2025

Managed Care Guide

bestMed

personally yours

Contents

Preventative care

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 in the table on the next page may be subject to pre-authorisation, clinical protocols, formularies, funding guidelines and the Mediscor Reference Price (MRP).

Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers, **Rhythm network**, formularies, funding guidelines and the Mediscor Reference Price (MRP).

BENEFIT	QUANTITY AND FREQUENCY	BENEFIT CRITERIA	BEAT	PACE	RHYTHM
Flu vaccines	1 per beneficiary per year.	Applicable to all active members and beneficiaries including children over 6 months.	√	√	√
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.		*Available on Beat2, Beat3, Beat3 Plus and Beat4	√	√
Baby growth and development assessments	3 assessments per year for beneficiaries 0 - 2 years.	Assessments are done at a Bestmed Tempo partner pharmacy clinic.	√	√	√
Female contraceptives	Quantity and frequency dependent on product and subject to maximum amount.	Limited to the specified amount per female beneficiary, per year.	Beat1: R2 000 Beat2: R2 200 Beat3: R2 400 Beat3 Plus: R2 400 Beat4: R2 678	All Pace options R2 678	Rhythm1: R2 000 Rhythm2: R2 200
Intrauterine device	1 device every 5 years.	Funding is subject to the female contraceptive benefit limit above. Consultation and procedure by a gynaecologist or GP are paid from the Scheme risk benefits.	*Available on Beat2, Beat3, Beat3 Plus and Beat4	√	√
Glaucoma screening	Beneficiaries 50 years and older. Once every 12 months.	The benefit is 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	3 vaccinations per beneficiary. Females 9 - 26 years.		√	√	*Available on Rhythm2
PSA Screening	Males 50 years and older. Once every 24 months.	Can be done at a urologist or General Practitioner (GP). Consultation paid from the available savings/consultation benefit.	*Available on Beat2, Beat3, Beat3 Plus and Beat4	√	*Available on Rhythm2
Bone densitometry	Beneficiaries 45 years and older. Once every 24 months.		X	*Available on Pace2, Pace3 and Pace4	X
Pap smear	18 years and older. Once every 24 months.	At a gynaecologist or GP. Consultation is paid at Scheme tariff from Scheme risk benefits.	√ *Consultation cost available on Beat4	√ *Consultation cost available	√
Preventative Dentistry	Refer to Comparative guide for full breakdown per option.	Subject to pre-authorisation, clinical protocols and funding guidelines.	*Available on Beat2, Beat3, Beat3 Plus and Beat4	√	X

Note: *The Rhythm range offers preventative services under the* ***basic and specialised dentistry*** *benefit.*

