



**Comparative
Guide
2020**

Contents

When life happens...
We are here to assist you!



PERSONALLY YOURS

- Why Bestmed should be your medical aid of choice
- All you need to know about Bestmed Tempo

BEAT

- Method of Scheme benefit payment
- In-hospital benefits
- Out-of-hospital benefits
- Medicine
- Preventative care benefits
- Contributions

PACE

- Method of Scheme benefit payment
- In-hospital benefits

- 3 ■ Out-of-hospital benefits 13
- 3 ■ Medicine 14
- 4 ■ Preventative care benefits 15
- 4 ■ Contributions 15

PULSE

- 6 ■ Method of Scheme benefit payment 16
- 6 ■ In-hospital benefits 16
- 8 ■ Out-of-hospital benefits 17
- 9 ■ Medicine 18
- 10 ■ Preventative care benefits 19
- 11 ■ Contributions 19

CHRONIC DISEASE LIST

- 12 21

Why Bestmed should be your medical aid of choice



We provide value for money

- Single digit increases over **11 consecutive years**.
- Our administration costs are between **3 - 5 % cheaper than our competitors** because we are self-administered.
- Our plan options have **75% less co-payments**, compared to our competitors.
- We have **13 structured plans**, designed to suit every life stage and pocket.
- **No automatic self-payment gap** on any of our options.
- Excellent **preventative care benefits** on all our options e.g. female contraceptives, pneumonia and flu vaccines and more...



An excellent track record

- We have been **offering medical aid since 1964**.
- We are the **largest self-administered scheme** in South Africa and the fourth largest open medical scheme.
- **Four of our options** have been selected as the **best performers** within the South African medical scheme market (2018 GTC Medical Aid Survey).
- We have been **voted third** on the **client service satisfaction benchmark** by the Ask Africa Orange Index 2018.
- We have a solvency ratio of **32.8%**.
- There are about **200 000** lives under our care.



An extensive service provider network

- Access to **specialist and hospital networks** across South Africa.
- More than **4 000 family practitioners** in our network.
- More than **14 500 network provider agreements**.
- **Country-wide** geographical network coverage.
- **Search facility** via the Bestmed app and website.



Additional Benefits

- Students are eligible for **child dependent rates up to 26 years of age**.
- **Extensive maternity benefits**.
- **Health management support programmes** include a diabetes programme (HaloCare), maternity care programme, oncology programme and HIV/AIDS programme



FREE access to the Tempo wellness programme with benefits worth up to R4,500

- Our wellness programme is **free** for all members and employers.
- Includes **free Health Risk Assessments, visits to dieticians** and to **biokineticists**.
- Also family interventions, family workshops and baby growth assessments.

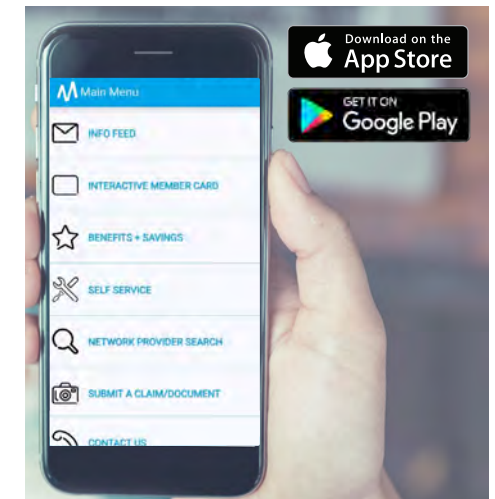


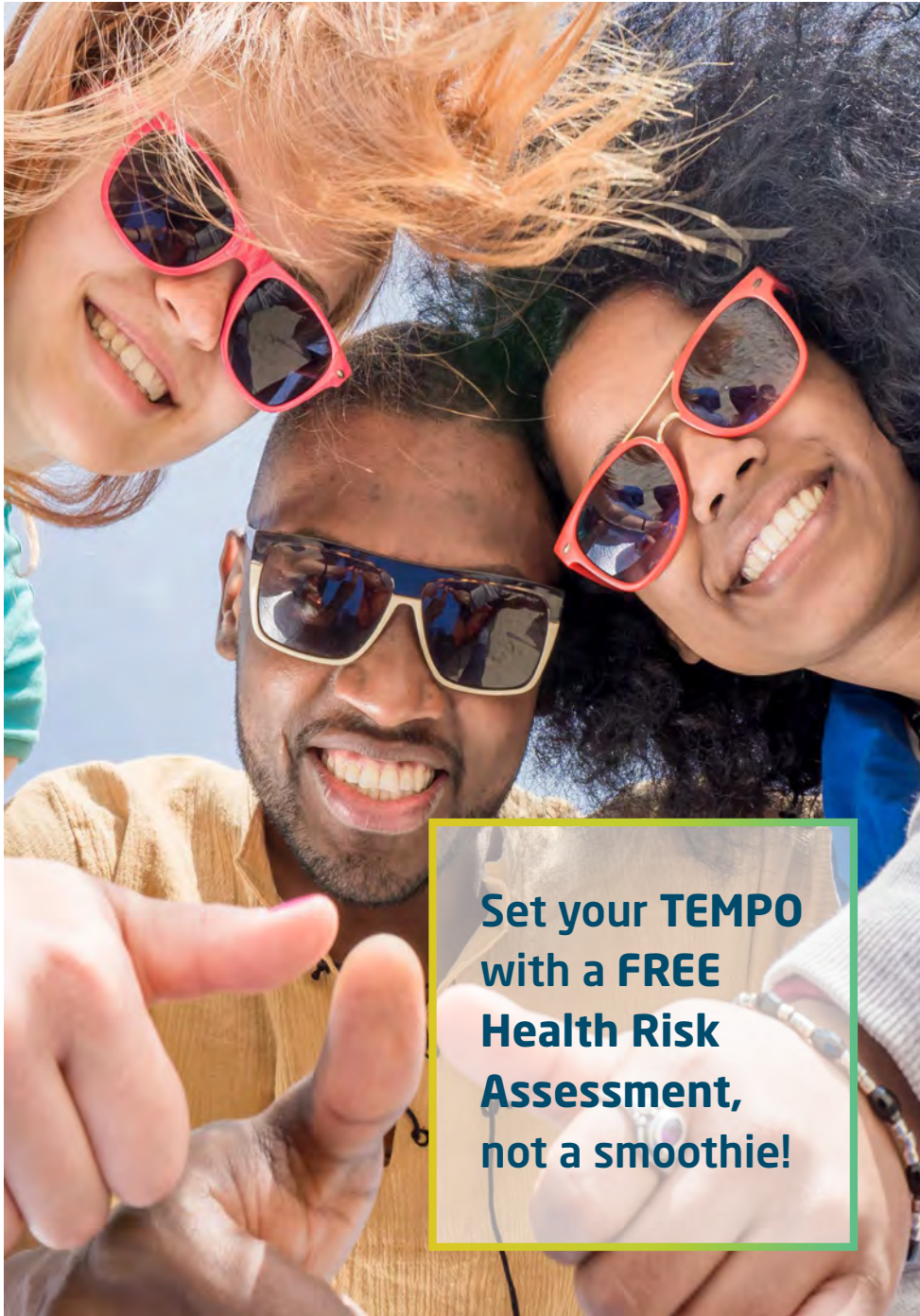
Don't worry, be Appy!

The Bestmed App is just one more way that Bestmed is Personally Yours. It's user-friendly, and has been designed to put all your essential medical information at your fingertips. To make the most of the new features, remove the old App from your phone and download the new version from the App Store or Google Play.

You'll notice that the updated App has a new icon, and an easy-to-use slide-out menu that lets you:

- Download your tax certificate.
- Get automatic updates on Scheme communications.
- Find information on all benefits.
- Update your personal details.
- Submit your chronic medication claims.
- Search for a specialist in your area.





**Set your TEMPO
with a FREE
Health Risk
Assessment,
not a smoothie!**

All you need to know about Bestmed Tempo

WHAT IS BESTMED TEMPO?

Tempo is our preventative care programme. It's a package of benefits and offerings which gives you access to expert healthcare professionals. Their advice and assistance will help you understand your health risks and improve your quality of life.

WHY SHOULD I JOIN THE PROGRAMME?

The programme is included in your monthly subscription. It already forms part of your benefit structure and is available to you and your family at no additional cost. By making use of the programme's benefits you get access to experts who can assist you with practical and reliable advice which will help you change your lifestyle and become the best version of yourself.

HOW DO I ACTIVATE THE PROGRAMME?

You need to go for a health risk assessment (HRA) at a wellness contracted network pharmacy or you can have it done at your place of employment during a wellness day. Once we've received the results of your HRA your Tempo benefits are immediately unlocked.

WHICH BENEFITS ARE INCLUDED IN THE PROGRAMME?

Tempo benefits start with a free HRA which is available to you and your dependants (18 and older). We also offer a range of screenings and assessments for dependants aged between 13 and 17 which includes:

- A health assessment at a biokineticist.
- A functional assessment at an occupational therapist.

We also offer baby growth and development assessments from a qualified nurse within a pharmacy clinic for those younger than 3.

Once you have the results of your screenings and assessments your family will have access to a nutritional assessment at a dietician. In addition to this, adult beneficiaries (18 and older) can also go to a biokineticist three times per year. This will help you determine your current fitness levels as well as help you to plan how to incorporate fitness and activity into your daily lives.

Simultaneously, adult beneficiaries also have access to three consultations with a dietician who will assist you in making healthier food choices.

The programme also includes access to a number of group interventions and group sessions for all ages aimed at encouraging healthier lifestyle choices. The group interventions are advertised throughout the year in the different regions.

HOW DO I ACCESS AND UTILISE THE PROGRAMME'S BENEFITS?

Once you've done your HRA at a contracted pharmacy you'll unlock all the other benefits included in the programme. Invitations to the group interventions or Healthy Living workshops are also limited to those who have done their HRAs.

HOW WILL I, OR MY FAMILY MEMBERS, BENEFIT FROM THE PROGRAMME?

We regard family as the most important core unit when choosing to live a healthier life. It's no use focusing on mom and dad but neglecting to include their children in interventions and discussions. For that reason we've started workshops aimed at children too.

In future, based on the number of young beneficiaries who went for their assessments since the start of the programme - interventions aimed at young beneficiaries can be developed and included in the benefit structure. Interventions for younger beneficiaries may be added to Tempo at a later stage depending on how many young dependants have completed their HRAs.

HOW DOES THIS PROGRAMME DIFFER FROM OTHER WELLNESS PROGRAMMES?

