Benefit Summary 2022

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PACE3

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PACE3

PACE3 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 out-of-hospital expenses.		
Contributions	Principal member	Adult dependant	Child dependant
Risk amount	R5 949	R4 789	R1 023
Medical savings account	R969	R780	R167
Total monthly contribution	**R6 918**	**R5 569**	**R1 190**

*You pay for a maximum of three children. Any additional children can join as beneficiaries of the Scheme at no additional cost.

Children under the age of 24 and registered students up to the age of 26 years qualify for child dependant rates.

PACE3 OPTION	COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)
Savings account/Day-to-day benefits	Savings account available. Day-to-day benefits are available.

Method of benefit payment

On the Pace3 option, in-hospital benefits are paid from the Scheme risk. Some out-of-hospital benefits are paid from the annual savings 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 savings (annual or vested).

In-hospital benefits

Note:

- All benefits mentioned below are subject to pre-authorisation, clinical protocols and funding guidelines.
- Members are required to obtain pre-authorisation for all planned procedures at least 14 (fourteen) days before the event. However, in the case of an emergency, the member, their representative or the hospital must notify Bestmed of the member's hospitalisation as soon as possible or on the first working day after admission to hospital.

Clinical protocols, preferred providers (PPs), designated service proveders (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.

MEDICAL EVENT	SCHEME BENEFIT
Accommodation (hospital stay) and theatre fees	100% Scheme tariff.
Take-home medicine	100% Scheme tariff. Limited to 7 days' medicine.
Treatment in mental health clinics	100% Scheme tariff. Limited to 21 days per beneficiary.
Treatment of chemical and substance abuse	100% Scheme tariff. Limited to 21 days or R33 655 per beneficiary. Subject to network facilities.
Consultations and procedures	100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff.
Organ transplants	100% Scheme tariff. (PMBs only)
Major medical maxillo-facial surgery strictly related to certain conditions	100% Scheme tariff.
Dental and oral surgery (In- or out-of-hospital)	Limited to R17 570 per family.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R121 381 per family.

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis – Internal Note: Sub-limit subject to the overall annual prosthesis limit. *Functional: Items utilised towards treating or supporting a bodily function.	Sub-limits per beneficiary: ▪ *Functional limited to R19 797. ▪ Vascular R45 410. ▪ Pacemaker (dual chamber) R65 268. ▪ Spinal including artificial disc R60 657. ▪ Drug-eluting stents R19 797. ▪ Mesh R19 797. ▪ Gynaecology/Urology R14 848. ▪ Lens implants R12 695 a lens per eye. ▪ Joint replacements: - Hip replacement and other major joints R54 442. - Knee replacement R63 413. - Minor joints R23 447.
Prosthesis – External	Limited to R28 583 per family. DSPs apply. Includes artificial limbs limited to 1 limb every 60 months.
Orthopaedic and medical appliances	100% Scheme tariff.
Pathology	100% Scheme tariff.
Basic radiology	100% Scheme tariff.
Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies).	100% Scheme tariff.
Oncology	100% Scheme tariff. Subject to pre-authorisation and DSP. Access to extended protocols.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Confinements (Birthing)	100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	100% Scheme tariff. Limited to R10 518 per eye.
Mammary surgery on the unaffected (non-cancerous) breast of a breast cancer patient	100% Scheme tariff for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) on the unaffected (non-cancerous) breast of a breast cancer patient. The benefit is limited to R38 294 and is subject to pre-authorisation.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Midwife-assisted births	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
Palliative and home-based care in lieu of hospitalisation	100% Scheme tariff, limited to R120 000 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.
International travel cover	▪ Leisure Travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 90 days, with R5 million for one member and R10 million for principal member and dependants. ▪ Business Travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 45 days, with R5 million for one member and R10 million for principal member and dependants.

