

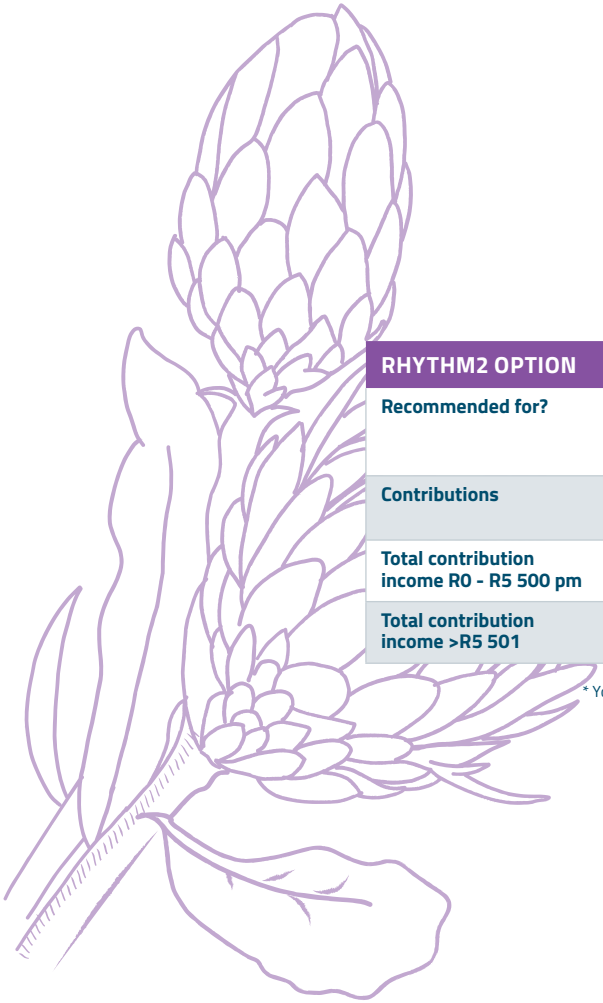
BENEFIT SUMMARY

RHYTHM 2

2027

bestMed

personally yours



RHYTHM2

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 pm	R3 214	R3 054	R1 882
Total contribution income >R5 501	R3 762	R3 387	R1 882

* 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.

RHTYHM2 OPTION	RHYTHM2 IS A NETWORK OPTION
Personal medical savings account (PMSA) / Day-to-day benefits	No 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 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 MediKredit Reference Price (MMAP) 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 626.

MEDICAL EVENT	SCHEME BENEFIT
Accommodation (hospital stay) in a general ward, intensive care and high-care unit, theatre and material Subject to pre-authorisation	Benefits shall be at 100% Scheme tariff at a DSP hospital.

MEDICAL EVENT	SCHEME BENEFIT
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 a maximum of 7 days treatment if claimed as part of the hospital account, or up to R468 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% Scheme tariff up to R18 944 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, including inpatient electro-convulsive therapy and inpatient psychotherapy, OR 15 contact sessions for outpatient 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.
Consultations and procedures	Benefits shall be at 100% Scheme tariff for claims submitted by General Practitioners (GPs) and specialists for treatment during hospitalisation. Subject to pre-authorisation and DSP network.

MEDICAL EVENT	SCHEME BENEFIT
Surgical procedures and anaesthetics	Benefits shall be at 100% Scheme tariff. Subject to pre-authorisation and DSP network.
Supplementary services during hospitalisation	Benefits shall be at 100% Scheme tariff, provided that the claim is related to the hospital admission of the patient and is 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 (in and/or out of hospital)	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.
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	Benefit shall be at 100% Scheme tariff up to a combined in- and out-of-hospital benefit of R19 581 per family per annum. PET scans - Benefits limited to PMBs. Subject to benefit confirmation and reference number received from the Scheme.

MEDICAL EVENT	SCHEME BENEFIT
Dental and oral surgery. (in and/or out of hospital subject to pre-authorisation)	Benefits limited to PMBs only at DSPs.
Major maxillofacial surgery, strictly related to certain conditions (Subject to pre-authorisation)	Benefits limited to PMBs only at DSPs.
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. DSPs apply Overall annual prosthesis limit (subject to preferred providers and DSPs, otherwise limits and copayments apply) *Functional: items used to replace or augment an impaired bodily function	Benefits shall be paid at 100% Scheme tariff up to R69 848 per family per annum. Sub-limits per beneficiary per annum: ▪ *Functional R37 038. ▪ Vascular R59 739. ▪ Pacemaker (single and dual chamber) R56 566. ▪ Spinal including artificial disc R34 609. ▪ Drug-eluting stents – subject to Vascular prosthesis limit. DSPs apply. ▪ Mesh R12 658. ▪ Gynaecology / urology R10 455. ▪ Lens implants R7 268 a lens per eye. ▪ Endovascular and catheter-based procedures - subject to Vascular prosthesis limit.

