



BEAT
3

Benefit Summary

2024

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BEAT3

BEAT3 OPTION

HOSPITAL PLAN (WITH SAVINGS AND SELECTED RISK BENEFITS)

Recommended for?

Beat3 is recommended for members looking for generous maternity benefits, extensive in-hospital cover and cover for chronic conditions. The option also offers various preventative care benefits.

Contributions

| Network (N) | Principal member | Adult dependant | Child dependant |
|-------------|------------------|-----------------|-----------------|
|-------------|------------------|-----------------|-----------------|

Risk amount

| | | | |
|---|--------|--------|--------|
| N | R2 849 | R2 032 | R1 006 |
| | R3 165 | R2 258 | R1 117 |

Medical savings account

| | | | |
|---|------|------|------|
| N | R503 | R359 | R177 |
| | R559 | R398 | R197 |

Total monthly contribution

| | | | |
|----------|---------------|---------------|---------------|
| N | R3 352 | R2 391 | R1 183 |
| | R3 724 | R2 656 | R1 314 |

*You pay for a maximum of three children. Any additional children can join as beneficiaries of the Scheme at no additional cost.

Children under the age of 24 and registered students up to the age of 26 years qualify for child dependant rates.

| BEAT3 OPTION | HOSPITAL PLAN (WITH SAVINGS AND SELECTED RISK BENEFITS) |
|---|--|
| Savings Account/ Day-to-day Benefits | Savings account available. Day-to-day benefits are available. |
| Over-the-counter medicine | Savings account. |

Method of benefit payment

On the Beat3 option in-hospital benefits are paid from Scheme risk. Some day-to-day benefits are paid from the Scheme risk and other services will be paid from the savings account. Some preventative care benefits are available from the Scheme risk benefit.

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

Network option

- Beat 1, 2 and 3 also offer you the option to lower your monthly contribution in the form of a network option.
- You are required to use specific network hospitals if you have selected the Beat3 network option. In turn, your monthly contribution is lower.
- The non-network option provides you with access to any hospital of your choice. This is the standard option.
- Please refer to the contributions table for more information regarding the monthly contributions.

In-hospital benefits

Note:

- All members must obtain pre-authorisation for planned procedures at least 14 (fourteen) days before the event. However, in the case of an emergency, you, your representative or the hospital must notify Bestmed of your hospitalisation as soon as possible or on the first working day after admission to hospital.
- Clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- Should a member voluntarily choose not to make use of a hospital forming part of a hospital network for the Beat network benefit option a maximum co-payment of R13 732 shall apply.

| MEDICAL EVENT | SCHEME BENEFIT |
|---|---|
| Accommodation (hospital stay) and theatre fees | 100% Scheme tariff. |
| Take-home medicine | 100% Scheme tariff. Limited to 7 days' medicine. |
| Biological medicine during hospitalisation | Limited to R22 197 per family per annum. Subject to pre-authorisation and funding guidelines. |
| Treatment in mental health facilities | 100% Scheme tariff. Limited to a maximum of 21 days per beneficiary per annum. |
| Treatment of chemical and substance abuse | 100% Scheme tariff. Limited to 21 days or R37 352 per beneficiary. Subject to network facilities. |
| Consultations and procedures | 100% Scheme tariff. |
| Surgical procedures and anaesthetics | 100% Scheme tariff. |

