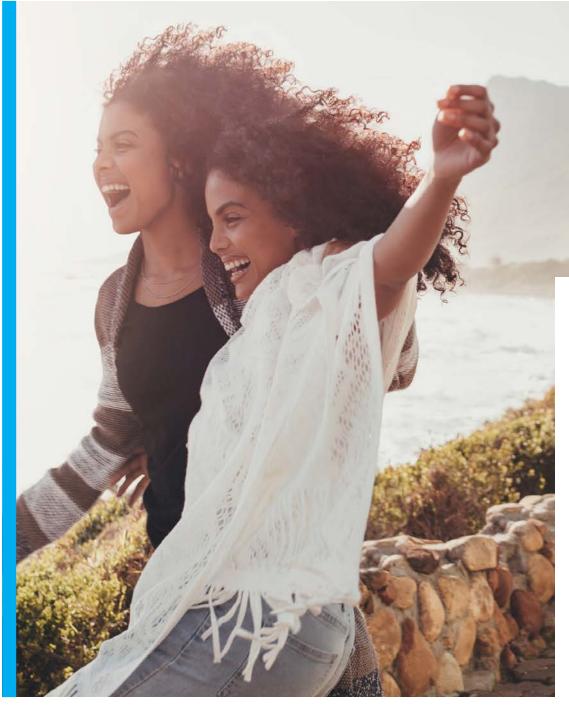




personally yours



## MANAGED CARE PROGRAMMES AND THEIR BENEFITS 3

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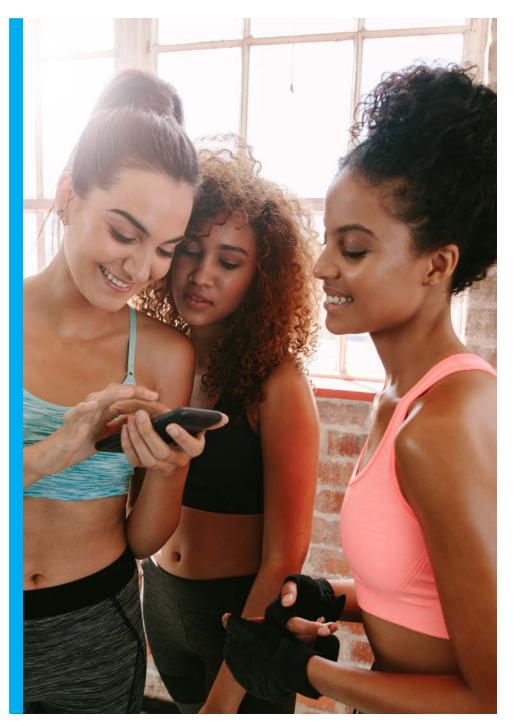
# Managed Care programmes and their benefits

In addition to prescribed minimum benefits (PMBs), Bestmed offers Managed Care programmes that members can register for to receive additional support.

Our Managed Care programmes have been specifically developed to care for members by providing additional benefits to treat and prevent the specific conditions with appropriate treatment in a cost-effective manner.

These programmes include:

- Oncology care
- Back and neck preventative programme
- HIV/AIDS care
- Dialysis care
- Diabetes care
- Alcohol and substance abuse care
- Wound care
- Stoma care
- Maternity care
- Preventative care





# Oncology care

Oncology is a branch of medicine which deals with the prevention, diagnosis and treatment of cancer. A medical professional who practices oncology is an oncologist.

# **TYPES OF CANCER**

- Cancer which affects non-solid organs and systems
- Cancer of solid organs

# The Oncology care programme

Bestmed's various healthcare options have specified benefits that define the cover for cancer. These benefits are called oncology benefits.

Bestmed provides oncology benefits applying evidence-based medicine principles and considering affordability across the different benefit options.

- All types of cancer are covered under the Bestmed Oncology care programme.
- Bestmed has clinically qualified staff who review applications which includes qualified nurses, pharmacists and medical doctors whom are available on site.

We have appointed the Independent Clinical Oncology Network (ICON) as Designated Service Provider (DSP) for oncology care for all our healthcare options. Members on Pace3 and Pace4 have access to the enhanced ICON protocols where it's clinically appropriate whilst the other options have access to the standard ICON protocols.

Members registered on the oncology programme qualify for cancer benefits. Members must forward a clinical summary and histology of their cancer, as set out by their treating doctor, to register on the programme. This must contain the history, ICD–10 codes, the clinical findings of the doctor as well as the test results confirming the cancer and the specific type of cancer.

## **ONCOLOGY CARE PROGRAMME BENEFITS**

- Access to benefits and services which form part of the treatment protocol of the specified Designated Service Provider (DSP): ICON.
- Oncology treatment which includes chemotherapy, radiotherapy, certain pathology and certain consultations.
- Certain supportive medicines in the Bestmed oncology formulary.
- Should the prescribed treatment fall outside of the protocols a clinical motivation can be submitted by the oncologist for consideration.

## **REGISTER TO ACCESS THE ONCOLOGY PROGRAMME AND ASSOCIATED BENEFITS**

• All services must be pre-authorised by Bestmed.

- Services are rendered by Bestmed's preferred providers.
- The services must fall within Bestmed's funding guidelines.
- If you would like to find out more about the oncology programme and benefits please visit our website on www.bestmed.co.za and click on "Managed Care". Alternatively you can contact us on 012 472 6254/6234 or via email oncology@bestmed.co.za and one of our case managers will gladly assist you.

# BELOW ARE SOME QUESTIONS AND ANSWERS WHICH YOU MIGHT FIND USEFUL WITH REGARDS TO THE BESTMED ONCOLOGY PROGRAMME.

### Which conditions are funded from my oncology benefit?

Cancer (malignant tumours and malignant haematological/blood conditions) confirmed by a laboratory report will qualify for registration on the oncology programme. Normally a tissue sample is collected during a biopsy procedure and sent for evaluation by pathologists.

The findings of the diagnosis will be noted on a histology report. Benign tumours and premalignant conditions don't qualify for funding on the oncology programme. The diagnosis (ICD-10) code for cancer usually starts with a "C" and may be included in the oncology benefit. Codes for benign conditions mostly start with a "D" and are not funded from the oncology benefit as they are not cancerous.

### Why do I have a co-payment on my consultation/procedure?

Oncology benefits are funded up to 100% of the Bestmed Scheme tariff. If a non-DSP (thus non-ICON) doctor charges more than the Scheme tariff you will have to pay the difference.

# I visited my FP/specialist regarding my cancer. Will it be funded from my oncology benefit?

Yes. Bestmed will fund this if the member is registered for the oncology programme and the consultation was related to the cancer. As oncologists specialise in the treatment of cancer the oncology benefit makes provision for funding of oncologist consultations. Certain specialist visits may be funded from the oncology benefit depending on the type of cancer you are registered for.

