

Welcome to

Bestmed Medical Scheme's

Information Session

Beat3 and Beat3 Network



” Agenda



Hospital benefits



PMBs and the DSP network



Chronic medicine



Maternity benefits



Preventative care benefits



Tempo 2023



Savings and Contributions



Bestmed App



Questions



Hospital benefits

- Services rendered while hospitalised
- No overall annual limit
- 100% of Scheme tariff (DSP network providers)
- Beat3 – access to any hospital of choice
- Beat3 Network – provides you with a list of designated hospitals for you to use

Important

- **Treatment in mental health clinics** – Limited to 21 days per beneficiary per year
- **Treatment of chemical and substance abuse** – Limited to 21 days or R35 573 per beneficiary. Subject to network facilities.
- **Major medical maxillofacial surgery** – Limited to R14 256 per family
- **Dental and oral surgery** – Limited to R8 893 per family
- **Internal prosthesis:** Spinal including artificial disc (single level based). Specific amount provided. Previously artificial disc was excluded from benefits.



Hospital benefits

- **Functional prosthesis** limit increased to R32 000
- **Palliative care and home-based care** in lieu of hospitalisation – R63 420 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.
- **Biological medicine during hospitalisation:** Subject to pre-authorisation and funding guidelines. Limited to R21 140 per year per family per annum
- **Day procedures at a day-hospital facility:** Will be funded at 100% network or Scheme tariffs. Voluntary use of non-DSP specialists and acute hospitals will result in a co-payment of R2 500
- **Exclusions** – Joint replacements (except for PMBs)



Difference between Beat3 and Beat3 Network

Beat3 Network

- Patients are restricted to network hospitals only – <https://www.bestmed.co.za/-/media/project/bestmed/downloads/lists/beat-network-dsp-hospital-list-2022-v100-20220119-web.pdf>
- In emergencies – can be admitted to any hospital, but as soon as the patient is stabilised, they will be transferred to a network hospital.
- If you choose to make use of a non-network hospital (voluntary), then a co-payment of R13 078 will apply.



Hospital authorisation

Phone [0800 22 0106](tel:0800220106) 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





Out-of-
hospital
benefits

Scheme
Benefits

Diabetes primary care consultation:

- 2 primary care consultations at Dis-Chem Pharmacies
- 100% of Scheme tariff subject to registration with HaloCare

Scans:

- Specialised diagnostic imaging (MRI, CT and isotope scans) done out-of-hospital up to R5 885 per year per family
- 100% of Scheme tariff

Wound care benefit:

- Includes dressings and negative pressure wound therapy (NPWT) treatment and nursing services out-of-hospital.
- Benefits shall be at 100% of Scheme tariff and be limited to R3 885 per family per financial year

Rehabilitation services after trauma

- PMBs only and DSPs apply. Subject to pre-authorisation



Designated Service Provider (DSP)

DSPs are a Scheme's contracted providers (doctors, pharmacies and hospitals) that provide treatment and care for PMBs and other services.

If a member uses a non-DSP, they may be liable for a co-payment (difference in cost between the provider and Scheme tariff).





Types of networks

Designated Service Provider Network (DSP)

- Mostly applicable to PMB conditions that are paid from Scheme risk
- Providers agree not to ask rates higher than the contracted or Scheme rate, which are then paid in full
- In case of PMB treatment – using a DSP will ensure full payment

How are service providers selected?

- Any specialist, who is in good standing with the HPCSA and choose to join the Bestmed DSP network, is welcome to do so.
- Bulk invitations are sent out when the network is formed with invitations to all non-network specialists thereafter.
- Joining the network is voluntary and remains the choice of the provider.
- Those who are viewed as ‘best in field’ or have a scarce skill are approached directly and personally invited to join the network.
- Non-DSP specialists preferred by Bestmed members are also personally invited to join the network.



PMB procedures

If a patient / member needs to be treated or cared for, and the condition qualifies as a PMB – the member is required to make use of a designated service provider on the Bestmed network to avoid co-payments.

Why?

