

Benefit
Summary
2022

Personally yours, because people are different.



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PACE4

PACE4 OPTION

COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)

Recommended for?

You are a discerning person who may have above-average medical costs, or would like the maximum cover available. You need the comfort of extensive benefits and cover for hospital expenses. This option also offers an individual medical savings account which provides further payment flexibility. With the exclusivity that Pace4 offers, you have the greatest cover with complete peace of mind.

Contributions	Principal member	Adult dependant	Child dependant
Risk amount	R8 383	R8 383	R1 964
Medical savings account	R259	R259	R61
Total monthly contribution	R8 642	R8 642	R2 025

*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.

PACE4 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 Pace4 option in-hospital benefits, out-of-hospital benefits and preventative care benefits are paid from Scheme risk. Once out-of-hospital risk benefits are depleted further claims will be paid from savings.

Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs. This will not affect your savings.

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 providers (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.

Major medical maxillo-facial surgery strictly related to certain conditions

100% Scheme tariff.

Dental and oral surgery (In- or out-of-hospital)

Limited to R21 034 per family.

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.

Prosthesis (Subject to PP, otherwise limits and co-payments apply)

100% Scheme tariff.
Limited to R140 064 per family.

MEDICAL EVENT	SCHEME BENEFIT
<p>Prosthesis – Internal</p> <p>Note: Sub-limit subject to the overall annual prosthesis limit.</p> <p>*Functional: Items utilised towards treating or supporting a bodily function.</p>	<p>Sub-limits per beneficiary:</p> <ul style="list-style-type: none"> ▪ *Functional limited to R20 539. ▪ Vascular R51 967. ▪ Pacemaker (dual chamber) R65 268. ▪ Spinal including artificial disc R70 038. ▪ Drug-eluting stents R23 324. ▪ Mesh R20 539. ▪ Gynaecology/Urology R16 952. ▪ Lens implants R18 770 a lens per eye. ▪ Joint replacements: <ul style="list-style-type: none"> - Hip replacement and other major joints R62 670. - Knee replacement R72 569. - Minor joints R23 324.
Prosthesis – External	Limited to R32 295 per family. DSPs apply. Includes artificial limbs limited to 1 limb every 60 months.
Oncology	Oncology programme. 100% of Scheme tariff. Subject to pre-authorization and DSP. Access to extended protocols.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorization and DSPs.
Confinements (Birthing)	100% Scheme tariff.
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	100% Scheme tariff. Limited to R10 518 per eye.

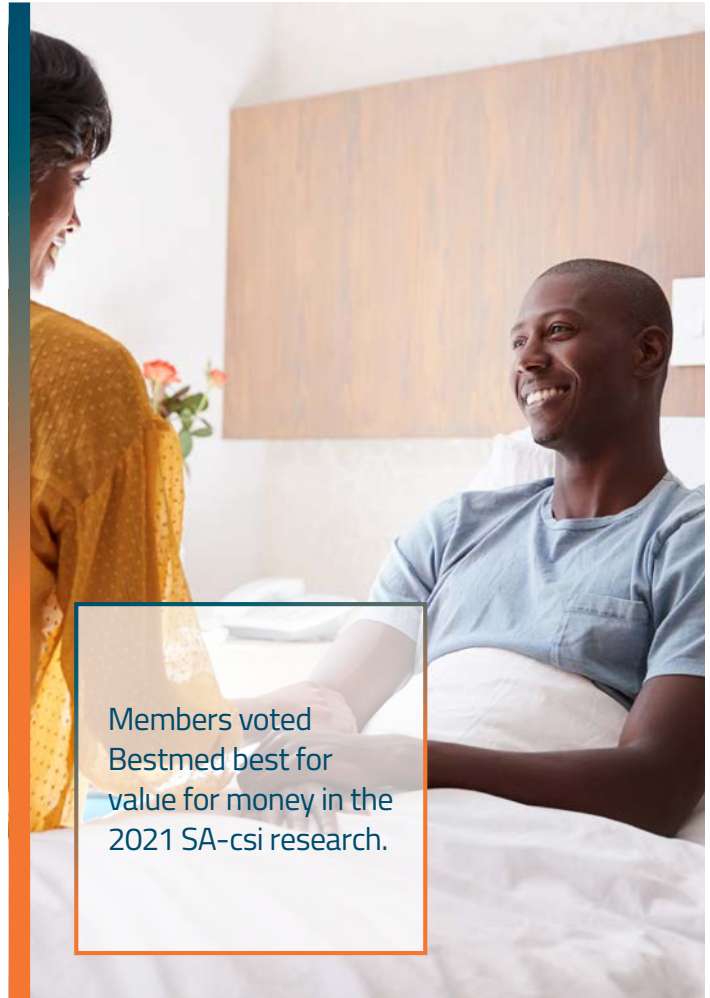
MEDICAL EVENT	SCHEME BENEFIT
Mammary surgery on the unaffected (non-cancerous) breast of a breast cancer patient	100% Scheme tariff for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) on the unaffected (non-cancerous) breast of a breast cancer patient. The benefit is limited to R38 294 and is subject to pre-authorization.
Breast reduction surgery	100% Scheme tariff. R50 000 per family per annum (for surgeon and anaesthetist). Theatre and hospital cost will be funded from Scheme risk. Subject to funding protocols, pre-authorization.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorization 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-authorization and treatment plan.
Day procedures at a day-hospital facility	Day procedures at a day-hospital facility funded at 100% Scheme tariff. Subject to pre-authorization. DSPs apply for PMBs.

