

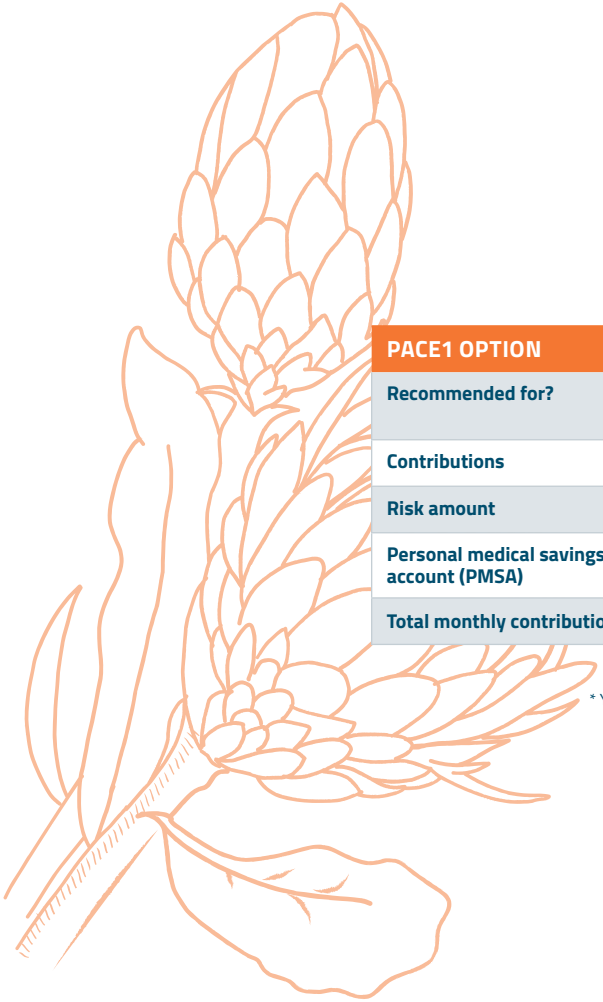
BENEFIT SUMMARY

PACE 1

2027

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PACE 1

PACE1 OPTION	COMPREHENSIVE COVER (IN AND OUT OF HOSPITAL)		
Recommended for?	Those seeking comprehensive in-hospital and out-of-hospital benefits as well as extensive day-to-day benefits to cover extensive out-of-hospital expenses.		
Contributions	Principal member	Adult dependant	Child dependant
Risk amount	R5 143	R3 717	R1 336
Personal medical savings account (PMSA)	R1 206	R872	R313
Total monthly contribution	**R6 349**	**R4 589**	**R1 649**

* 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.

PACE1 OPTION	COMPREHENSIVE COVER (IN AND OUT OF HOSPITAL)
Personal medical savings account (PMSA) / Day-to-day benefits	Personal medical savings account (PMSA) 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 MediKredit Reference Price (MMAP) as accepted by the Scheme and general and option-specific exclusions in the registered Rules.

On the Pace1 option in-hospital benefits are paid from the Scheme risk. Some out-of-hospital benefits are paid from the personal medical savings account (PMSA) first and once depleted will be paid from the day-to-day benefit. Once the day-to-day benefit is depleted, claims can be paid from the available vested savings. Some preventative care benefits are available from the Scheme risk benefit.

Benefits relating to conditions that meet the criteria for Prescribed Minimum Benefits (PMBs) will be covered in full when using designated service providers (DSPs). This will not affect your personal medical savings account (PMSA) or vested savings.

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 MediKredit Reference Price (MMAP) may apply.

MEDICAL EVENT	SCHEME BENEFIT
Accommodation (hospital stay) in a general ward, intensive care and high-care unit, theatre and material	Benefits shall be at 100% Scheme tariff.
To-take-out (TTO) / Take-home medicine	Benefits shall be at 100% Scheme tariff if claimed on the day of discharge, as follows: Up to 7 days treatment if claimed as part of the hospital account, or up to R700 if claimed from a retail pharmacy. Subject to MediKredit Reference Price (MMAP). No benefit if not claimed within 3 days from the date of discharge.
Biological medicine during hospitalisation	Benefits shall be at 100% of Scheme tariff. Up to R37 887 per family per annum. Subject to pre-authorisation and funding guidelines.
Treatment in mental health facilities	Benefits shall be at 100% Scheme tariff. Up to 21 days per beneficiary per annum in hospital, including inpatient electro-convulsive therapy and inpatient psychotherapy, OR 15 contact sessions for out-patient psychotherapy per beneficiary per annum. Subject to pre-authorisation and DSPs.
Treatment of chemical and substance abuse Please refer to the Managed Care Guide	Benefits shall be limited to the treatment of PMB conditions and subject to the following: ▪ Pre-authorisation. ▪ DSPs. ▪ Up to 21 days' stay for in-hospital management per beneficiary per annum.