Firstly, the benefit package is included as part of your preventative care benefits. Secondly, the programme is aimed at the individual within the family structure. Although the benefits are available to everyone the advice and assistance that professional healthcare practitioners provide is aimed at you only - so it's an individualised programme and offering. It's not a one-size-fits-all programme and benefits package.

ARE THE BENEFITS ENTIRELY FREE?

Yes. They're included in the monthly subscription you already pay as a member.

WILL THE PROGRAMME IMPROVE MY HEALTH/LIFE?

Definitely, provided that you make use of the advice and information the specialists provide you with.

ARE THERE ANY ADDITIONAL BENEFITS FOR CHILDREN OR PREGNANT WOMEN?

You need to register on the Bestmed Maternity Care programme after your first trimester (12 weeks). After registering your health risk assessment (HRA) will be scheduled. If you are experiencing a high-risk pregnancy, the information will be sent to our case managers, and they will help monitor your progress.

If an occupational therapist identifies your child as a high-risk candidate you can liaise with us for additional benefits according to a treatment plan. This will assist you and your family in attending to the needs and risks of your child. No child is alike and we'll rely on the advice and proposed treatment plan that the provider will submit to us prior to authorising the additional consultations. Once we have enough information, we'll develop treatment protocols which are relevant to children.

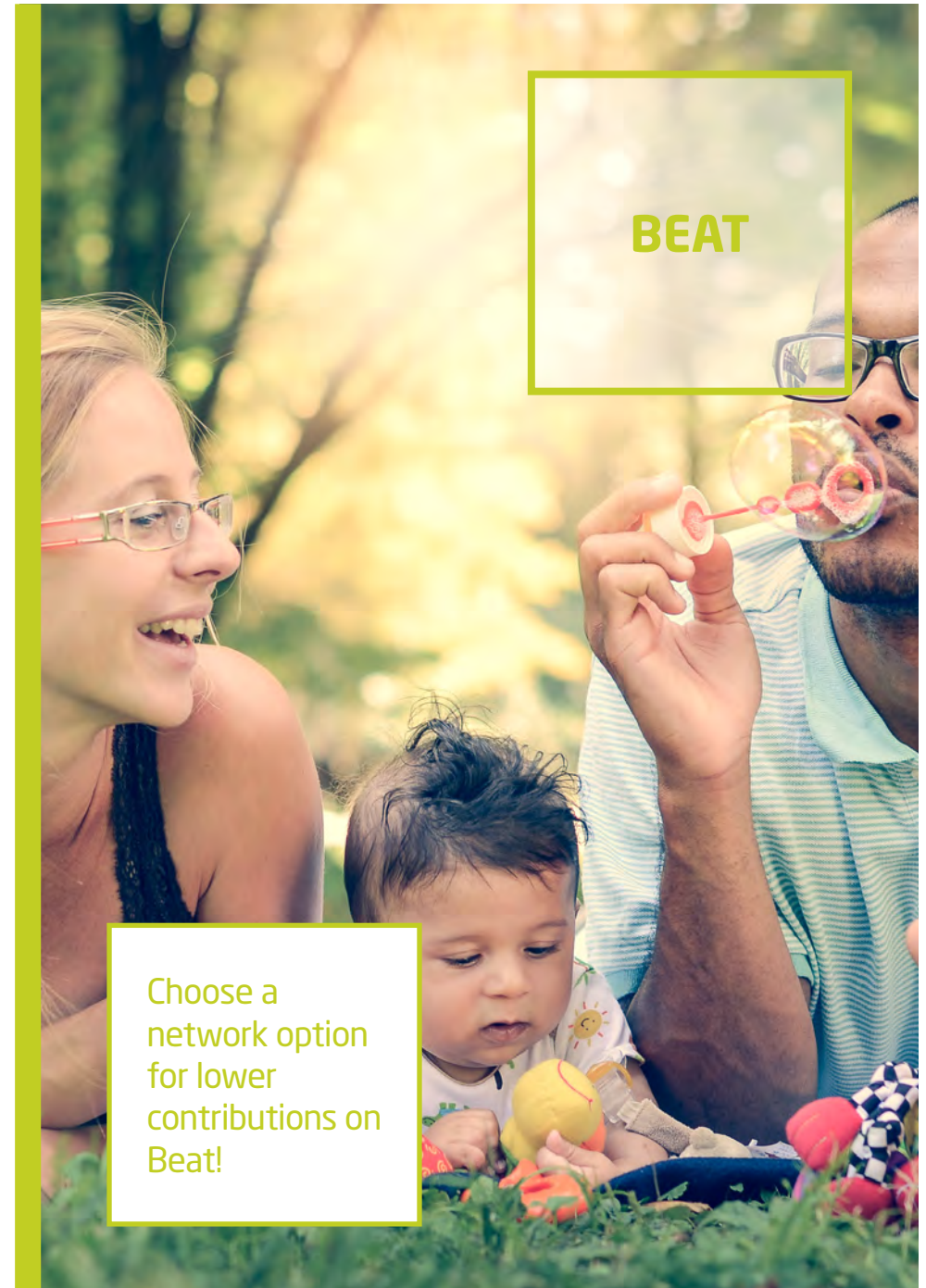
DOES THE PROGRAMME OFFER SUPPORT GROUPS?

Yes. We've commenced with a number of support groups aimed at dealing with childhood obesity. If you wish to be included in these projects please send an email to tempo@bestmed.co.za or Elmarie.Jooste@bestmed.co.za. Any other suggestions regarding support group topics or themes are welcome.

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

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

We hope you found the answer you're looking for but, if not, please email us for more information: tempo@bestmed.co.za



The Beat range offers flexible hospital benefits with limited savings on some options to pay for out-of-hospital expenses. This range is ideal for the young, active and just starting out. Beat1, 2 and 3 also offer you the decision to lower your monthly contribution in the form of a Network option.

Method of Scheme benefit payment

BEAT1	BEAT2	BEAT3	BEAT4
<ul style="list-style-type: none"> In-hospital benefits are paid from Scheme risk. Some preventative care benefits are available from Scheme risk. Out-of-hospital benefits are paid from your own pocket. 	<ul style="list-style-type: none"> In-hospital benefits are paid from Scheme risk. Some preventative care benefits are available from Scheme risk. Out-of-hospital benefits are paid from your medical savings account. 	<ul style="list-style-type: none"> In-hospital benefits are paid from Scheme risk. Some out-of-hospital benefits are paid from Scheme risk and some from your medical savings account. Some preventative care benefits are available from Scheme risk. 	<ul style="list-style-type: none"> In-hospital benefits are paid from Scheme risk. Some out-of-hospital benefits are paid from your medical savings account first, once depleted, from your day-to-day benefit. Some preventative care benefits are available from Scheme risk.

- Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs, this will not affect your savings (annual or vested) for applicable options.

BEAT NETWORK PLAN OPTION

- Bestmed offers members a choice of network hospitals for in-hospital benefits.
- If a member voluntarily chooses not to make use of a hospital within the Beat network, a maximum co-payment of R11 309 will apply for the use of a non-designated service provider.
- The Family Practitioner (FP) consultation benefit is limited to Bestmed network providers.
- Specialist consultations are limited to Bestmed designated service providers.

In-hospital benefits

The Non-Network option provides you with access to any hospital of your choice. This is the standard option. The Network option provides you with a list of designated hospitals for you to use and also saves on your monthly contribution.

Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs, this will not affect your savings.

Note: Benefits mentioned below are subject to pre-authorization and clinical protocols.

	BEAT1	BEAT2	BEAT3	BEAT4
Accommodation (hospital stay) and theatre fees	100% Scheme tariff. DSP specialist network applicable if the Network option is chosen.			100% Scheme tariff.
Take-home medicine	100% Scheme tariff. Medicine limited to 7 days.			

	BEAT1	BEAT2	BEAT3	BEAT4
Treatment in mental health clinics	100% Scheme tariff. Limited to 21 days per beneficiary.			
Treatment of chemical and substance abuse	100% Scheme tariff. Limited to 21 days or R30 760 per beneficiary. Subject to network facilities.			
Consultations and procedures	100% Scheme tariff. DSP specialist network applicable if the Network option is chosen.			100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff.			
Organ transplants	100% Scheme tariff (PMBs only).			
Major medical maxillofacial surgery strictly related to certain conditions	No benefit. (PMBs only at DSP day hospitals).		100% Scheme tariff. Limited to R12 327 per family.	100% Scheme tariff. Limited to R12 554 per family.
Dental and oral surgery	PMBs only at DSP day hospitals.	Qualifying PMB procedures only at DSP day hospitals. Pulp procedures, extractions and restorations in DSP day hospitals (only disabled beneficiaries and beneficiaries aged 0 – 7 years) – limited to R5 000 per family.	Limited to R7 690 per family.	Limited to R9 613 per family.
Prosthesis (subject to preferred providers and DSPs, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R75 092 per family.		100% Scheme tariff. Limited to R75 884 per family	100% Scheme tariff. Limited to R92 629 per family.

	BEAT1	BEAT2	BEAT3	BEAT4
Prosthesis - Internal Note: Sub-limit subject to the above prosthesis limit. *Functional: Items utilised towards treating or supporting a bodily function.	Sub-limits per beneficiary: <ul style="list-style-type: none"> *Functional limited to R13 434. Vascular R29 971. Pacemaker (dual chamber) R40 939. Endovascular and catheter-based procedures - no benefit. Spinal R29 971. Artificial disk - no benefit. Drug-eluting stents - PMBs and DSP products only. Mesh R10 518. Gynaecology/Urology R8 595. Lens implants R6 559 per lens per eye. 		Sub-limits per beneficiary: <ul style="list-style-type: none"> *Functional limited to R13 435. Vascular R30 082. Pacemaker (dual chamber) R40 939. Endovascular and catheter-based procedures - no benefit. Spinal R30 082. Artificial disk - no benefit. Drug-eluting stents - PMBs and DSP products only. Mesh R10 573. Gynaecology/Urology R8 732. Lens implants R6 559 per lens per eye. 	Sub-limits per beneficiary: <ul style="list-style-type: none"> *Functional limited to R16 172. Vascular R32 005. Pacemaker (dual chamber) R53 605. Endovascular and catheter-based procedures - no benefit. Spinal R32 005. Artificial disk - no benefit. Drug-eluting stents R17 982. Mesh R11 875. Gynaecology/Urology R8 708. Lens implants R6 785 per lens per eye.
Prosthesis - External	No benefit (PMBs only).		Limited to R22 279 per family.	
Exclusions (Prosthesis sub-limit subject to preferred provider, otherwise limits and co-payments apply)	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: <ul style="list-style-type: none"> Hip replacement and other major joints R31 553. Knee replacement R38 903. Minor joints R12 101. 	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: <ul style="list-style-type: none"> Hip replacement and other major joints R31 779. Knee replacement R39 322. Other minor joints R12 101. 	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: <ul style="list-style-type: none"> Hip replacement and other major joints R32 910. Knee replacement R43 721. Other minor joints R13 434. 	
Orthopaedic and medical appliances	100% Scheme tariff.			
Pathology	100% Scheme tariff.			
Basic radiology	100% Scheme tariff.			