According to the Medical Schemes Act, a scheme is required to pay PMB treatment at cost (invoiced amount). Schemes may form DSP networks and where these are available, only reimburse non-DSP members up to the DSP or Scheme tariff amount, whichever is less.

If no DSP provider is available within a 50km radius, any provider may be used and the PMB funded in full, as long as the member did not pass a DSP provider to make use of a non-DSP provider. You are welcome to contact Bestmed for guidance or assistance.



PMB procedures

In emergencies, where the member did not have a choice and involuntarily had to make use of a non-DSP, the DSP rule will be waived and the PMB claim paid in full.

Finding a network provider

Find network providers at:

- Bestmed website: www.bestmed.co.za
- ChatNow function: <http://bit.ly/2eiWG3z>
- Bestmed Contact Centre: 086 000 2378 or service@bestmed.co.za
- Bestmed App



PMB procedures

If a case is very complicated and you have not received the advice you need, for example:

- There is a non-DSP closer than 50km, but you are referred to another
- The specialist is the best in your opinion, but not on the network and you'd like Bestmed to invite them personally
- You are unsure if the providers on the network can assist with your procedure or diagnosis

Contact our specialist team to assist: specialists@bestmed.co.za



Process for in-hospital (PMB)



Pre-authorisation for hospital admission and/or procedures. Call [0800 22 0106](tel:0800220106)



Accounts paid at Bestmed tariff



If diagnosis is a valid PMB, the practice / member can apply to have a shortfall on related in-hospital accounts covered



Contact Bestmed at [086 000 2378](tel:0860002378). They will send relevant documents to the PMB department to process

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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).

CDL - 27

PMBs - 18

Non-CDL - 5



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 failure
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 – Hyperlipidemia	20 – Hypertension
21 – Hypothyroidism	22 – Multiple sclerosis
23 – Parkinson's disease	24 – Rheumatoid arthritis
25 – Schizophrenia	26 – Systemic lupus erythematosus (SLE)
27 – Ulcerative colitis	



Benefits for chronic medicine

CDL, PMB and non-CDL conditions

Non-CDL

1 – Acne - severe	2 – Allergic rhinitis
3 – Attention deficit disorder / Attention deficit hyperactivity disorder	4 – Eczema
5 – Migraine prophylaxis	

Benefits for non-CDL conditions

Medicine benefits for CDL and PMB conditions are unlimited – there is no annual limit
Medicine benefits for non-CDL conditions are, however, limited to the following amounts:

Single member R3 793

Family R7 716

20% co-payment if medicine is on the formulary

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

Important

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



Benefit for chronic medicine

Approved medicine for the following conditions are not subject to the chronic medicine limit:

- Organ transplant
- Chronic renal failure
- Haemophilia
- Multiple sclerosis

Claims for the above-mentioned chronic medication will be paid from Scheme risk benefits.



Medicine

Acute medicine

- Prescribed medicines for conditions that are not listed as non-CDL, CDL or PMB conditions
- Paid from available funds in the annual savings account
- Reference pricing (MRP) applies

Over-the-counter medicine (OTC)

- Funded from the annual savings as follows:
 - Shall be paid at 100% at Scheme tariff from the PMSA. Benefit includes purchases of sunscreen, vitamins and minerals with NAPPI codes on the Scheme's formulary.

Biological medicine

Biological medicine during hospitalisation is limited to R21 140 per family per year. Subject to pre-authorisation and funding guidelines.

PMB biologicals for CDL conditions are considered as last line treatment if strict entry criteria is met.

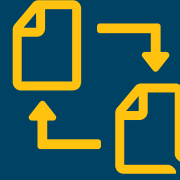
” Chronic Disease List (CDL)



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



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.



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.



Beat3 Network

It is recommended that **Beat3 Network members** make use of the Bestmed Pharmacy Network.

These pharmacies are committed to providing cost-effective medicines at competitive dispensing fees.

Their dispensing fees are capped at a lower level than non-network pharmacies.

In addition, they have also committed not to charge co-payments over and above their contracted rates.