MEDICAL EVENT	SCHEME BENEFIT
Consultations and procedures	Benefits shall be at 100% Scheme tariff for claims submitted by General Practitioners (GPs) and specialists for treatment during hospitalisation.
Surgical procedures and anaesthetics	Benefits shall be at 100% Scheme tariff.
Supplementary services during hospitalisation	Benefits shall be at 100% Scheme tariff, provided that the services are related to the hospital admission of the patient and are in line with the Scheme funding guidelines and protocols, for supplementary services which include services rendered by physiotherapists, orthoptists, audiologists / hearing aid acousticians, occupational therapists, podiatrists / chiropodist, dietitians, speech therapists, biokineticists, stoma therapist and social workers.
Organ transplants (in and/or out of hospital)	Benefits limited to PMBs only at DSPs.
Stem cell transplants	Benefits limited to PMBs only at DSPs.
Blood transfusion	Benefits shall be at 100% Scheme tariff for blood, operators' fees, transport charges and apparatus.
Pathology	Benefits shall be at 100% Scheme tariff.
Basic radiology	Benefits shall be at 100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
Specialised diagnostic imaging and nuclear medicine - in and/or out of hospital (including MRI scans, CT scans and nuclear / isotope studies). PET scans only included as indicated per benefit option	Benefits shall be at 100% Scheme tariff up to a combined in- and out-of-hospital benefit of R43 514 per family per annum. PET scans are limited to one (1) scan per beneficiary per annum. Subject to benefit confirmation and reference number received from the Scheme.
Dental and oral surgery (in and/or out of hospital subject to pre-authorisation)	**Benefits shall be at 100% Scheme tariff up to R10 626 per family per annum in or out of hospital:** ▪ Surgical extractions of teeth / roots / impactions / failed implants. ▪ Surgical drainage of dental abscess. ▪ Surgical removal of jaw cyst. ▪ Apicoectomy (root canal-related surgery). ▪ Orthognathic surgery. ▪ Bone augmentation (preparatory surgery for dental prosthesis). **Beneficiaries 7 years and younger, and beneficiaries with disabilities** The following procedures performed under sedation at a DSP day hospital and will be covered from the personal medical savings account (PMSA) at 100% Scheme tariff: ▪ Pulp procedures. ▪ Extractions. ▪ Restorations (fillings). **The following procedures will be covered from the personal medical savings account (PMSA) at 100% Scheme tariff:** ▪ Implant placements.

MEDICAL EVENT	SCHEME BENEFIT
Major maxillofacial surgery limited to surgical procedures that fall under the scope of maxillofacial surgeons (Subject to pre-authorisation)	Benefits shall be at 100% Scheme tariff. Up to R17 188 per family per annum, including TMJ procedures: ▪ Arthrocentesis. ▪ Arthroplasty.
Prosthesis – Internal Prosthesis surgically implanted during operations for the replacement of parts of the human body for functional medical reasons, including delivery systems and related items **Note:** Sub-limits subject to availability of overall prosthesis limit Overall annual prosthesis limit (subject to preferred providers, otherwise limits and co-payments apply) *Functional: items used to replace or augment an impaired bodily function	Benefits shall be paid at 100% Scheme tariff up to R118 757 per family per annum. Sub-limits per beneficiary per annum: ▪ *Functional R40 622. ▪ Vascular R77 661. ▪ Pacemaker (single and dual chamber) R73 911. ▪ Spinal including artificial disc R43 283. ▪ Drug-eluting stents – subject to Vascular prosthesis limit. ▪ Mesh R16 251. ▪ Gynaecology / urology R11 720. ▪ Lens implants R8 908 a lens per eye. ▪ Endovascular and catheter-based procedures - subject to the Vascular prosthesis limit.
Exclusions on joint replacement surgery for non-PMB conditions (Prosthesis sub-limits form part of overall Internal prosthesis limit subject to preferred provider, otherwise limits and co-payments apply)	Joint replacement surgery excluded (except for PMBs). PMBs subject to prosthesis limits: ▪ Hip replacement and other major joints R44 064. ▪ Knee and shoulder replacements R58 598. ▪ Other minor joints R18 205.