| MEDICAL EVENT | SCHEME BENEFIT |
|--|---|
| Organ transplants | 100% Scheme tariff. (PMBs only) |
| Stem cell transplants | 100% Scheme tariff. (PMBs only) |
| Major maxillofacial surgery, strictly related to certain conditions | 100% Scheme tariff. Limited to R14 969 per family per annum. |
| Dental and oral surgery (in or out of hospital) | Limited to R9 338 per family per annum. |
| Prosthesis (subject to preferred provider, otherwise limits and co-payments apply) | 100% Scheme tariff. Limited to R92 145 per family per annum. |
| Prosthesis – Internal | Sub-limits per beneficiary per annum: <ul style="list-style-type: none"> *Functional limited to R33 600. Pacemaker (dual chamber) R49 711. Vascular R63 000. Endovascular and catheter-based procedures - no benefit. Spinal including artificial disc R36 528. Drug-eluting stents - PMBs and DSPs apply. Mesh R12 838. Gynaecology/urology R10 603. Lens implants R7 964 a lens per eye. |
| Note: Sub-limits subject to availability of overall prosthesis limit. | |
| *Functional: Items used to replace or augment an impaired bodily function. | |
| 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 R38 589. Knee replacement R47 748. Other minor joints R14 695. |
| Prosthesis – External | No benefit (PMBs only). |

| MEDICAL EVENT | SCHEME BENEFIT |
|--|---|
| Breast surgery for cancer | Treatment of the unaffected (non-cancerous) breast will be limited to PMB provisions and is subject to pre-authorisation and funding guidelines. |
| Orthopaedic and medical appliances | 100% Scheme tariff. |
| Pathology | 100% Scheme tariff. |
| Basic radiology | 100% Scheme tariff. |
| Specialised diagnostic imaging (including MRI scans, CT scans and isotope studies). | 100% Scheme tariff. |
| Oncology | 100% Scheme tariff. Subject to pre-authorisation and DSPs. |
| Peritoneal dialysis and haemodialysis | 100% Scheme tariff. Subject to pre-authorisation and DSPs. |
| Confinements (birthing) | 100% Scheme tariff. |
| Midwife-assisted births | 100% Scheme tariff. |
| Refractive surgery and other procedures done to improve or stabilise vision (except cataracts) | 100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R9 613 per eye. |
| HIV/AIDS | 100% Scheme tariff. Subject to pre-authorisation and DSPs. |
| Supplementary services | 100% Scheme tariff. |
| Alternative to hospitalisation (i.e. procedures done in the doctor's rooms) | 100% Scheme tariff. |

MEDICAL EVENT

SCHEME BENEFIT

Advanced illness benefit

100% Scheme tariff, limited to R66 591 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.

Day procedures

Day procedures performed in a day hospital by a DSP provider will be funded at 100% network or Scheme tariff. A co-payment R2 625 will be incurred per event if a day procedure is voluntarily done by a non-DSP provider, or if the procedure is done in an acute hospital that is not a day hospital. If the provider is a DSP and does not work in a day hospital, the procedure will be paid in full if it is done in an acute hospital.

International medical travel cover

- Holiday travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 90 days, with R3 million per family, i.e. member and dependants.
- Business travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 45 days, with R3 million per family, i.e. member and dependants.

Co-payments

Co-payment for voluntary use of non-network hospital R13 732 for network option.



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).
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- Most out-of-hospital expenses, such as visits to a Family Practitioner (FP) or Specialist, are paid from your savings account. Some out-of-hospital benefits are paid for by the Scheme at 100% Scheme tariff.
- Should you not use all of the funds available in your savings account, these funds will be transferred into your vested savings account at the beginning of the following financial year.
- Members choosing the network option are required to make use of Scheme-contracted service providers such as network hospitals.
- Non-network pharmacies and non-network DSP specialists will be reimbursed at Scheme tariff, including for treatment of PMBs.

| MEDICAL EVENT | SCHEME BENEFIT |
|---|--|
| FP and specialist consultations | Savings account. |
| Basic and specialised dentistry | Basic: Preventative benefit or savings account. Specialised: Savings account. Orthodontic: Subject to pre-authorisation. |
| Medical aids, apparatus and appliances including wheelchairs | Savings account. |
| Hearing aids | Subject to pre-authorisation Savings account. |
| Supplementary services | Savings account. |