Kindly visit the Bestmed website for a list of all our network pharmacies:
www.bestmed.co.za



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



Medicine relating to Prescribed minimum benefits

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 anemia	2 – Benign prostatic hypertrophy
3 – Cerebral palsy	4 – Chronic anemia
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



Formularies and co-payments

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

CDL and PMB conditions:

- Items on formulary: no co-payment (MRP applies)
- Items not on formulary: 30% co-payment

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 charge higher dispensing fees.



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



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



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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
- 1 x 2D ultrasound scan in 2nd trimester at a FP OR gynaecologist OR radiologist

Supplements 9 fills – formulary applies

- Any maternity supplement, up to a maximum of R127 per claim a month

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Preventative
care benefits





Preventative care benefits

Preventative Care	Beat3
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	✓
Preventative dentistry	✓
PSA screenings (males 50 years and above, every 24 months)	✓



Tempo 2023





Tempo Journeys you can choose from:

01

GET ACTIVE
(FITNESS)
JOURNEY



02

NUTRITIONAL
HEALTH
JOURNEY



03

EMOTIONAL
WELLBEING
JOURNEY



04

PREVENTATIVE
CARE/
BENEFITS





Step 2: 03 Emotional Wellbeing Journey

(dependent on which journey you choose after HA)

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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 [Member portal](#) on the Bestmed website or the Bestmed App is attached. Members using [IOS](#) or [Android](#) mobile devices are able to access the journey via the Bestmed App. Members using Huawei devices will be redirected to the journey via the [Member portal](#).