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis – External Prosthesis used after operations for the replacement of parts of the human body for functional medical reasons, including delivery systems and related items	Benefits shall be at 100% of Scheme tariff. Up to R30 158 per family per annum. Includes artificial limbs, up to one (1) limb every 60 months. Repair work to artificial limbs will be funded from the out-of-hospital Medical aids, apparatus and appliances benefit.
Orthopaedic and medical appliances **Note:** Appliances directly relating to the hospital admission and/or procedure	Benefits shall be at 100% Scheme tariff up to R18 000 per family per annum for medically necessary appliances for back, leg, arm and neck support, crutches, surgical footwear and elastic stockings directly related to the admission and provided before discharge from hospital.
Oncology (in and/or out of hospital) Please refer to the Managed Care Guide	Benefit shall be at 100% Scheme tariff, subject to pre-authorisation, designated or preferred service providers, and protocols. Essential ICON protocols apply.
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.
Peritoneal dialysis and haemodialysis Please refer to the Managed Care Guide	Benefits shall be at 100% Scheme tariff. Subject to pre-authorisation and designated or preferred service providers.
HIV/AIDS benefits (in and/or out of hospital) Please refer to the Managed Care Guide	Benefits shall be at 100% Scheme tariff. Subject to pre-authorisation and designated or preferred service providers, with LifeSense as the Managed care organisation.

MEDICAL EVENT	SCHEME BENEFIT
Confinements (birthing, including midwife-assisted births)	Benefits shall be at 100% Scheme tariff for: ▪ Medical practitioners. ▪ Nursing home and hospital fees in accordance with the provisions of the Hospitalisation benefit. ▪ Midwife-assisted births in an Active Hospital Birth Unit or home confinement by a midwife. Transport fees, hospital facility fees, renting of a birth pool, medical disposables or medication, antenatal consultations, doulas and breastfeeding support shall be excluded from benefits if these are not PMB level of care. ▪ Midwife-assisted births at a private midwife birth house. Transport fees, renting of a birth pool, antenatal consultations, doulas and breastfeeding supports shall be excluded from benefits if these are not PMB level of care.
Refractive surgery and other procedures (in and/or out of hospital) done to improve or stabilise vision (except cataracts)	Benefits shall be at 100% Scheme tariff. Subject to pre-authorisation and protocols. Up to R11 813 per eye.
Corneal cross-linking	Benefit shall be at 100% of Scheme tariff per beneficiary for clinically appropriate treatment of corneal conditions (e.g. keratoconus). Subject to pre-authorisation.
Alternative to hospitalisation (i.e. procedures done in the doctor's rooms)	Benefits shall be at 100% Scheme tariff subject to pre-authorisation. Step-down facilities approved by the Scheme and services must be rendered by registered private nurses and hospices.

MEDICAL EVENT	SCHEME BENEFIT
Cochlear implants and bone-anchored hearing aid (BAHA) implants (including fees for all providers, hospital and device)	Benefits shall be at 100% Scheme tariff up to R250 000 per beneficiary per annum. Subject to pre-authorisation and Preferred Providers or DSPs. Sound processor upgrades every 5 years.
Varicose veins procedure in hospital	Benefit shall be at 100% Scheme tariff for the treatment of varicose veins performed in a hospital. Subject to pre-authorisation and day hospital rules and funding guidelines.
Advanced illness benefit	Benefits shall be at 100% Scheme tariff, up to R94 716 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.
Day procedures at a day hospital facility	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 and funding guidelines; and DSPs and preferred providers. Please refer to Day Procedure List on page 14. A co-payment of R2 987 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
Ambulance and emergency evacuation services	Benefits shall be subject to provisions of benefits by Netcare 911, as the Scheme's capitated preferred provider for ambulance services. Benefits shall only be payable if the evacuation service was involuntarily requested and delivered by a service provider other than the preferred provider: Provided that services in respect of PMB conditions shall be payable at cost, without deductibles or the use of co-payments, subject to the provisions of Scheme Rules. Authorisation needs to be obtained directly from Netcare 911.
International medical travel cover	▪ **Holiday travel:** Up 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:** Up 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.