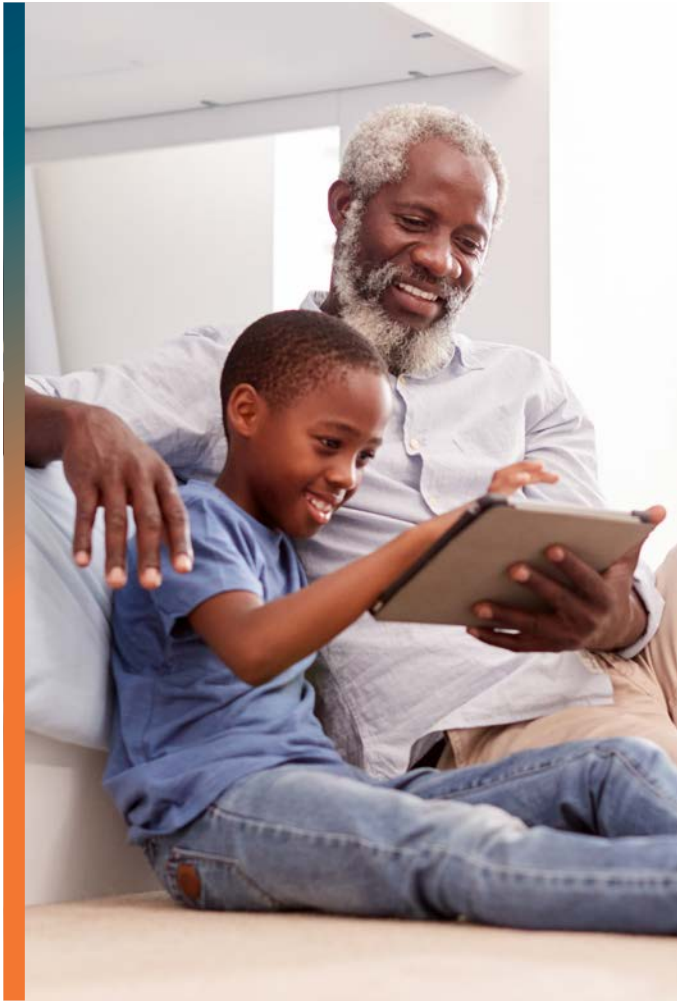
MEDICAL EVENT	SCHEME BENEFIT
Day procedures at a day-hospital facility	Day procedures at a day-hospital facility funded at 100% Scheme tariff. Subject to pre-authorisation. DSPs apply for PMBs.

Out-of-hospital benefits

Note:

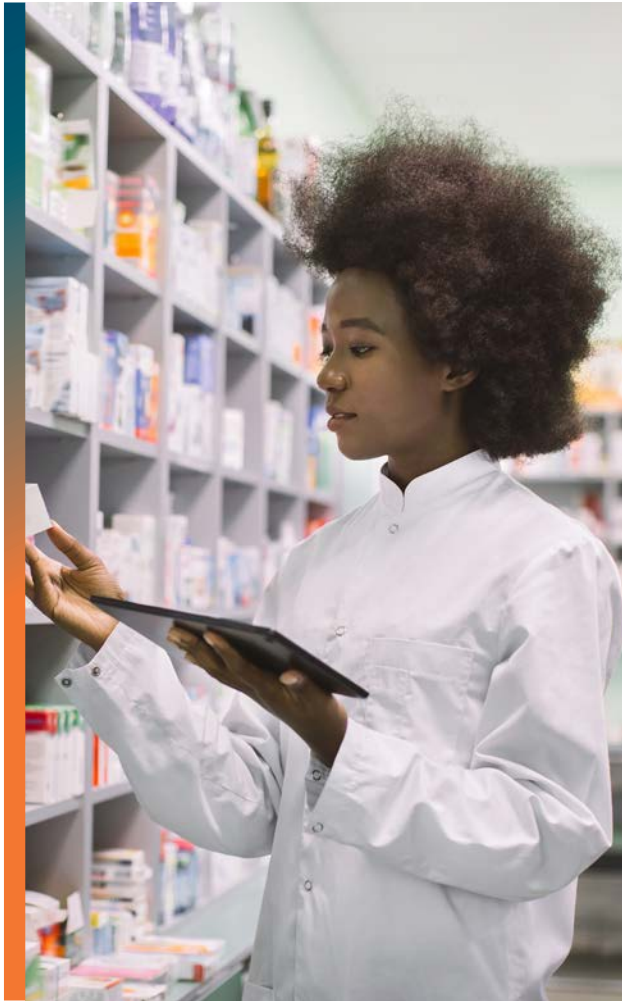
- Some indicated benefits are paid from the annual savings at 100% Scheme tariff. Once the annual savings account is depleted, benefits will be paid from Scheme risk at 100% Scheme tariff (limits apply).
- Should you not use all of the funds available in your savings account, these funds will be transferred into a vested savings account after 5 (five) months. The savings will remain your property.
- Any 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 or day-to-day overall annual limit or the sub-limits as indicated in your benefit guide.
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- Clinical funding protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- If you have a treatment plan for a registered Chronic Disease List (CDL) and/or PMB condition/s, the services in the treatment plan will be paid 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	M = R20 045, M1+ = R41 425.
FP and specialist consultations	Savings first. 100% Scheme tariff. M = R4 579, M1+ = R9 280. (Subject to overall day-to-day limit)
Diabetes primary care consultation	100% of Scheme tariff subject to registration with HaloCare. 2 primary care consultations at Dis-Chem Pharmacies. Paid first from the "FP and specialist consultations" day-to-day benefit, thereafter Scheme risk.



MEDICAL EVENT	SCHEME BENEFIT
Basic and specialised dentistry	Savings first and then from day-to-day limit. Limited to M = R7 776, M1+ = R14 497. (Subject to overall day-to-day limit)
Orthodontic dentistry	100% Scheme tariff. Subject to pre-authorisation. Limited to R9 000 per event for beneficiaries up to 18 years of age.
Medical aids, apparatus and appliances	Savings first. Limited to R10 888 per family. Includes repairs to artificial limbs. (Subject to overall day-to-day limit)
Wheelchairs	Limited to R14 725 per family every 48 months.
Hearing aids	Limited to R33 779 per beneficiary every 24 months subject to pre-authorisation.
Continuous/Flash Glucose Monitoring (CGM/FGM)	100% Scheme tariff. Limited to R20 000 per family per annum. Subject to pre-authorisation.
Supplementary services	Savings first. Limited to M = R2 797, M1+ = R5 877. (Subject to overall day-to-day limit)
Wound care benefit (incl. dressings, negative pressure wound therapy treatment and related nursing services - out–of-hospital)	100% Scheme tariff. Savings first. Limited to R11 136 per family. (Subject to overall day-to-day limit)

MEDICAL EVENT	SCHEME BENEFIT
Optometry benefit (PPN capitation provider)	Benefits available every 24 months from date of service. Network Provider (PPN) ▪ Consultation - 1 per beneficiary. ▪ Frame = R990 covered AND ▪ 100% of cost of standard lenses (single vision OR bifocal OR multifocal) AND Lens enhancement = R750 covered OR ▪ Contact lenses = R1 880 OR Non-network Provider ▪ Consultation - R350 fee at non-network provider ▪ Frame = R598 AND ▪ Single vision lenses = R210 OR ▪ Bifocal lenses = R445 OR ▪ Multifocal lenses = R1 000 In lieu of glasses members can opt for contact lenses, limited to R1 880.
Basic radiology and pathology	Savings first. Limited to M = R3 712, M1+ = R7 362. (Subject to overall day-to-day limit)
Specialised diagnostic imaging (Including MRI scans, CT scans, isotope studies and PET scans).	MRI/CT scans: Maximum of 3 scans per beneficiary. PET scan: 1 scan per beneficiary. Subject to pre-authorisation.
Rehabilitation services after trauma	100% Scheme tariff.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Oncology	Oncology programme. 100% of Scheme tariff. Subject to pre-authorisation and DSP. Access to extended protocols.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.