Where to find Bestmed Tempo providers

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

Find a service provider

I want to find a

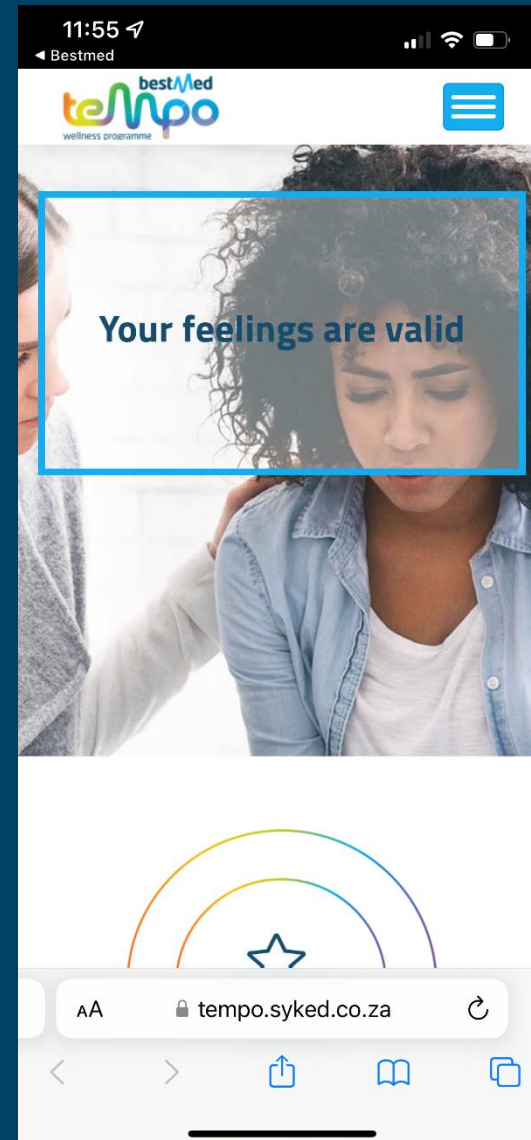
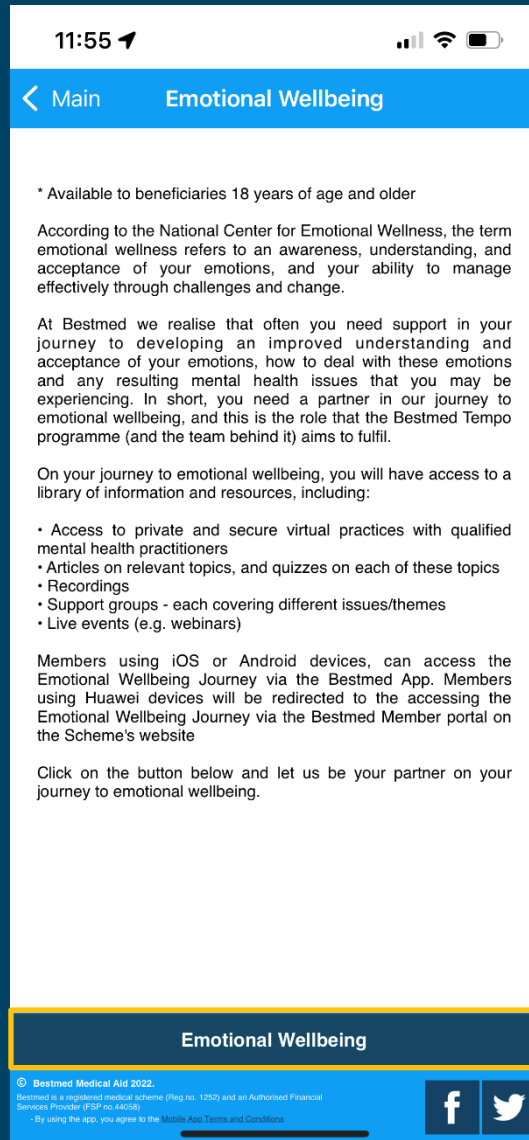
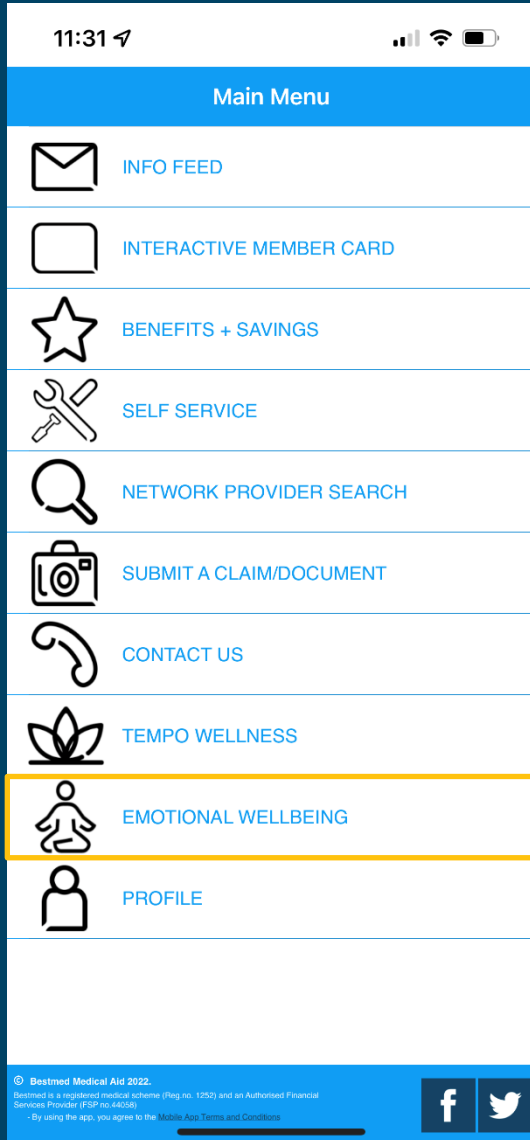
Dietitian in Gauteng Benoni

SEARCH

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



My wellness



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Annual savings
account and
contributions





Annual savings account

- 15% of your monthly payments are contributed towards your savings account .
- Funds are available on 1 January every year (beginning of the financial year)
- All expenses that are not covered as part of Scheme benefits are paid from your savings account
- The money in your annual savings account can only be spent your family's medical expenses
- Unutilised amounts in the annual savings account are carried over to the following year and you receive interest on it.
- If you resign your membership with Bestmed and choose not to join another scheme, or if you join a scheme without a savings option, the money will be paid to you. If you join a scheme with a savings account, the money will be transferred into your new benefit options savings account.