Out-of-hospital benefits

Note:

- Some indicated benefits are paid from the personal medical savings account (PMSA) at 100% Scheme tariff.
- Once the personal medical savings account (PMSA) account is depleted benefits will be paid from Scheme risk at 100% Scheme tariff (limits apply).
- Should you not use all of the funds available in your personal medical savings account (PMSA) these funds will be transferred into a vested savings account after 5 months and will remain your property.
- Any vested credit in your vested savings account may be used for out-of-hospital expenses that are not covered by the Scheme, or should you, for instance, have reached your out-of-hospital / day-to-day overall annual limit or the sub-limits as indicated in your benefit guide.
- Clinical funding protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the MediKredit Reference Price (MMAP) may apply.
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- If you have a treatment plan for a registered Chronic Disease List (CDL) and/or Prescribed Minimum Benefit (PMB) condition/s, the services in the treatment plan will pay from the applicable day-to-day limit first. Once the limit is depleted, claims will continue to be paid from Scheme risk, up to the maximum specified in the treatment plan.

MEDICAL EVENT	SCHEME BENEFIT
Overall day-to-day limit	The following combined overall limit for day-to-day benefits shall apply per annum: M = R14 346 and M1+ = R28 689.

MEDICAL EVENT	SCHEME BENEFIT
GP, nurse and specialist consultations Including consultations, visits, diagnostic examinations, injections and emergency unit visits (where a procedure room was used) with GPs, contracted nursing clinical services, contracted primary care drug therapy (PCDT) pharmacists, specialists, homeopaths and herbalists	Benefits shall be at 100% Scheme tariff from the personal medical savings account (PMSA) first. Once the funds in the PMSA have been depleted, benefits shall be subject to the overall day-to-day limit and the following maximum limits per annum: M = R2 954 and M1+ = R5 938.
Emergency room consultations / casualty visits	Benefit shall be at 100% Scheme tariff up to two (2) emergency room (ER) or casualty ward visits per family per annum, subject to a limit of R3 000 per event. The limits include costs for doctor consultations, facility fees, radiology, pathology and medicine used during the treatment in the ER.
Dental benefit Including check-ups, fillings, extractions, root canals, crowns, bridges, dentures, periodontal treatment	Benefits shall be at 100% Scheme tariff from personal medical savings account (PMSA) first. Once the personal medical savings account (PMSA) is depleted, the following limits apply: M = R5 437 and M1+ = R11 033. ▪ Periodontics services (gum diseases). ▪ Orthodontic services (correction of malaligned teeth by means of braces, retainers or similar treatment) are subject to pre-authorisation. Covered once per beneficiary per lifetime. ▪ Dental implants, implant costs and all laboratory costs related to the aforementioned services.

MEDICAL EVENT	SCHEME BENEFIT
General full-mouth examination by a general dentist (incl. gloves and use of sterile equipment)	Once per annum for members 12 years of age and above. Once every six months for members under 12 years of age (paid from preventative dentistry benefit as per Preventative dentistry table on page 16).
Full-mouth intra-oral radiographs	Once every 36 months for all ages (paid from preventative dentistry benefit as per Preventative dentistry table on page 16).
Intra-oral radiograph	Two (2) radiographs per annum for all ages (paid from preventative dentistry benefit as per Preventative dentistry table on page 16).
Scaling and/or polishing	Once every six months for all ages (paid from preventative dentistry benefit as per Preventative dentistry table on page 16).
Fluoride treatment	Once every six months for all ages (paid from preventative dentistry benefit as per Preventative dentistry table on page 16).
Fissure sealant	Up to and including 21 years of age (paid from preventative dentistry benefit as per Preventative dentistry table on page 16).
Space maintainers	Once per beneficiary per annum (paid from preventative dentistry benefit as per Preventative dentistry table on page 16).

MEDICAL EVENT	SCHEME BENEFIT
Medical aids, apparatus and appliances	Benefits shall be at 100% Scheme tariff from the personal medical savings account (PMSA). Once the funds in the PMSA have been depleted, benefits shall be subject to the overall day-to-day limit and R15 158 per family per annum for appliances that shall include any of the items listed below: ▪ Back, leg, arm and neck support. ▪ Surgical footwear. ▪ Crutches. ▪ Elastic stockings. ▪ Repair work on artificial limbs, wheelchairs, etc. ▪ Stoma products. ▪ Oxygen and diabetic supplies for non-PMB conditions.
Wheelchairs	Subject to medical apparatus and appliance limits.
Hearing aids and repair work on hearing aids (Hearing aids subject to pre-authorisation)	Benefits shall be at 100% Scheme tariff. Up to R10 528 per family every 24 months. Subject to quotation, motivation and audiogram.
Continuous / Flash Glucose Monitoring (CGM/FGM)	Refer to medical aids, apparatus and appliances limit listed above.