Medicine

Note:

- Benefits mentioned 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 PMB medications that are on the formulary for which there is no generic alternative.
- Approved PMB biological and non-PMB biological medicine costs will be paid from the biological limit first. Once the limit is depleted, only PMB biological medicine costs will continue to be paid unlimited from Scheme risk.

BENEFIT DESCRIPTION	SCHEME BENEFIT
CDL and PMB chronic medicine*	100% Scheme tariff. Co-payment of 15% for non-formulary medicine.
Non-CDL chronic medicine*	20 conditions. 90% Scheme tariff. Limited to M = R15 368, M1+ = R30 735. Co-payment of 15% for non-formulary medicine.
Biologicals and other high-cost medicine	100% Scheme tariff. Limited to R346 449 per beneficiary.
Acute medicine	Savings first. Limited to M = R1 609, M1 + = R3 960. (Subject to overall day-to-day limit)
Over-the-counter (OTC) medicine	**Member choice: 1. R1 000 OTC limit per family OR 2. Access to full savings for OTC purchases (after R1 000 limit) = self-payment gap accumulation. Includes suncreen, vitamins and minerals with nappi codes on Scheme formulary. Subject to the available savings.

* Please note that approved Chronic Disease List (CDL), Prescribed Minimum Benefit (PMB) and non-Chronic Disease List (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 and haemophilia. Medicine claims will be paid directly from Scheme risk.
**The default OTC choice is 1. R1 000 OTC limit per family. Members wishing to choose the other option are welcome to contact Bestmed.

Chronic conditions list

CDL	
CDL 1	Addison's disease
CDL 2	Asthma
CDL 3	Bipolar mood disorder
CDL 4	Bronchiectasis
CDL 5	Cardiomyopathy
CDL 6	Chronic renal disease
CDL 7	Chronic obstructive pulmonary disease (COPD)
CDL 8	Cardiac failure
CDL 9	Coronary artery disease
CDL 10	Crohn's 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	Hyperlipidaemia
CDL 19	Hypertension
CDL 20	Hypothyroidism
CDL 21	Multiple sclerosis
CDL 22	Parkinson's disease

CDL	
CDL 23	Rheumatoid arthritis
CDL 24	Schizophrenia
CDL 25	Systemic lupus erythematosus (SLE)
CDL 26	Ulcerative colitis

NON-CDL	
Non-CDL 1	Acne - severe
Non-CDL 2	Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)
Non-CDL 3	Allergic rhinitis
Non-CDL 4	Autism
Non-CDL 5	Eczema - severe
Non-CDL 6	Migraine prophylaxis
Non-CDL 7	Gout prophylaxis
Non-CDL 8	Major depression*
Non-CDL 9	Obsessive compulsive disorder
Non-CDL 10	Osteoporosis
Non-CDL 11	Psoriasis
Non-CDL 12	Urinary incontinence
Non-CDL 13	Paget's disease
Non-CDL 14	Gastro oesophageal reflux disease (GORD)
Non-CDL 15	Ankylosing spondylitis
Non-CDL 16	Osteoarthritis
Non-CDL 17	Alzheimer's disease

NON-CDL	
Non-CDL 18	Collagen diseases
Non-CDL 19	Dermatomyositis
Non-CDL 20	Neuropathy

*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	Chronic anaemia
PMB 3	Benign prostatic hypertrophy
PMB 4	Cushing's disease
PMB 5	Cystic fibrosis
PMB 6	Endometriosis
PMB 7	Female menopause
PMB 8	Fibrosing alveolitis
PMB 9	Graves' disease
PMB 10	Hyperthyroidism
PMB 11	Hypophyseal adenoma
PMB 12	Idiopathic thrombocytopenic purpura
PMB 13	Paraplegia/Quadriplegia
PMB 14	Polycystic ovarian syndrome
PMB 15	Pulmonary embolism
PMB 16	Stroke

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 Mediscor Reference Price (MRP).

