

How you will be covered by your medical scheme

Coronavirus (COVID-19)



bestMed

Better living. Better life.

Will my Bestmed medical aid option cover my expenses if I contract the virus?

Regardless of your Bestmed benefit option, you will be covered for COVID-19 in the unfortunate event that you, or one of your dependants, tests positive. The Scheme will provide cover for confirmed cases in order to pay for diagnostics as well as treatment in and out of hospital. In the case of a positive diagnosis, the member, their representative or their healthcare provider must notify Bestmed of the member's diagnosis as soon as possible via telephone on 086 000 3378 or email at service@bestmed.co.za.

It is important to note that members' routine consultations with medical practitioners will be covered per normal scheme benefits as per the member's option.

Bestmed's strong financial position which includes healthy financial reserves stands us in good stead to support members during this potential crisis. This attests to the prudence of maintaining a healthy solvency ratio which is above the minimum statutory requirement of 25%.

Will I be covered if I have a hospital plan and not comprehensive cover?

As stated above, if you contract the COVID-19 virus, you will be covered, including the costs related to the diagnosis, treatment and care of your condition.



Bonitas

Medical Aid for South Africa

Following the National Health Minister, Dr Zweli Mkhize's confirmation of the cases of COVID-19 in South Africa, we would like to inform you that Bonitas Medical Fund do provide benefits for illnesses related to the COVID-19 infection. Bonitas Medical Fund also confirms readiness of all hospital groups that we are in partnership with, in investigating and managing COVID-19 infections (especially around awareness of the necessary COVID-19 protocols).

The benefit cover by Bonitas Medical Fund for COVID-19 includes:

- **Diagnostic testing according to agreed protocols**
- **Consultations with healthcare professionals**
- **Defined supportive treatment and medicines**

Kindly note that only people classified as meeting the criteria of being a person under investigation (PUI) by NICD will be tested, for example you should have had contact with a confirmed case or a returning traveller from affected areas. In addition, Bonitas Medical Fund will pay for treatment in a hospital according to the Scheme benefits, according to the member's chosen health plan and according to the Scheme rules.

- Bonitas Medical Fund's cover for out-of-hospital treatment of COVID-19 starts when a test confirms that you or your dependents have the COVID-19 virus.
- Members who fall ill outside the outbreak period will be covered in terms of the scheme option benefits.

We also have assurance that all outbreak prevention and infection control measures are being followed in hospitals and at ports of entry. Therefore, COVID-19 virus is still well contained in South Africa, but if you believe you are at risk, our advice is to:

- **Self-isolate immediately, and**
- **Book a consultation or phone your doctor.**



PLEASE NOTE:

Patient self-referrals will NOT be tested. You must go to your healthcare provider for assessment.

- Doctors have been informed and trained on how and from whom they should collect specimens. When you visit the doctor, clinic or hospital, you will be asked certain questions, examined and informed whether you should be tested. If so, they will collect a specimen for testing and send this to a laboratory.
- Various labs have been trained on testing for the virus and are working closely with NICD on the same.

What if the test outcome is negative?

If the diagnosis is negative, the related tests will be covered from your day-to-day benefits. Any consultations with medical practitioners will be covered from the day-to-day benefits available on your option. There is no need to be tested more than once, but if you do this, it will also be covered in line with available day-to-day benefits.

What if the test outcome is positive?

In the case of a positive diagnosis, you, your representative or your healthcare provider must notify us of the diagnosis as soon as possible. Your healthcare provider will prescribe the necessary care, depending on the severity of your symptoms. Fedhealth will cover out-of-hospital and/or in-hospital treatment as PMB from Risk in line with formularies and other standard managed care protocols.

Medical intervention - Covered from which benefit?

Diagnostic testing according to agreed protocols	Treating doctor will collect specimen or private laboratory	Risk / Prescribed Minimum Benefits
Consultations with your healthcare professional	At the practice	Risk / Prescribed Minimum Benefits
Defined supportive treatment and medicine	In-hospital or out-of-hospital	Risk / Prescribed Minimum Benefits. Formularies and other managed care protocols apply



The information furnished by the medical schemes is believed to be reliable. Simeka Health Pty (Ltd) makes no representation as to the accuracy or completeness of such information.

Providing health benefit solutions for continuous enhancement of our clients' wellness and well-being



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