MEDICAL EVENT	SCHEME BENEFIT
Supplementary services Benefits include services rendered by physiotherapists, orthoptists, audiologists / hearing aid acousticians, occupational therapists, podiatrists / chiropodist, dietitians, speech therapists, biokineticists, private nursing (stoma therapy nursing, obtaining of specimen, observations and administration of medication, immunisations and IV's), psychiatric treatment, psychologists and social workers	Benefits shall be at 100% Scheme tariff from the personal medical savings account (PMSA). Once the funds in the PMSA have been depleted, benefits shall be at 100% Scheme tariff subject to the overall day-to-day limit and the following maximum limit per annum: M = R5 797 and M1+ = R12 033.
Wound care benefit (including dressings, wound therapy, and related nursing services) Please refer to the Managed Care Guide	General wound care shall be at 100% Scheme tariff from the personal medical savings account (PMSA). Once the funds in the PMSA have been depleted, benefits shall be at 100% Scheme tariff subject to the overall day-to-day limit and R4 766 per family per annum.
Negative-pressure wound therapy (NPWT)	Benefit shall be at 100% Scheme tariff. Subject to pre-authorisation based on clinical motivation and an approved treatment plan.
Varicose veins procedure in rooms Benefits include fees related to the procedure, all providers' fees, facility fees, material and catheters	Benefits shall be at 100% Scheme tariff. for the treatment of varicose veins performed in provider rooms. Subject to pre-authorisation and funding guidelines.

MEDICAL EVENT	SCHEME BENEFIT
Optometry benefit	Benefits available every 24 months from date of service. **Network Provider (PPN)** Consultation - One (1) per beneficiary. Frame = R1 395 covered AND 100% of cost of standard lenses (single vision OR bifocal OR multifocal) OR Contact lenses = R2 190 OR **Non-network Provider** Consultation - R433 fee at non-network provider Frame = R1 046 AND Single vision lenses = R230 OR Bifocal lenses = R502 OR Multifocal lenses = R1 110 (consisting of R880 per base lens plus R230 per branded lens add-on) In lieu of glasses members can opt for contact lenses, limited to R2 190.
Basic radiology and pathology	Benefits shall be at 100% Scheme tariff from the personal medical savings account (PMSA). Once the funds in the PMSA have been depleted, benefits shall be at 100% Scheme tariff subject to the overall day-to-day limit and the following maximum limit per annum: M = R4 297 and M1+ = R8 595.
Specialised diagnostic imaging and nuclear medicine - in and/or out of hospital (including MRI scans, CT scans and nuclear / isotope studies). PET scans only included as indicated per benefit option	Benefits shall be at 100% Scheme tariff up to a combined in- and out-of-hospital benefit of R43 514 per family per annum. PET scans are limited to one (1) scan per beneficiary per annum. Subject to benefit confirmation and reference number received from the Scheme.
Rehabilitation services after trauma	Benefits shall be at 100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
Back and neck preventative programme Please refer to the Managed Care Guide	Benefits shall be payable at 100% of contracted fee and are applicable to all ages – subject to pre-authorisation: ▪ Applicable to beneficiaries with back or neck problems that may require surgery and use of this programme is in lieu of surgery. ▪ Preferred providers, i.e. DBC or Workability clinics. ▪ The Scheme may identify appropriate participants for evaluation at a DBC or Workability clinic. Based on the first assessment, a rehabilitation treatment plan is drawn up and initiated over an uninterrupted period that will be specified by the provider.
HIV/AIDS benefits (in and/or out of hospital) Please refer to the Managed Care Guide	Benefits shall be at 100% Scheme tariff. Subject to pre-authorisation and designated or preferred service providers, with LifeSense as the Managed care organisation.
Oncology (in and/or out of hospital) Please refer to the Managed Care Guide	Benefits shall be at 100% Scheme tariff, subject to pre-authorisation, designated or preferred service providers and protocols. Essential ICON protocols apply.
Peritoneal dialysis and haemodialysis Please refer to the Managed Care Guide	Benefits shall be at 100% Scheme tariff. Subject to pre-authorisation and designated or preferred service providers.

Medicine benefits

Note:

- Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines, the MediKredit Reference Price (MMAP) 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.