For example, urologists for bladder cancer, dermatologists for skin cancer, etc. Always confirm benefits before assuming that a consultation will be funded from the oncology benefit.

# Will breast reconstruction or prosthesis after mastectomy be funded from my oncology benefit?

Breast reconstruction may be considered for funding only after a mastectomy for breast cancer on the cancerous breast. Bestmed will consider funding the symmetrising surgery of the unaffected breast on the Pace2, Pace3, Pace4 and Pulse2 options, with motivation from the doctor, dependent on the cost of the procedure, up to a maximum of R36 750 where appropriate and pre-authorised. Hospital authorisation must be obtained from the pre-authorisation department for approval, subject to funding protocols and guidelines.

After a mastectomy a member may apply for a breast prosthesis that is inserted into her bra to provide shape where the breast used to be. A doctor's motivation and quotation may be sent to the Scheme. Only the prosthetic insert may be funded from the appliance benefit and not the special bra.

## Will wigs be funded from my oncology benefit?

No. The oncology benefit does not make provision for the funding of wigs and related items.

#### Are scans approved for members with cancer?

A range of scans and blood tests is approved from the available scan and pathology benefits and PMBs where clinically appropriate depending on the type of cancer you are registered for. A group of specific services, directly related to the specific type of cancer, are authorised for payment. This may include basic radiology (such as sonars or black-and-white X-rays) or blood tests (such as liver function tests and blood counts). Pre-authorisation for scans and additional tests are required before they are done. Your doctor can confirm if the tariff codes for these scans and tests are funded before proceeding with these services. CT scans, PET scans and nuclear scans will be considered for funding from available benefit/PMBs if they are on a PMB level of care and clinically appropriate.

### Is hospice funded?

Hospice authorisation will be considered by the hospital pre-authorisation department. Palliative care is funded at 100% Scheme tariff. Subject to specific limits per option and pre-authorisation and DSPs.

# A member needs to go for physiotherapy or lymph drainage. Will it be funded from the oncology benefit?

The requested treatment needs to be pre-authorised and will be considered as a PMB if clinically appropriate.

### Why has my chemotherapy not been approved?

Bestmed provides oncology benefits applying evidence-based medicine principles and considering affordability to the different benefit options. Treatment plans may not be approved for several different reasons, including the following:

- The treatment plan falls outside the scope of ICON treatment protocols and guidelines;
- The medicine in the treatment plan is not registered with the South African Medicine Control Council for the treatment of the specific cancer;
- The medicine is not registered for use in the South African market by the Medicine Control Council; or
- The medicine in the treatment plan is not covered on your specific benefit option, biological and other high-cost medicine, etc. (Please take note that biological and other high-cost medicine will be considered if it's on a PMB level of care and/or clinically appropriate for the specific cancer.)

# The member has a family history of cancer. Will precautionary measures and tests be paid from the oncology benefit?

No. Oncology benefits are limited to patients who have already been diagnosed with cancer and are registered on the oncology programme.

### Will genetic testing be funded from the oncology benefit?

The request will need to go through the pre-authorisation process and will be considered if clinically appropriate.

**Please note:** The tests will only be authorised if they have the potential to influence the treatment of the diagnosed cancer.

### Why isn't all cancer-related medicine funded from my oncology benefit?

The oncology benefit provides funding for chemotherapy and radiotherapy – treatment directly linked to treating and minimising the progression of the cancer itself. Bestmed makes use of formularies for certain additional supportive medicines (for nausea, pain, inflammation, etc.). Medicines which are excluded from the oncology benefit include anti-depressants, proton pump inhibitors for acid reflux, sleeping tablets, anti-anxiety medicines, etc.

### Are there specific limits or exclusions in terms of benefits?

Certain services/procedures are excluded from oncology benefits, including (but not limited to) the following:

- If a biological product or other costly medicine (only applicable to specific benefit options) is approved according to Scheme funding guidelines an annual monetary limit is applicable. This limit is shown in the benefits and brochures of the various benefit options. This benefit will be considered if clinically appropriate or PMB level of care.
- Specialised radiology services, including CT scans, PET scans and nuclear scans, will be considered if clinically appropriate and/or PMB level of care, assessed on a case-by-case basis.
- Only benefits as stipulated and authorised by the Scheme will be funded in accordance with the specific benefit option.

#### Is there an annual oncology limit for registered treatment?

There is no limit for appropriate and in protocol pathology and consultations. Biologicals and other high cost medicine, where this treatment is not PMB level of care, can be excluded or limited to the available benefit per Scheme option.

# Are there co-payments or shortfalls that a member may experience after their treatment plan has been approved by ICON?

Biologicals and other high cost medicine, where this treatment is not PMB level of care, will be limited to the available benefit per Scheme option. Bestmed also applies a generic Mediscor reference price (MRP) which applies to medicines with generic alternatives.

### In order to access the extended oncology benefit, can I upgrade my plan option?

Yes, with appropriate motivation upgrade may be approved on request.

### Can prescribed treatment outside of the funding guidelines be reviewed for funding?

Yes, these are evaluated case by case, based on evidence-based principles.

#### Will I be covered if I go into remission?

Yes, your registration on the oncology programme never lapses.

# Biological and other high-cost medicine

Biological medicines are derived from a living source, for example interferon treatment for advanced melanoma. Biological and other high-cost medicines are limited to the following amounts:

Please refer to the oncology benefits table for a detailed description.

#### **BIOLOGICAL BENEFITS ALLOCATED PER OPTION**

- Beat1 & Beat1N, Beat2 & Beat2N, Beat3 & Beat3N and Beat4: No benefit
- Pace1: No benefit
- Pace2: Limited to R166 132 per beneficiary, subject to pre-authorisation
- Pace3: R332 485 per beneficiary, subject to pre-authorisation
- Pace4: Limited to R492 077 per beneficiary, subject to pre-authorisation
- Pulse1: PMBs only as per funding protocol
- Pulse2: Limited to R156 743 per beneficiary, subject to pre-authorisation

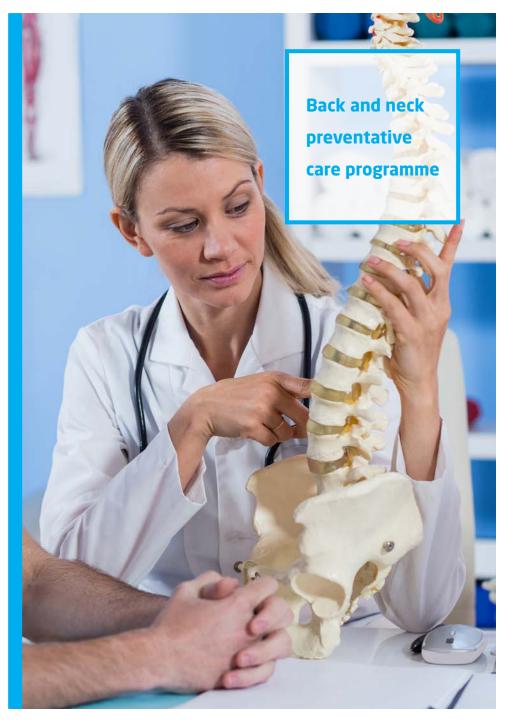
Kindly refer to the Contact details section, at the back of the guide, for contact details.

