

2026 Rhythm2

Benefit summary



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Contents



RHYTHM2 OPTION		RHYTHM2 IS A NETWORK OPTION	
Recommended for?		You are looking for a benefit option that is suited to your income, you are comfortable to make use of a network of designated service providers and value a range of preventative care benefits and unlimited family practitioner visits.	
Contributions	Principal member	Adult dependant	Child dependant
Total contribution income R0 - R5 500 p.m.	R2 747	R2 610	R1 653
Total contribution income R5 501 - R8 500 p.m.	R3 300	R3 000	R1 759
Total contribution income >R8 501 p.m.	R3 516	R3 165	R1 759

* 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.

RHYTHM2 OPTION

RHYTHM2 IS A NETWORK OPTION

Savings account / Day-to-day benefits

No savings account available.
Day-to-day benefits are available.

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 Rhythm2, a network based-option, in-hospital benefits are paid from Scheme risk benefit. The Bestmed Rhythm network covers most out-of-hospital services. However, members will still be required to go to a DSP. Some preventative care benefits are available from Scheme risk benefit.

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

In-hospital benefits

Please familiarise yourself with the designated service providers (DSPs) and networks for this option. This includes Rhythm Specialist DSPs and DSP hospitals. Hospital costs will be covered unlimited at the Scheme negotiated tariff at Rhythm network hospital as listed on the website.

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.

The DSP hospital network consists of National Hospital Network (NHN) and Mediclinic (MC) hospitals. In areas where there are no NHN or MC hospitals, other hospitals are contracted as DSPs.

Please refer to the Bestmed website at www.bestmed.co.za for a list of the DSP hospitals.

Process for hospital authorisation:

- All members on the Rhythm2 option must make use of the Rhythm General Practitioners (GPs).
- The Bestmed Rhythm GP will refer the member to a Rhythm Specialist DSP should a specialist consultation be required.
- Should the Rhythm Specialist DSP indicate that hospitalisation is required the member needs to contact Bestmed on 080 022 0106 for pre-authorisation. Bestmed will only authorise admissions to DSP hospitals.

Emergency admittance in a non-DSP hospital:

- Should a member be admitted for an emergency condition to a non-DSP hospital, Bestmed will require the patient to be stabilised in that non-DSP hospital.
- As soon as the patient is stabilised he/she will be transferred to the closest DSP hospital by Netcare 911.
- All hospital benefits below may be subject to pre-authorisation, clinical protocols, funding guidelines and designated hospital networks.
- Voluntary use of a non-DSP hospital (except in the case of an emergency) will result in a co-payment of R15 025.

MEDICAL EVENT

SCHEME BENEFIT

Accommodation (hospital stay) and theatre fees

100% Scheme tariff at a designated service provider (DSP) hospital.

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.

MEDICAL EVENT	SCHEME BENEFIT
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.
Consultations and procedures	100% Scheme tariff. Subject to pre-authorisation and DSP network.
Surgical procedures and anaesthetics	100% Scheme tariff. Subject to pre-authorisation and DSP network. Excluded from benefits: functional nasal surgery, surgery for medical conditions, e.g. epilepsy, Parkinson's disease, etc., and procedures where stimulators are used.
Organ transplants	100% Scheme tariff (PMBs only).
Stem cell transplants	100% Scheme tariff (PMBs only).
Major maxillofacial surgery, strictly related to certain conditions	Approved PMBs at DSPs.
Dental and oral surgery (in or out of hospital)	Approved PMBs at DSPs.
Overall annual prosthesis limit (subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R67 162 per family per annum.