BENEFIT DESCRIPTION	SCHEME BENEFIT
Medicine for PMB conditions Including the conditions listed on the chronic disease list (CDL)* Subject to pre-authorisation	Benefits shall be at 100% of Scheme tariff, subject to a co-payment of 25% for the voluntary use of non-formulary medicine.
Non-CDL chronic medicine Subject to pre-authorisation	8 conditions. Payment shall be limited to M = R8 751 and M1+ = R17 500 per annum. Medicine on the formulary shall be covered at 90% Scheme tariff with a 10% co-payment and non-formulary medicine shall be covered at 75% of Scheme tariff with a 25% co-payment.
Biological medicine	Benefits limited to PMBs only as per funding protocol. Subject to pre-authorisation.
Other high-cost medicine	Benefits shall be at 100% Scheme tariff. Subject to pre-authorisation.
Acute medicine	Benefits shall be at 100% Scheme tariff from the personal medical savings account (PMSA) for prescribed medicine, including registered homeopathic remedies, injections and herbal remedies with NAPPI codes. Once the funds in the PMSA have been depleted, benefits shall be at 100% Scheme tariff subject to the overall day-to-day limit and the following maximum limit per annum: M = R3 096 and M1+ = R6 407.
Over-the-counter (OTC) medicine Includes sunscreen, vitamins and minerals with NAPPI codes on Scheme formulary	**Member choice: 1. R1 396 OTC limit per family OR 2. Access to full personal medical savings account (PMSA) for OTC purchases (after R1 396 limit) = self-payment gap accumulation. Subject to available personal medical savings account (PMSA).

*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, haemophilia and immunodeficiency. Medicine claims will be paid directly from Scheme risk.

**The default OTC choice is 1. R1 396 OTC limit per family. Members wishing to choose the self-payment gap accumulation option are welcome to contact Bestmed.

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

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	Gastro-oesophageal reflux disease (GORD)
Non-CDL 6	Gout prophylaxis
Non-CDL 7	Major depression*
Non-CDL 8	Migraine prophylaxis

*Approved medicine claims will continue to be paid from Scheme risk once the non-CDL limit is depleted.

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	
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	Polyendocrine metabolic ovarian syndrome
PMB 16	Pulmonary embolism
PMB 17	Stroke



Day procedure list

What type of specialist is your doctor? Find your doctor's speciality and related procedures below.
This list is designed to help guide you and may not include every procedure that falls within a particular speciality.

SPECIALIST	PROCEDURE
ENT surgeon	▪ Laryngeal endoscopy ▪ Middle ear and eardrum procedures (grommet insertion, mastoidectomy and myringoplasty) ▪ Nasal endoscopy ▪ Nasal procedures (septum and turbinate repairs) ▪ Nosebleed (epistaxis) treatment ▪ Sinus endoscopy ▪ Sinus washout (lavage) ▪ Tonsillectomy and adenoidectomy
General surgeon	▪ Abscess and cyst drainage ▪ Bile and pancreatic duct procedures (ERCP) ▪ Biopsies (bone, muscle, skin and soft tissue) ▪ Breast procedures (biopsies and lump removal) ▪ Bronchoscopy ▪ Digestive system endoscopy (gastroscopy and colonoscopy) ▪ Foreign body removal ▪ Hernia repairs ▪ Skin lesion removal ▪ Wound repairs
Gynaecologist	▪ Bartholin's cyst removal ▪ Cervical cerclage insertion or removal ▪ Colposcopy and cervical treatment procedures (including LLETZ) ▪ Endometrial ablation ▪ Hysteroscopic procedures (diagnostic hysteroscopy, dilation and curettage (D&C), and myomectomy) ▪ Laparoscopic procedures (diagnostic laparoscopy, ovarian cyst removal and sterilisation) ▪ Uterine evacuation

SPECIALIST	PROCEDURE
Orthopaedic surgeon	▪ Arthrodesis (joint fusion of the hand, foot or wrist) ▪ Arthroscopy (hip, knee, shoulder, ankle, elbow or wrist) ▪ Carpal tunnel release ▪ Closed fracture and dislocation treatment ▪ Fascia and muscle debridement ▪ Ganglion removal (ganglionectomy) ▪ Implant removal ▪ Nerve procedures (including neuroplasty and digital nerve excision) ▪ Tendon and ligament repair
Ophthalmologist	▪ Astigmatism correction ▪ Blepharoplasty (eyelid surgery) ▪ Cataract surgery ▪ Corneal transplant ▪ Eye laceration repair ▪ Foreign body removal from the eye ▪ Strabismus (squint) surgery ▪ Vitrectomy
Urologist	▪ Circumcision ▪ Cystoscopic procedures (biopsy, fulguration, stent insertion or removal and urethrotomy) ▪ Epididymis removal (epididymectomy) ▪ Hydrocele and varicocele procedures ▪ Orchidopexy (testicular fixation)