# Oncology benefits

OPTIONS	EXTENDED BENEFIT	STANDARD BENEFIT (PMB)	
	-	Pulsel	
	Pace3	Pulse2	
	Pace4	Beatl & BeatlN	
	-	Beat2 & Beat2N	
	-	Beat3 & Beat3N	
	-	Beat4	
	-	Pacel	
	-	Pace2	
Providers	Make use of ICON as the DSP		
Protocols/formularies	s Essential PMB (all options) Core and Enhanced (Pace3 and Pace4), if first-line trea has failed		
Registration on o	Only approved	l treatment would qualify for the oncology benefit	
	ICON	network has to be used	
	Evidence-base	ed medicine principles are applied	
	Registered indication/	's of medicines at the MCC are taken into account	
	Medic	ines reimbursed at MRP	
Biologicals and other	Annual limit applicable	Annual limit applicable	
costly medicine	<ul> <li>Pace3: R332 485*</li> <li>Pace4: R492 077*</li> </ul>	<ul> <li>Beat1 &amp; Beat1N: No benefit</li> <li>Beat2 &amp; Beat2N: No benefit</li> <li>Beat3 &amp; Beat3N: No benefit</li> <li>Beat4: No benefit</li> <li>Pace1: No benefit</li> <li>Pace2: R166 132*</li> <li>Pulse1: No benefit</li> <li>Pulse2: R156 743</li> </ul>	
*per beneficiary subject to pre-authorisation at Be		pject to pre-authorisation at Bestmed	

ICON = Independent Clinical Oncology Network, MCC = Medicines Control Council, MRP = Mediscor Reference Price.





# Back and neck preventative care programme

### What is the Back and neck preventative programme?

The back and neck preventative 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 in order to prevent surgery. Documented Based Care (DBC) and Workability facilities are Bestmed's contracted service providers for this program.

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?

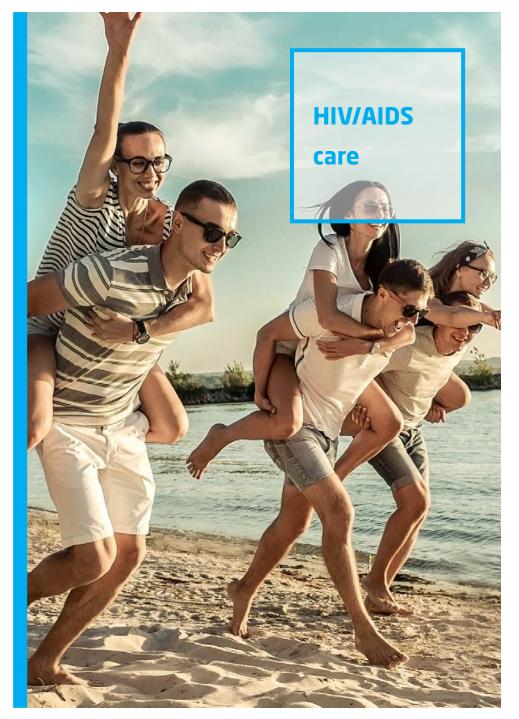
A member must be referred by a medical doctor to make an appointment at DBC/Workability facility. A member then needs to visit the DBC/Workability facility and undergo an initial assessment for the clinic to determine if the member is a suitable candidate. The first assessment will be covered by the 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/savings or from the member's own pocket.

There are also instances where the Scheme could refer a member, 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 service 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. Kindly refer to the Contact details section, at the back of the guide, for contact details.



# **HIV/AIDS** care

Acquired immunodeficiency syndrome (AIDS) is a chronic, potentially life-threatening condition caused by the human immunodeficiency virus (HIV). By affecting your immune system this virus interferes with your body's ability to fight organisms that cause infection and other diseases.

HIV is a sexually transmitted infection. It can also be spread by contact with infected blood or from mother to child during pregnancy, childbirth or breast-feeding. Without medicine it may take years before HIV weakens your immune system to the point where you have full-blown AIDS.

Bestmed implemented the HIV/AIDS disease management 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**

In order to register on the LifeSense HIV/AIDS managed healthcare 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 in order to change your treatment.
- Any member receiving medicine for TB, or diagnosed with TB, must inform LifeSense about this.
- You will have to choose a Designated Service Provider (DSP) pharmacy, either a courier or retail pharmacy, to dispense your anti-retroviral therapy (ART).
- 1. Your choice needs to be communicated to LifeSense in order for them to know which pharmacy needs to receive documentation and communication.
- 2. The list of pharmacies is included in the back of this guide.

# Programme benefits

The benefits provided by the HIV/AIDS disease management programme will be determined by your stage of infection.

Depending on the stage of infection, benefits could include the cost of pathology tests, consultations by your treating doctor, and prescribed medicine as well as hospital treatment.

Our disease management programme has been specifically designed to treat HIV/AIDS as a chronic disease by using effective anti-retroviral therapy to control viral replication. This treatment can have dramatic life-changing results for the infected person but it's imperative that the treatment is taken in a controlled manner.

Therapy compliance is crucial for your recovery success and general wellbeing. This is achieved through close monitoring and working alongside the treating physician to ensure the best possible outcome. The process will effectively control access to benefits paid for by the Scheme.

Members will not incur co-payments for PMB medications that are on the formulary for which there is no generic alternative.

# 1. Counselling and support

LifeSense has qualified psychologists and highly-skilled counsellors who engage with members to determine treatment readiness.

Our dedicated case management personnel take responsibility for individual cases within the programme from start to finish, providing a personalised service and ensuring the highest level of confidentiality. Our primary goal is not to commence with treatment prematurely, resulting in non-adherence as treatment readiness was not established. In many cases treating/referring doctors do not have the time to facilitate this, a factor which contributes to failed outcomes.

# 2. Confidentiality

LifeSense acts on behalf of Bestmed and members can be assured that your status, as well as your personal and medical information will always be kept confidential and will not be shared with anyone without your permission.

### **ADDITIONAL PROGRAMME INFORMATION**

- Once registered on the programme you will be monitored for compliance on a continuous basis.
- You may only make use of the DSPs selected by Bestmed. These include medical practitioners, pharmacy networks and hospitals.
- Should the unfortunate situation arise where you involuntarily have to utilise the healthcare services of a non-DSP hospital no co-payment will be applicable. To gain clarity on which instances will be considered as involuntary use of a non-DSP please refer to Bestmed's rules on our website: www.bestmed.co.za/content/scheme-rules-2020
- Should you choose to voluntarily make use of a hospital outside of Bestmed's DSP network (non-DSP), you will be liable for the difference of any amount exceeding the contracted DSP rates.