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis – Internal	Sub-limits per beneficiary per annum: *Functional R35 613. - Vascular R57 441. - Pacemaker (singular and dual chamber) R54 390. - Spinal including artificial disc R33 278. - Drug-eluting stents – subject to Vascular prosthesis limit. DSPs apply. - Mesh R12 171. - Gynaecology / urology R10 053. - Lens implants R6 988 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-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 R34 107. - Knee and shoulder replacements R43 122. - Other minor joints R16 151. Functional nasal surgery and surgical procedures where CNS stimulators are used (e.g. epilepsy, Parkinson disease, etc.) will be excluded from benefits, except for PMB conditions.
Prosthesis – External	Approved PMBs at DSPs.
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. Limited to R8 264 per family per annum.
Note: Appliances directly relating to the hospital admission and/or procedure	
Pathology	100% Scheme tariff.
Basic radiology	100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
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 R18 828 per family per annum. Co-payment of R2 600 per scan, not applicable to confirmed PMBs. PET scans - PMB only. Subject to pre-authorisation.
Confinements (birthing, including midwife-assisted births)	100% Scheme tariff.
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, protocols and DSP.
Refractive surgery and other procedures (in and/or out of hospital) done to improve or stabilise vision (except cataracts)	Approved PMBs at DSPs.
HIV/AIDS	Subject to pre-authorisation, protocols and DSP.
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.

MEDICAL EVENT	SCHEME BENEFIT
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.
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-DSP hospital co-payment: Co-payment of R15 025 per event for voluntary use of a non-DSP hospital. Procedure-specific co-payments: The co-payment shall not apply to PMB conditions: ▪ Arthroscopic procedures R3 660. ▪ Back and neck surgery R3 660. ▪ Laparoscopic procedures R3 660. ▪ Colonoscopies R2 000. ▪ Cystoscopies R2 000. ▪ Gastroscopies R2 000. ▪ Hysteroscopies R2 000. ▪ Sigmoidoscopies R2 000. A R2 872 co-payment, 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

Out-of-hospital benefits are paid at 100% Scheme tariff and are subject to the Rhythm2 tariff protocols unless otherwise stated.

Note: Granting of benefits under the primary care services and the Scheme benefits shall be subject to treatment protocols, preferred providers (PPs), Designated Service Providers (DSPs), dental procedure codes, pathology and basic radiology lists of codes and medicine formularies, funding guidelines and the Mediscor Reference Price (MRP) as accepted by the Scheme.

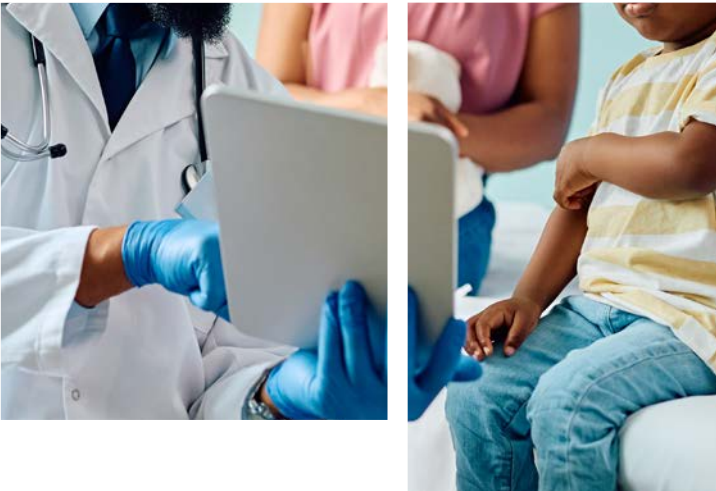
Members are required to obtain pre-authorisation for all planned treatments and/or procedures.

What are the benefits covered by Rhythm General Practitioners (GPs)?

- As many consultations as are medically necessary to get you healthy.
- Selected minor trauma treatment such as stitching of wounds.
- Medicine for acute ailments, subject to the Rhythm formulary.

You will be liable for the payment of any services outside of the Rhythm2 protocols.

DISCIPLINE	BENEFIT DESCRIPTION
GP consultations	Unlimited GP consultations. Subject to Rhythm GP network. Applicable per family per annum.
Specialist consultations	Specialist consultations (this includes minor procedures done in specialist rooms and all consumables used), must be referred by a Rhythm Network Provider. Limited to M = R1 822, M1+ = R3 037. Subject to Rhythm Specialist DSP network.