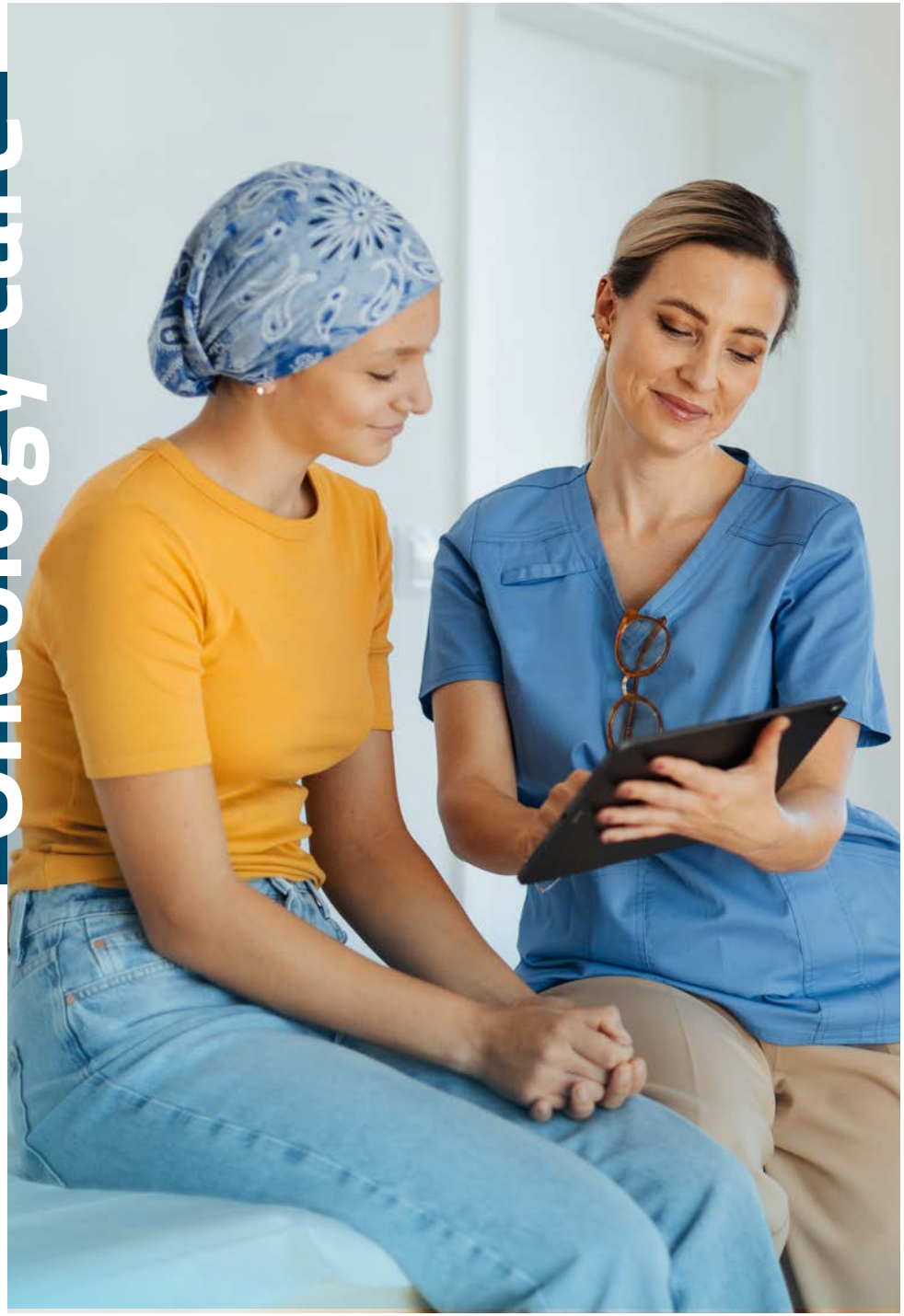
Managed Care programmes and their benefits

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

These programmes include:

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

Oncology care



Overview

Oncology is the branch of medical science dealing with cancer, including the origin, development, diagnosis, and treatment of malignant neoplasms of solid organs, non-solid organs and systems in the body.

An oncologist is a doctor who treats cancer and provides medical care for a person diagnosed with cancer. The field of oncology has three major areas: medical, surgical, and radiation.

Bestmed has an outstanding Oncology programme with extensive benefits and support to members diagnosed with cancer to optimise their treatment and ensure that they have the necessary cover provided by the Scheme during their time of need.

This guide explains how Bestmed covers you for cancer treatment on the Oncology programme. It explains what you need to do when you are diagnosed with cancer and the extensive benefits available to our members diagnosed with cancer.

The Oncology care programme

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.

AUTHORISATION PROCESS AND DESIGNATED SERVICE PROVIDER (DSP)

Bestmed has contracted ICON (The Independent Clinical Oncology Network) as our DSP (Designated Service Provider) for the management of treatment requests for members with cancer.

This results in the applications for cancer treatment initially being reviewed by ICON's TPRC (clinical panel), which consists of qualified oncologists. This panel reviews each application according to the clinical information provided, the protocol applicable for a specific cancer and the level of treatment applicable to a Scheme option.

The ICON treatment protocols are used as a backbone when funding decisions are made. Members on Pace3 and Pace4 have access to the extended (Enhanced and Core protocols), where these are clinically appropriate, whilst the members on other benefit options have access to the standard (Essential protocol) protocols. Should the prescribed treatment fall outside of the protocols, the Scheme would request a new treatment plan which falls within the protocol. In exceptional cases, a clinical motivation can be submitted by the oncologist for consideration.

Bestmed has clinically trained employees handling each application and uses evidence-based principles when authorisation are given. The Oncology team consists of qualified sisters, a pharmacist, a medical doctor, and a consultant.

It is important to note:

- 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.
- Should the prescribed treatment fall outside of the protocols a clinical motivation can be submitted by the oncologist for consideration.

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

1. **Which conditions are funded from my oncology benefit?**

   Cancer 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 which needs to be sent to the Scheme for registration.

   The diagnosis (ICD-10) code for cancer usually starts with a "C" and is included in the oncology benefit. Benign tumours and premalignant conditions do not qualify for funding on the oncology programme.

2. **Why is there a co-payment on the 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, the member will have to pay the difference.

3. **I visited my GP/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 is related to the cancer. As oncologists specialise in the treatment of cancer, the oncology benefit makes automatic provision for funding of oncologists' 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 and dermatologists for skin cancer. Always confirm benefits before assuming that a consultation will be funded from the oncology benefit.