MEDICAL EVENT	SCHEME BENEFIT
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 R35 471. ▪ Knee and shoulder replacements R44 847. ▪ Minor joints R16 797. ▪ 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 Prosthesis used after operations for the replacement of parts of the human body for functional medical reasons, including delivery systems and related items	Benefits limited to PMBs only at DSPs.
Orthopaedic and medical appliances during hospitalisation Pre-authorisation must be obtained. Appliances directly related to the hospital admission and/or procedure	Benefits shall be at 100% Scheme tariff up to R8 595 per family per annum for medically necessary appliances for the items listed below, if prescribed by a medical practitioner and where such a prescription directly relates to the admission and provided before discharge from hospital. ▪ Back, leg, arm and neck support. ▪ Crutches. ▪ Surgical footwear (excluding health footwear). ▪ Elastic stockings. ▪ Oxygen, diabetic and stoma aids continually essential for the medical treatment of the patient. ▪ Medical apparatus continually essential for the medical treatment of the patient.

MEDICAL EVENT	SCHEME BENEFIT
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.
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 (in and/or out of hospital) Please refer to the Managed Care Guide	Benefits shall be at 100% Scheme tariff. Subject to pre-authorisation, protocols and designated or preferred service providers.
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.

MEDICAL EVENT	SCHEME BENEFIT
Refractive surgery and other procedures (in and/or out of hospital) done to improve or stabilise vision (except cataracts)	Benefits limited to PMBs only at DSPs.
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.
Cochlear implants and bone anchored hearing aids (BAHA) implants (Including fees for all providers, hospital and device)	Benefits limited to PMBs only at DSPs.
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, protocols and designated or preferred service providers, with LifeSense as the Managed care organisation.
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.
Advanced illness benefit	Benefits shall be at 100% Scheme tariff. Up to R75 772 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.

MEDICAL EVENT	SCHEME BENEFIT
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, funding guidelines and DSPs. A R2 987 co-payment 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.
Co-payments	**Non-network hospital co-payment:** Co-payment of R15 626 per event for voluntary use of a non-DSP hospital.
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.

MEDICAL EVENT	SCHEME BENEFIT
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

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 MediKredit Reference Price (MMAP) 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 including consultations, visits, diagnostic examinations and injections	Benefits shall be at 100% of Scheme tariff for consultations per family, visits and treatments by GPs registered on the Rhythm Network for the following: ▪ Unlimited medically necessary consultations for basic primary care. ▪ Specified minor trauma treatment, including stitches, excision and repair, drainage of abscess and limb cast.
Casualty and out-of-network GP visits	Every family qualifies for out-of-network GP and casualty visits: ▪ Benefits shall be at 100% of Scheme tariff up to R1 874 per family per annum. ▪ All radiology and pathology investigations at the casualty unit, that fall within the primary care radiology and pathology benefit schedule, as well as medicine costs will be included in this limit. ▪ In the event where the family elects to utilise State facilities for emergency visits, such emergency visits shall be unlimited, in addition to the benefits to which the family is already entitled. ▪ The Member shall pay for the visit first and then claim back from the Scheme.
Specialist consultations Including minor procedures done in specialist rooms and all consumable used according to treatment protocol and clinical funding guidelines	Specialist consultations must be referred by a Rhythm Network Provider. Benefits shall be at 100% Scheme tariff. Limited to M = R1 895 and M1+ = R3 158. Subject to Rhythm Specialist Network.

DISCIPLINE	BENEFIT DESCRIPTION
Dental benefit including check-ups, fillings, extractions and dentures	Benefits shall be at 100% Scheme tariff when clinically appropriate, subject to a designated service provider, the Rhythm Dental Network approved tariff list and conditions, as well as the following provisions: ▪ 2 (two) consultations for full mouth examination per beneficiary per annum, subject to the Scheme's list of dental codes. ▪ Extraction if clinically necessary. ▪ Preventative treatment once every 6 (six) months per beneficiary including scaling and polishing and fluoride treatment. ▪ Limited to a maximum of 1 (one) set of dentures (i.e. 2 (two) single denture plates) per family per 24 (twenty-four) months. Benefits shall be subject to the use of accredited dental laboratories.
Medical aids, apparatus and appliances	Benefits limited to PMBs only at DSPs.
Wheelchairs	Benefits limited to PMBs only at DSPs.
Hearing aids	Benefits limited to PMBs only at DSPs.

DISCIPLINE	BENEFIT DESCRIPTION
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, social workers, homeopaths and acupuncture	Benefits limited to PMBs only at DSPs.
Wound care benefit (including dressings, wound therapy, and related nursing services) Please refer to the Managed Care Guide	Benefits limited to PMBs only at DSPs.
Negative-pressure wound therapy (NPWT)	Benefits limited to PMBs only at DSPs.
Basic radiology and pathology (in and/or out of hospital)	Benefits shall be at 100% Scheme tariff. Referral by Bestmed Rhythm Network GP or Rhythm Specialist DSP. Subject to Bestmed Rhythm protocols and approved radiology and pathology codes.
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	Benefit shall be at 100% Scheme tariff up to a combined in- and out-of hospital benefit of R19 581 per family per annum. PET scans - Benefits limited to PMBs. Subject to benefit confirmation and reference number received from the Scheme.