	BEAT1	BEAT2	BEAT3	BEAT4
Specialised diagnostic imaging	100% Scheme tariff. Subject to co-payments.			100% Scheme tariff.
Oncology	PMBs only at DSPs.			
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.			100% Scheme tariff. Subject to pre-authorisation.
Confinements (Birthing)	100% Scheme tariff.			
HIV / AIDS	PMBs only at DSPs.	100% Scheme tariff. Subject to pre-authorisation and DSPs.		
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	PMBs only.		100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R7 916 per eye.	100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R8 935 per eye.
Midwife-assisted births	100% Scheme tariff.			
Supplementary services	100% Scheme tariff.			
Alternatives to hospitalisation	100% Scheme tariff.			
Emergency evacuation	Services rendered by ER24.			
International travel cover	Up to R10 million and a maximum of 90 days. Services rendered by Bryte Insurance and managed by ER24.			
Co-payments	Co-payment of R3 619 on all endoscopic investigations and specialised diagnostic imaging if done in a private hospital. Any other facility, no co-payment.		Co-payment of R3 619 on all endoscopic investigations if done in a private hospital. Any other facility, no co-payment.	Not applicable.

Out-of-hospital benefits

Note: Benefits below may be subject to pre-authorization, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).

Approved PMB's will be paid from scheme risk.

	BEAT1	BEAT2	BEAT3	BEAT4
Overall day-to-day limit	Not applicable.			M = R12 214, M1+ = R24 427.
Family Practitioner (FP) and specialist consultations	No benefit.	Savings account. FP and specialist consultations only at Bestmed DSPs at network tariffs.		Savings first. Limited to M = R3 110, M1+ = R5 541. (Subject to overall day-to-day limit)
Diabetes primary care consultation	100% of Scheme tariff subject to registration with HaloCare. 2 primary care consultations at Dis-Chem Pharmacies limited to R341.90 per consultation. Beat4 option: Paid first from the "FP and specialist consultations" day-to-day benefit, thereafter Scheme risk.			
Basic and specialised dentistry	No benefit.	Basic: Preventative benefit or savings account. Specialised: Savings account. Orthodontic: Subject to pre-authorization.		Savings first. Limited to M = R5 381, M1+ = R10 808. (Subject to overall day-to-day limit). Orthodontics are subject to pre-authorization.
Medical aids, apparatus and appliances including wheelchairs and hearing aids Hearing aids are subject to pre-authorization.	No benefit.	Savings account.		Savings first. 100% Scheme tariff. Limited to R10 970 per family. (Subject to overall day-to-day limit)
Supplementary services	No benefit.	Savings account.		Savings first. Limited to M = R4 750, M1+ = R9 647. (Subject to overall day-to-day limit)



6 inches
of fashion
can become
6 weeks on
crutches!

	BEAT1	BEAT2	BEAT3	BEAT4
Wound care benefit (incl. dressings, negative pressure wound therapy -NPWT- treatment and related nursing services -out-of-hospital)	100% Scheme tariff. Limited to R 3 359 per family.			Savings first. 100% Scheme tariff. Limited to R4 750 per family. (Subject to overall day-to-day limit)
Optometry benefit (PPN capitation provider)	No benefit.	Savings account.	Benefits available every 24 months from date of service. Network Provider (PPN) Consultation - 1 per beneficiary. Frame = R868 covered AND 100% of cost of standard lenses (single vision OR bifocal OR multifocal) OR Contact lenses = R1 510 OR Non-network Provider Consultation - R316 fee at non-network provider Frame = R579 AND Single vision lenses = R184 OR Bifocal lenses = R431 OR Multifocal lenses = R747 OR Contact lenses = R1 510	
Basic radiology and pathology	No benefit.	Savings account.		Savings first. Limited to M = R3 110, M1+ = R6 333. (Subject to overall day-to-day limit)
Specialised diagnostic imaging	100% Scheme tariff. Limited to R5 089 per family, (excluding PET scans).		100% Scheme tariff. Limited to R10 688 per family (excluding PET scans).	100% Scheme tariff. Limited to R16 172 per family.
Oncology	PMBs only at DSPs.			
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.		100% Scheme tariff. Subject to pre-authorization.	
HIV / AIDS	PMBs only at DSPs.	100% Scheme tariff. Subject to pre-authorization and DSPs.		
Rehabilitation services after trauma	No benefit.	Savings account.	Vested savings.	

Medicine

Note: Benefits mentioned below may be subject to pre-authorization, clinical protocols, preferred providers, designated service providers, formularies, funding guidelines and the Mediscor Reference Price (MRP). Approved CDL, PMB and non-CDL chronic medicine costs will be paid from the non-CDL chronic medicine limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk.

Pre-approval for medicine can be obtained from medicine@bestmed.co.za or 086 000 2378.

Note: Refer to the Chronic Conditions List at the back of the Comparative Guide.

	BEAT1	BEAT2	BEAT3	BEAT4
CDL & PMB chronic medicine	100% Scheme tariff. Co-payment of 40% for non-formulary medicine.			100% Scheme tariff. Co-payment of 30% for non-formulary medicine.
Non-CDL chronic medicine	No benefit.		5 conditions. 80% Scheme tariff. Limited to M = R3 280, M1+ = R6 673. Co-payment of 35% for non-formulary medicine.	9 conditions. 90% Scheme tariff. Limited to M = R7 204, M1+ = R14 408. Co-payment of 25% for non-formulary medicine.
Biologicals and other high-cost medicine	PMBs only as per funding protocol. Subject to pre-approval.			
Acute medicine	No benefit.	Savings account.		Savings first. Limited to M = R2 748, M1+ = R5 552. (Subject to overall day-to-day limit)
Over-the-counter (OTC) medicine	No benefit.	Savings account. Subject to available savings.		*Member choice: 1. R650 OTC limit OR 2. Access to full savings for OTC purchases (after R650 limit) = self-payment gap accumulation. Subject to available savings.
	Includes sunscreen, vitamins and minerals with nappi codes on Scheme formulary			

*The Default OTC choice is 1. R650 OTC limit. Members wishing to choose the other option are welcome to contact Bestmed
Note: Generic medicines are always available at a lower cost than the original brand and are just as effective. Bestmed recommends using these generic alternatives to avoid incurring additional costs.

Preventative care benefits

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

	BEAT1	BEAT2	BEAT3	BEAT4
Preventative care benefits	<ul style="list-style-type: none"> Flu vaccines. Pneumonia vaccines. Female contraceptives – R2 205 per beneficiary per year. Back and neck preventative programme. Pap smear – ages 18 and above, every 24 months. HPV vaccinations. 	<ul style="list-style-type: none"> Flu vaccines. Pneumonia vaccines. Paediatric immunisations. Female contraceptives – R2 205 per beneficiary per year. Back and neck preventative programme. Preventative dentistry. Pap smear – ages 18 and above, every 24 months. HPV vaccinations. Mammogram – ages 40 and above, every 24 months. PSA Screening – ages 50 years and above, every 24 months 	<ul style="list-style-type: none"> Flu vaccines. Pneumonia vaccines. Paediatric immunisations. Female contraceptives – R2 205 per beneficiary per year. Back and neck preventative programme. Preventative dentistry. Pap smear – ages 18 and above, every 24 months HPV vaccinations.. Mammogram – ages 40 and above, every 24 months. PSA Screening – ages 50 years and above, every 24 months 	<ul style="list-style-type: none"> Flu vaccines. Pneumonia vaccines. Paediatric immunisations. Female contraceptives – R2 205 per beneficiary per year. Back and neck preventative programme. Preventative dentistry. Haemophilus influenzae Type B vaccine (HIB). Mammogram – ages 40 and above, every 24 months. HPV vaccinations. PSA Screening – ages 50 years and above, every 24 months. Pap smear – ages 18 and above, every 24 months

Note: Refer to Scheme rules for funding criteria applicable to each preventative care benefit.

BEAT1

BEAT2

BEAT3

BEAT4

Tempo Programme (Wellness)
Note: Completing your Health Risk Assessment (HRA) unlocks the other Tempo benefits. One parent must complete their HRA in order to unlock assessments for beneficiaries younger than 18.

Individual Health Risk Assessments (Adults aged 18 and older) – Biometric screening and lifestyle questionnaire to be completed at a network pharmacy or onsite at selected employers (1 per year).

Child dependant assessments

- Ages 13-17 years: Assessment done by a contracted biokineticist (wellness network provider) – 1 per beneficiary per year.
- Ages 3-12 years: Assessment done by a contracted occupational therapist (wellness network provider) – 1 per beneficiary per year.
- Ages 0-2 years: Baby growth and development assessments done at a contracted pharmacy clinic – 3 assessments per year.

Family assessments - Nutrition

- Family nutritional assessment done at a contracted dietician (wellness network provider) – 1 per family per year.

Fitness and nutritional interventions (beneficiaries 18 and older)

- 3 individualised consultations per year at a contracted biokineticist (wellness provider network).
- 3 individualised consultations per year at a contracted dietician (wellness provider network).

Maternity Benefits

100% Scheme tariff. Subject to the following benefits:

Consultations:

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

Ultrasounds:

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

100% Scheme tariff. Subject to the following benefits:

Consultations:

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

Ultrasounds:

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

Supplements:

- Antenatal iron supplements - 9 fills subject to formulary.
- Antenatal folic acid - 9 fills subject to formulary.

Disclaimer on exclusions: General and option-specific exclusions apply. Please refer to www.bestmed.co.za for more details.

Contributions

		BEAT1		BEAT2		BEAT3		BEAT4
Non-Network (NN) / Network (N)		NN	N	NN	N	NN	N	NN
Medical Savings Account		N/A		16%		16%		14%
Principal Member	Risk	R1 617	R1 454	R1 660	R1 494	R2 518	R2 266	R4 029
	Savings	R0	R0	R316	R284	R479	R431	R656
	Total	R1 617	R1 454	R1 976	R1 778	R2 997	R2 697	R4 685
Adult Dependant	Risk	R1 255	R1 130	R1 289	R1 160	R1 789	R1 611	R3 328
	Savings	R0	R0	R245	R221	R341	R307	R541
	Total	R1 255	R1 130	R1 534	R1 381	R2 130	R1 918	R3 869
Child Dependant	Risk	R680	R612	R699	R628	R972	R876	R996
	Savings	R0	R0	R133	R120	R185	R167	R162
	Total	R680	R612	R832	R748	R1 157	R1 043	R1 158
Maximum contribution child dependants*				4				
Recognition of a child dependant		Under 21, unless a registered student.						