DISCIPLINE	BENEFIT DESCRIPTION
Out-of-network and casualty visits	Out-of-network visits to a GP and casualty visits are limited to a maximum of R1 802 per family per year. Basic radiology and pathology that falls within the benefit schedule, as well as medicine, when received as a result of the casualty visit will be paid from the out-of-network and casualty visits limit. Once limit has been reached the costs will be for the member's own account. - You will be required to pay for all treatment received at the point of service. The cost of these services may be claimed back by completing an out-of-network claim form which can be downloaded from the Bestmed website or obtained from Bestmed. - Reimbursements are subject to Bestmed Rhythm2 protocols.
Medical aids, apparatus and appliances including wheelchairs and hearing aids	Approved PMB services only.
Supplementary services (services rendered by dietitians, chiropractors, homeopaths, orthoptists, acupuncturists, speech therapists, audiologists, occupational therapists, podiatrists, biokineticists, psychologists and social workers)	Approved PMB services only.

DISCIPLINE	BENEFIT DESCRIPTION
Wound care benefit (including dressings, negative pressure wound therapy (NPWT) treatment and related nursing services - out-of-hospital)	Approved PMB services only.
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 R18 828 per family per annum. Co-payment of R2 600 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	Subject to pre-authorisation, protocols and DSP.
Oncology	100% Scheme tariff, subject to pre-authorisation, designated or preferred service providers and protocols. Essential ICON protocols apply.
Peritoneal dialysis and haemodialysis	Subject to pre-authorisation, protocols and DSP.



OPTOMETRY

DISCIPLINE	BENEFIT DESCRIPTION
Optometry	Benefits available every 24 months from date of service. Network Provider (PPN) - Consultation - One (1) per beneficiary. Frame = R310 covered AND 100% of cost of standard lenses (single vision OR bifocal OR multifocal) OR Contact lenses = R795 OR Non-network Provider - Consultation - R420 fee at non-network provider - Frame = R233 AND Single vision lenses = R225 OR Bifocal lenses = R485 OR Multifocal lenses = R485 - In lieu of glasses members can opt for contact lenses, limited to R795

What are my dental benefits?

- Dental benefits are obtainable from a Rhythm Dental Network Provider. The dental benefits are for basic dentistry only and are subject to clinical protocols and approved dental codes.
- Crowns and other specialised dentistry are not covered.
- Please contact Bestmed to confirm which benefits are covered.

DENTISTRY

DISCIPLINE	BENEFIT DESCRIPTION
Basic dentistry	Where clinically appropriate and subject to Rhythm2 protocols, Rhythm Dental Network Providers and Rhythm approved dental codes.
Dentures	Limited to a maximum of 2 removable acrylic dentures (i.e. 2 single denture plates) per family every 24 months.

PATHOLOGY

DISCIPLINE	BENEFIT DESCRIPTION
Pathology	100% Scheme tariff. Basic blood tests as requested by a Rhythm Network GP and subject to Rhythm2 protocols and Rhythm approved pathology codes.

BASIC RADIOLOGY

DISCIPLINE	BENEFIT DESCRIPTION
Basic radiology	100% Scheme tariff. Basic X-rays as requested by your Rhythm Network GP and subject to Rhythm2 protocols and Rhythm approved radiology codes.

You will be liable for the payment of any codes outside of the Rhythm pathology and radiology formulary.