4. **Will breast reconstruction or prosthesis after mastectomy be funded from my oncology benefit?**

   Breast reconstruction will be considered for funding after a mastectomy for breast cancer on the cancerous breast.

   Treatment of the unaffected (non-cancerous) breast shall be limited to PMB provisions and is subject to pre-authorisation and funding guidelines. Hospital authorisation must be obtained from the hospital pre-authorisation department for approval. 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 forwarded to the Scheme. This is covered from the external appliance benefit – if the external appliance benefit is not available then from the savings/vested savings benefit.

5. **Will wigs be funded from my oncology benefit?**

   The oncology benefit does not make provision for the funding of wigs.

6. **Are scans approved if I have 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. The 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.

7. Is hospice funded?

Hospice authorisation will be considered by the hospital pre-authorisation department. Advanced illness care is funded at 100% Scheme tariff, subject to specific limits per option and designated service provider (DSP) arrangements.

8. Will physiotherapy or lymph drainage be funded from the oncology benefit?

The requested treatment must be pre-authorised and will be considered as PMB treatment, according to the PMB guidelines.

9. Why has my chemotherapy not been approved?

Treatment plans may not be approved for several reasons, including the following:

- The treatment plan falls outside the scope of the ICON treatment protocols and guidelines.
- The medicine in the treatment plan is not registered with the South African Health Products Regulatory Authority (SAHPRA) for the specific cancer or the stage of the cancer, or not at all/unregistered.
- The medicine in the treatment plan is not covered on your specific benefit option, biological and other high-cost medicine benefit not available. (Please take note that biological and other high-cost medicine will be considered if it qualifies as PMB level of care and/or clinically appropriate for the specific cancer.)

10. Will precautionary measures and tests be paid from the oncology benefit if I have a family history of cancer?

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

11. Will genetic testing be funded from the oncology benefit?

The request requires a pre-authorisation process and will be considered if clinically appropriate and according to entry criteria.

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

12. Why are not all medicines funded from the 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 example nausea, pain and inflammation).

Examples of medicines excluded from the oncology benefit include, but are not limited to, anti-depressants, proton pump inhibitors and anti-acids for acid reflux, sleeping tablets and anti-anxiety medicines.

13. 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 and other high-cost medicine product (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.

14. Is there an annual oncology limit for registered treatment?

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

15. Can I expect co-payments or shortfalls after my treatment plan has been approved?

Biological medicine 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 reference price (MRP) which applies to medicines with generic alternatives.

16. To have access to a more comprehensive oncology benefit, can I upgrade my plan option?

Yes, with appropriate motivation, upgrades may be approved when required as per Scheme rules after clinical review.

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

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

18. Will I be covered if I go into remission?

Yes, your registration on the oncology programme never lapses.

Oncology benefits

OPTIONS	EXTENDED BENEFIT	STANDARD BENEFIT (PMB LEVEL OF CARE)
	-	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	
Beat1 & Beat1N, Beat2 & Beat2N, Beat3 & Beat3N, Beat3 Plus and Beat4	No benefit available, except where treatment is PMB level of care for a specific cancer and its stage.
Pace1	No benefit available, except where treatment is PMB level of care for a specific cancer and its stage.
Pace2	Benefit of R200 964 per beneficiary, subject to pre-authorisation. Additional benefit available where treatment is PMB level of care for a specific cancer and its stage.
Pace3	Benefit of R402 194 per beneficiary, subject to pre-authorisation. Additional benefit available where treatment is PMB level of care for a specific cancer and its stage.
Pace4	Biological and other high-cost medicine benefit of R595 247 per beneficiary, subject to pre-authorisation. Additional benefit available where treatment is PMB level of care for a specific cancer and its stage.
Rhythm1 & Rhythm2	No benefit available, except where treatment is PMB level of care for a specific cancer and its stage.
	*per beneficiary subject to pre-authorisation at Bestmed

ICON = Independent Clinical Oncology Network, SAHPRA = South African Health Products Regulatory Authority, MRP = Mediscor Reference Price.

Biological and other high-cost medicine

Biological and other high-cost medicine

Biological and medicines are derived from a living source, for example interferon treatment for advanced melanoma.