* You only pay for a maximum of four children. All other children join as beneficiaries of the Scheme free of charge.

ABBREVIATIONS

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); DSP = Designated Service Provider; FP = Family Practitioner or Doctor; TEMPO = Biometric Screenings; HIB = Haemophilus influenzae Type B vaccine; HPV = Human Papilloma Virus; M = Member; M1+ = Member and family; MRP = Mediscor Reference Price; PMB = Prescribed Minimum Benefit; PPN = Preferred Provider Negotiator; PSA = Prostate Specific Antigen.



Chat to us directly using our Chat Now service on the Bestmed website.



Did you know that Bestmed's Pace option range does not have co-payment or automatic self-payment gaps?

The Pace range offers more comprehensive in-hospital and out-of-hospital benefits. These options all have additional savings accounts to cover extensive out-of-hospital expenses. This range is ideal for families and those seeking comprehensive cover.

Method of Scheme benefit payment

PACE1	PACE2	PACE3	PACE4
<ul style="list-style-type: none"> In-hospital benefits are paid from Scheme risk benefit. Some out-of-hospital benefits are paid from the annual savings first and once depleted will be paid from the day-to-day benefit. Once the day-to-day benefit is depleted, benefits can be paid from the available vested savings. Some preventative care benefits are available from Scheme risk benefit. 			<ul style="list-style-type: none"> In-hospital benefits, out-of-hospital benefits and preventative care benefits are paid from Scheme risk. Once out-of-hospital risk benefits are depleted, further claims will be paid from savings.
<ul style="list-style-type: none"> Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs, this will not affect your savings (annual or vested). 			

In-hospital benefits

Note: All benefits mentioned below are subject to pre-authorization and clinical protocols.

Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs, this will not affect your savings.

	PACE1	PACE2	PACE3	PACE4
Accommodation (hospital stay) and theatre fees	100% Scheme tariff.			
Take-home medicine	100% Scheme tariff. Medicine limited to 7 days.			
Treatment in mental health clinics	100% Scheme tariff. Limited to 21 days per beneficiary.			
Treatment of chemical and substance abuse	100% Scheme tariff. Limited to 21 days or R30 760 per beneficiary. Subject to network facilities.			
Consultations and procedures	100% Scheme tariff.			
Surgical procedures and anaesthetics	100% Scheme tariff.			
Organ transplants	100% Scheme tariff. (Only PMBs)	100% Scheme tariff.		

	PACE1	PACE2	PACE3	PACE4
Major medical maxillofacial surgery strictly related to certain conditions	100% Scheme tariff. Limited to R12 440 per family.	100% Scheme tariff.		
Dental and oral surgery	Limited to R7 690 per family.	Limited to R12 780 per family.	Limited to R16 059 per family.	Limited to R19 225 per family.
Prosthesis (subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R85 948 per family.	100% Scheme tariff. Limited to R110 376 per family.	100% Scheme tariff. Limited to R110 942 per family.	100% Scheme tariff. Limited to R128 018 per family.
Prosthesis - Internal	<p>Sub-limits per beneficiary:</p> <ul style="list-style-type: none"> *Functional limited to R15 437. Vascular R31 325. Pacemaker (dual chamber) R53 492. Endovascular and catheter-based procedures – no benefit. Spinal R31 325. Artificial disk – no benefit. Drug-eluting stents – PMBs and DSP products only Mesh R11 761. Gynaecology/ Urology R8 482. Lens implants R6 447 per lens per eye. <p>Note: Sub-limit subject to the above prosthesis limit.</p> <p>*Functional: Items utilised towards treating or supporting a bodily function</p>	<p>Sub-limits per beneficiary:</p> <ul style="list-style-type: none"> *Functional limited to R16 794. Vascular R41 391. Pacemaker (dual chamber) R59 655. Spinal including artificial disc R55 335. Drug-eluting stents R18 094. Mesh R18 094. Gynaecology/ Urology R13 514. Lens implants R11 604 per lens per eye. Joint replacements: <ul style="list-style-type: none"> Hip replacement and other major joints R49 703. Knee replacement R57 676. Minor joints R21 430. 	<p>Sub-limits per beneficiary:</p> <ul style="list-style-type: none"> *Functional limited to R18 094. Vascular R41 505. Pacemaker (dual chamber) R59 655. Spinal including artificial disc R55 440. Drug-eluting stents R18 094. Mesh R18 094. Gynaecology/ Urology R13 571. Lens implants R11 604 per lens per eye. Joint replacements: <ul style="list-style-type: none"> Hip replacement and other major joints R49 760. Knee replacement R57 959. Minor joints R21 430. 	<p>Sub-limits per beneficiary:</p> <ul style="list-style-type: none"> *Functional limited to R18 773. Vascular R47 498. Pacemaker (dual chamber) R59 655. Spinal including artificial disc R64 014. Drug-eluting stents R21 318. Mesh R18 773. Gynaecology/ Urology R15 494. Lens implants R17 156 per lens per eye. Joint replacements: <ul style="list-style-type: none"> Hip replacement and other major joints R57 280. Knee replacement R66 328. Minor joints R21 318.
Prosthesis - External	Limited to R21 827 per family.	Limited to R26 011 per family.	Limited to R26 124 per family.	Limited to R29 517 per family.

	PACE1	PACE2	PACE3	PACE4
Exclusions (Prosthesis sub-limit subject to preferred provider, otherwise limits and co-payments apply)	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: <ul style="list-style-type: none"> Hip replacement and other major joints R31 891. Knee replacement R42 409. Minor joints R13 175. 	Not applicable.		
Orthopaedic and medical appliances	100% Scheme tariff.			
Pathology	100% Scheme tariff.			
Basic radiology	100% Scheme tariff.			
Specialised diagnostic imaging	100% Scheme tariff.			
Oncology	PMBs only at DSPs.	Oncology programme. 100% Scheme tariff.		
Mammary surgery (Breast cancer patient)	No benefit.	100% Scheme tariff. Limited to R35 000. Subject to pre-authorisation for symmetrising surgery on unaffected breast.		
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.	100% Scheme tariff.		
HIV / AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.			
Confinements (Birthing)	100% Scheme tariff.			
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	100% Scheme tariff. Limited to R8 550 per eye.	100% Scheme tariff. Limited to R8 934 per eye.	100% Scheme tariff. Limited to R9 613 per eye.	
Midwife-assisted births	100% Scheme tariff.			
Supplementary services	100% Scheme tariff.			
Alternatives to hospitalisation	100% Scheme tariff.			
Emergency evacuation	Services rendered by ER24.			
International travel cover	Up to R10 million and a maximum of 90 days. Services rendered by Bryte Insurance and managed by ER24.			

Out-of-hospital benefits

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

Approved PMB's will be paid from scheme risk.

	PACE1	PACE2	PACE3	PACE4
Overall day-to-day limit	M = R10 382, M1+ = R20 763.	M = R14 656, M1+ = R29 313.	M = R18 321, M1+ = R37 863.	M = R34 153, M1+ = R55 075.
FP and specialist consultations	Savings first. Limited to M = R2 138, M1+ = R4 297. (Subject to overall day-to-day limit)	Savings first. Limited to M = R4 185, M1+ = R8 482. (Subject to overall day-to-day limit)	Savings first. Limited to M = R4 185, M1+ = R8 482. (Subject to overall day-to-day limit)	Limited to M = R5 372, M1+ = R8 708. (Subject to overall day-to-day limit)
Diabetes primary care consultation	100% of Scheme tariff subject to registration with HaloCare. 2 primary care consultations at Dis-Chem Pharmacies limited to R341.90 per consultation. Paid first from the "FP and specialist consultations" day-to-day benefit, thereafter Scheme risk.			
Basic and specialised dentistry	Savings first. Basic: Preventative benefit or savings account. Limit once savings exceeded. Specialised: Savings account then limit. Orthodontic: Subject to pre-authorisation. Limited to M = R3 934, M1+ = R7 985. (Subject to overall day-to-day limit)	Savings first. Basic: Preventative benefit or savings account. Limit once savings exceeded. Specialised: Savings account then limit. Orthodontic: Subject to pre-authorisation. Limited to M = R6 596, M1+ = R13 192. (Subject to overall day-to-day limit)	Savings first. Basic: Preventative benefit or savings account. Limit once savings exceeded. Specialised: Savings account then limit. Orthodontic: Subject to pre-authorisation. Limited to M = R7 107, M1+ = R13 250. (Subject to overall day-to-day limit)	Limited to M = R11 861, M1+ = R20 020. (Subject to overall day-to-day limit) Orthodontic: Subject to pre-authorisation.
Medical aids, apparatus and appliances including wheelchairs and hearing aids	Savings first. 100% Scheme tariff. Limited to R10 970 per family. (Subject to overall day-to-day limit)	Savings first. 100% Scheme tariff. Limited to R9 952 per family. (Subject to overall day-to-day limit). Limit on wheelchairs of R13 458 per family per 48 months. Limit on hearing aids of R27 425 per beneficiary per 24 months.	Savings first. 100% Scheme tariff. Limited to R9 952 per family. (Subject to overall day-to-day limit). Limit on wheelchairs of R13 458 per family per 48 months. Limit on hearing aids of R30 874 per beneficiary per 24 months.	100% Scheme tariff. Limited to R9 952 per family. (Subject to overall day-to-day limit). Limit on wheelchairs of R13 458 per family per 48 months. Limit on hearing aids of R34 379 per beneficiary per 24 months.
Hearing aids are subject to pre-authorisation.	Hearing aids can be claimed every 24 months.			