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Flu vaccines	All ages.	1 per beneficiary per year.	Applicable to all active members and beneficiaries.
Pneumonia vaccines	Children <2 years. High-risk adult group.	Children: As per schedule of Department of Health. Adults: Twice in a lifetime with booster above 65 years of age.	Adults: The Scheme will identify certain high-risk individuals who will be advised to be immunised.
Travel vaccines	All ages.	Quantity and frequency depending on product up to the maximum allowed amount.	Mandatory travel vaccines for typhoid, yellow fever, tetanus, meningitis, hepatitis and cholera from Scheme risk benefits.
Paediatric immunisations	Babies and children.	Funding for all paediatric vaccines according to the state-recommended programme.	
Baby growth and development assessments	0-2 years.	3 assessments per year.	Assessments are done at a Bestmed Network Pharmacy Clinic.
Female contraceptives	All females of child-bearing age.	Quantity and frequency depending on product up to the maximum allowed amount. Mirena device - 1 device every 60 months.	Limited to R2 412 per beneficiary per year. Includes all items classified in the category of female contraceptives.
Back and neck preventative programme	All ages.	Subject to pre-authorisation.	Preferred providers (DBC/Workability Clinics).This is a preventative programme with the objective of preventing back and neck surgery.The Scheme may identify appropriate participants. 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. Use of this programme is in lieu of surgery.
Preventative dentistry	Refer to preventative dentistry section on p.15 for details.		

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Mammogram (tariff code 34100)	Females 40 years and older.	Once every 24 months.	100% Scheme tariff.
PSA screening	Males 50 years and older.	Once every 24 months.	Can be done at a urologist, FP or network pharmacy clinic. Consultation paid from the available savings/consultation benefit.
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
Bone densitometry	All beneficiaries 45 years and older.	Once every 24 months.	
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist, FP or pharmacy clinic. Consultation paid from the available savings/ consultation benefit.
Bestmed Tempo wellness programme Note: Completing your Health Assessment (previously HRA) 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: Bestmed Tempo Health Assessment (previously HRA) for adults (beneficiaries 16 and older) which includes one of each of the following per year per adult beneficiary: ▪ The Bestmed Tempo lifestyle questionnaire ▪ Blood pressure check ▪ Cholesterol check ▪ Glucose check ▪ HIV screening ▪ Height, weight and waist circumference These assessments need to be done at a contracted pharmacy or on-site at participating employer groups. Bestmed Tempo Fitness and Nutrition programmes (beneficiaries 16 and older): ▪ 3 personalised journeys with a Bestmed Tempo partner biokineticist ▪ 3 personalised journeys with a Bestmed Tempo partner dietitian Bestmed Tempo Group Classes: ▪ A range of group classes throughout the year to help encourage and support a healthier lifestyle regardless of your age or health status		

PREVENTATIVE CARE BENEFIT

Maternity benefits	100% Scheme tariff. Subject to the following benefits: Consultations: ▪ 9 antenatal consultations at a FP OR gynaecologist OR midwife. ▪ 1 post-natal consultation at a FP OR gynaecologist OR midwife. ▪ 1 lactation consultation with a registered nurse or lactation specialist. Ultrasounds: ▪ 1 x 2D ultrasound scan at 1st trimester (between 10 to 12 weeks) at a FP OR gynaecologist OR radiologist. ▪ 1 x 2D ultrasound scan at 2nd trimester (between 20 to 24 weeks) at a FP OR gynaecologist OR radiologist. Supplements: ▪ Any item categorised as a maternity supplement can be claimed up to a maximum of R120 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) periods.

