

2025



Beat1

Benefit Summary

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Contents

Beat1

BEAT1 OPTION

HOSPITAL PLAN

Recommended for?

You are an individual that is looking for a hospital plan that offers good value for money and extensive hospital cover.

Contributions

Network (N)	Principal member	Adult dependant	Child dependant
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Risk amount

N	R2 111	R1 641	R889
	R2 347	R1 822	R987

Medical savings account

N	N/A	N/A	N/A
	N/A	N/A	N/A

Total monthly contribution

N	R2 111	R1 641	R889
	R2 347	R1 822	R987

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

Dependants under the age of 24 years are regarded as child dependants.

BEAT1 OPTION	HOSPITAL PLAN
	In-hospital cover only.

Method of benefit payment

On the Beat1 option in-hospital benefits are paid from Scheme risk and general ad hoc out-of-hospital services are for the member's own 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.

Network option

- Beat1 offers you the option to lower your monthly contribution in the form of a network option.
- The network option provides you with a list of designated hospitals for you to use and also saves on your monthly contribution.
- 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 (PPs), 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 R14 364 shall apply.

MEDICAL EVENT	SCHEME BENEFIT
Accommodation (hospital stay) and theatre fees	100% Scheme tariff.
Take-home medicine	100% Scheme tariff if claimed on the day of discharge. Limited to: - A maximum of 7 days treatment if claimed as part of the hospital account, or - R150 if claimed from a retail pharmacy on the date of discharge. No benefit if not claimed on the date of discharge.
Biological medicine during hospitalisation	Limited to R11 610 per family per annum. Subject to pre-authorisation and funding guidelines.
Treatment in mental health facilities	Approved PMBs at DSPs. Limited to a maximum of 21 days per beneficiary per financial year in hospital including inpatient electroconvulsive therapy and inpatient psychotherapy, OR 15 contact sessions for out-patient psychotherapy per beneficiary per financial year. Subject to pre-authorisation.
Treatment of chemical and substance abuse	Benefits shall be limited to the treatment of PMB conditions and subject to the following: - Pre-authorisation - DSPs 21 days' stay for in-hospital management per beneficiary per annum.

MEDICAL EVENT	SCHEME BENEFIT
Consultations and procedures	100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff.
Organ transplants	100% Scheme tariff. (PMBs only)
Stem cell transplants	100% Scheme tariff (PMBs only).
Major maxillofacial surgery, strictly related to certain conditions	No benefit. (PMBs only).
Dental and oral surgery (in or out of hospital)	PMBs only at DSP day hospitals.
Overall annual prosthesis limit (subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R95 377 per family per annum.
Prosthesis – Internal	Sub-limits per beneficiary per annum:
Note: Sub-limits subject to availability of overall prosthesis limit. DSPs apply.	*Functional R34 047. - Pacemaker (single and dual chamber) R51 998. - Vascular R54 915. - Spinal including artificial disc R38 068. - Drug-eluting stents - subject to Vascular prosthesis limit. - Mesh R 13 360. - Gynaecology/urology R10 917. - Lens implants R8 330 a lens per eye.
*Functional: Items used to replace or augment an impaired bodily function.	
Exclusions (Prosthesis sub-limits form part of overall Internal prosthesis limit subject to preferred provider, otherwise limits and co-payments apply).	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: - Hip replacement and other major joints R40 075. - Knee replacement R49 413. - Other minor joints R15 371.

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis – External	No benefit. (PMBs only).
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 Note: Appliances directly relating to the hospital admission and/or procedure	100% Scheme tariff. Limited to R15 000 per family per annum.
Pathology	100% Scheme tariff.
Basic radiology	100% Scheme tariff.
Specialised diagnostic imaging - in- and/or out-of-hospital (including MRI scans, CT scans and nuclear/isotope studies). PET scans are excluded, not applicable to PMBs.	Limited to a combined in- and out-of-hospital benefit of R20 000 per family per annum. Co-payment of R2 600 per scan, not applicable to PMBs. PET scans - PMB only. Subject to pre-authorisation.
Oncology	100% Scheme tariff. Subject to pre-authorisation, protocols and DSP.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Confinements (birthing)	100% Scheme tariff.
Midwife-assisted births	100% Scheme tariff.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Refractive surgery and other procedures done to improve or stabilise vision (except cataracts)	PMBs only.

MEDICAL EVENT	SCHEME BENEFIT
Supplementary services	100% Scheme tariff.
Alternative to hospitalisation (i.e. procedures done in the doctor's rooms)	100% Scheme tariff.
Advanced illness benefit	100% Scheme tariff, limited to R69 654 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, subject to pre-authorisation, protocols, funding guidelines and DSPs. A co-payment of R2 746 will be incurred per event if a day procedure is done in an acute hospital that is not a day hospital. If a DSP is used and the DSP does not work in a day hospital, the procedure shall be paid in full if it is done in an acute hospital, if it is arranged with the Scheme before the time.
International medical travel cover	■ Holiday travel: Limited to 90 days and R5 000 000 per family, i.e. members and dependants. Limited to R1 000 000 per family for travel to the USA. ■ Business travel: Limited to 60 days and R5 000 000 per family, i.e. members and dependants. Limited to R1 000 000 per family for travel to the USA.

