



Bestmed

Pulse 1

Member FAQ



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MEMBERS FREQUENTLY ASKED QUESTIONS – BESTMED PULSE1 OPTION

In our constant effort to provide excellent healthcare services to our members, Bestmed Medical Scheme has decided to internally manage and administer its own preferred provider and designated service provider networks for the Pulse1 and Pulse2 options. These options are currently administered by CareCross (Pulse1) and ONECARE (Pulse2) but as from **1 January 2017**, will be internally administrated by Bestmed. This has been done with a view to consolidate and enhance the services for members on these options.

Below are the questions we might receive from our Pulse1 members:

1. Can I still see my current doctor?

Yes, you can. If your doctor is not part of the Bestmed Pulse1 network, we will inform you and provide you with a list of Bestmed Pulse1 network doctors in your area.

2. Which providers are available on the Bestmed Pulse1 network?

The Pulse1 provider network includes Family Practitioners (FPs), Specialists, Dentists, and Pathologists, who are geographically located across all the provinces in South Africa. These providers have been selected to render services to you and your family.

3. When will Bestmed take over the administration of the Pulse1 option?

From 1 January 2017.

4. Will my benefits be affected by the administration change?

Members on the Pulse1 option will have the same healthcare and benefit structure as what was offered by CareCross, with unlimited FP visits, basic dentistry. Bestmed's standard medication formularies will be applied, which should only affect a few members. Individual communication to those affected will be sent out. An OTC formulary similar to the CareCross one will apply, with a limit of R300 per annum.

5. Where can I find the list of service providers for Pulse1?

You need to register on the Bestmed website www.bestmed.co.za and create your personal login and password. The login and password will allow you access to the healthcare service providers and Pulse1 provider lists. You may also contact the Bestmed Contact Centre on 086 000 2378 for more information.

6. What are the advantages of using a Pulse1 network service provider?

The healthcare services will be charged at an agreed Pulse1 network rate, and members will experience no or minimum co-payments. These providers receive direct bi-weekly payment from the Scheme and have access to a dedicated Provider consultant service at Bestmed.

7. What if there is no network FP in my immediate area?

If a network FP is unavailable in your area then an Out-of-network provider will be authorised to assist you.

8. Why are some providers not on the Pulse1 provider networks?

All providers are invited to enter into negotiation with Bestmed, and to form part of the network in accordance with inter alia the Medical Schemes Act, Health Professions Act and the Competition Act. Participation in the network is, however, at the provider's discretion. Some providers may have chosen not to join in the network.

9. What happens if I need to consult a FP after hours or if I'm travelling?

- The Pulse1 option includes out-of-network after hours emergency services.
- Out-of-network after hour emergency Out-of-network FP visits are limit to R1 100 per family per annum.

All you need to do is pay the FP in cash and submit the following documents:

- The fully specified account details
- Proof of payment
- A completed reimbursement form.

Send all documents to claims@synaxon.co.za . You can download the reimbursement form from the Bestmed website or contact the Bestmed Contact Centre on 0860 00 2378. Please make sure that we have your correct banking details.

10. Do I have an optometry benefit?

Yes you do but you need to confirm your benefits by calling PPN on 086 1103 529 or 086 1101 477

11. How is my chronic condition covered?

- You must complete a chronic application form with your Pulse1 network FP and submit the form to medicine@bestmed.co.za or via fax to 012 472 6760. The form will be evaluated and you will get feedback regarding the status of your application.
- You will be notified via SMS as soon as the chronic application has been processed.
- Approval of chronic medicine benefits is subject to clinical protocols for the chronic conditions covered by your option and the chronic medicine formulary applies.
- If you have any enquiries please contact the Bestmed Contact Centre on 086 000 2378

12. Am I covered for over-the-counter medicine and where do I get it?

Over-the counter medicine is subject to a formulary, limited to R300 per family per annum at any of our DSP pharmacies which includes Dis-Chem, MediRite, Pick n Pay and Clicks pharmacies. For a full list of pharmacies in your area, please visit the website www.bestmed.co.za

13. How do I qualify for access to a Specialist?

Every family with Pulse1 benefits qualifies for three Out-of-hospital specialist visits per annum. You need to be referred to a network Specialist by your Pulse1 network FP and must obtain pre-authorisation from the Bestmed Authorisations department on 0800 220 106. Each visit has a maximum limit of R1 100 and includes medicine and all related services.

14. Can I make use of any private hospital?

You should make use of the Bestmed DSP hospital network. If a member on the Pulse1 option voluntarily choose not to make use of a network hospital a maximum co-payment of R10 000 will apply. The list of hospitals on our network can be found on www.bestmed.co.za