

Choosing the right medical aid

Most of us are always in a hurry to grow up, to finish our education, find our dream job and be independent. But with independence comes great responsibility. One very important responsibility you have towards yourself is your health and finding the right medical aid for you may be daunting.

Up until the time you graduate, you may be a dependant on your parent's medical aid. Thereafter, you may need to make your own decisions. There are a few important things you should consider when choosing the right medical aid for you.

Jarrood Higgs, a Business Consultant at Bestmed Medical Scheme, advises that you ask the right questions to make your best decision.

Can I go to any doctor or hospital?

Medical schemes have a variety of plans to choose from. These are either network or non-network options.

Network options have a list of network providers that charge only the agreed upon tariff. This means you wouldn't have to pay anything out of your own pocket with minimal or zero co-payments. The benefit of Bestmed's network options are that they're slightly cheaper than non-network options, which allows you to go to any hospital or doctor, but with the possibility of co-payments as they may or may not be contracted with Bestmed. Bestmed has over 15 000 network providers across the country.

It's also a good idea to take a look at our network provider or designated service provider list on our website. Visit bestmed.co.za to find out if there is a hospital near you because you may not only receive the best treatment plan, but you'll also save yourself a little moolah every month for your next pair of takkies.

Do I have any savings and what does it pay for?

Depending on the plan you choose, you could opt for one with or without a savings account, day-to-day benefits, or a combination of both. For example, in Bestmed's Beat range, there are two saver plans, Beat2 and Beat3, which allocate 16% of your monthly contribution towards your savings account, which is available to you in advance for the year.

Your savings are used to pay for some out-of-hospital benefits, such as GP or specialist consultations, dentistry, optometry, as well as over-the-counter medicine such as Rehydrate, Grandpa's and whatever else you need for your hangover cure.

Also, if you're not jolling as much as you used to due to lockdown, don't worry because the savings that you don't use are put in a vested account which earns interest and can be used at a later date on top of your annual savings.

What if I have a chronic condition?

Medical aids have what is called the Chronic Disease List (CDL), which covers 27 chronic conditions. By law, Bestmed has to cover the diagnosis, medical management and medicines of these chronic conditions. We reimburse our members for these conditions at 100% Scheme tariff, which includes the likes of asthma, bipolar, hypertension, and diabetes types 1 and 2 just to name a few. This includes both hospital plans and comprehensive plans. Additionally, Bestmed only charges a maximum co-payment of 40% on non-formulary medication, which means medication that isn't typically offered for these chronic illnesses.

If you have a chronic condition and you have never been a part of a medical aid before, you can expect to wait up to 12 months as a standard condition specific waiting period. However, if you are moving over from an existing scheme, either as a main member or a dependant on your parent's medical aid, as long as you've been with previous medical aids for longer than 24 months and haven't had a break of more than 90 days between your previous medical aid and joining Bestmed, we will not apply any waiting periods. This is, however, not the standard. Many schemes still apply these waiting periods regardless of your history.

Will I have to wait for any of my benefits?

In addition to condition-specific waiting periods, some schemes have three-month general waiting periods. This means that within the first three months of joining the medical aid, you

may not receive any benefits. It may seem unfair and unnecessary, considering that if you are in an accident, you will not be covered.

Bestmed does have the right to apply this general waiting period, but we are of the belief that if someone joins and starts paying for cover, they should receive that cover. So, if you are a young, healthy individual without any conditions, even if you've never been on a medical aid before, we will accept you as you are. There are no general waiting periods.

Do I have to worry about high premium increases every year?

Medical aids have, unfortunately, given out a bad vibe to many members, who would prefer to go for cheaper options just to avoid having to pay more and more every year because of outrageous increases. Bestmed, as the largest self-administered scheme in South Africa, does not only offer more cost-effective options to choose from with fewer administration fees, but provides more benefits for our members. We pride ourselves on single digit increases for the past four consecutive years.

Bestmed has just announced that their increase for 2021 is in line with inflation and the Council for Medical Schemes' suggestion at 4%. This is our lowest increase ever and one of the lowest increases in the market. We understand that there many of our members, as well as the whole of South Africa, are struggling when it comes to their personal finances due to COVID-19, affecting employment and, subsequently, salaries. With Bestmed, you don't have to worry about high premium increases every year. Bestmed again saves you moolah for your Ray-Bans.