MEDICAL EVENT	SCHEME BENEFIT
Co-payments	Non-network hospital co-payment Co-payment for voluntary use of non-network hospital R14 364 applicable to network options. Procedure-specific co-payments: The co-payment shall not apply to PMB conditions: ■ Arthroscopic procedures R3 660. ■ Back and neck surgery R3 660. ■ Functional nasal and sinus procedures R2 000. ■ Laparoscopic procedures R3 660. ■ Colonoscopies R2 000. ■ Cystoscopies R2 000. ■ Gastrosopies R2 000. ■ Hysteroscopies R2 000. ■ Sigmoidoscopies R2 000. A co-payment of R2 746, as described in the Day procedures benefit, will be incurred per event if a day procedure is done in an acute hospital that is not a day hospital.

Out-of-hospital 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).
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- 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
Wound care benefit (including dressings, negative pressure wound therapy NPWT treatment and related nursing services - out-of-hospital)	100% Scheme tariff. Limited to R4 267 per family.
Specialised diagnostic imaging - in- and/or out-of-hospital (including MRI scans, CT scans and nuclear/isotope studies). PET scans are excluded, not applicable to PMBs.	Limited to a combined in- and out-of-hospital benefit of R20 000 per family per annum. Co-payment of R2 600 per scan, not applicable to PMBs. PET scans - PMB only. Subject to pre-authorisation.
Rehabilitation services after trauma	PMBs only. Subject to pre-authorisation and DSPs.
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.

MEDICAL EVENT

SCHEME BENEFIT

Oncology

Oncology programme at 100% of Scheme tariff. Subject to pre-authorisation, protocols and DSP.

Peritoneal dialysis and haemodialysis

100% Scheme tariff. Subject to pre-authorisation and DSPs.

Medicine benefits

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 approved 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	No benefit.
Biological medicine	PMBs only as per funding protocol.
Other high-cost medicine	PMBs only as per funding protocol.
Acute medicine	No benefit.
Over-the-counter (OTC) medicine	No benefit.

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 23	Parkinson disease
CDL 24	Rheumatoid arthritis

CDL	
CDL 25	Schizophrenia
CDL 26	Systemic lupus erythematosus (SLE)
CDL 27	Ulcerative colitis
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	Endometriosis
PMB 8	Female menopause
PMB 9	Fibrosing alveolitis
PMB 10	Graves disease
PMB 11	Hyperthyroidism
PMB 12	Hypophyseal adenoma
PMB 13	Idiopathic thrombocytopenic purpura
PMB 14	Paraplegia/quadruplegia
PMB 15	Polycystic ovarian syndrome
PMB 16	Pulmonary embolism
PMB 17	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.
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 000 per beneficiary per year. Includes all items classified in the category of female contraceptives.
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.
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist, GP or pharmacy clinic. Consultation will be for member's own account.

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

Maternity benefits

Note:

Benefits below may be subject to registration, preferred providers (PPs), designated service providers (DSPs), formularies and funding guidelines.

MATERNITY BENEFITS

100% Scheme tariff. Subject to the following benefits:

Consultations:

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

Ultrasounds:

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

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 GP 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.

Abbreviations

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); DSP = Designated Service Provider; GP = General Practitioner or Doctor; MRP = Mediscor Reference Price; NPWT = Negative pressure wound therapy; PMB = Prescribed Minimum Benefit.

Tempo



Bestmed Tempo wellness programme

Note: Completing your Tempo Lifestyle Screening 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 Lifestyle Screening 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 and weight measurement

These screenings need to be done at a contracted pharmacy, Tempo partner biokineticist, or on-site at participating employer groups.

Bestmed Tempo physical wellbeing and nutrition benefits (beneficiaries 16 and older):

Physical wellbeing

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

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

In addition to the Tempo physical wellbeing and nutrition benefits, you will also have access to Tempo Wellness Webinars hosted monthly. The webinars are themed around mental health and various other wellness-related topics.



📞 086 000 2378
✉️ service@bestmed.co.za
📞 068 376 7212
📄 012 472 6500
🌐 www.bestmed.co.za
in Bestmed Medical Scheme
f Bestmed Medical Scheme



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 ETHICS AND FRAUD HOTLINE, OPERATED BY ADVANCE CALL

Should you be aware of any fraudulent, corrupt or unethical practices involving Bestmed, members, service providers or employees, please report this anonymously to Advance Call.

HOTLINE: 0800 111 627
WHATSAPP: 0860 004 004
SMS: 48691
HOTMAIL: bestmed@behonest.co.za
FREE POST: BNT165, Brooklyn Square, 0075
WEBSITE & CHAT: www.behonest.co.za

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

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