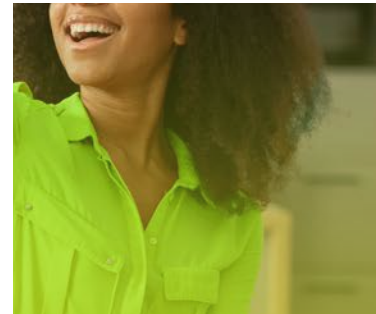


2026 Beat2

Benefit summary



bestMed
personally yours



Contents



BEAT2 OPTION	HOSPITAL PLAN (WITH SAVINGS)			
Recommended for?	You understand that life can be unpredictable. You prefer extensive hospital cover with the added benefit of a savings account for day-to-day benefits.			
Contributions	Network (N)	Principal member	Adult dependant	Child dependant
Risk amount	N	R2 331	R1 811	R980
		R2 591	R2 012	R1 091
Medical savings account	N	R444	R345	R187
		R493	R383	R208
Total monthly contribution	N	R2 775	R2 156	R1 167
		R3 084	R2 395	R1 299

*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.

BEAT2 OPTION	HOSPITAL PLAN (WITH SAVINGS)
Savings Account/Day-to-day Benefits	Savings account available. Limited day-to-day benefits are available.
Over-the-counter	Savings account.

Method of benefit payment

Granting of benefits shall be subject to, but not limited to, treatment protocols, funding guidelines, preferred providers (PPs), designated service providers (DSPs), medicine formularies, the Mediscor Reference Price (MRP) as accepted by the Scheme and general and option-specific exclusions in the registered Rules.

On the Beat2 option in-hospital benefits are paid from Scheme risk and general ad hoc out-of-hospital benefits are 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

- Beat2 offers 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 Beat2 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 (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 R15 025 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, as follows: Limited to a maximum of 7 days treatment if claimed as part of the hospital account, or limited to R450 if claimed from a retail pharmacy. Subject to MRP. No benefit if not claimed on the date of discharge.
Biological medicine during hospitalisation	100% Scheme tariff. Limited to R18 215 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 annum in hospital including inpatient electroconvulsive therapy and inpatient psychotherapy, OR 15 contact sessions for out-patient psychotherapy per beneficiary per annum. 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	PMBs only.
Dental and oral surgery (in or out of hospital)	PMBs only at DSP day hospitals. Beneficiaries 7 years and younger Limited to R6 642 per family. Beneficiaries over 7 years Dental surgical procedures paid from savings for procedures performed in the doctor's rooms only. 100% Scheme tariff.
Overall annual prosthesis limit (subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R99 764 per family per annum.
Prosthesis – Internal	Sub-limits per beneficiary per annum: *Functional R35 613. - Pacemaker (single and dual chamber) R54 390. - Vascular R57 441. - Spinal including artificial disc R39 819. - Drug-eluting stents - subject to Vascular prosthesis limit. - Mesh R13 975. - Gynaecology / urology R11 419. - Lens implants R8 713 a lens per eye.
Note: Sub-limits subject to availability of overall prosthesis limit. DSPs apply.	
*Functional: Items used to replace or augment an impaired bodily function.	

MEDICAL EVENT	SCHEME BENEFIT
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 R41 918. - Knee and shoulder replacements R51 686. - Other minor joints R16 078.
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 690 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.	100% Scheme tariff. Limited to a combined in- and out-of-hospital benefit of R23 012 per family per annum. Co-payment of R2 100 per scan, not applicable to confirmed PMBs. PET scans - PMB only. Subject to pre-authorisation.
Oncology	100% Scheme tariff, subject to pre-authorisation, designated or preferred service providers, and protocols. Essential ICON protocols apply.

MEDICAL EVENT	SCHEME BENEFIT
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Confinements (birthing, including midwife-assisted births)	100% Scheme tariff.
Refractive surgery and other procedures (in and/or out of hospital) done to improve or stabilise vision (except cataracts)	PMBs only.
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.
Advanced illness benefit	100% Scheme tariff, limited to R72 858 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 872 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 day procedure co-payment will not apply if done in acute hospital, if it is arranged with the Scheme before the time.

MEDICAL EVENT	SCHEME BENEFIT
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.
Co-payments	Non-network hospital co-payment Co-payment for voluntary use of non-network hospital R15 025 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 872, 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 that follow may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).
- Benefits paid from the annual savings will be at 100% Scheme tariff.
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- Most out-of-hospital expenses, such as visits to a General Practitioner (GP) or Specialist, are paid from your savings account.
- 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
General Practitioner (GP), nurse and specialist consultations, including for emergency unit visits (where a procedure room was used)	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.