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

BIOLOGICAL AND OTHER HIGH-COST MEDICINE BENEFITS

- **Beat1 and Beat1N, Beat2 and Beat2N, Beat3, Beat3N and Beat3 Plus, and Beat4**
  No benefit available, except where treatment is PMB level of care for a specific cancer and its stage.
- **Pace1**
  No benefit available, except where treatment is PMB level of care for a specific cancer and its stage.
- **Pace2**
  Benefit of R200 964 per beneficiary, subject to pre-authorisation. Additional benefit available where treatment is PMB level of care for a specific cancer and its stage.
- **Pace3**
  Benefit of R402 194 per beneficiary, subject to pre-authorisation. Additional benefit available where treatment is PMB level of care for a specific cancer and its stage.
- **Pace4**
  Biological and other high-cost medicine benefit of R595 247 per beneficiary, subject to pre-authorisation. Additional benefit available where treatment is PMB level of care for a specific cancer and its stage.
- **Rhythm1 and Rhythm2**
  No benefit available, except where treatment is PMB level of care for a specific cancer and its stage.

Terminology

NAME	DESCRIPTION
Co-payment	This is an amount that you need to pay towards a healthcare service which is not covered by the Scheme. The amount can vary by the type of covered healthcare service, place of service or if the amount the service provider charges is higher than the rate the Scheme pays.
Designated service provider (DSP)	A healthcare provider (for example doctor, specialist, allied healthcare professional, pharmacist or hospital) who Bestmed has a contract with to provide treatment or services at a contracted rate. Visit www.bestmed.co.za or use the Bestmed app to view the full list of designated service providers (DSPs) available.
ICD-10 code	A clinical code that describes diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organisation (WHO).
ICON network	Icon Managed Care is a provider driven oncology managed care organisation that represents a significant number of the private practising oncologists in South Africa. The Icon Network comprises of radiotherapy facilities and accredited chemotherapy facilities across South Africa
Prescribed Minimum Benefits (PMBs)	In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of: ▪ An emergency medical condition ▪ A defined list of 271 diagnoses ▪ A defined list of 27 chronic conditions. ▪ To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical ▪ Schemes (CMS) that apply: ▪ Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions ▪ The treatment needed must match the treatments in the defined benefits ▪ You must use designated service providers (DSPs) in our network. This does not apply in emergencies.

NAME	DESCRIPTION
Mediscor Reference Price (MRP)	The Mediscor Reference Price (MRP) is a reference pricing model applicable to all medicines with generic equivalents or biosimilars. MRP 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 MRP, you will have to pay the difference between the price of the chosen medicine and that of MRP.
South African Health Products Regulatory Authority (SAHPRA)	SAHPRA is tasked with regulating (monitoring, evaluating, investigating, inspecting and registering) all health products. This includes clinical trials, complementary medicines, medical devices and in vitro diagnostics (IVDs). Furthermore, SAHPRA has the added responsibility of overseeing radiation control in South Africa. SAHPRA's mandate is outlined in the Medicines and Related Substances Act (Act No 101 of 1965 as amended) as well as the Hazardous Substances Act (Act No 15 of 1973).

If you would like to find out more about the Bestmed Oncology programme and its benefits, please visit our website on **www.bestmed.co.za** and click on Oncology.

Alternatively, you can contact us on 012 472 6254/6234/6353 or via email oncology@bestmed.co.za.

Back and neck care programme

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 instead of 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/savings or be for the member's own expense.