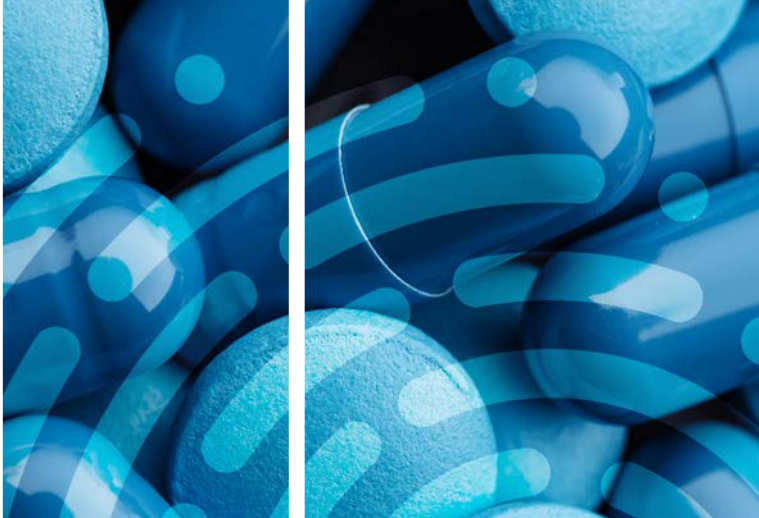


Medicine benefits

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.
- As this is a network option, members 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. 30% co-payment for non-formulary medicine at a preferred provider network pharmacy.
Biological medicine	PMBs only.
Other high-cost medicine	PMBs only.
Acute medicine	100% Scheme tariff. Subject to Bestmed formulary only. As prescribed by Rhythm Network Provider and obtained from preferred provider pharmacy network.
Over-the-counter (OTC) medicine	100% Scheme tariff. Limited to R366 per family per annum and to R122 per event.



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 mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), designated service providers (DSPs), Rhythm network, 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.	At a Rhythm Network GP or preferred provider network pharmacy. Subject to Rhythm2 protocols and where clinically necessary.
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: Bestmed 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.
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 295 per beneficiary once every 5 years.
Mammogram	Females 40 years and older.	Once every 24 months.	Must be referred by Rhythm Network GP or Rhythm Specialist DSP.
Colon cancer screening	40 years and older.	Once every 24 months.	Faecal occult blood test (FOBT). To be done at a Rhythm Network GP or Rhythm Specialist DSP 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.
PSA screening	Males 45 years and older.	Once every 24 months.	To be done at a Rhythm Specialist DSP urologist or Rhythm Network 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 (pathology only)	Females 18 years and older.	Once every 24 months.	Can be done at a Rhythm Specialist DSP gynaecologist, Rhythm Network GP or preferred provider network pharmacy clinic. Consultation paid from the available GP consultation benefit or Specialist visits benefit.
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 preferred provider network pharmacy clinic.
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.

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, funding guidelines and the Mediscor Reference Price (MRP).

100% of Scheme tariff at network providers only for the following benefits:

Consultations:

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

Supplements:

- Any item categorised as a maternity supplement can be claimed up to a maximum of R145 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 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:

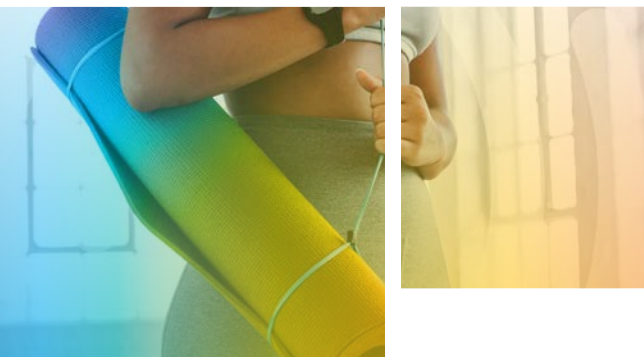
Our third-party service provider, DLA, will be in contact within the next two to three weeks via email, requesting you to complete a registration form. Keep an eye on your inbox (including the spam folder) for this email. Completing this form will ensure you are registered on their database to ensure 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; DSP = Designated Service Provider; GP = General Practitioner or Doctor; MRP = Mediscor Reference Price; NP = Network Provider; OTC = Over-the-Counter; PMB = Prescribed Minimum Benefits.



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

PQ 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

(AZOZA, PREVIOUSLY EUROP ASSISTANCE)

Tel: 0861 838 333

Claims and emergencies: assist@azoza.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.

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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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