## **IMPORTANT INFORMATION**

**Please Note:** To manage your HIV/AIDS successfully blood tests are required every 6 months. **Please ensure LifeSense receives your blood test results timeously.** 

Your HIV/AIDS medicine should be reviewed by your treating doctor every 6 months. Failure to do so may result in you not receiving your monthly medicine on time.

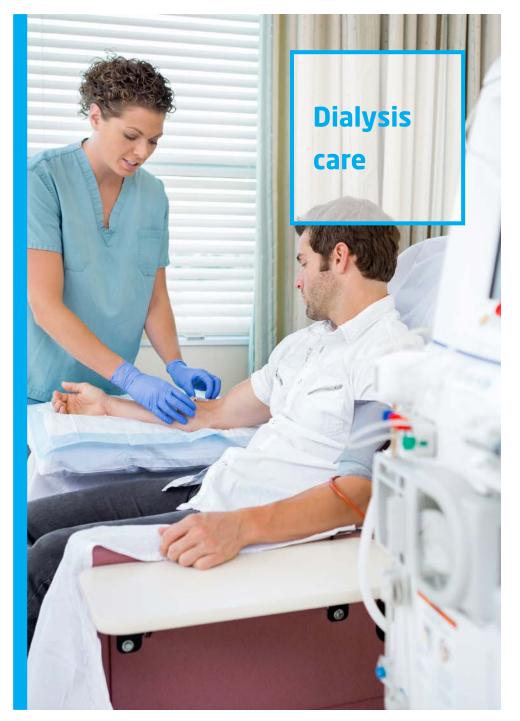
# Pathology protocol

The table below indicates which blood tests are required at specific intervals on the programme. If you are unsure of which tests you require or are covered for please contact LifeSense on 086 050 6080 prior to going for your blood tests.

## PATHOLOGY PROTOCOL FOR HIV/AIDS MANAGEMENT

SIX-MONTHLY BLOOD TESTS AND TARIFF CODES	YEARLY BLOOD TESTS AND TARIFF CODES
<ul><li>HIV Monitoring tests</li><li>CD4 Count (3816)</li><li>Viral Load (4429)</li></ul>	<ul> <li>Bilirubin (4009; 4010)</li> <li>Testing for Baby to HIV Mothers (3974)</li> <li>TB Screening (3916)</li> </ul>
Other monitoring tests • Full Blood Count (3755) • Kidney Function (4032; 4151) • Total Cholesterol (4027) • Glucose Test (4057) • Liver Function (4131; 4130; 4134)	

Motivation will be required for a HIV resistance test. (Genotyping).



# 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.

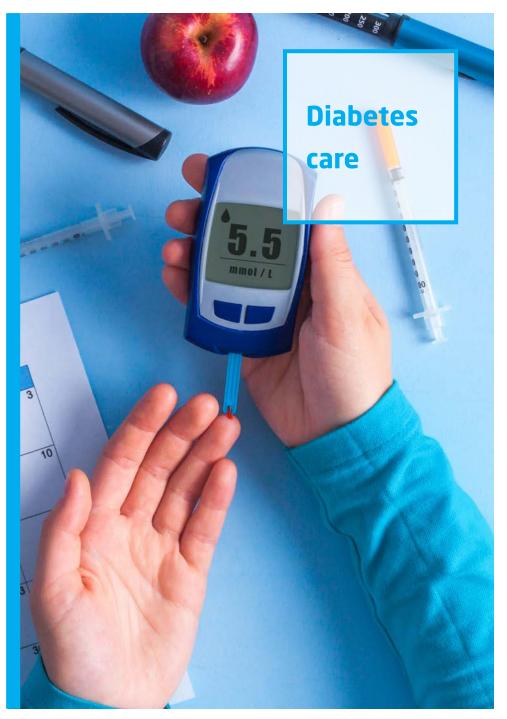
# **REGISTER TO ACCESS BENEFITS**

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** or fax to **012 472 6780**.
- 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.



# **Diabetes care**

# WHAT IS DIABETES?

Diabetes is a chronic, lifelong condition that affects your body's ability to use the energy provided by food.

Diabetes mellitus is a chronic disease where the pancreas either does not produce any or enough insulin, which causes an excess of sugar (glucose) in the blood. Insulin is the hormone that assists your body cells to use glucose as energy for it to function properly.

## WHAT TYPES OF DIABETES ARE THERE?

There are two major types of the disease, namely:

- **Type 1 diabetes:** occurs when blood sugar (glucose) levels are too high due to the body's inability to produce the hormone insulin, which enables glucose to enter cells and fuel the body. It generally occurs in children and young adults and requires access to injectable insulin.
- **Type 2 diabetes:** is the most common type of diabetes. It is a progressive condition whereby the body becomes resistant to the normal effects of insulin (insulin resistance) and/or gradually loses the capacity to produce enough insulin in the pancreas. The good news is that steps can be taken to prevent or delay the development of type 2 diabetes.

# The Bestmed Diabetes care programme

The Bestmed Diabetes care programme focuses on actively managing members with diabetes while taking into consideration any associated diseases/disorders, e.g. high cholesterol, high blood pressure etc. The programme is designed to assist the diabetic member and their dependants, to live a constructive and rewarding life.

In 2019, we appointed HaloCare to administer the Bestmed Diabetes care programme. Halocare is a managed care organisation that is fully accredited by the Council for Medical Schemes (CMS).

The programme co-ordinates the different role players in diabetes disease management to achieve best health outcomes for members. It acts as the main liaison between the member, the preferred healthcare provider and Bestmed. The programme applies and reviews the latest clinical guidelines as recommended by national and international organisations. This is to ensure that members receive the most effective treatment plan and care for diabetes.

# WHAT ARE THE BENEFITS OF THE PROGRAMME?

- Automatic enrolment once registered as a diabetic by Bestmed, at no additional cost.
- Access to specialised doctors and pharmacy networks.
- Access to diabetes nurse educators and clinical case managers.

- Emergency after-hours support.
- Educating members about living with diabetes.
- Empowering members to understand their condition and latest treatment norms better.
- Providing specialist assistance and advice to members' treating Family Practitioner.

## DIABETES CARE PROGRAMME CONTACT DETAILS

If you have any queries relating to the Diabetes care programme, contact:

- Telephone: **0860 143 258** (Monday to Friday from 07:30 to 16:00)
- Fax: 0865 702 523
- Email: bestmeddiabetes@halocare.co.za
- Website: https://www.halocare.co.za

# BELOW ARE SOME QUESTIONS AND ANSWERS WHICH YOU MIGHT FIND USEFUL REGARDING THE BESTMED DIABETES CARE PROGRAMME.

## Is diabetes a prescribed minimum benefit (PMB)?

Diabetes does qualify as a PMB. It forms part of the 26 chronic conditions that are included in the Chronic Disease List (CDL) as set out by the CMS.