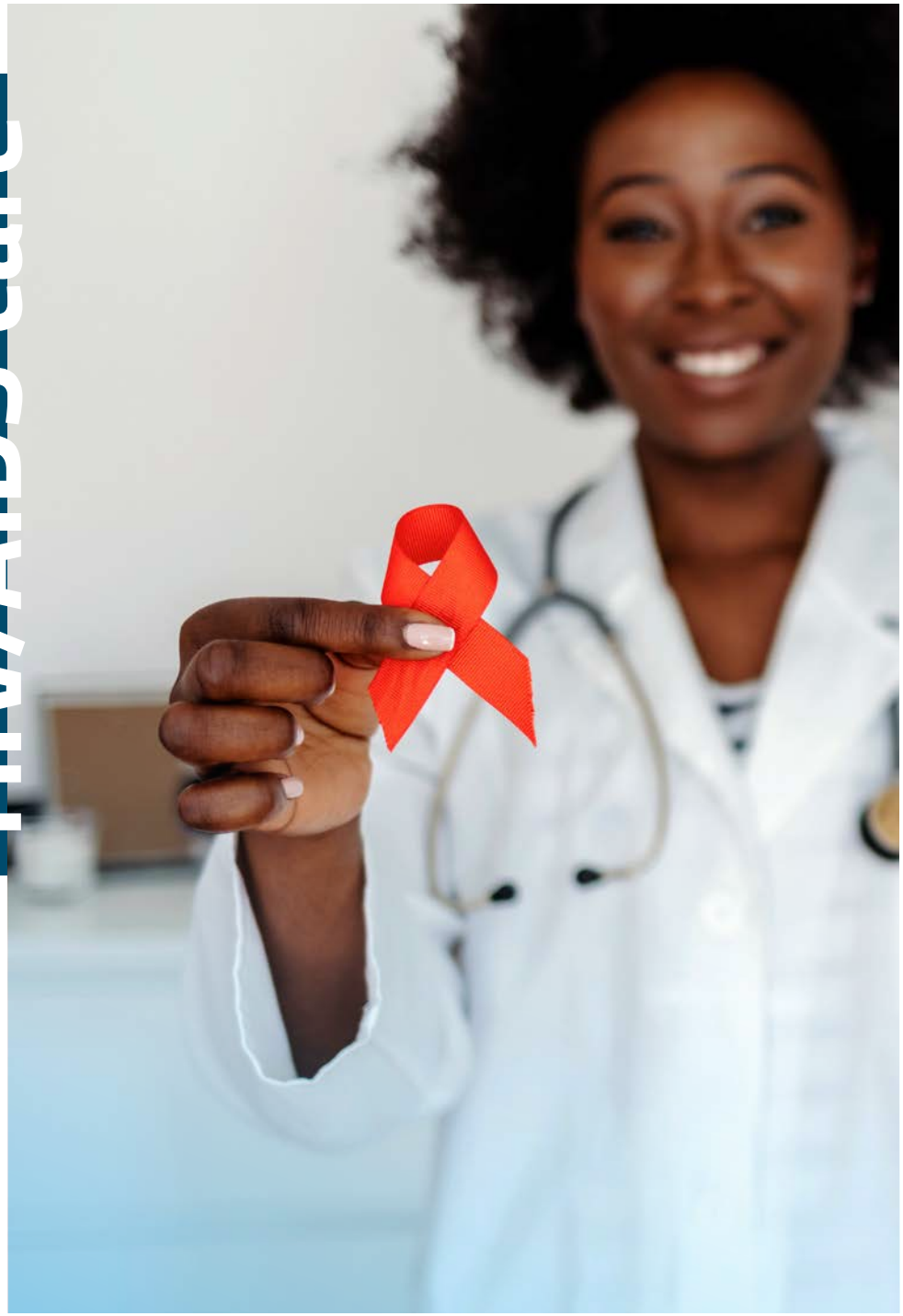
There are also instances where the Scheme could refer a member that is scheduled for surgery, to visit such a facility. These referrals are covered by Bestmed.

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, fax: +27 (0)12 472 6780 or email to mhc@bestmed.co.za.

HIV/AIDS care



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 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.
- You will have to choose a Designated Service Provider (DSP) pharmacy, either a courier or retail pharmacy, to dispense your anti-retroviral therapy (ART).
  - Your choice needs to be communicated to LifeSense in order for them to know which pharmacy needs to receive documentation and communication.

Programme benefits

The benefits provided by the HIV/AIDS managed care 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 managed care 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: https://www.bestmed.co.za/about-bestmed/governance
- 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.

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

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
HIV Monitoring tests ▪ CD4 Count (3816) ▪ Viral Load (4429) **Other monitoring tests** ▪ Full Blood Count (3755) ▪ Kidney Function (4032; 4151) ▪ Total Cholesterol (4027) ▪ Glucose Test (4057) ▪ Liver Function (4131; 4130; 4134)	▪ Bilirubin (4009; 4010) ▪ Testing for Baby to HIV Mothers (3974) ▪ TB Screening (3916)

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

Process for accidental exposure:

Post Exposure Prophylaxis (PEP)

1. ACCIDENTAL EXPOSURE TO HIV/AIDS DEFINED

Without limiting the ordinary grammatical meaning of the term "accidental exposure", the term shall include but not be limited to:

- Rape of a male or female.
- Needle stick injury.
- Accidental occupational exposure.
- Blood transfusion.
- Failure to use a condom or exposure due to a burst or broken condom.

2. PROCESS TO BE FOLLOWED WHEN ACCIDENTALLY EXPOSED TO HIV/AIDS

In the event of accidental exposure:

- You must contact LifeSense, the HIV/AIDS managed care DSP, via the contact details specified on pages 14 and 27 of this guide.
- LifeSense will record the details of the incident of exposure, supply counselling, and provide advice based on the context of the incident.
- The LifeSense case manager will refer you to the nearest facility for assistance.
- The facility will be notified of your referral and confirm the payment of antiretroviral (ARV) medication as agreed with Bestmed.
- The LifeSense case manager will contact member again and continue counselling.
- The case is loaded under pathology tariff code 3932.
- The initial and follow-up consultations are loaded under tariff codes 0190/0191/0192.
- The medication required is covered from Scheme risk.
- Case follow-ups are done and pathology test are conducted again. If the pathology tests are negative then the case is closed, and if the tests are positive then the case is registered for further HIV/AIDS care treatment.