	PACE1	PACE2	PACE3	PACE4
Insulin pump (excluding consumables)	No benefit.			100% Scheme tariff. Limited to R40 000 per beneficiary every 24 months. Subject to pre-authorization.
Supplementary services	Savings first. Limited to M = R4 195, M1+ = R8 708. (Subject to overall day-to-day limit)	Savings first. Limited to M = R5 260, M1+ = R10 574. (Subject to overall day-to-day limit)	Savings first. Limited to M = R2 566, M1+ = R5 372. (Subject to overall day-to-day limit)	Limited to M = R5 372, M1+ = R10 574. (Subject to overall day-to-day limit)
Wound care benefit (incl. dressings, negative pressure wound therapy -NwPT- treatment and related nursing services - out-of-hospital)	Savings first. 100% Scheme tariff. Limited to R3 450 per family. (Subject to overall day-to-day limit)	Savings first. 100% Scheme tariff. Limited to R6 559 per family. (Subject to overall day-to-day limit)	Savings first. 100% Scheme tariff. Limited to R10 178 per family. (Subject to overall day-to-day limit)	Limited to R13 118 per family. (Subject to overall day-to-day limit)
Optometry benefit (PPN capitation provider)	Benefits available every 24 months from date of service.			
	Network Provider (PPN) Consultation - 1 per beneficiary. Frame = R868 covered AND 100% of cost of standard lenses (single vision OR bifocal OR multifocal) OR Contact lenses = R1 510 OR Non-network Provider Consultation - R316 fee at non-network provider Frame = R579 AND Single vision lenses = R184 OR Bifocal lenses = R431 OR Multifocal lenses = R747 OR Contact lenses = R1 510			
Basic radiology and pathology	Savings first. 100% Scheme tariff. Limited to M = R3 110, M1+ = R6 220. (Subject to overall day-to-day limit)	Savings first. 100% Scheme tariff. Limited to M = R3 110, M1+ = R6 220. (Subject to overall day-to-day limit)	Savings first. 100% Scheme tariff. Limited to M = R3 393, M1+ = R6 729. (Subject to overall day-to-day limit)	100% Scheme tariff. Limited to M = R5 372, M1+ = R10 574. (Subject to overall day-to-day limit)
Specialised diagnostic imaging	100% Scheme tariff. Limited to R13 911 per family.	MRI/CT scans: Maximum of 3 scans per beneficiary. PET scan: 1 scan per beneficiary. 100% Scheme tariff.		
Rehabilitation services after trauma	Vested savings.	100% Scheme tariff.		
HIV / AIDS	100% Scheme tariff. Subject to pre-authorization and DSPs.			

	PACE1	PACE2	PACE3	PACE4
Oncology	PMBs only at DSPs.	Oncology programme. 100% Scheme tariff.		
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.	100% Scheme tariff.		

Medicine

Benefits mentioned below may be subject to pre-authorization, clinical protocols, preferred providers, designated service providers, formularies, funding guidelines and the Mediscor Reference Price (MRP). Refer to the Chronic Conditions List at the back of the Comparative Guide.

Note: Approved CDL, PMB and non-CDL chronic medicine costs will be paid from the non-CDL chronic medicine limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk.

Note: Approved PMB biological and Non-PMB biological medicine costs will be paid from the Biological limit first. Once the limit is depleted, only PMB biological medicine costs will continue to be paid unlimited from Scheme risk.

	PACE1	PACE2	PACE3	PACE4
CDL & PMB chronic medicine	100% Scheme tariff. Co-payment of 35% for non-formulary medicine.	100% Scheme tariff. Co-payment of 30% for non-formulary medicine.	100% Scheme tariff. Co-payment of 25% for non-formulary medicine.	100% Scheme tariff. Co-payment of 20% for non-formulary medicine.
Non-CDL chronic medicine	7 conditions. 90% Scheme tariff. Limited to M = R6 333, M1+ = R12 666. Co-payment of 30% for non-formulary medicine.	18 conditions. 90% Scheme tariff. Limited to M = R8 708, M1+ = R17 416. Co-payment of 25% for non-formulary medicine.	19 conditions. 90% Scheme tariff. Limited to M = R14 046, M1+ = R28 092. Co-payment of 20% for non-formulary medicine.	28 conditions. 90% Scheme tariff. Limited to M = R18 942, M1+ = R38 055. Co-payment of 15% for non-formulary medicine.
Biologicals and other high-cost medicine	PMBs only - subject to pre-approval.	Limited to R158 221 per beneficiary.	Limited to R316 652 per beneficiary.	Limited to R468 645 per beneficiary.
Acute medicine	Savings first. Limited to M = R2 240, M1+ = R4 637. (Subject to overall day-to-day limit).	Savings first. Limited to M = R4 637, M1+ = R9 273. (Subject to overall day-to-day limit).	Savings first. Limited to M = R1 471, M1+ = R3 619. (Subject to overall day-to-day limit).	Limited to M = R8 482, M1+ = R13 175. (10% co-payment) (Subject to overall day-to-day limit).
Over-the-counter (OTC) medicine	*Member choice: 1. R650 OTC limit OR 2. Access to full savings for OTC purchases (after R650 limit) = self-payment gap accumulation. Subject to available savings.			Savings account.
	Includes sunscreen, vitamins and minerals with nappi codes on Scheme formulary			

*The Default OTC choice is 1. R650 OTC limit. Members wishing to choose the other option are welcome to contact Bestmed

Preventative care benefits

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

	PACE1	PACE2	PACE3	PACE4
<p>Preventative care</p> <p>Note: Refer to Scheme rules for funding criteria applicable to each preventative care benefit.</p>	<ul style="list-style-type: none"> Flu vaccines. Pneumonia vaccines. Paediatric immunisations. Female contraceptives – R2 205 per beneficiary per year. Back and neck preventative programme. Preventative dentistry. Haemophilus influenzae Type B vaccine. (HIB). Mammogram. HPV vaccinations. Pap smear – age 18 and above, every 24 months. PSA screening – ages 50 and above, every 24 months. 	<ul style="list-style-type: none"> Flu vaccines. Pneumonia vaccines. Paediatric immunisations. Female contraceptives – R2 205 per beneficiary per year. Back and neck preventative programme. Preventative dentistry. Haemophilus influenzae Type B vaccine. (HIB). Mammogram. PSA screening – ages 50 and above, every 24 months. HPV vaccinations. Bone densitometry. Pap smear – ages 18 and above, every 24 months. 		
<p>Tempo Programme (Wellness)</p> <p>Note: Completing your Health Risk Assessment (HRA) unlocks the other Tempo benefits.</p> <p>One parent must complete their HRA in order to unlock assessments for beneficiaries younger than 18.</p>	<p>Individual Health Risk Assessments (Adults aged 18 and older) – Biometric screening and lifestyle questionnaire to be completed at a network pharmacy or onsite at selected employers (1 per year).</p> <p>Child dependant assessments</p> <ul style="list-style-type: none"> Ages 13-17 years: Assessment done by a contracted biokineticist (wellness network provider) – 1 per beneficiary per year. Ages 3-12 years: Assessment done by a contracted occupational therapist (wellness network provider) – 1 per beneficiary per year. Ages 0-2 years: Baby growth and development assessments done at a contracted pharmacy clinic – 3 assessments per year. <p>Family assessments - Nutrition</p> <ul style="list-style-type: none"> Family nutritional assessment done at a contracted dietician (wellness network provider) – 1 per family per year. <p>Fitness and nutritional interventions (beneficiaries 18 and older)</p> <ul style="list-style-type: none"> 3 individualised consultations per year at a contracted biokineticist (wellness provider network). 3 individualised consultations per year at a contracted dietician (wellness provider network). 			

	PACE1	PACE2	PACE3	PACE4
<p>Maternity Benefits</p>	<p>100% Scheme tariff. Subject to the following benefits:</p> <p>Consultations:</p> <ul style="list-style-type: none"> 9 antenatal consultations at a FP OR gynaecologist OR midwife. 1 post-natal consultation at a FP OR gynaecologist OR midwife. <p>Ultrasounds:</p> <ul style="list-style-type: none"> 1 x 2D ultrasound scan at 1st trimester (between 10 to 12 weeks) at a FP OR gynaecologist OR radiologist. 1 x 2D ultrasound scan at 2nd trimester (between 20 to 24 weeks) at a FP OR gynaecologist OR radiologist. <p>Supplements:</p> <ul style="list-style-type: none"> Antenatal iron supplements - 9 fills subject to formulary. Antenatal folic acid – 9 fills subject to formulary. 			

Disclaimer on exclusions: General and option-specific exclusions apply. Please refer to www.bestmed.co.za for more details.

Contributions

		PACE1	PACE2	PACE3	PACE4
Medical Savings Account		19%	14%	14%	3%
Principal Member	Risk	R3 183	R4 786	R5 495	R7 743
	Savings	R747	R780	R895	R240
	Total	R3 930	R5 566	R6 390	R7 983
Adult Dependand	Risk	R2 236	R4 694	R4 424	R7 743
	Savings	R524	R764	R720	R240
	Total	R2 760	R5 458	R5 144	R7 983
Child Dependand	Risk	R804	R1 055	R945	R1 813
	Savings	R188	R172	R154	R57
	Total	R992	R1 227	R1 099	R1 870
Maximum contribution child dependant*			4		
Recognition of a child dependant			Under 21, unless a registered student.		

*You only pay for a maximum of four children. All other children join as beneficiaries of the Scheme free of charge.

ABBREVIATIONS

DBC = Documentation Based Care (Back Rehabilitation Programme); DSP = Designated Service Provider; FP = Family Practitioner or Doctor; TEMPO = Biometric Screenings; HIB = Haemophilus influenzae Type B vaccine; HPV = Human Papilloma Virus; M = Member; M1+ = Member and family; MRI/CT scans = Magnetic Resonance Imaging/Computed Tomography scans; MRP = Mediscor Reference Price; NP = Network Provider; PET scan = Positron Emission Tomography scan; PMB = Prescribed Minimum Benefits; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen.



PULSE

Unlimited FP consultations on our Pulse Network!

The Pulse range is ideally suitable for you if:

- You are seeking a plan option that is based on your income (Pulse1).
- You are comfortable with making use of designated service providers (DSPs) within our Pulse network.
- You are looking for unlimited comprehensive cover for hospitalisation and the added benefit of preventative care.

Method of Scheme benefit payment

PULSE1

- In-hospital benefits are paid from Scheme risk.
- Some preventative care benefits are available from Scheme risk.
- Some out-of-hospital benefits are paid from Scheme risk.
- Only Pulse specialist DSP network.

PULSE2

- In-hospital benefits are paid from Scheme risk.
- Some day-to-day benefits and preventative care benefits are available from Scheme risk.
- Some out-of-hospital benefits are paid from Scheme risk.
- Only Pulse specialist DSP network.

- Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs.

In-hospital benefits

All benefits below are subject to pre-authorisations and clinical protocols and designated hospital networks.