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.

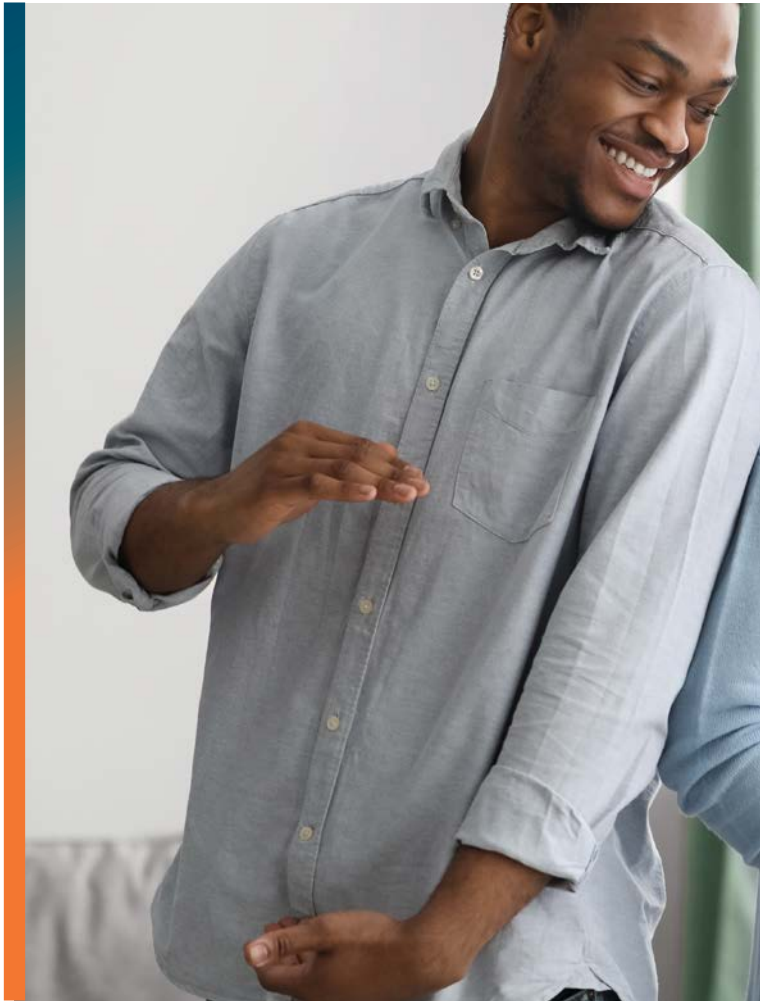
Please note that registering on the Maternity care programme does not confirm any other maternity benefits nor does it provide authorisation for the delivery as these benefits are subject to the Scheme's rules and underwriting. To enquire about these benefits please contact service@bestmed.co.za.