| MEDICAL EVENT | SCHEME BENEFIT |
|---|---|
| Wound care benefit (including dressings, negative pressure wound therapy treatment and related nursing services - out-of-hospital) | 100% Scheme tariff. Limited to R4 079 per family. |
| Optometry benefit | Savings account. |
| Basic radiology and pathology | Savings account. |
| Specialised diagnostic imaging (including MRI scans, CT scans and isotope studies. Excluding PET scans) | 100% Scheme tariff. Limited to R12 979 per family (excluding PET scans). Limited to one (1) scan per lumbar and cervical spine region per beneficiary per annum. |
| Rehabilitation services after trauma | PMBs only. Subject to pre-authorisation and DSPs. |
| Managed Healthcare - Back and neck preventative programme | Benefits payable at 100% of contracted fee. Subject to pre-authorisation, protocols and DSPs. |
| HIV/AIDS | 100% Scheme tariff. Subject to pre-authorisation and DSPs. |
| Oncology | Oncology programme at 100% of Scheme tariff. Subject to pre-authorisation and DSPs. |
| Peritoneal dialysis and haemodialysis | 100% Scheme tariff. Subject to pre-authorisation and DSPs. |



Medicine

Note:

- Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines, the Mediscor Reference Price (MRP) and the exclusions referred to in Annexure C of the registered Rules.
- Members will not incur co-payments for Prescribed Minimum Benefit (PMB) medications that are on the formulary for which there is no generic alternative.
- Members choosing the network option are required to make use of Scheme-contracted pharmacies to obtain their medicine.

| BENEFIT DESCRIPTION | SCHEME BENEFIT |
|--|---|
| CDL and PMB chronic medicine* | 100% Scheme tariff. Co-payment of 30% for non-formulary medicine. |
| Non-CDL chronic medicine* | 5 conditions. 80% Scheme tariff. Limited to M = R3 983, M1+ = R8 102. Co-payment of 30% for non-formulary medicine. |
| Biological medicine | PMBs only as per funding protocol. Subject to pre-authorisation. |
| Other high-cost medicine | PMBs only as per funding protocol. Subject to pre-authorisation. |
| Acute medicine | Savings account. |
| Over-the-counter (OTC) medicine | Savings account. |

*Please note that approved CDL, PMB and non-CDL chronic medicine costs will be paid from the non-CDL limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk.

Approved medicine for the following conditions are not subject to the Chronic medicine limit: organ transplant, chronic renal failure, multiple sclerosis and haemophilia. Medicine claims will be paid directly from Scheme risk.



Chronic conditions list

| CDL | |
|---------------|--|
| CDL 1 | Addison disease |
| CDL 2 | Asthma |
| CDL 3 | Bipolar disorder |
| CDL 4 | Bronchiectasis |
| CDL 5 | Cardiac failure |
| CDL 6 | Cardiomyopathy |
| CDL 7 | Chronic obstructive pulmonary disease (COPD) |
| CDL 8 | Chronic renal disease |
| CDL 9 | Coronary artery disease |
| CDL 10 | Crohn 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 | HIV/AIDS |
| CDL 19 | Hyperlipidaemia |
| CDL 20 | Hypertension |
| CDL 21 | Hypothyroidism |
| CDL 22 | Multiple sclerosis |

| CDL | |
|---------------|------------------------------------|
| CDL 23 | Parkinson disease |
| CDL 24 | Rheumatoid arthritis |
| CDL 25 | Schizophrenia |
| CDL 26 | Systemic lupus erythematosus (SLE) |
| CDL 27 | Ulcerative colitis |

| NON-CDL | |
|------------------|--|
| Non-CDL 1 | Acne - severe |
| Non-CDL 2 | Allergic rhinitis |
| Non-CDL 3 | Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD) |
| Non-CDL 4 | Eczema - severe |
| Non-CDL 5 | Migraine prophylaxis |

| PMB | |
|--------------|------------------------------|
| PMB 1 | Aplastic anaemia |
| PMB 2 | Benign prostatic hyperplasia |
| PMB 3 | Cerebral palsy |
| PMB 4 | Chronic anaemia |
| PMB 5 | COVID-19 |
| PMB 6 | Cushing disease |
| PMB 7 | Cystic fibrosis |
| PMB 8 | Endometriosis |
| PMB 9 | Female menopause |