Preventative care benefits

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

BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Respiratory syncytial virus (RSV) vaccines	Infants born between January and May. Indicated from birth up to six months of age.	One (1) single dose per lifetime.	
Flu vaccines	All ages.	One (1) per beneficiary per annum.	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 high-risk individuals for immunisation.
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.	According to the Bestmed vaccine schedule.	
Baby growth and development assessments	0-2 years.	Three (3) assessments per annum.	Assessments are done at a Bestmed partner pharmacy clinic.
Oral / injectable / implantable female contraceptives OR intrauterine device (IUD)	All females of child-bearing age.	Quantity and frequency depending on product up to the maximum allowed amount.	Oral / injectable / implantable female contraceptives R2 913 per beneficiary per annum OR Intrauterine device (IUD) limited to R4 225 per beneficiary once every 5 years.
Mammogram	Females 40 years and older.	Once every 24 months.	100% Scheme tariff.
HPV vaccinations	Males and females 9-26 years of age.	Three (3) vaccinations per beneficiary.	
PSA screening	Males 45 years and older.	Once every 24 months.	Can be done at a urologist or GP. Consultation paid from the available personal medical savings account (PMSA) / consultation benefit.
Bone densitometry	Beneficiaries 45 years and older.	Once every 24 months.	

BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Pap smear	Females 18 years and older.	Once every 24 months.	At any gynaecologist or GP. Consultation is paid at Scheme tariff from Scheme risk benefits.
Preventative dentistry	Subject to clinical protocols and funding guidelines. Refer to Preventative dentistry table on page 16 for a full breakdown of benefits per option.		
Colon cancer screening	40 years and older.	Once every 24 months.	The consultation shall be paid from the available consultation benefit. To be done at a GP or specialist. Faecal Occult Blood Test (FOBT).
HIV rapid test	All ages.	Voluntary counselling and testing (VCT) subject to Scheme protocols and funding guidelines.	

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 (incl. gloves and use of sterile equipment)	12 years of age and above. Under 12 years of age.	Once per annum. Once every six months.
Full-mouth intra-oral radiographs	All ages.	Once every 36 months.
Intra-oral radiograph	All ages.	Two (2) radiographs per annum for all ages.
Scaling and/or polishing	All ages.	Once every six months.
Fluoride treatment	All ages.	Once every six months.
Fissure sealant	Up to and including 21 years of age.	
Space maintainers	All ages.	Once per beneficiary per annum.

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 MediKredit Reference Price (MMAP).

100% Scheme tariff. Subject to the following benefits:

Consultations:
- 9 antenatal consultations at a GP OR gynaecologist OR midwife.
- 2 post-natal 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.

Supplements:
- Any item categorised as a maternity supplement can be claimed up to a maximum of R151 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 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.

Abbreviations

CDL = Chronic Disease List; DBC = Documentation Based Care (Back Rehabilitation Programme); DSP = Designated Service Provider; GP = General Practitioner or Doctor; HPV = Human Papilloma Virus; M = Member; M1+ = Member and family; MMAP = MediKredit 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; PMSA = personal medical savings account; RSV = Respiratory syncytial virus.

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 annum per adult beneficiary:

- The Tempo lifestyle questionnaire
- Blood pressure check
- Cholesterol check (finger prick)
- Glucose check (finger prick)
- Height and weight measurement

These screenings need to be done at a Tempo network GP, 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