	PULSE1	PULSE2
Accommodation (hospital stay) and theatre fees	100% Scheme tariff at a DSP hospital.	
Take-home medicine	100% Scheme tariff. Medicine limited to 3 days.	100% Scheme tariff. Medicine limited to 7 days.
Treatment in mental health clinics	100% Scheme tariff. Limited to 21 days per beneficiary.	
Treatment of chemical and substance abuse	100% Scheme tariff (only PMBs). Limited to 21 days per beneficiary. Subject to network facilities.	100% Scheme tariff. Limited to 21 days or R30 760 per beneficiary. Subject to network facilities.
Consultations and procedures	100% Scheme tariff.	
Surgical procedures and anaesthetics	100% Scheme tariff. Excluded from benefits: functional nasal surgery, surgery for medical conditions e.g. Epilepsy, Parkinson's disease and procedures where stimulators are used.	100% Scheme tariff.
Organ transplants	100% Scheme tariff (only PMBs).	
Major medical maxillofacial surgery strictly related to certain conditions	No benefit.	100% Scheme tariff.
Dental and oral surgery	No benefit.	100% Scheme tariff.

	PULSE1	PULSE2
Prosthesis (subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R50 552 per family.	100% Scheme tariff. Limited to R101 216 per family.
Prosthesis – Internal Note: Sub-limit subject to the above prosthesis limit *Functional: Items utilised towards treating or supporting a bodily function	Sub-limits per beneficiary: <ul style="list-style-type: none"> *Functional R10 744. Vascular R25 049. Pacemaker (dual chamber) R40 939. Endovascular and catheter-based procedures – no benefit. Spinal R25 049. Artificial disk – no benefit. Drug-eluting stents – PMBs and DSP products only. Mesh R9 161. Gynaecology/Urology R7 566. Lens implants R5 260 per lens per eye. 	Sub-limits per beneficiary: <ul style="list-style-type: none"> *Functional R16 794. Vascular R39 129. Pacemaker (dual chamber) R53 040. Spinal R39 129. Artificial disk R17 190. Drug-eluting stents R17 190. Mesh R17 190. Gynaecology/Urology R12 780. Lens implants R10 970 per lens per eye. Joint replacements: <ul style="list-style-type: none"> - Hip replacement and other major joints R46 819. - Knee replacement R54 679. - Minor joints R20 356.
Prosthesis – External	No benefit (PMBs only).	Limited to R24 427 per family.
Exclusions (Prosthesis sub-limit subject to preferred provider, otherwise limits and co-payments apply)	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: <ul style="list-style-type: none"> Hip replacement and other major joints R25 672. Knee replacement R32 457. Minor joints R12 157. 	Not applicable.
Orthopaedic and medical appliances	100% Scheme tariff. Limited to R6 220 per family.	100% Scheme tariff.
Basic radiology and pathology	100% Scheme tariff.	
Specialised diagnostic imaging	100% Scheme tariff. Subject to pre-authorisation.	
Oncology	PMBs only at DSPs.	Oncology programme. 100% Scheme tariff.
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.	100% Scheme tariff. Only at DSPs.
Confinements (Birthing)	100% Scheme tariff.	
Mammary surgery (Breast cancer patients)	No benefit.	100% Scheme tariff. Limited to R35 000 subject to pre-authorisation for symmetrising surgery on unaffected breast..
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	No benefit (PMBs only).	100% Scheme tariff. Limited to R8 990 per eye.

	PULSE1	PULSE2
Midwife-assisted births	100% Scheme tariff.	
Supplementary services	100% Scheme tariff.	
HIV / AIDS	PMBs only at DSPs	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Alternatives to hospitalisation	100% Scheme tariff.	
Emergency evacuation	Services rendered by ER24	
International travel cover	Up to R10 million and a maximum of 90 days. Services rendered by Bryte Insurance and managed by ER24.	
Co-payments	Co-payment where procedure has been clinically approved: <ul style="list-style-type: none"> R3 619 on all laparoscopic procedures, R3 619 on prostate procedures, R3 619 on procedures for prolapse/incontinence, R3 619 on arthroscopy other than acute trauma, R3 619 on endoscopy investigations done primarily in hospital Co-payment of up to R11 309 per event for voluntary use of a non-DSP hospital. 	Co-payment of up to R11 309 per event for voluntary use of a non-DSP hospital.

Out-of-hospital benefits

Note: Granting of benefits under the primary care services and the Scheme benefits shall be subject to treatment protocols, preferred providers, DSPs, dental procedure codes, pathology and radiology lists of codes and medicine formularies as accepted by the Scheme.

	PULSE1	PULSE2
Overall day-to-day limit	N/A	M = R13 854, M1+ = R27 537.
FP consultations	Unlimited FP visits. Subject to Bestmed Pulse1 FP networks.	Unlimited FP visits at Bestmed FP network providers.
Diabetes primary care consultation	100% of Scheme tariff subject to registration with HaloCare. 2 primary care consultations at Dis-Chem Pharmacies limited to R341.90 per consultation. Pulse2 option: Paid first from the day-to-day benefit, thereafter Scheme risk.	
Casualty and out-of-network FP visits	Limited to R1 357 per family per year.	Limited to R1 471 per family per year.

	PULSE1	PULSE2
Specialist consultations	Specialist consultations must be referred by a Pulse1 Network Provider. Limited to M = R1 131, M1+ = R 1 697. Subject to Pulse Specialist DSP network. R500 penalty for non-referral to specialists in PMB cases.	Specialist consultations must be referred by Network Provider. Limited to M = R3 054, M1+ = R5 881. Subject to overall day-to-day limit. Subject to Pulse specialist DSP network.
Basic and specialised dentistry	Basic dentistry: Subject to Bestmed Pulse Dental Network. Specialised dentistry: No benefit.	Specialised dentistry is subject to pre-authorization. Limited to M = R6 955, M1+ = R8 821 Subject to overall day-to-day limit.
Medical aids, apparatus and appliances including wheelchairs and hearing aids	No benefit.	Limited to R9 839 per family. Limit on wheelchairs of R12 666 per family, per 48 months. Limit on hearing aids of R27 368 per beneficiary per 24 months subject to pre-authorization, quotation, audiogram and motivation).
Supplementary services	No benefit.	Limited to M = R4 071, M1+ = R8 086. (Subject to overall day-to-day limit)
Wound care benefit (incl. dressings, negative pressure wound therapy treatment -NWPT- and related nursing services - out-of-hospital)	No benefit.	Limited to R9 500 per family.
Optometry benefit (PPN capitation provider)	Benefits available every 24 months from date of service at PPN provider only. Consultation - only PPN providers. Frame = R237 covered AND 100% of cost of standard lenses (single vision OR bifocal OR multifocal) OR Contact lenses = R600	Benefits available every 24 months from date of service. Network Provider (PPN) Consultation - 1 per beneficiary. Frame = R868 covered AND 100% of cost of standard lenses (single vision OR bifocal OR multifocal) OR Contact lenses = R1 510 OR Non-network Provider Consultation - R316 fee at non-network provider Frame = R579 AND Single vision lenses = R184 OR Bifocal lenses = R431 OR Multifocal lenses = R747 OR Contact lenses = R1 510

	PULSE1	PULSE2
Basic radiology and pathology	Subject to Provider Network. Pulse1 Protocols and tariff lists apply. Referral by Pulse1 Network Provider required.	Subject to NP protocols and tariff lists. (Subject to overall day-to-day limit). Referral by NP required. Subject to pre-authorization.
Specialised diagnostic imaging	No benefit.	Subject to pre-authorization. MRI/CT scans: A maximum of 3 scans per beneficiary. PET scans: 1 scan per beneficiary.
HIV / AIDS	PMBs only at DSPs.	100% Scheme tariff. Subject to pre-authorization and DSPs.
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.	100% Scheme tariff. Only at DSPs.
Oncology	PMBs only at DSPs.	Oncology programme. 100% Scheme tariff.
Rehabilitation services after trauma	No benefit.	

Medicine

Benefits mentioned below may be subject to pre-authorization, clinical protocols, preferred providers, designated service providers, formularies, funding guidelines and the Mediscor Reference Price (MRP). Refer to the Chronic Conditions List at the back of the Comparative Guide.

Note: Approved CDL, PMB and non-CDL chronic medicine costs will be paid from the non-CDL chronic medicine limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk.

Note: Approved PMB biological and Non-PMB biological medicine costs will be paid from the Biological limit first. Once the limit is depleted, only PMB biological medicine costs will continue to be paid unlimited from Scheme risk.

	PULSE1	PULSE2
CDL & PMB chronic medicine	100% Scheme tariff. 40% co-payment on non-formulary medicine.	100% Scheme tariff. 25% co-payment on non-formulary medicine.
Non-CDL chronic medicine	No benefit.	16 conditions. 90% Scheme tariff. Limited to M = R6 559, M1+ = R13 118. Co-payment of 20% for non-formulary medicine.
Biologicals and other high-cost medicine	PMBs only - subject to pre-approval.	Limited to R149 279 per beneficiary.
Acute medicine	100% Scheme tariff. Subject to Bestmed formulary.	100% Scheme tariff. Limited to M = R4 354, M1+ = R8 821. (Subject to overall day-to-day limit)

	PULSE1	PULSE2
Over-the-counter (OTC) medicine	Limited to R368 per family.	Limited to R579 per family.
Includes sunscreen, vitamins and minerals with nappi codes on Scheme formulary		

Preventative care benefits

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

	PULSE1	PULSE2
Preventative care	<ul style="list-style-type: none"> Flu vaccines. Pneumonia vaccines. Paediatric immunisations. Back and neck preventative programme. Female contraceptives R2 205 per beneficiary per year. HPV vaccinations (Females 9-26 years) 	
Note: Refer to Scheme rules for funding criteria applicable to each preventative care benefit.		
Tempo Programme (Wellness)		Individual Health Risk Assessments (Adults aged 18 and older) – Biometric screening and lifestyle questionnaire to be completed at a network pharmacy or onsite at selected employers (1 per year).
Note: Completing your Health Risk Assessment (HRA) unlocks the other Tempo benefits.		Child dependant assessments
One parent must complete their HRA in order to unlock assessments for beneficiaries younger than 18		<ul style="list-style-type: none"> Ages 13-17 years: Assessment done by a contracted biokineticist (wellness network provider) – 1 per beneficiary per year. Ages 3-12 years: Assessment done by a contracted occupational therapist (wellness network provider) – 1 per beneficiary per year. Ages 0-2 years: Baby growth and development assessments done at a contracted pharmacy clinic – 3 assessments per year. Family assessments - Nutrition Family nutritional assessment done at a contracted dietician (wellness network provider) – 1 per family per year. Fitness and nutritional interventions (beneficiaries 18 and older) 3 individualised consultations per year at a contracted biokineticist (wellness provider network). 3 individualised consultations per year at a contracted dietician (wellness provider network).