## How do I register?

If you have been diagnosed with diabetes and registered at Bestmed as having diabetes, you will be automatically enrolled onto the Diabetes care programme, so there is no need to go through a lengthy enrolment process.

## What will happen after I am registered?

You will be contacted by a case manager who will ask you a few questions to see how healthy you are and what the status is of your overall wellbeing.

## Who do I contact if I have a question regarding diabetes?

You can contact any of our case managers and diabetes nurse educators by telephone and e-mail with any questions you may have. You will also receive information and education by means of a newsletter that will further empower you to manage your chronic condition better.

# Why should I be part of the Bestmed Diabetes care programme?

- Diabetes could lead to major health conditions if it not managed properly. Being a member of this programme assists you in managing your diabetes better.
- You can live a productive life, where diabetes is not viewed as an obstacle.

### If I am on the programme, must I go to another doctor?

No, you can still go to your current doctor.

### What about confidentiality?

All information pertaining to your health status is treated with complete confidentiality.

### What if I have an emergency?

You have access to after-hours emergency support at any time, just call **0860 143 258** for help.

#### What is an HbA1c blood test?

A HbAlc blood test monitors how much sugar (glucose) is in your blood over an average time span of two to three months.

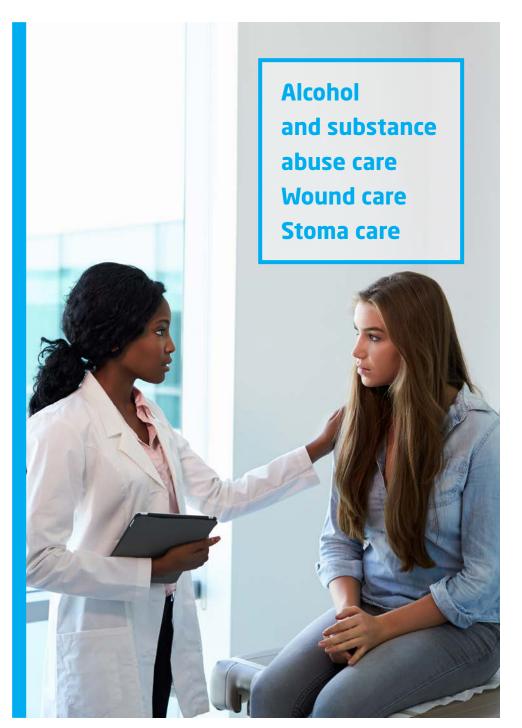
#### Why should I have regular HbA1c blood tests?

HbA1c is created when the sugar (glucose) attaches to your red blood cells and over time builds up in your body. Since these blood cells are active for a two to three-month period, you need to have your blood tests done regularly.

Knowing your HbA1c blood level is important because it can help you manage your blood sugar levels, thus preventing complications associated with diabetes.

### Why should I go for regular physical examination?

Diabetics must maintain a healthy lifestyle. In order to sustain a good quality of life, you must take action to prevent or slow down diabetic complications. Keep to regular physical and eye exams and follow instructions from your healthcare provider including adhering to your diabetes care plan, thereby assisting you in living a productive life.



# 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.

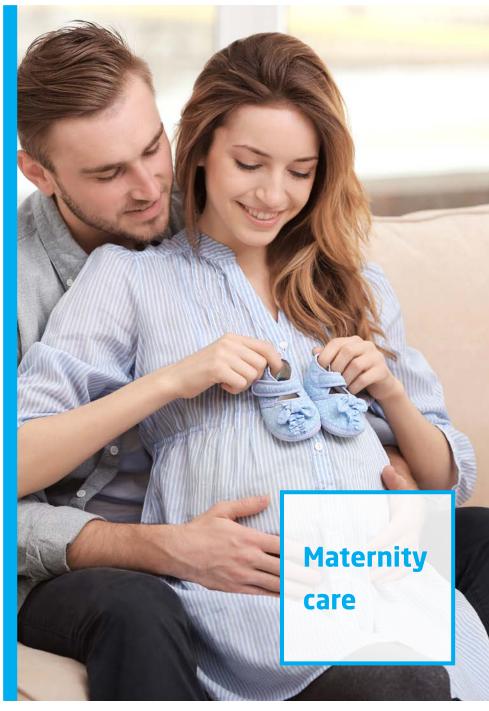
# Wound care

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 Dischem for the supply and distribution of stoma and incontinence care products. Bestmed members who are registered on 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 their productrelated 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 the medical Scheme.
- 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 care

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 e-mail 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 e-mail.

# After registration you will receive:

- A welcome pack containing an informative pregnancy book about the stages of pregnancy.
- Maternity/baby gift. The selection form will be sent to you after the 12<sup>th</sup> week of your pregnancy.
- Access to a 24-hour medical advice line.
- Benefits through each phase of your pregnancy.

Registering on the Maternity Care Programme does not confirm any benefits or authorisation for the delivery, which are subject to the Scheme's rules and underwriting.

Please take note of the following important information:

- All enquiries related to claims should be directed to claims@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

# PHASES OF THE MATERNITY CARE PROGRAMME

## PHASE 1 (weeks 1 to 11)

Although it's very early in your pregnancy it's a very important period of your pregnancy. A lot happens during the first three months. The fertilised egg rapidly divides into layers of cells and implants in the wall of your womb where it carries on growing. These layers of cells become an embryo which is what the baby is called at this stage. During this first trimester your baby grows faster than at any other time. By six weeks a heartbeat can usually be heard.

### PHASE 2 (weeks 12 to 28)

The second trimester is the middle three months of your pregnancy: roughly months four, five and six. As you go through the second trimester you will start feeling and looking more pregnant and you may have more energy than you did in the first trimester and later you'll start to feel your baby moving. By this time your pregnancy should have been registered at Bestmed. We will monitor your pregnancy and identify possible high-risk pregnancies.

#### PHASE 3 (weeks 29 to 40)

This is the last three months of your pregnancy. Feelings at this stage of pregnancy tend to go from tiredness and worry to excitement about the baby. In this phase we will continue to monitor high-risk pregnancies closely and you will start to prepare for the delivery and all decisions regarding it.

### During these stages we will support you with:

- Access to a 24-hour medical advice line.
- Weekly e-mails with helpful tips about your pregnancy, your baby's development and how to deal with unpleasant pregnancy symptoms.
- Partners will receive e-mails too to inform them about the baby's development and mom's progress.
- If during this period your pregnancy is unsuccessful we will provide you with access to a nurse line, and psychologists or counselling if necessary.
- A separate monitoring programme for high-risk patients.

### **PHASE 4 (Birth)**

At this stage expectant moms have the uncertainty of when labour will start or how they will know when to do what. You might be feeling worried about going out, making plans or being alone in case you go into labour. However, in most cases labour starts slowly with contractions very widely spaced, leaving you plenty of time to get home. This is especially true if it's your first child, so don't feel like you have to stay in the house.