Dialysis care

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, wound care, stoma care

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 obtaining 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 care

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 GP or gynaecologist.

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 on the Maternity Care Programme, you will also receive the Bestmed maternity care programme registration confirmation letter indicating all necessary information as stated below, 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 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

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 emails 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.

Maternity benefits as offered on Bestmed benefit options

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

100% Scheme tariff. Network providers apply to the Rhythm1 and Rhythm2 options. Subject to the following benefits:

BEAT1, BEAT2 AND RHYTHM1

Consultations:

- 6 antenatal consultations at a GP OR gynaecologist OR midwife.

Ultrasounds:

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

BEAT3, BEAT3 PLUS, BEAT4, PACE1, PACE2, PACE3, PACE4 AND RHYTHM2

Consultations:

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

Ultrasounds:

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

Supplements:

- Any item categorised as a maternity supplement can be claimed up to a maximum of R139 per claim, once a month, for a maximum of 9 months.

Paediatric vaccine list

AGE GROUPS INDICATED FOR	NAME	DESCRIPTION	NAPPI CODE
0 months to 2 months (maximum 2 injections)	Bivalent Oral Polio Meriuex	Polio	722017001
	OPV Merieux 10 Dose		823678008
	OPV Merieux 10 Dose plastic tub		841307016
	OPV Meriuex 20 Dose Vaccine		823686019
	Polio TD 0.5ml		703335001
0 months to 2 months (maximum 1 injection)	BCG Intradermal Infant 20	Tuberculosis	872962016
0 months to 5 years (Included on Beat1 and Beat1N) (maximum 3 injections)	Prevenar 13 28mcg/0.5ml Prefill	Pneumococcus	715858001
	Prevenar 16mcg/0.5ml Prefill Syringe		705032001
	Synflorix Vaccine		714999001
1 month to 4 months (maximum 2 injections)	Rotarix Liquid Oral Vaccine	Rotavirus	714133001
	Rotateq 2ml Vaccine		710935001
1 month to 6 months (maximum 1 injection)	Engerix-B Paed Monodose	Hepatitis B	700356001
	Euvax B Vial 20mcg/ml		713048002
	Euvax B Vial 20mcg/ml		715349001
	Heberbiovac HB Single Dose 0.5ml		701658001
	Heberbiovac HB Single Dose 1ml		701659001
	Hepaccine-B Paed Single Dose		873179005
1 month to 24 months	Tritanrix-hb 0.5ml Single dose	Diptheria Haemophilus Influenzae Type B Pertussis	700768001
	Tetanus Vaccine Cipla 40iu/0.5m	Tetanus	3002364001 3002364002

AGE GROUPS INDICATED FOR	NAME	DESCRIPTION	NAPPI CODE
2 months to 6 months	DTP-Merieux Single Dose Syringe	Pertussis	825158001
	Infanrix Pre-filled Syringe 0.5ml		703994001
	Tetanus Vaccine Cipla 40iu/0.5ml	Tetanus	3002364001 3002364002
1 month to 18 months (maximum 4 injections)	Hexaxim Pre-filled Syringe Infanrix Hexa Vaccine	Diptheria Haemophilus Influenzae Type B Hepatitis B Pertussis Polio	719637001 707285001
	Tetanus Vaccine Cipla 40iu/0.5ml	Tetanus	3002364001 3002364002
2 months to 5 years	ACT-HIB Flu Single Dose 0.5ml	Haemophilus Influenzae Type B	813206006
	Hiberix Single Dose 0.5ml + Saline		700767001
6 months to 12 months (maximum 2 injections)	Measles vaccine live attenuated	Measles	720384001
	Measles vaccine Cipla		3002554001
	Measbio Multi-Dose Powder Vial		722290001
9 months to 12 years	Menactra Vaccine 0.5ml Vial	Meningitis	720708001
12 months to 24 months	Avaxim Prefilled Syringe 0.5ml	Hepatitis A	848905008
	Avaxim Prefilled Syringe 80 0.5ml		700513001
	Havrix Junior Single Dose 0.5ml		703448001
12 months to 6 years	Onvara 1350 PFU/Vial	Chickenpox	723131001
	Varilrix Vial		892939001
9 months to 6 years	Measles, mumps & rubella 0.2ml	Measles Mumps Rubella	720383001
	Morupar Single Dose		879452005
	Omzyta Vaccine Powder		724016001
	Priorix Single Dose 0.5ml Prefill		700772001

