiac failure	6 - Cardiomyopathy
7 - Chronic obstructive pulmonary disease (COPD)	8 - Chronic renal disease
9 - Coronary artery disease	10 - Crohn's disease
11 - Diabetes insipidus	12 - Diabetes mellitus type 1
13 - Diabetes mellitus type 2	14 - Dysrhythmias
15 - Epilepsy	16 - Glaucoma
17 - Haemophilia	18 - HIV/AIDS
19 - Hyperlipidaemia	20 - Hypertension
21 - Hypothyroidism	22 - Multiple sclerosis
23 - Parkinson's disease	24 - Rheumatoid arthritis
25 - Schizophrenia	26 - Systemic lupus erythematosus (SLE)
27 - Ulcerative colitis	

Benefit for chronic medicine

Benefits for chronic conditions

Medicine benefits for CDL conditions are unlimited – there is no annual limit.

Single member R21 905

Family R44 009

30% co-payment if medicine is not on the formulary

MRP applies



Benefit for chronic medicine Approved CDL and PMB chronic medicine costs will be paid from this limit first. Thereafter, approved CDL and PMB chronic medicines costs will continue to be paid unlimited.

Approved medicine claims for **major depression** will continue being paid from Scheme risk once the non-CDL limit is depleted.

Approved medicine for the following conditions is not subject to the non-CDL limit and will be paid directly from Scheme risk. They will, therefore, not be logged against the chronic limit:

- Organ transplant
- Chronic renal failure
- Multiple Sclerosis
- ✓ Haemophilia





Chronic Disease List (CDL)

CDL specifies medication and treatment for 27 chronic conditions that a scheme must cover according to the PMB provision. Yes

Treatment must be provided according to the standard treatment algorithms for each CDL condition.

Treatment must be provided according to the standard treatment algorithms for each CDL condition.

The medical scheme must also provide cover for related doctors' consultations and tests related to a condition. This is called a "Treatment Plan" and specifies the annual quantities for consultations and related services. 16

best/ded

Process to get authorisation for chronic medicines The patient and the treating doctor will be required to complete a chronic medicine application form.

It's advisable that you present the treating doctor with a copy of the medicine formulary as it applies to the specific Bestmed Scheme option and the specific chronic condition.

If a new member was registered on chronic with their previous scheme, they may submit the chronic letter along with a copy of their latest prescription (not older than 6 months) for registration.

All chronic-related queries must be emailed to medicine@bestmed.co.za for processing.



What is required to register medicine on chronic?

First time application:

- completed and signed application form
- supporting information (as specified per condition)

New medicine added to an existing authorisation or to update an existing authorisation:

- copy of new prescription
- supporting information (as per application form)

Complete information to be emailed to medicine@bestmed.co.za

Telephonic authorisations: Doctors can speak directly to one of Bestmed's pharmacists





PMBs are a set of minimum benefits which, by law, must be provided to all medical scheme members and include the provision of diagnosis, treatment and costs of ongoing care.

PMB conditions that have medication covered:

PMBs	
1 – Aplastic anaemia	2 – Benign prostatic hypertrophy
3 – Cerebral palsy	4 – Chronic anaemia
5 – COVID-19	6 – Cushing's disease
7 – Cystic fibrosis	8 – Endometriosis
9 – Female menopause	10 – Fibrosing alveolitis
11 – Graves' disease	12 – Hyperthyroidism
13 – Hypophyseal adenoma	14 – Idiopathic thrombocytopenic purpura
15 – Paraplegia / Quadriplegia	16 – Polycystic ovarian syndrome
17 – Pulmonary embolism	18 – Stroke

Registration for PMB

- Download PMB registration form from website or obtain from Key Account Consultant
- Have specialist complete it and submit to pmb@bestmed.co.za
- Important designated service provider network applies



Formularies and co-payments All Bestmed formularies (non-CDL, CDL and PMB) are available on the Bestmed website: www.bestmed.co.za

Formulary medicine is not automatically approved. Pre-authorisation is necessary to gain access to medicine benefits.

What can be done to avoid medicine co-payments?

- Use formulary listed medicines.
- Use generic medicines with prices that fall within the MRP.
- Use a designated service provider (DSP) that does not charger higher dispensing fees.