	PULSE1	PULSE2
Maternity Benefits	100% Scheme tariff. Subject to the following benefits:	
	Consultations:	
	<ul style="list-style-type: none"> 9 antenatal consultations at a FP OR gynaecologist OR midwife. 1 post-natal consultation at a FP OR gynaecologist OR midwife. 	
	Ultrasounds:	
	<ul style="list-style-type: none"> 1 x 2D ultrasound scan at 1st trimester (between 10 to 12 weeks) at a FP OR gynaecologist OR radiologist. 1 x 2D ultrasound scan at 2nd trimester (between 20 to 24 weeks) at a FP OR gynaecologist OR radiologist. 	
	Supplements:	
	<ul style="list-style-type: none"> Antenatal iron supplements - 9 fills subject to formulary. Antenatal folic acid – 9 fills subject to formulary. 	

Disclaimer on exclusions: General and option specific exclusions apply. Please refer to www.bestmed.co.za for more details.

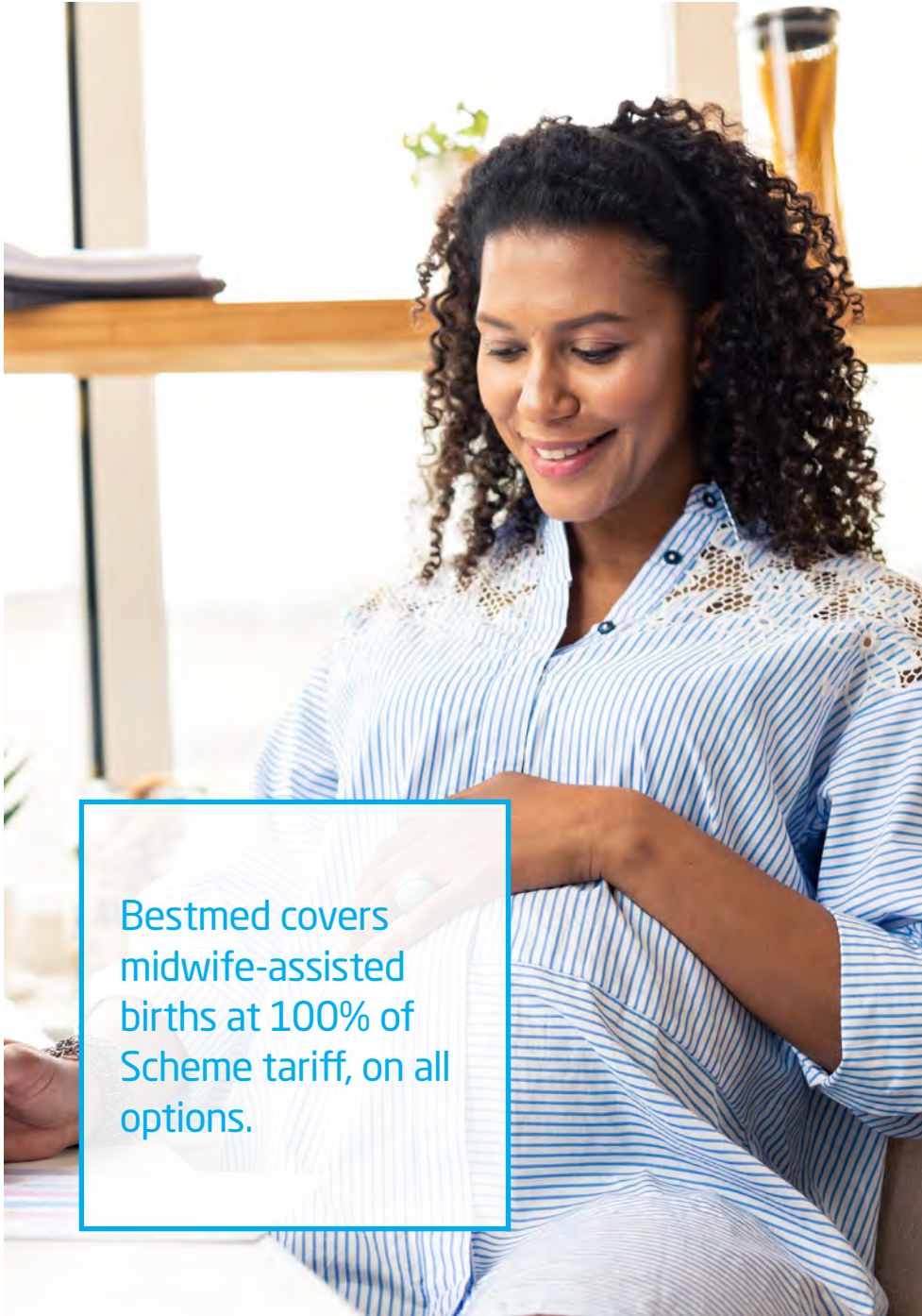
Contributions

		PULSE1		PULSE2	
Income level		R0 – R5 500 p.m.	R5 501 – R8 500 p.m.	> R8 501 p.m.	N/A
Medical Savings Account		N/A		N/A	
Principal Member	Risk	R1 626	R1 953	R2 344	R5 770
	Savings	R0	R0	R0	R0
	Total	R1 626	R1 953	R2 344	R5 770
Adult Dependant	Risk	R1 545	R1 856	R2 109	R5 770
	Savings	R0	R0	R0	R0
	Total	R1 545	R1 856	R2 109	R5 770
Child Dependant	Risk	R978	R1 172	R1 172	R1 371
	Savings	R0	R0	R0	R0
	Total	R978	R1 172	R1 172	R1 371
Maximum contribution child dependant*		Not applicable.		4	
Recognition of a child dependant		Not applicable.		Under 21, unless a registered student.	

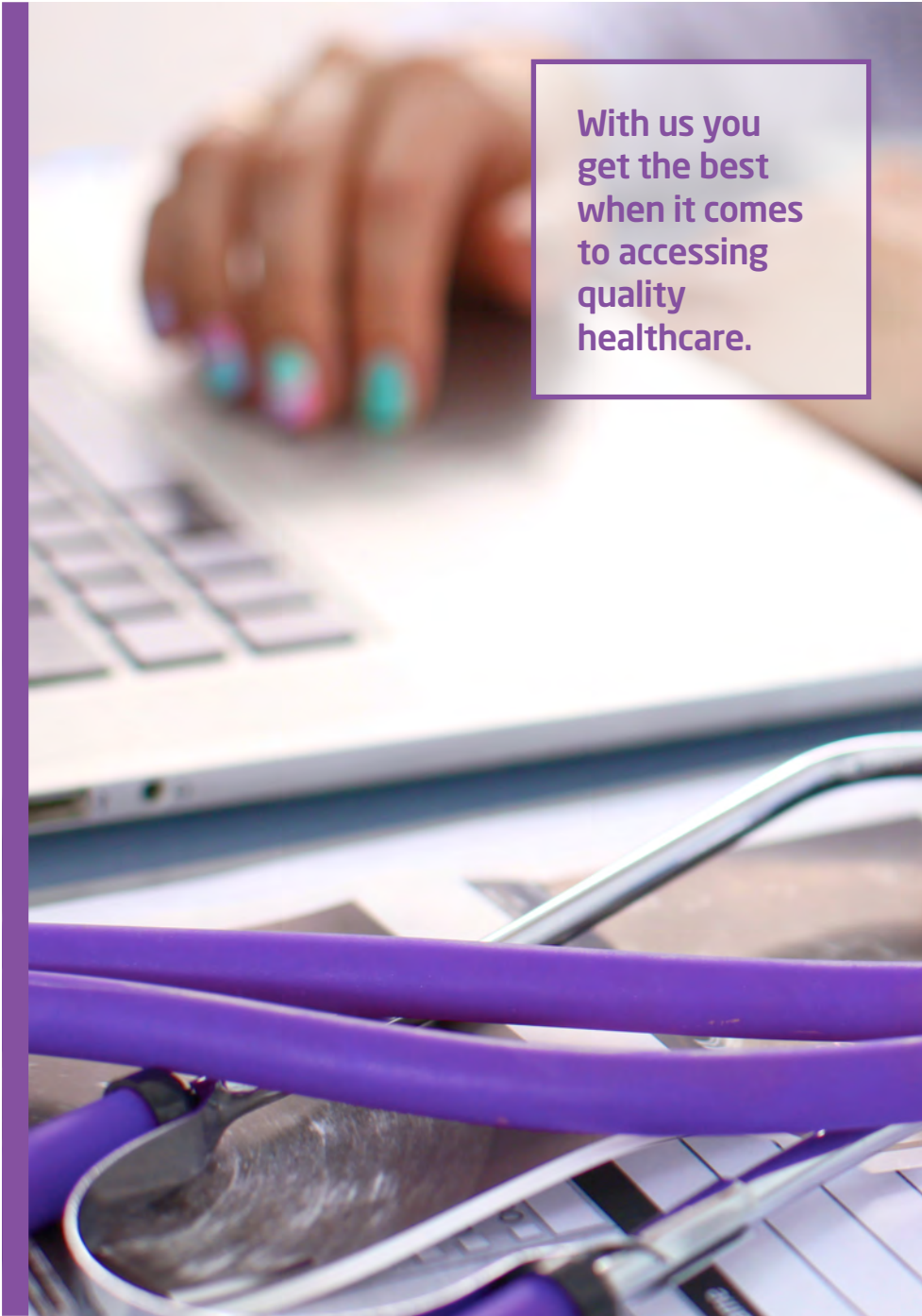
*You only pay for a maximum of four children. All other children join as beneficiaries on the Scheme free of charge. This is not applicable to Pulse1.

ABBREVIATIONS

DBC = Documentation Based Care (Back Rehabilitation Programme); DSP = Designated Service Provider; FP = Family Practitioner or Doctor; TEMPO= Biometric Screenings; M = Member; M1+ = Member and family; MRI/CT scans = Magnetic Resonance Imaging/Computed Tomography scans; MRP = Mediscor Reference Price; NP = Network Provider; PET scan = Positron Emission Tomography scan; PMB = Prescribed Minimum Benefits; PSA = Prostate Specific Antigen.



Bestmed covers midwife-assisted births at 100% of Scheme tariff, on all options.



With us you get the best when it comes to accessing quality healthcare.

Chronic Disease List

The Chronic Disease List (CDL) provides cover for the 27 listed chronic conditions for which medical schemes must cover the diagnosis, medical management and medicines as published by the Council for Medical Schemes. An additional 16 conditions are covered as Prescribed Minimum Benefits (PMB), where the medical management and medicines are also covered from Scheme benefits. Non-CDL chronic conditions are those additional conditions that Bestmed provides chronic medicine cover for. Authorisation for CDL, PMB and non-CDL chronic medicines is subject to clinical funding guidelines and protocols, formularies and Designated Service Providers (DSPs) where applicable. Approved CDL and PMB chronic medicines are covered without an annual financial limit while non-CDL chronic medicines are subject to an annual financial limit. Below is the list of CDL, PMB and non-CDL conditions that Bestmed covers on the various benefit options.