AGE GROUPS INDICATED FOR	NAME	DESCRIPTION	NAPPI CODE
9 months to 12 years	Priorix Tetra Vial	Chickenpox Measles Mumps Rubella	716550001
1 year to 12 years	Twinrix Vaccine	Hepatitis A and B	706829001
2 years to 12 years	Typherix Pre-Filled Syringe Single Typhim VI 0.5ml Prefilled	Typhoid Fever	703442001 822442019
2 years to 12 years	Dukoral Vaccine	Cholera	703846001
2 years to 12 years	Mencevax ACWY single dose vial	Meningitis	884039002
4 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	716655001 713229001 3002510001 711258001
	Tetanus Vaccine Cipla 40iu/0.5ml	Tetanus	3002364001 3002364002
	Boostrix Vaccine Prefilled	Diptheria Pertussis Tetanus	3000689001
7 years to 12 years (maximum 2 injections)	Tetanus Vaccine Cipla 40iu/0.5ml	Tetanus	3002364001 3002364002

Contraceptives

Female contraceptives are available to all females of child-bearing age (12 years and older) on all Bestmed options. The quantity and frequency depend on the product up to the maximum allowed amount.

Benefits are subject to the following:

- Mediscor Reference Price (MRP)

The Mediscor Reference Price (MRP) is a reference pricing model applicable to all medicines with generic equivalents or biosimilars. MRP 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 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 CODE
Actordene tabs	3005867001
Biphasil tab	825808006
Carmadene tabs	3005872001
Copper t premium pack (Limited to 1 device every 5 years)	600290001
Copper-t 380a (Limited to 1 device every 5 years)	438254006
Dalcept c contraceptive device (Limited to 1 device every 5 years)	664354007
Dalcept c contraceptive device (Limited to 1 device every 5 years)	664362003
Depo-provera 150mg/mL 1mL (1 injection every 3 months)	718440005
Desimar tabs	3005921001
Device contraceptive cu.375 (Limited to 1 device every 5 years)	527056002
Device cuprocept ccl (Limited to 1 device every 5 years)	549612003
Device intrauterine tricept la (Limited to 1 device every 5 years)	549607003
Diane-35 tabs	825859018
Diva-35 tabs	707875001
Drasira tabs	3005920001
Ekuvor 1.5mg tabs	3005437001
Eloine tabs	3001962001
Ermaft 0.75mg tabs	3004529001
Ermaft 1.5mg tabs	3004530001
Escapelle 1.5Mg tabs	710109001
Evra patches	704091001
Famynor tabs	720417001
Femodene ed tabs	825905001
Ginette tabs	897214005
Hy-an 30mcg tabs	720418001
Implanon nxt implant (Limited to 1 device every 5 years)	718619001
Intra uterine contraceptive iud (Limited to 1 device every 5 years)	152454001
Intra uterine contraceptive iud (Limited to 1 device every 5 years)	152456001
Intra uterine contraceptive iud (Limited to 1 device every 5 years)	152458001
Intra uterine contraceptive iud (Limited to 1 device every 5 years)	159440001
Intra uterine contraceptive iud (Limited to 1 device every 5 years)	159442001
Intra uterine contraceptive iud (Limited to 1 device every 5 years)	159443001
Intra uterine device cu375 (Limited to 1 device every 5 years)	131904001
Intra-uterine copper device cu375 (Limited to 1 device every 5 years)	137456002
Jarina tabs	3001904001
Kyleena 19.5mg iud (Limited to 1 device every 5 years)	3000026001
Levette 0.15Mg/0.03Mg tabs	721606001
Leyla tabs	3005428001

NAME	NAPPI CODE
Logynon ed tabs	825956005
Marvelon tabs	825964008
Maya tabs	723653001
Medilevo 1.5Mg tabs	3000062001
Medinor 1.5Mg tabs	3000741001
Melodene tabs	842893008
Mercilon tabs	825972019
Merdeza tabs	3006185001
Microval tabs	826006019
Minerva tabs	897311004
Minesse tabs	879576006
Minulette tabs	826014003
Mirelle tabs	880418001
Mirena kit (Limited to 1 device every 5 years)	852252005
Nessifem tabs	3005891001
Nordette tabs	826030009
Nordiol tabs	826049001
Norlevo tabs	880612002
Nova t 380 iud (Limited to 1 device every 5 years)	530671003
Novynette tabs	723085001
Nur-isterate 200mg/mL inj (1 injection every 2 months)	748552006
Nur-isterate 200mg/mL inj (1 injection every 2 months)	748552014
Nuvaring vaginal ring	715533001
Ocaz tabs	3007415001
Oralcon tabs	720419001