Medicine continued

Acute medicine

- 100% Scheme tariff
- Subject to Bestmed formulary

Over-the-counter medicine (OTC)

- Limited to R634. per family (includes susncreen, vitamins and minerals with NAPPI codes on Scheme formulary)
- Subject to preferred provider network pharmacy

Biological medicine

PMBs only. Subject to pre-authorisation



Medicine continued

Exclusions

- Supplements, weightloss medication etc. payable from the vested savings account only
- Vested savings is the unutilised annual savings account balance that is transferred to the vested savings in following year
- New members don't have a vested savings (except if you transferred savings from your previous scheme)



Notifications from the Chronic Medicine Department

SMS notification

- When a chronic application is received
- When the chronic application has been completed
- Authorisation expiry to prompt authorisation renewal
- Real-time SMSes at point of claim for MRP and non-formulary co-payments
- Possible chronic to prompt chronic application if medicines are claimed on acute that could be authorised on chronic



Optical benefits



Optical benefits

Benefits available every 24 months from date of service

- 1 Consultation per beneficiary only PPN providers
- Frame = R245 covered AND Standard lenses
- Single vision lenses = R215 OR
- Bifocal lenses = R460 OR
- Multifocal lenses = R460
- In lieu of glasses members can opt for contact lenses, limited to R700
- Consultation fee of R365 at non-network provider





Optical Benefits Process to Gain Access

- Find your nearest PPN optometrist by accessing the PPN website https://www.ppn.co.za
- Contact Centre: 041 065 0650
- Mondays to Fridays, 08:00 to 17:00 and Saturdays 08:30 to 12:00
- Benefits: info@ppn.co.za
- Claims: claims@ppn.co.za
- Escalations: management@ppn.co.za



Maternity benefits



Maternity programme

100% Scheme tariff subject to the following benefits:

Consultations

- 9 antenatal consultations at FP or gynaecologist or midwife
- 1 post-natal consultation at FP or gynaecologist or midwife

Ultrasounds

- 1 x 2D ultrasound scan in 1st trimester (between 10 to 12 weeks) at FP OR gynaecologist OR midwife OR radiologist
- 1 x 2D ultrasound scan in 2nd trimester (between 20 to 24 weeks) at FP OR gynaecologist OR midwife OR radiologist

Supplements 9 fills

 Any item categorised as a maternity supplement can be claimed up to a maximum of R127 per claim, once a month, for a maximum of 9 months.



personally yours

Preventative care benefits

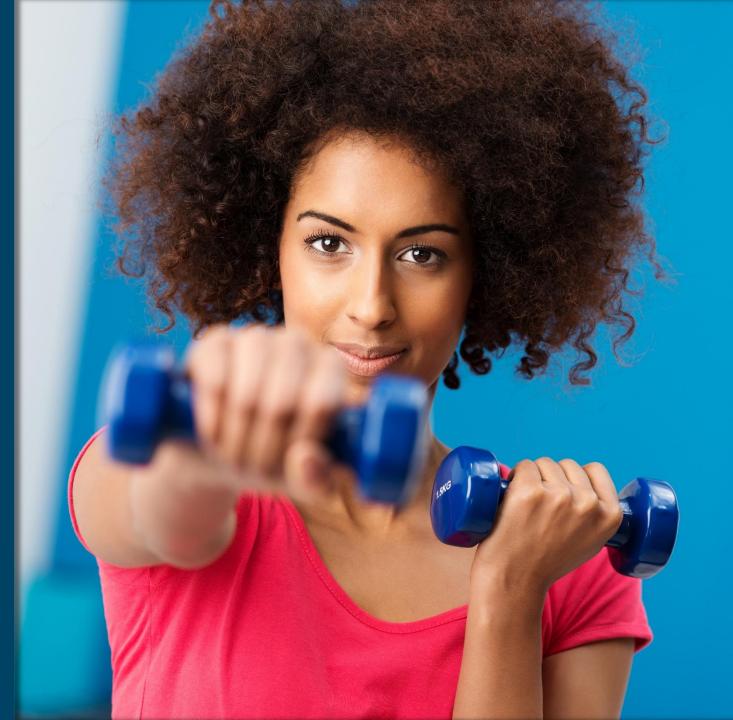


Preventative care benefits

Preventative Care	Rhythm2
Flu vaccines	✓
Pneumonia vaccines	~
Travel vaccines	
Female contraceptives (R2 550 per beneficiary)	~
Back and neck programme	✓
HPV vaccines (3 vaccines for females 9-26 years)	~
Pap smear (females 18 and above every 24 months)	✓
Mammograms (females 40 years and above, every 24 months)	~
Paediatric immunisations	✓
Baby growth and development assessments 3 per year for children 0-2 years	~
PSA screenings (males 50 years and above, every 24 months)	✓