You might also be worried about knowing when you should go into hospital especially if it's not close by. When you're having a contraction every five minutes which lasts 30+ seconds call your midwife, birth centre or hospital labour ward if you are giving birth there. If you have chosen a home birth the midwife will come to you. Around your due date our maternity care team will call you to check up on your progress and/or whether baby has arrived.

#### During this stage we will support you with:

- Hospital authorisation.
- Personal e-mails with helpful tips and how to deal with symptoms.
- Separate monitoring programme for high-risk patients.

### PHASE 5 (Baby care)

You will be contacted again post birth to check up on both you and baby's wellbeing. We will also connect you with any associations you may need to assist you with any problems that you may experience.

Refer to our Bestmed Baby care brochure for an overview of the support, interventions and benefits related to our Baby care programme.

# Maternity benefits as offered on Bestmed benefit options:

Maternity benefits are now offered across all ranges. As a Bestmed member you will have access to the following benefits which will not be paid from your savings account:

100% Scheme tariff. Subject to the following benefits:

#### BEAT 1 AND 2

#### **Consultations:**

• 6 antenatal consultations at a FP OR gynaecologist OR midwife.

#### Ultrasounds:

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

#### BEAT3, BEAT4, PACE1, PACE2, PACE3, PACE4, PULSE1 AND PULSE2

#### **Consultations:**

- 9 antenatal consultations at a FP OR gynaecologist OR midwife.
- 1 post-natal consultation at a FP OR gynaecologist OR midwife.

#### Ultrasounds:

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

#### Supplements:

• Any item categorised as a maternity supplement can be claimed up to a maximum of R100 per claim, once a month, for a maximum of 9 months.

# Paediatric vaccine schedule (excluding Beat1 and Beat 1N)

Age Groups Indicated for	Name	Description	Nappi Code
	OPV Merieux 10 Dose		823678008
	Bivalent Oral Polio Meriuex		722017001
	OPV Merieux 10 Dose plastic tub		841307016
0 to 2 months	OPV Meriuex 20 Dose Vaccine	Polio	823686019
	Polio TD 0.5ml		703335001
	Polioral 10 Dose Trivalent		812331028
	Imovax Polio Vaccine		708854001
0 to 2 months	BCG Intradermal Infant 20	Tuberculosis	872962016
	Prevenar 13 28mcg/0.5ml Prefill		715858001
0 to 5 years (Included on Beat1 and Beat1N)	Prevenar 16mcg/0.5ml Prefill Syringe	Pneumococcus	705032001
(,	Synflorix Vaccine		714999001
1 to 4 months	Rotarix Liquid Oral Vaccine	Rotavirus	714133001
1 to 4 months	Rotateq 2ml Vaccine	KULAVILUS	710935001
	Engerix-B Paed Monodose		700356001
	Euvax B Vial 20mcg/ml		713048002
	Euvax B Vial 20mcg/ml		715349001
1 to 6 months	Heberbiovac HB Single Dose 0.5ml	Hepatitis B	701658001
	Heberbiovac HB Single Dose 1ml		701659001
	Hepaccine-B Paed Single Dose		873179005
		Diptheria	20222002
	Acatcel-Pasteur 0.5ml	Haemophilus Influenzae Type B	703226003
1 to 24 months	Combacthib Single Dose 0.5ml	Pertussis	834203006
	Tritanrix-hb 0.5ml Single dose	Tetanus	700768001

Age Groups Indicated for	Name	Description	Nappi Code
2 to 6 months	DTP-Merieux Single Dose Syringe	Pertussis	825158001
	Infanrix Pre-filled Syringe 0.5ml	Tetanus	703994001
		Diptheria	
	Hexaxim Pre-filled Syringe	Haemophilus Influenzae Type B	719637001
1 to 18 months	Pentaxim Prefilled Syringe	Hepatitis B	707522001
	Infanrix Hexa Vaccine	Pertussis	707285001
		Polio	
		Tetanus	
2 months to 5 years	ACT-HIB Flu Single Dose 0.5ml	Haemophilus Influenzae Type B	813206006
	Hiberix Single Dose 0.5ml + Saline		700767001
	Rouvax Single Dose Syringe		825522005
6 to 12 months	Measles vaccine 0.5ml	Measles	720384001
	Measbio Multi-Dose Powder Vial		722290001
		Chickenpox	
9 months to 12 years	Priorix Tetra Vial	Measles	716550001
5 months to 12 years		Mumps	/10550001
		Rubella	
9 months to 55 years	Menactra Vaccine 0.5ml Vial	Meningitis	720708001
	Avaxim Prefilled Syringe 0.5ml		848905008
12 to 24 months	Avaxim Prefilled Syringe 80 0.5ml	Hepatitis A	700513001
	Havrix Junior Single Dose 0.5ml		703448001

Age Groups Indicated for	Name	Description	Nappi Code
	Varilrix Vial Onvara 1350 PFU/Vial Morupar Single Dose	Chickenpox	892939001 723131001 879452005
12 months to 6 years	Omzyta Vaccine Powder Priorix Single Dose 0.5ml Prefill Measles, mumps & rubella 0.2ml Trimovax 0.5ml	Measles Mumps Rubella	724016001 700772001 720383001 792004019
1 year and older	Twinrix Vaccine Twinrix junior vial	Hepatitis A and B	706829001 892944004
2 to 12 years	Typherix Pre-Filled Syringe Single Typhim VI 0.5ml Prefilled	Typhoid Fever	703442001 822442019
2 years and older	Dukoral Vaccine	Cholera	703846001
2 years and older	Mencevax ACWY single dose vial	Meningitis	884039002
2 years and older	Vivaxim 1ml pre-filled syringe	Hepatitis A Typhoid	717194001
4 to 12 years	Boostrix Tetra Pre-filled Syringe Adacel Quadra Prefill Syringe Tetraxim Prefilled Syringe 0.5	Diptheria Pertussis Polio Tetanus Diptheria	716655001 713229001 711258001
	Boostrix Vaccine Prefilled	Pertussis Tetanus	3000689001
7 to 12 years	Diftavax Pre-filled Single Dose DT Vax 0.5ml Single Dose	Diptheria Tetanus	703367001 842443002

# Contraceptives

Female contraceptives are available to all females at a child-bearing age on all Bestmed options. The quantity and frequency depend on the product up to the maximum allowed amount. Mirena device – 1 device every 60 months. All contraceptive benefits are limited to R2 315 per female beneficiary, per year and includes all items classified in the category of female contraceptives.