	BEAT1	BEAT2	BEAT3	BEAT4	PACE1	PACE2	PACE3	PACE4	PULSE1	PULSE2
Reimbursement for CDL	100% of Scheme tariff									
Reimbursement for non-CDL	N/A	N/A	80% of Scheme tariff	90% of Scheme tariff	90% of Scheme tariff	90% of Scheme tariff	90% of Scheme tariff	90% of Scheme tariff	N/A	90% of Scheme tariff
Non-formulary co-payment for CDL	40%	40%	40%	30%	35%	30%	25%	20%	40%	25%
No. of non-CDL conditions	0	0	5	9	7	18	19	28	0	16
Non-formulary co-payment for non-CDL	N/A	N/A	35%	25%	30%	25%	20%	15%	N/A	20%
CDL										
CDL 1	Addison's disease	√	√	√	√	√	√	√	√	√
CDL 2	Asthma	√	√	√	√	√	√	√	√	√
CDL 3	Bipolar mood disorder	√	√	√	√	√	√	√	√	√
CDL 4	Bronchiectasis	√	√	√	√	√	√	√	√	√
CDL 5	Cardiomyopathy	√	√	√	√	√	√	√	√	√
CDL 6	Chronic renal disease	√	√	√	√	√	√	√	√	√
CDL 7	Chronic obstructive pulmonary disease (COPD)	√	√	√	√	√	√	√	√	√
CDL 8	Cardiac failure	√	√	√	√	√	√	√	√	√
CDL 9	Coronary artery disease	√	√	√	√	√	√	√	√	√
CDL 10	Crohn's disease	√	√	√	√	√	√	√	√	√
CDL 11	Diabetes insipidus	√	√	√	√	√	√	√	√	√
CDL 12	Diabetes mellitus type 1	√	√	√	√	√	√	√	√	√
CDL 13	Diabetes mellitus type 2	√	√	√	√	√	√	√	√	√
CDL 14	Dysrhythmias	√	√	√	√	√	√	√	√	√
CDL 15	Epilepsy	√	√	√	√	√	√	√	√	√
CDL 16	Glaucoma	√	√	√	√	√	√	√	√	√
CDL 17	Haemophilia	√	√	√	√	√	√	√	√	√
CDL 18	Hyperlipidaemia	√	√	√	√	√	√	√	√	√
CDL 19	Hypertension	√	√	√	√	√	√	√	√	√
CDL 20	Hypothyroidism	√	√	√	√	√	√	√	√	√
CDL 21	Multiple sclerosis	√	√	√	√	√	√	√	√	√
CDL 22	Parkinson's disease	√	√	√	√	√	√	√	√	√
CDL 23	Rheumatoid arthritis	√	√	√	√	√	√	√	√	√
CDL 24	Schizophrenia	√	√	√	√	√	√	√	√	√
CDL 25	Systemic lupus erythematosus (SLE)	√	√	√	√	√	√	√	√	√
CDL 26	Ulcerative colitis	√	√	√	√	√	√	√	√	√

		BEAT1	BEAT2	BEAT3	BEAT4	PACE1	PACE2	PACE3	PACE4	PULSE1	PULSE2
NON-CDL											
non-CDL 1	Acne - severe			√	√	√	√	√	√		√
non-CDL 2	Attention deficit disorder/ Attention deficit hyperactivity disorder (ADD/ADHD)			√	√	√	√	√	√		√
non-CDL 3	Allergic rhinitis			√	√	√	√	√	√		√
non-CDL 4	Eczema			√	√	√	√	√	√		√
non-CDL 5	Migraine prophylaxis			√	√	√	√	√	√		√
non-CDL 6	Gout prophylaxis				√	√	√	√	√		√
non-CDL 7	Major depression				√	√	√	√	√		√
non-CDL 8	Obsessive compulsive disorder				√		√	√	√		√
non-CDL 9	Osteoporosis						√	√	√		√
non-CDL 10	Psoriasis						√	√	√		√
non-CDL 11	Urinary incontinence						√	√	√		√
non-CDL 12	Paget's disease						√	√	√		√
non-CDL 13	Gastro-oesophageal reflux disease (GORD)				√		√	√	√		√
non-CDL 14	Ankylosing spondylitis						√	√	√		
non-CDL 15	Hypopituitarism								√		
non-CDL 16	Osteoarthritis						√	√	√		√
non-CDL 17	Alzheimer's disease						√	√	√		√
non-CDL 18	Collagen diseases						√	√	√		
non-CDL 19	Dermatomyositis						√	√	√		
non-CDL 20	Motor neuron disease								√		
non-CDL 21	Neuropathy								√		√
non-CDL 22	Polyarteritis nodosa								√		
non-CDL 23	Scleroderma								√		
non-CDL 24	Sjogren's disease								√		
non-CDL 25	Trigeminal neuralgia								√		
non-CDL 26	Psoriatic arthritis								√		
non-CDL 27	Blepharospasm								√		
non-CDL 28	Dystonia								√		
PMB											
PMB 1	Aplastic anaemia	√	√	√	√	√	√	√	√	√	√
PMB 2	Chronic anaemia	√	√	√	√	√	√	√	√	√	√
PMB 3	Benign prostatic hypertrophy	√	√	√	√	√	√	√	√	√	√
PMB 4	Cushing's disease	√	√	√	√	√	√	√	√	√	√
PMB 5	Cystic fibrosis	√	√	√	√	√	√	√	√	√	√
PMB 6	Endometriosis	√	√	√	√	√	√	√	√	√	√
PMB 7	Female menopause	√	√	√	√	√	√	√	√	√	√
PMB 8	Fibrosing alveolitis	√	√	√	√	√	√	√	√	√	√
PMB 9	Graves' disease	√	√	√	√	√	√	√	√	√	√

		BEAT1	BEAT2	BEAT3	BEAT4	PACE1	PACE2	PACE3	PACE4	PULSE1	PULSE2
PMB 10	Hyperthyroidism	√	√	√	√	√	√	√	√	√	√
PMB 11	Hypophyseal adenoma	√	√	√	√	√	√	√	√	√	√
PMB 12	Idiopathic thrombocytopenic purpura	√	√	√	√	√	√	√	√	√	√
PMB 13	Paraplegia/Quadriplegia	√	√	√	√	√	√	√	√	√	√
PMB 14	Polycystic ovarian syndrome	√	√	√	√	√	√	√	√	√	√
PMB 15	Pulmonary embolism	√	√	√	√	√	√	√	√	√	√
PMB 16	Stroke	√	√	√	√	√	√	√	√	√	√

CLIENT SERVICES

Tel: +27 (0)86 000 2378
E-mail: service@bestmed.co.za
Fax: +27 (0)12 472 6500

ESCALATIONS

Tel: +27 (0)86 000 2378
Email: escalations@bestmed.co.za

HIV/AIDS CARE PROGRAMME

Tel: +27 (0)11 251 9400
Fax: +27 (0)86 500 9822
E-mail: mhc@bestmed.co.za

BESTMED HIV/AIDS DSP PHARMACIES LIFESENSE

Tel: +27 (0)86 050 6080
Fax: +27 (0)86 080 4960
E-mail: enquiry@lifesense.co.za

CLICKS DIRECT MEDICINE (COURIER PHARMACY)

Contact centre: +27 (0)86 144 4405
Fax: +27 (0)86 144 4414
E-mail: DMHIVQE@dirmed.co.za
Emergency: +27 (0)10 210 3364 or +27 (0)10 210 3330

CLICKS RETAIL PHARMACIES

Contact centre: +27 (0)86 073 7328
Fax: +27 (0)21 460 6752
E-mail: repeat@clicksgroup.co.za
Website: www.clicks.co.za

DIS-CHEM DIRECT (PREVIOUSLY OPTIPHARM COURIER PHARMACY)

Contact centre: +27 (0)11 589 2788
Fax: +27 (0)86 641 8311
E-mail: bestmed@dischem.co.za
Emergency contact: +27 (0)83 564 9978

DIS-CHEM RETAIL PHARMACIES

Contact centre: +27 (0)11 589 2604
Website: www.dischem.co.za/ > storelocator
E-mail: bestmed@dischem.co.za

MEDIPOST COURIER PHARMACY

Contact centre: +27 (0)12 426 4000
Fax: +27 (0)86 688 9867
Chronic medicine (after hours):
+27 (0)87 098 0400
E-mail: life@medipost.co.za

ONCOLOGY CARE PROGRAMME

Tel: +27 (0)12 472 6254
Fax: +27 (0)12 472 6770
E-mail: oncology@bestmed.co.za

COMPLAINTS

Tel: +27 (0)86 000 2378
E-mail: escalations@bestmed.co.za or
Elmarie.Jooste@bestmed.co.za
(Subject box: Manager, escalated query)
Postal address: PO Box 2297, Pretoria, Gauteng, 0001

 **086 000 2378**
 **service@bestmed.co.za**
 **012 472 6500**
 **www.bestmed.co.za**
 **@BestmedScheme**
 **www.facebook.com/
BestmedMedicalScheme**



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 6243
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

ER24

Tel: 084 124

INTERNATIONAL TRAVEL INSURANCE (BRYTE INSURANCE)

Tel: 0860 329 329 (RSA only) during office
hours / 084 124 after hours
E-mail: er24@brytesa.com
Claims: travelclaims@brytesa.com

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

Disclaimer: All the 2020 product information appearing in this brochure is provided without a representation or warranty whatsoever, whether expressed or implied, and no liability pertaining thereto will attach to Bestmed Medical Scheme. All information regarding the 2020 benefit options and accompanying services including information in respect of the terms and conditions or any other matters is subject to prior approval of the Council for Medical Schemes (CMS) and may change without notice having due regard to the CMS's further advices. Please note that should a dispute arise, the registered Rules, as approved by the Registrar of Medical Schemes, shall prevail.

Please visit www.bestmed.co.za for the complete liability and responsibility disclaimer for Bestmed Medical Scheme as well as the latest Scheme Rules.

Bestmed Medical Scheme is a registered medical scheme (Reg. no. 1252) and an Authorised Financial Services Provider (FSP no. 44058). ©Bestmed Medical Scheme 2019.
1010587 Bestmed Comparative Guide 2020 Brochure A4 ENG. This brochure was printed in October 2019. For the most recent version please visit our website at www.bestmed.co.za

bestMed
personally yours