NAME	NAPPI CODE
Ovral tabs	826138004
Petogen fsk 150mg/mL vial	780642007
Plan b 0.75Mg tabs	721167001
Qlaira tabs	716676001
Rubaz tabs	3006169001
Ruby tabs	716207001
Trigestrel tabs	720420001
Triodene ed tabs	825816009
Triphasil tabs	825832004
Vonel 0.75Mg tabs	723165001
Yade tabs	723652001
Yasmin tabs	700089001
Yasmin plus tabs	723736001
Yaz tabs	712856001
Yaz plus tabs	723730001
Ynez tabs	3001912001
Zoely 2.5Mg/1.5Mg tabs	720904001

Tempo

All you need to know about Tempo

WHAT IS TEMPO?

Tempo is our health and wellness programme that assists members in leading a healthier lifestyle and living their best lives.

WHY SHOULD I ACTIVATE TEMPO?

As a member, you and your family already have access to the Tempo benefits at no additional costs. By simply completing the Tempo Lifestyle Screening, you activate Tempo benefits and you will automatically have access to over a thousand healthcare professionals who are trained and motivated to help you improve your lifestyle and become the best version of yourself.

HOW DO I ACTIVATE THE PROGRAMME?

For your convenience the Tempo Lifestyle Screening is available for completion via the Tempo portal on the Bestmed App or website. Your data will reflect on the Tempo partner pharmacies' (Clicks, Dis-Chem, Van Heerden Pharmacy, Arrie Nel, and The Local Choice) systems for the registered nurse to also complete the biometric screening portion of the screening. The completed screening will give you an important overview of your health status, and guide you in terms of which areas require focus to improve your health.

Should you choose to make use of the Tempo physical wellbeing and/or nutrition benefits, the results will also be shared with our Tempo partner biokineticists and dietitians automatically.

WHAT ARE THE BENEFITS OF THE TEMPO WELLNESS PROGRAMME?

The 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:

Tempo Lifestyle Screening for adults (beneficiaries 16 years and older) which includes:

- The Tempo lifestyle questionnaire
- Blood pressure check
- Cholesterol check
- Glucose check
- Height and weight measurement

Tempo physical wellbeing and nutrition benefits (beneficiaries 16 and older):

Physical wellbeing:

- 1 x **(face-to-face)** physical health assessment at a Tempo partner biokineticist
- 1 x follow-up **(virtual or face-to-face)** consult to obtain your personalised exercise plan from the Tempo partner biokineticist

bestMed tempo wellness programme

Nutrition:

- 1 x **(face-to-face)** nutrition assessment at a Tempo partner dietitian
- 1 x follow-up **(virtual or face-to-face)** consult to obtain your personlised healthy-eating plan from the Tempo partner dietitian

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

DO THE FREE BENEFITS DIFFER FOR MEMBERS ON DIFFERENT HEALTHCARE OPTIONS?

No. The Bestmed Tempo benefits are exactly the same on all the options.

We hope you found the answer you were looking for. If not, please email us for more information: **tempo@bestmed.co.za**

*All beneficiaries need to register their details on the Tempo portal to use the online features, and cannot register with the principal member's details.

bestMed tempo wellness programme

Contact details

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

DIALYSIS CARE PROGRAMME
Tel: +27 (0)12 472 6235/6249
Email: mhc@bestmed.co.za

ONCOLOGY CARE PROGRAMME
Tel: +27 (0)12 472 6254/6234/6353
Fax: +27 (0)12 472 6770
E-mail: oncology@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

COMPLAINTS
Tel: +27 (0)86 000 2378
E-mail: service@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 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

086 000 2378

service@bestmed.co.za

068 376 7212

012 472 6500

www.bestmed.co.za

Bestmed Medical Scheme

Bestmed Medical Scheme

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

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

INTERNATIONAL MEDICAL TRAVEL INSURANCE (EUROP ASSISTANCE)
Tel: 0861 838 333
Claims and emergencies: assist@europassistance.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

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

Bestmed Medical Scheme is a registered medical scheme (Reg. no. 1252) and an Authorised Financial Services Provider (FSP no. 44058). ©Bestmed Medical Scheme.
Bestmed Managed Care Guide 2025 Brochure A4. This brochure was updated in September 2024. For the most recent version please visit our website at www.bestmed.co.za

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personally yours