Tempo 2023



55 Tempo Journeys you can choose from:





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Step 2: 03 Emotional Wellbeing Journey

(dependent on which journey you choose after HA)

Emotional Wellbeing



This journey was developed by qualified psychologists and is aimed at assisting you with identifying and managing emotions, and the affect it has on your mental health. This journey will provide you with access to:

- lifestyle related information that will help you deal with life's changes and curve balls.
- practical challenges that will enable you to practice the new life skills you have acquired.

Your full guide to navigating the Emotional Wellbeing Journey via the <u>Member portal</u> on the Bestmed website or the Bestmed App is attached. Members using <u>iOS</u> or <u>Android</u> mobile devices are able to access the journey via the Bestmed App. Members using Huawei devices will be redirected to the journey via the <u>Member portal</u>.





Where to find Bestmed Tempo providers

Choose your provider, province and city, and click on search:

Find a servi	ice provi	der			
I want to find a					
Dietitian	✓ in	Gauteng	\checkmark	Benoni	\checkmark
					SEARCH Q

When you call your nearest provider to schedule an appointment, let them know that it is for the Bestmed Tempo wellness programme.



Day-to-day benefits, annual savings account, vested savings and contributions



Expenses that are subject to the overall day-to-day benefit

Profile	Sub-li	imits
Family practitioner and specialist consultations	M = R6 212	M1+ = R10 071
Basic and specialised dentistry	M = R13 717	M1+ = R23 152
Medical aids, apparatus and appliances	Limited	to R11 509 per family
Supplementary services	M = R6 212	M1+ = 12 228
Wound care benefit	Limited	to R15 171 per family
Basic radiology and pathology	M = R6 212	M1+ = R12 228
Acute medicine	M = R9 809	M1+ = R15 237

Contributions - child dependants

- Members will only pay for the first
 3 child dependants. The rest are covered for FREE!
- Child dependants are covered until the age of 24 years and registered students up to 26 years.



Rhythm2 contribution changes In our initial submission to the Council, we proposed removing the income categories for Rhythm2, i.e. implementing a single contribution. However, the income categories will remain unchanged and the contributions for 2023 are as follows:

	RHYTHM 2	
R0 – R5 500pm	R5 501 – R8 500pm	>R8 501pm
Member: R1 917 Adult: R1 822 Child: R1 154	Member: R2 303 Adult: R2 188 Child: R1 382	Member: R2 763 Adult: R2 488 Child: R1 382

Access to your personal information / Scheme information

Contact Centre: 086 000 2378

8:00 to 17:00 weekdays and 8:00 to 15:00 Saturdays (not available over long weekends or public holidays)

	Email:	service@bestmed.co.za
C	WhatsApp:	060 015 7696
	Fax:	012 472 6500
\bigotimes	Website:	www.bestmed.co.za
Y	Twitter:	@BestmedScheme
Ø	Instagram:	@BestmedScheme
f	Facebook:	BestmedMedicalScheme



Bestmed App



How to download the Bestmed App

Step 3:

Step 4:

account

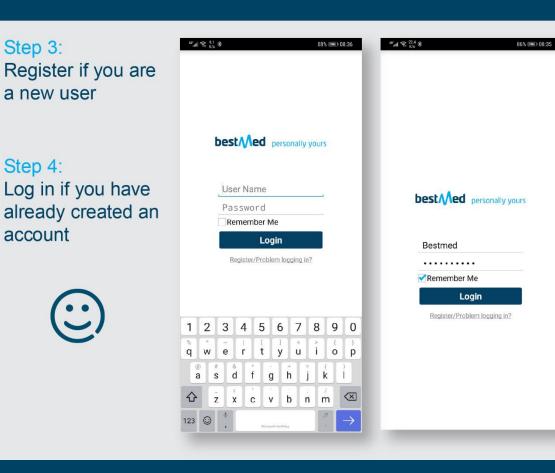
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Step 1: Visit the app store on your phone and search for the "Bestmed" app



Step 2: Download and install

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Questions

escalations@bestmed.co.za



Thank you for joining

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