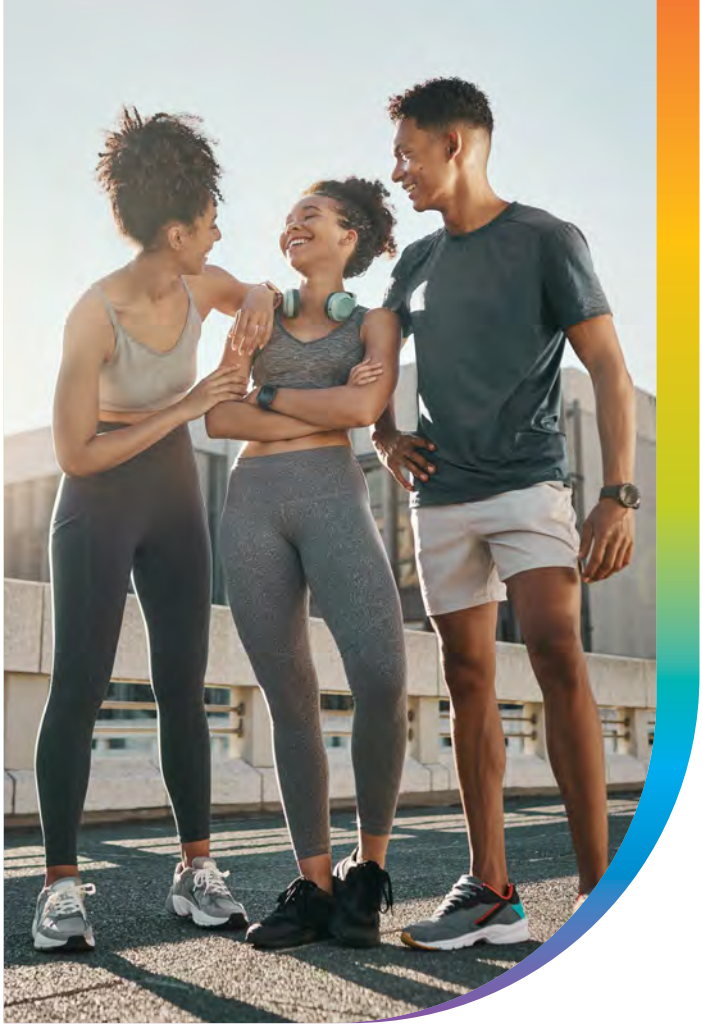
- 1 x (face-to-face) physical health assessment at a Tempo partner biokineticist
- 1 x follow-up (virtual or face-to-face) consult to obtain your personalised exercise plan from the Tempo partner biokineticist

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.



Best Bucks Benefit

What if completing a routine health check unlocked actual funds that pay for your next doctor's visit? Well, with Best Bucks and the Tempo Lifestyle Screening, it does! Here's what you need to know.

WHAT IS BEST BUCKS?

Best Bucks is an additional Bestmed benefit of R1 000 per family that members receive over and above their annual day-to-day and/or savings benefits, and that is used for out-of-hospital claims.

Best of all, all qualifying out-of-hospital claims are paid from your Best Bucks first, before your annual day-to-day and/or savings benefits.

WHICH OUT-OF-HOSPITAL CLAIMS ARE PAID FROM THE BEST BUCKS?

- GP and specialist consultations
- Radiology
- Pathology
- Over-the-counter medicine
- Acute medicine
- Supplementary services such as mental health, dietitians, biokineticists consultations, etc.

HOW DO I UNLOCK MY BEST BUCKS?

To activate this extra benefit, all adult beneficiaries registered on your Bestmed membership must complete their free Tempo Lifestyle Screening at a Tempo network pharmacy, Tempo network GP, Tempo partner dietitian, or Tempo partner biokineticist. The list of service providers can be found on **www.bestmed.co.za** under Tempo wellness programme.

Once the Tempo Lifestyle Screening is done and the results are submitted to Bestmed, your Best Bucks will automatically be activated.

IMPORTANT:

- Claims are paid at 100% Scheme tariff from the Best Bucks.
- Co-payments or shortfalls cannot be paid from the Best Bucks.

Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided herein and the Scheme Rules, the Scheme Rules will prevail.

Pace1 exclusions

GENERAL EXCLUSIONS

- Admissions for tests and investigations.
- Nutritional supplements, tonics, stimulants, vitamins and minerals if OTC limit is depleted.
- Surrogate pregnancy and delivery.

PROCEDURE EXCLUSIONS

- Artificial insemination and infertility-related procedures.
- Bariatric surgery and related weight loss medications.
- Breast reduction surgery.
- Cosmetic procedures.
- Dental procedures:
  - Bleaching of teeth.
  - Myobrace system.
- Gynaecomastia-related surgery.
- Non-PMB, deteriorated joint replacements:
  - Ankle.
  - Elbow.
  - Finger and toe.
  - Hip.
  - Knee.
  - Shoulder.
  - Temporomandibular joint (TMJ).
  - Robotic surgery.



CLIENT SERVICES
Tel: +27 (0)86 000 2378
Email: service@bestmed.co.za

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
AZOZA
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:

Email: 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
service@bestmed.co.za
068 376 7212
www.bestmed.co.za
Bestmed Medical Scheme
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 2027 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 2027 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.

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