2024/2025

2025

Vaccine schedule

(Travel and other)

bestMed

personally yours

Vaccine schedule - travel and other (excluding Beat1 and Beat1 N)

Funding for the vaccines listed below will be paid as Preventative Care, which is a Scheme benefit, and will not be paid from the savings or day-to-day benefit, provided that the age limitations set below are adhered to. These vaccines will also be covered as per the registered indications.

AGE GROUPS INDICATED FOR	NAME	DESCRIPTION	NAPPI CODE
8 months to 55 years	Menactra Vaccine 0.5ml Vial	Meningitis	720708001
9 months and older (1 injection every 10 years)	Stamaril injection	Yellow fever	814989004
1 year and older	Twinrix Vaccine	Hepatitis A and B	706829001
2 years and older	Dukoral Vaccine	Cholera	703846001
	Typhim VI 1.5ml prefilled	Typhoid	822442019
7 years and older	Tetanus Vaccine Cipla 40iu/0.5ml	Tetanus (for adults)	3002364001 3002364002
12 years and older	Vivaxim 1ml pre-filled syringe	Hepatitus A Typhoid	717194001
	Pfizer COVID-19 vaccine (5 dose vaccine including booster)	COVID-19	3003282001
	Janssen (J&J) COVID-19 vaccine (2 dose vaccine including booster)		3003366001
	Janssen COVID-19 vaccine (2 dose vaccine including booster)		3003112001
No age limit (maximum of 4 per year)	Engerix B adult monodose Heberbiovac HB single dose 1ml	Hepatitis B for adults	700210001 701659001
No age limit (maximum 5 doses per event allowed, once every 5 years)	Chirorab single dose Verorab syringe	Rabies	879460008 814970001
No age limit	Tetavax Single 0.5ml Injection Tetagam IM 500iu/ml injection Tetagam IM 250iu/2ml injection Tetagam IM 2ml Tetanus Vaccine Cipla 40iu/0.5ml	Tetanus	832693006 804150028 812919009 888559004 3002364001 3002364002

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068 376 7212

012 472 6500

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Bestmed Medical Scheme

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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

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

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
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