Rules applicable to savings account expenses:

- Bestmed only pays medical scheme tariff amounts from the savings account
- Claims must be received from registered healthcare practitioners (HPCSA) and medicines need to be registered with the Medicine Council (NAPPI codes).



Beat3 and
Beat3
Network
savings
account
amounts

Option	Annual amount, single member	Two adults and two children	Annual amount, member plus spouse
Beat3	R6 120	R14 808	R10 488
Beat3 Network	R5 508	R13 332	R9 444



Beat3 contributions

Network	Non-Network
Principal member – R3 060	Principal member – R3 400
Adult dependant – R2 183	Adult dependant – R2 425
Child dependant – R1 080	Child dependant – R1 200



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**.



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Bestmed App



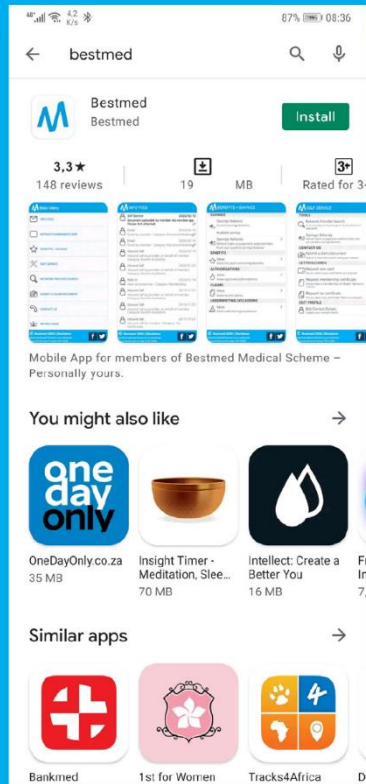


How to download the Bestmed App

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

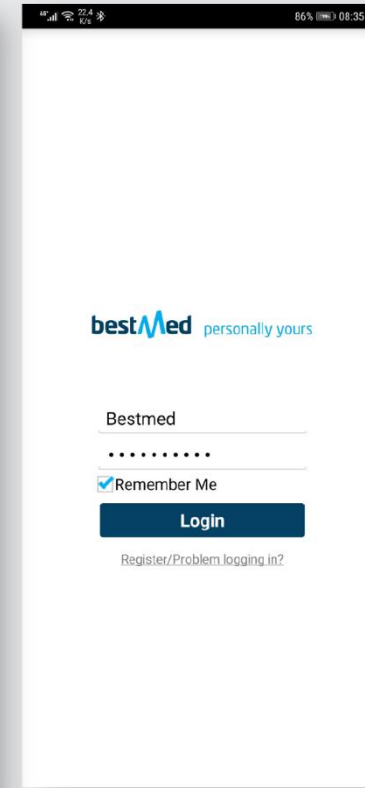
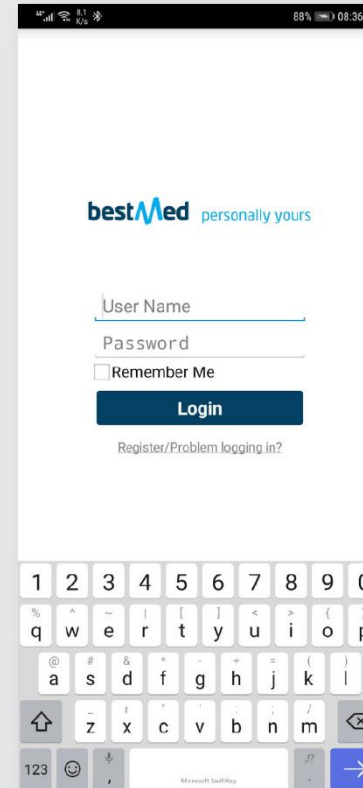


Step 2:
Download and install



Step 3:
Register if you are a new user

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



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Questions

escalations@bestmed.co.za



Thank you for joining

Bestmed Medical Scheme's

Information Session
**Beat3 and
Beat3 Network**