## Benefits are subject to the following:

• Mediscor Reference Price (MRP)

This price represents the reasonable price in the market for a particular group of generic equivalent medicines which is reviewed and updated regularly. MRP sets a maximum reimbursable price for a list of generically similar medicines with a cost lower than that of the original medicine. There may be instances where a generic alternative costs more than the set MRP. If you opt to use the original medicine and a generic alternative is available, or you use a medicine that costs more than the MRP, you will have to pay the difference between the price of the chosen medicine and that of MRP.

# **Contraceptive list**

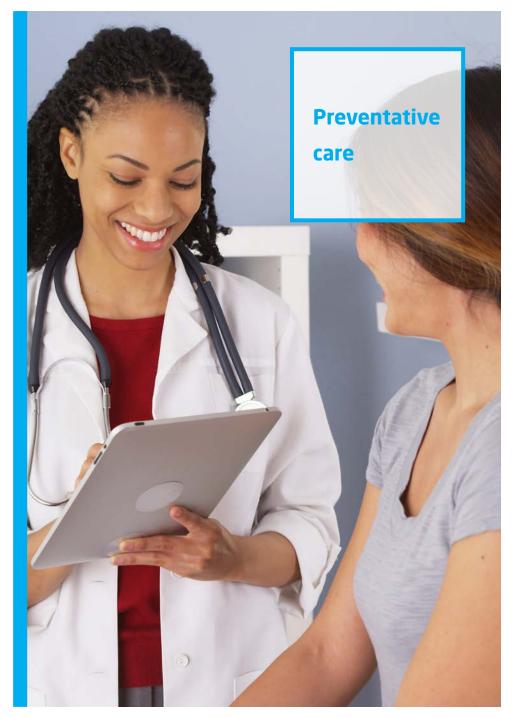
This list is subject to change without notice.

NAME	NAPPI
Adco-fem 35 tabs	706126001
Biphasil tab	825808006
Cilest	702542003
Claro 35 tabs	707378001
Copper t premium pack	600290001
Copper-t 380a	438254006
Dalcept c contraceptive device	664354007
Dalcept c contraceptive device	664362003
Depo-provera 150mg/mL 1mL	718440005
Device contraceptive cu.375	527056002
Device cuprocept ccl	549612003
Device intrauterine tricept la	549607003

NAME	NAPPI
Diane-35 tabs	825859018
Diva-35 tabs	707875001
Escapelle 1.5Mg tabs	710109001
Evra patches	704091001
Famynor tabs	720417001
Femodene ed tabs	825905001
Femodene ed tabs	825905028
Ginette tabs	897214005
Hy-an 30mcg tabs	720418001
Implanon nxt implant	718619001
Intra uterine contraceptive iud	152454001
Intra uterine contraceptive iud	152456001
Intra uterine contraceptive iud	152458001
Intra uterine contraceptive iud	159440001
Intra uterine contraceptive iud	159441001
Intra uterine contraceptive iud	159442001
Intra uterine contraceptive iud	159443001
Intra uterine contraceptive iud	159444001
Intra uterine device cu375	131904001
Intra-uterine copper device cu375	137456002
Kyleena 19.5mg iud	3000026001
Levette 0.15Mg/0.03Mg tabs	721606001
Logynon ed tabs	825956005
Marvelon tabs	825964008
Medilevo 1.5Mg tabs	3000062001
Medinor 1.5Mg tabs	3000741001

NAME	NAPPI
Melodene tabs	842893008
Mercilon tabs	825972019
Micro-novum 0.35Mg tabs	825999006
Microval tabs	826006019
Minerva tabs	897311004
Minesse tabs	879576006
Minulette tabs	826014003
Mirelle tabs	880418001
Mirena kit	852252005
Nordette tabs	826030009
Nordiol tabs	826049001
Norlevo tabs	880612002
Nova t 380 iud	530671003
Novynette tabs	723085001
Nur-isterate 200mg/mL inj	748552006
Nur-isterate 200mg/mL inj	748552014
Oralcon tabs	720419001
Ovral tabs	826138004
Petogen fsk 150mg/mL vial	780642007
Petogen fsk 150mg/mL vial	780642009
Plan b 0.75Mg tabs	721167001
Qlaira tabs	716676001
Ruby tabs	716207001
Tricilest	847380009
Trigestrel tabs	720420001
Trinovum tab	826073018

NAME	NAPPI
Triodene ed tabs	825816009
Triphasil tabs	825832004
Vonel 0.75Mg tabs	723165001
Yasmin tabs	700089001
Yasmin plus tabs	723736001
Yaz tabs	712856001
Yaz plus tabs	723730001
Zoely 2.5Mg/1.5Mg tabs	720904001



# Our preventative care benefits

At Bestmed, we encourage our members to actively pursue a healthier and active lifestyle to support better health. In line with this philosophy, we've developed a set of preventative care benefits which entitles you to undergo a number of screenings, preventative tests and vaccines.

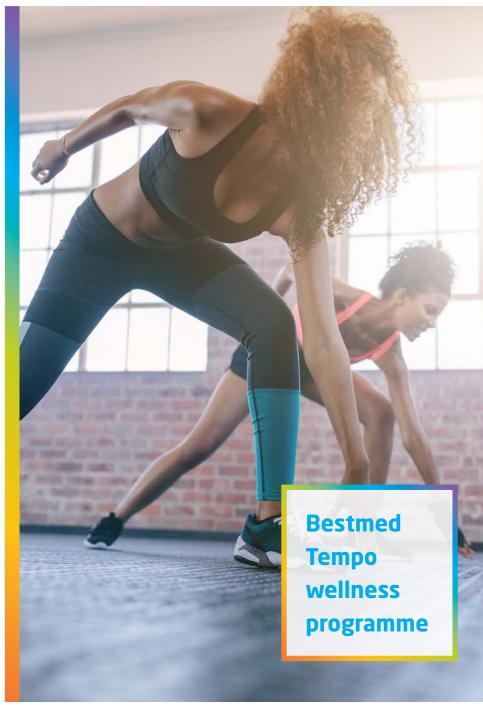
Preventative care is important in making sure you detect medical conditions early and we can ensure the best care for you in this regard. Bestmed offers preventative care which covers a number of benefits from the Scheme's risk benefit and not your savings. General and option-specific exclusions may apply to the various options. Please refer to **www.bestmed.co.za** for more details.

**Note:** Benefits mentioned below may be subject to pre-authorisation, clinical protocols, formularies, funding guidelines and the Mediscor Reference Price (MRP).