PMB

| | |
|---------------|-------------------------------------|
| PMB 10 | Fibrosing alveolitis |
| PMB 11 | Graves disease |
| PMB 12 | Hyperthyroidism |
| PMB 13 | Hypophyseal adenoma |
| PMB 14 | Idiopathic thrombocytopenic purpura |
| PMB 15 | Paraplegia/quadruplegia |
| PMB 16 | Polycystic ovarian syndrome |
| PMB 17 | Pulmonary embolism |
| PMB 18 | Stroke |



Preventative care benefits

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

| PREVENTATIVE CARE BENEFIT | GENDER AND AGE GROUP | QUANTITY AND FREQUENCY | BENEFIT CRITERIA |
|--|--|---|--|
| Flu vaccines | All ages. | 1 per beneficiary per year. | Applicable to all active members and beneficiaries. |
| Pneumonia vaccines | Children <2 years. High-risk adult group. | Children: As per schedule of Department of Health. Adults: Twice in a lifetime with booster above 65 years of age. | Adults: The Scheme will identify certain high-risk individuals who will be advised to be immunised. |
| Travel vaccines | All ages. | 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. |
| Paediatric immunisations | Babies and children. | Funding for all paediatric vaccines according to the state-recommended programme. | |
| Baby growth and development assessments | 0-2 years. | 3 assessments per year. | Assessments are done at a Bestmed Network Pharmacy Clinic. |
| Female contraceptives | All females of child-bearing age. | Quantity and frequency depending on product up to the maximum allowed amount. | Limited to R2 678 per beneficiary per year. Includes all items classified in the category of female contraceptives. |
| Intrauterine device (IUD) insertion | All females of child-bearing age. | 1 device every 5 years. | Consultation and procedure by a gynaecologist or FP. |
| HPV vaccinations | Females 9-26 years of age. | 3 vaccinations per beneficiary. | Vaccinations will be funded at MRP. |
| Mammogram | Females 40 years and older. | Once every 24 months. | 100% Scheme tariff. |
| Preventative dentistry | Refer to Preventative Dentistry section on p.15 for details. | | |
| PSA screening | Males 50 years and older. | Once every 24 months. | Can be done at a urologist, FP or network pharmacy clinic. Consultation paid from the available savings account. |
| Pap smear | Females 18 years and older. | Once every 24 months. | Can be done at a gynaecologist, FP or pharmacy clinic. Consultation paid from the available savings account. |

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

Bestmed Tempo wellness programme

Note: Completing your Health Assessment (HA) unlocks the other Bestmed Tempo benefits.

The Bestmed 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 Health Assessment (HA) for adults (beneficiaries 16 years and older) which includes one of each of the following per year per adult beneficiary:

- The Tempo lifestyle questionnaire
- Blood pressure check
- Cholesterol check
- Glucose check
- Height, weight and waist circumference

These assessments need to be done at a contracted pharmacy or on-site at participating employer groups.

Bestmed Tempo Fitness and Nutrition programmes (beneficiaries 16 and older):

Fitness

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

These fitness benefits are intended to assist you on your Tempo Get Active Journey.

In addition, you also have access to the following via the online Get Active Journey on the Bestmed App or Member portal on the website:

- On-demand exercise classes wherever and whenever you choose
- challenges to which you can invite friends and family, who are Bestmed members, to join in

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 personalised healthy-eating plan from the Tempo partner dietitian

These nutrition benefits are intended to assist you on your Tempo Nutritional Health Journey.