DISCIPLINE	BENEFIT DESCRIPTION
Rehabilitation services after trauma	Benefits limited to PMBs only at DSPs. Subject to pre-authorisation and DSPs.
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% of Scheme tariff. Subject to pre-authorisation, protocols 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% of Scheme tariff. Subject to pre-authorisation, protocols and designated or preferred service providers.

DISCIPLINE	BENEFIT DESCRIPTION
Optometry benefit	Benefits available every 24 months from date of service. **Network Provider (PPN)** Consultation - One (1) per beneficiary. Frame = R340 covered AND 100% of cost of standard lenses (single vision OR bifocal OR multifocal) OR Contact lenses = R835. OR **Non-network Provider** Consultation - R433 fee at non-network provider Frame = R255 AND Single vision lenses = R230 OR Bifocal lenses = R502 OR Multifocal lenses = R502. In lieu of glasses members can opt for contact lenses, limited to R835.

Medicine benefits

Note:

- Benefits 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.
- As this is a network option, members are required to make use of Scheme-contracted pharmacies to obtain their medicine.

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% Scheme tariff. A co-payment of 30% applies to non-formulary medicine.
Non-CDL chronic medicine	Not applicable to benefit option.
Biological medicine	Benefits limited to PMBs only at DSPs, as per funding protocol. Subject to pre-authorisation.
Other high-cost medicine	Benefits limited to PMBs only at DSPs, as per funding protocol. Subject to pre-authorisation.

BENEFIT DESCRIPTION	SCHEME BENEFIT
Acute medicine	Benefits shall be at 100% of Scheme tariff for: ▪ Medicine on the formulary prescribed by a Rhythm Network provider and obtained at a preferred pharmacy network provider. ▪ Certain formulary medicines may be subject to annual quantity limits. ▪ Benefit not applicable to non-formulary acute medicine.
Over-the-counter (OTC) medicine Includes sunscreen, vitamins and minerals with NAPPI codes on Scheme formulary	Benefits shall be at 100% Scheme tariff. Up to R381 per family per annum and up to R122 per event. Subject to preferred pharmacy network provider.

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	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), Rhythm network, 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 6 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 393 per beneficiary per year OR Intrauterine device (IUD) limited to R3 295 per beneficiary once every 5 years.
Mammogram	Females 40 years and older.	Once every 24 months.	Benefit shall be at 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.	To be done at a DSP urologist or Rhythm Network GP. Urologist or GP consultation paid from the available consultation benefit.
Pap smear	Females 18 years and older.	Once every 24 months.	At a Bestmed Rhythm Network GP or Rhythm Specialist DSP gynaecologist.

BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
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 Rhythm Network 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.



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% of Scheme tariff at network providers only for 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 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

DBC = Documentation Based Care (Back Rehabilitation Programme); CDL = Chronic Disease List; DSP = Designated Service Provider; GP = General Practitioner or Doctor; MRI/CT scans = Magnetic Resonance Imaging / Computed Tomography scans; MMAP = MediKredit Reference Price; NP = Network Provider; OTC = Over-the-Counter; PMB = Prescribed Minimum Benefits; PET scan = Positron Emission Tomography scan; PSA = Prostate Specific Antigen; PPN = Preferred Provider Negotiators; 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.

Rhythm2 exclusions

RHYTHM2			
GENERAL EXCLUSIONS	**PROCEDURE EXCLUSIONS**		
▪ Admissions for tests and investigations. ▪ Nutritional supplements, tonics, stimulants, vitamins and minerals if OTC limit is depleted. ▪ Surrogate pregnancy and delivery.	▪ Artificial insemination and infertility-related procedures. ▪ Bariatric surgery and related weight loss medications. ▪ Bone anchored hearing aid implantation and upgrade. ▪ Breast reduction surgery. ▪ Cochlear device implantation and upgrade. ▪ Cosmetic procedures.	▪ Dental procedures: - Basic dentistry under sedation (IV or GA) i.e. extractions and restorations. - Bleaching of teeth. - Myobrace system. - Orthodontics. - Root canal treatment and other advanced dentistry. - Surgical extractions. ▪ External prosthesis. ▪ Gynaecomastia-related surgery.	▪ Non-PMB, deteriorated joint replacements: - Ankle. - Elbow. - Finger and toe. - Hip. - Knee. - Shoulder. - Temporomandibular joint (TMJ). ▪ Non-PMB refractive surgery. ▪ Robotic surgery. ▪ Varicose veins.



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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