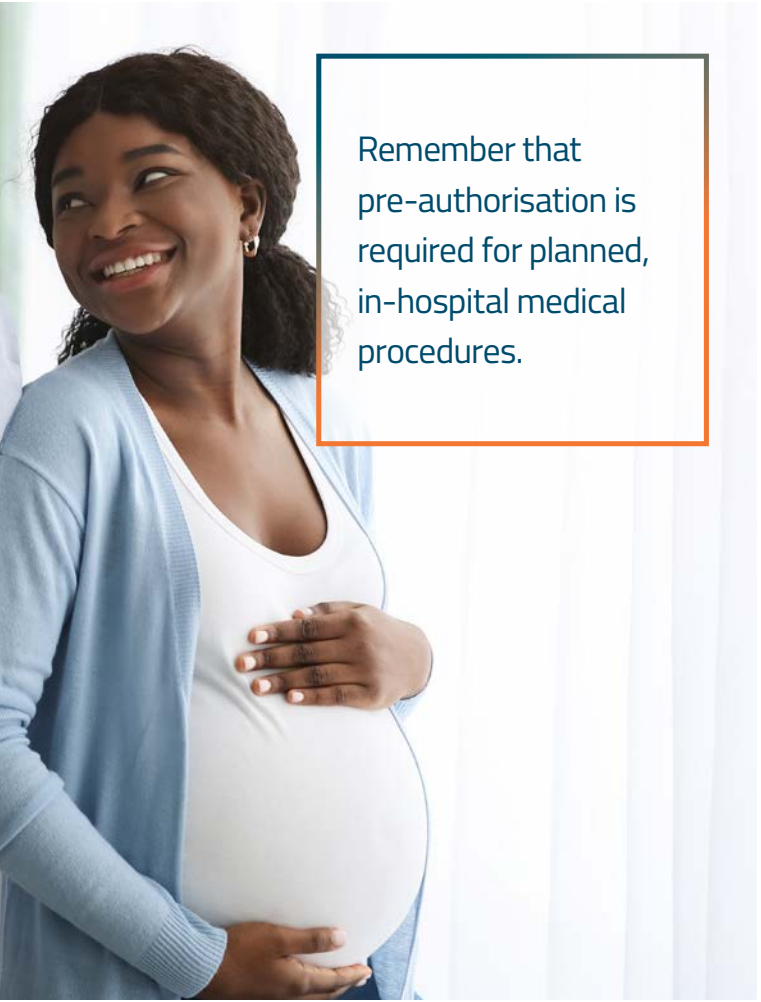
How to register:

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 registering on this programme you will receive:

- A welcome pack containing an informative pregnancy book about the stages of pregnancy.
- Maternity/baby gift. The selection form will be sent to you after the 12th week of your pregnancy.
- Access to a 24-hour medical advice line.
- Benefits through each phase of your pregnancy.





Remember that pre-authorisation is required for planned, in-hospital medical procedures.

Preventative dentistry

Note:

Services mentioned below may be subject to pre-authorisation, clinical protocols and funding guidelines.

DESCRIPTION OF SERVICE	AGE	FREQUENCY
General full-mouth examination by a general dentist (incl. gloves and use of sterile equipment for the visit)	12 years and above. Under 12 years.	Once a year. Twice a year.
Full-mouth intra-oral radiographs	All ages.	Once every 36 months.
Intra-oral radiograph	All ages.	2 photos per year.
Scaling and/or polishing	All ages.	Twice a year.
Fluoride treatment.	All ages.	Twice a year.
Fissure sealing	Up to and including 21 years.	In accordance with accepted protocol.
Space maintainers	During primary and mixed denture stage.	Once per space.

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

Abbreviations

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); FP = Family Practitioner or Doctor; HPV = Human Papilloma Virus; M = Member; M1+ = Member and family; MRI/CT Scans = Magnetic Resonance Imaging/ Computed Tomography Scans; MRP = Mediscor Reference Price; NPWT = Negative Pressure Wound Therapy; PET Scan = Positron Emission Tomography Scan; PMB = Prescribed Minimum Benefit; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen.

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PMB
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BESTMED HOTLINE, OPERATED BY KPMG
Should you be aware of any fraudulent, corrupt or unethical practices involving Bestmed, members, service providers or employees, please report this anonymously to KPMG.

Hotline:	080 111 0210 toll-free from any Telkom line
Hotfax:	080 020 0796
Hotmail:	fraud@kpmg.co.za
Postal:	KPMG Hotpost, at BNT 371, PO Box 14671, Sinoville, 0129, South Africa

INDIVIDUAL CLIENTS APPLYING FOR NEW MEMBERSHIP AFTER THE FINAL DEBIT ORDER CLOSING DATE, WILL BE SUBJECT TO REGISTRATION DATE CHANGE. PLEASE CONSULT YOUR ADVISOR OR BESTMED FOR MORE INFORMATION.

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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