BENEFIT	QUANTITY AND FREQUENCY	BENEFIT CRITERIA	BEAT	PACE	PULSE
Flu vaccines	1 per beneficiary per year	Applicable to all active members and beneficiaries		$\checkmark$	$\checkmark$
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	$\checkmark$	$\checkmark$	$\checkmark$
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 and Beat4	$\checkmark$	$\checkmark$
Paediatric Immunisation	According to the Bestmed vaccine schedule		*Available on Beat2, Beat3 and Beat4	$\checkmark$	$\checkmark$
Female contraceptives	Quantity and frequency dependent on product and subject to maximum amount. Mirena - 1 device every 60 months	Limited to R2 315 per beneficiary per year.	$\checkmark$	$\checkmark$	$\checkmark$
Back and neck preventative programme	Subject to pre-authorisation. Use of this programme is in lieu of surgery.	Preferred providers (DBC/Workability clinics).	$\checkmark$	$\checkmark$	$\checkmark$
Haemophilus influenzae Type B vaccine (HIB)	1 vaccine for infants at 6, 10 and 14 weeks 1 vaccine booster between 15 - 18 months	The booster vaccine will be administered up to a maximum age of 5 years	*Available on Beat4	$\checkmark$	х
Mammogram	Females 40 years and older. Once every 24 months	Scheme tariff applies	*Available on Beat2, Beat3 and Beat4	$\checkmark$	*Tariff code (34100)
HPV vaccinations	3 vaccinations per beneficiary. Females 9 - 26 years	Vaccinations funded at MRP	$\checkmark$	$\checkmark$	$\checkmark$
PSA Screening	Males 50 years and older. Once every 24 months	Can be done at a urologist or FP. Consultation paid from the available savings/consultation benefit.	*Available on Beat2, 3 and 4	$\checkmark$	Х
Bone densitometry	Beneficiaries 45 years and older. Once every 24 months.		Х	*Available on Pace2, 3 and 4	Х
Pap smear	18 years and older. Once every 24 months	At any gynaecologist or FP. Consultation is paid from available savings or consultation benefit	$\checkmark$	$\checkmark$	Х
Preventative Dentistry	Dependent on the type of procedure required	Subject to pre-authorisation, clinical protocols and funding guidelines	*Available on Beat2, Beat3 and Beat4	$\checkmark$	Х

Note:

The Pulse range offers preventative services under the basic and specialised dentistry benefit. Benefits mentioned above may be subject to pre-authorisation, clinical protocols, formularies, funding guidelines and the Mediscor Reference Price (MRP)



# Bestmed Tempo wellness programme

The Bestmed Tempo wellness programme is focused on supporting you on your path to improving your health and realising the rewards that come with it. To ensure you achieve this, you will have access to the following benefits:

- Bestmed Tempo Health Assessment (previously HRA) for adults (beneficiaries 18 and older) which includes one of each of the following per year per adult beneficiary:
  - The Bestmed Tempo lifestyle questionnaire
  - Blood pressure check
  - Cholesterol check
  - Glucose check
  - HIV screening
  - Height, weight and waist circumference

These assessments need to be done at a contracted pharmacy or on-site at participating employer groups.

## Bestmed Tempo Child Health Assessments:

- Ages 13-17 years: Assessment performed by a Bestmed Tempo partner biokineticist (1 per beneficiary per year)
- Ages 3-12 years: Assessment performed by a Bestmed Tempo partner occupational therapist (1 per beneficiary per year)
- Ages 0-2 years: Baby growth and development assessments done at a Bestmed Tempo partner pharmacy clinic 3 assessments per beneficiary per year
- Bestmed Tempo Nutrition Assessment:
  - Family nutritional assessment at a Bestmed Tempo partner dietitian (1 assessment per family per year).
- Bestmed Tempo Fitness and Nutrition programmes (beneficiaries 18 and older):
  - 3 personalised consultations with a Bestmed Tempo partner biokineticist
  - 3 personalised consultations with a Bestmed Tempo partner dietitian
- Bestmed Tempo Group Classes:
  - A range of group classes throughout the year to help encourage and support a healthier lifestyle regardless of your age or health status



#### **CLIENT SERVICES**

Tel: +27 (0)86 000 2378 Email: service@bestmed.co.za Fax: +27 (0)12 472 6500

### **ESCALATIONS**

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

#### BACK AND NECK PROGRAMME

Tel: +27 (0)86 000 2378 Fax: +27 (0)12 472 6780 Email: mhc@bestmed.co.za

#### **HIV/AIDS CARE PROGRAMME**

Tel: +27 (0)12 472 6235/6249 Fax: +27 (0)12 472 6780 Email: mhc@bestmed.co.za

#### HIV/AIDS MANAGED CARE DSP LIFESENSE

Tel: +27 (0)86 050 6080 Fax: +27 (0)86 080 4960 Email: enquiry@lifesense.co.za

### **HIV/AIDS DSP PHARMACIES**

#### **CLICKS DIRECT MEDICINE (COURIER PHARMACY)**

Contact centre: +27 (0)86 144 4405 Fax: +27 (0)86 144 4414 Email: DMHIVQE@dirmed.co.za Emergency: +27 (0)10 210 3364 or +27 (0)10 210 3330

### **CLICKS RETAIL PHARMACIES**

Contact centre: +27 (0)86 073 7328 Fax: +27 (0)21 460 6752 E-mail: repeat@clicksgroup.co.za Website: www.clicks.co.za

#### **DIS-CHEM DIRECT COURIER**

Contact centre: +27 (0)11 589 2788 Fax: +27 (0)86 641 8311 Email: bestmed@dischem.co.za Emergency contact: +27 (0)83 564 9978

### **DIS-CHEM RETAIL PHARMACIES**

Contact centre: +27 (0)11 589 2604 Website: www.dischem.co.za/ > storelocator Email: bestmed@dischem.co.za

#### **MEDIPOST COURIER PHARMACY**

Contact centre: +27 (0)12 426 4000 Fax: +27 (0)86 688 9867 Chronic medicine (after hours): +27 (0)87 098 0400 E-mail: life@medipost.co.za

#### **DIALYSIS CARE PROGRAMME**

Tel: +27 (0)12 472 6235/6249 Fax: +27 (0)12 472 6780 Email: mhc@bestmed.co.za

### **ONCOLOGY CARE PROGRAMME**

Tel: +27 (0)12 472 6254/6234 Fax: +27 (0)12 472 6770 E-mail: oncology@bestmed.co.za

### COMPLAINTS

Tel: +27 (0)86 000 2378 E-mail: service@bestmed.co.za (Subject box: Manager, escalated query) Postal address: P0 Box 2297, Pretoria, Gauteng, 0001





HOSPITAL AUTHORISATION Tel: 080 022 0106 E-mail: authorisations@bestmed.co.za

CHRONIC MEDICINE Tel: 086 000 2378 E-mail: medicine@bestmed.co.za Fax: 012 472 6760

**CLAIMS** Tel: 086 000 2378 E-mail: service@bestmed.co.za (queries)

claims@bestmed.co.za (claim submissions)
MATERNITY CARE

Tel: 012 472 6797 E-mail: 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

**ER24** Tel: 084 124

INTERNATIONAL TRAVEL INSURANCE (BRYTE INSURANCE) Tel: 0860 329 329 (RSA only) during office hours / 084 124 after hours E-mail: er24@brytesa.com Claims: travelclaims@brytesa.com

#### **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.

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

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

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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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personally yours