MEDICAL EVENT	SCHEME BENEFIT
Hearing aids	Subject to pre-authorisation, quotation, motivation and audiogram. Savings account.
Supplementary services	Savings account.
Wound care benefit (including dressings and negative pressure wound therapy - NPWT - treatment and related nursing services - out-of-hospital)	NPWT treatment shall be at 100% Scheme tariff, subject to pre-authorisation. General wound care shall be at 100% Scheme tariff and be limited to R4 463 per family per annum.
Optometry benefit	Savings account.
Basic radiology and pathology	Savings account.
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.	100% Scheme tariff. Limited to a combined in- and out-of-hospital benefit of R23 012 per family per annum. Co-payment of R2 100 per scan, not applicable to confirmed 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.
Oncology	100% Scheme tariff, subject to pre-authorisation, designated or preferred service providers, and protocols. Essential ICON protocols apply.
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.
- Benefits paid from the annual savings will be at 100% Scheme tariff.

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	Savings account.
Over-the-counter (OTC) medicine	Savings account.



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	
CDL 24	Rheumatoid arthritis
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 / quadriplegia
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.
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.	Oral / injectable / implantable female contraceptives R2 301 per beneficiary per annum OR Intrauterine device (IUD) limited to R3 595 per beneficiary once every 5 years.
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.
Colon cancer screening	40 years and older.	Once every 24 months.	Faecal occult blood test (FOBT). To be done at a GP or specialist, the consultation shall be paid from the available consultation benefit.
HIV rapid test	All ages.	1 per beneficiary every 12 months.	Can be done at a DSP pharmacy.
Preventative dentistry	Refer to Preventative Dentistry section on p.12 for details.		
PSA screening	Males 45 years and older.	Once every 24 months.	To be done at urologist or GP. Urologist or GP consultation paid from the available consultation benefit.

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist, GP 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.



Preventative dentistry

Note:

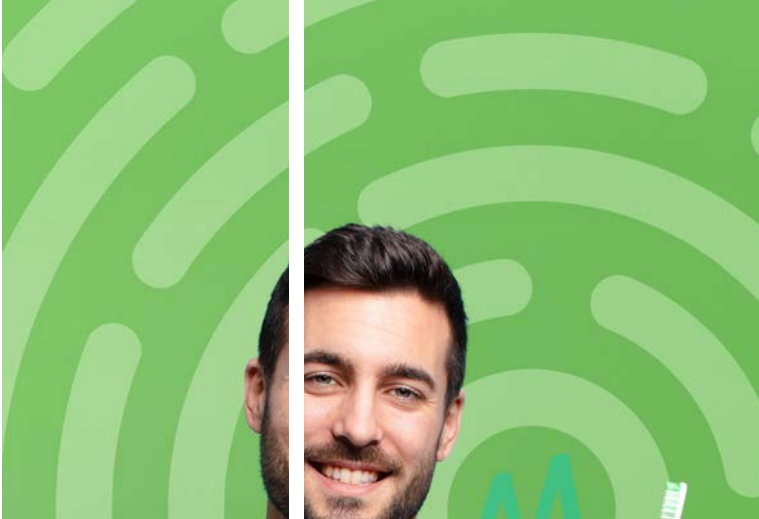
Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies and funding guidelines.

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; DSP = Designated Service Providers; GP = General Practitioner or Doctor; MRP = Mediscor Reference Price; NPWT = Negative Pressure Wound Therapy; PMB = Prescribed Minimum Benefit.



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 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.



Tempo

Wellness programme

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.

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



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

HOSPITAL AUTHORISATION

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

CHRONIC MEDICINE

Tel: 086 000 2378
Email: medicine@bestmed.co.za

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)

PMB

Tel: 086 000 2378
Email: pmb@bestmed.co.za

INTERNATIONAL MEDICAL TRAVEL INSURANCE (EUROP ASSISTANCE)

Tel: 0861 838 333
Claims and emergencies: assist@europassistance.co.za
Travel registrations: bestmed-assist@linkham.com

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

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

 **086 000 2378**

 **www.bestmed.co.za**

 **service@bestmed.co.za**

 **Bestmed Medical Scheme**

 **068 376 7212**

 **Bestmed Medical Scheme**

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

Disclaimer: All the 2026 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 2026 benefit options and accompanying services including information in respect of the terms and conditions or any other matters will only be valid once approved by the Registrar of Medical Schemes and may change without notice having due regard to further advice from the Council for Medical Schemes. 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. Rhythm1 Product Brochure 2026. This brochure was updated in September 2025. For the most recent version please visit our website at www.bestmed.co.za.

Documents are printed on paper procured from sustainable sources.

bestMed
personally yours