In addition, you also have access to the following via the online Nutritional Health Journey on the Bestmed App or Member portal on the website:

- a daily nutrition and water intake tracker
- nutrition and responsible drinking programmes

Emotional Wellbeing Journey:

This journey was developed by qualified psychologists and healthcare providers, and will assist you to identify and manage your emotions and the affect they have on your mental health. This Journey provides you with access to:

- lifestyle related information that will help you deal with life's changes and curve balls.
- practical challenges that will enable you to practice the new skills you have to acquire to progress from your current emotional and mental state to your desired state.

Emotional Wellbeing Journey (via the Bestmed App and website):

- Two questionnaires that assess whether the participant experiences symptoms of depression and/or anxiety (for beneficiaries 21 years and older).
- Access to the educational information, challenges, recordings, videos, and support group details (for beneficiaries 16 years and older).

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



Maternity benefits

Note:

Services mentioned below may be subject to pre-authorisation, clinical protocols and funding guidelines.

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:

- Any item categorised as a maternity supplement can be claimed up to a maximum of R133 per claim, once a month, for a maximum of 9 months.

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

Maternity care programme

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. We aim to give you support, education and advice through all stages of your pregnancy, the confinement and postnatal (after birth) period.

Members need to register on the Bestmed Maternity care programme as soon as they receive confirmation of their pregnancy by means of a pathology test and/or scan from your family practitioner or gynaecologist. After you complete

your registration, a consultant will contact you. If your pregnancy is associated with risks, the information will be forwarded to Bestmed's case managers who will contact you to help monitor your progress.

Please note that registering on the Maternity care programme does not confirm any other maternity benefits nor does it provide authorisation for the delivery as these benefits are subject to the Scheme's rules and underwriting. To enquire about these benefits please contact service@bestmed.co.za.

How to register:

Send an email to maternity@bestmed.co.za or call us on 012 472 6797. Please include your medical scheme number and your expected delivery date in the email.

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:

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 this email. Completing this form will ensure you are registered on their database to ensure you receive maternity information, additional support if the pregnancy is identified as a high-risk pregnancy and a gift on behalf of Bestmed after 14 weeks gestation. 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 after week 14 of your pregnancy.

Registration also provides you with access to a 24-hour medical advice line and benefits through each phase of your pregnancy.



Preventative dentistry

Note:

Services mentioned below may be subject to pre-authorization, clinical protocols and funding guidelines.

| DESCRIPTION OF SERVICE | AGE | FREQUENCY |
|--|---|--|
| General full-mouth examination by a general dentist (including gloves and use of sterile equipment for the visit) | 12 years and above. Under 12 years. | Once a year. Twice a year. |
| Full-mouth intra-oral radiographs | All ages. | Once every 36 months. |
| Intra-oral radiograph | All ages. | 2 photos per year. |
| Scaling and/or polishing | All ages. | Twice a year (i.e. every 6 months from the date of service). |
| Fluoride treatment | All ages. | Twice a year (i.e. every 6 months from the date of service). |
| Fissure sealing | Up to and including 21 years. | In accordance with accepted protocol. |
| Space maintainers | During primary and mixed denture stage. | Once per space. |

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

Abbreviations

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); FP = Family Practitioner or Doctor; HPV = Human Papilloma Virus; M = Member; M1+ = Member and family; MRP = Mediscor Reference Price; MRI/CT Scans = Magnetic Resonance Imaging/Computed Tomography Scans; NPWT = Negative Pressure Wound Therapy; PET Scan = Positron Emission Tomography Scan; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen; PMB = Prescribed Minimum Benefit.

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BestmedMedicalScheme



HOSPITAL AUTHORISATION

Tel: 080 022 0106
Email: authorisations@bestmed.co.za

CHRONIC MEDICINE

Tel: 086 000 2378
Email: medicine@bestmed.co.za
Fax: 012 472 6760

CLAIMS

Tel: 086 000 2378
Email: service@bestmed.co.za (queries)
claims@bestmed.co.za (claim submissions)

MATERNITY CARE

Tel: 012 472 6797
Email: 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

COMPLAINTS

Tel: +27 (0)86 000 2378
Email: escalations@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 Council for Medical Schemes (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

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

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