MEDICAL EVENT

International travel cover

SCHEME BENEFIT

- 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.



Members voted Bestmed best for value for money in the 2021 SA-csi research.

Out-of-hospital benefits

Note:

- Out-of-hospital benefits are paid at 100% Scheme tariff.
- Subject to sub-limits and benefits available in the day-to-day overall limit.
- Once the overall day-to-day limit is depleted the member may request payment from the savings account.
- Should you not use all of the funds available in your savings account these funds will be added to your vested savings account at the beginning of the following financial year.
- Clinical funding protocols, preferred providers (PPs) designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- Members are required to obtain pre-authorization 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 quantity specified in the treatment plan.

MEDICAL EVENT

SCHEME BENEFIT

Overall day-to-day limit

M = R37 367, M1+ = R60 258.

FP and specialist consultations

Limited to M = R5 877,
M1+ = R9 528.
(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

Limited to M = R12 977,
M1+ = R21 903.
(Subject to overall day-to-day limit)

Orthodontic dentistry

100% Scheme tariff. Subject to pre-
authorisation. Limited to R11 000 per
event for beneficiaries up to 18 years of
age.

Medical aids, apparatus and
appliances

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 R37 614 per beneficiary
every 24 months subject to pre-
authorisation.

Insulin pump (excluding
consumables)

100% Scheme tariff.
Limited to R43 764 per beneficiary every
24 months. Subject to pre-authorisation.

Continuous/Flash Glucose
Monitoring (CGM/FGM)

100% Scheme tariff. Limited to R25 000
per family per annum. Subject to pre-
authorisation.

Supplementary services

Limited to M = R5 877, M1+ = R11 569.
(Subject to day-to-day overall limit)

Wound care benefit
(incl. dressings, negative
pressure wound therapy
treatment and related nursing
services - out-of-hospital)

Limited to R14 353 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 = R2 220

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 R2 220.

Basic radiology and pathology

Limited to M = R5 877, M1+ = R11 569.
(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-authorization.

Rehabilitation services after trauma

100% Scheme tariff.

HIV/AIDS

100% Scheme tariff. Subject to pre-authorization and DSPs.

Oncology

Oncology programme. 100% of Scheme tariff. Subject to pre-authorization and DSP. Access to extended protocols.

MEDICAL EVENT

SCHEME BENEFIT

Peritoneal dialysis and haemodialysis

100% Scheme tariff. Subject to pre-authorization and DSPs.



Medicine

Note:

- Benefits mentioned below may be subject to pre-authorization, 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 Prescribed Minimum Benefit (PMB) medications that are on the formulary for which there is no generic alternative.
- Approved Prescribed Minimum Benefit (PMB) biological and non-Prescribed Minimum Benefit (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 10% for non-formulary medicine.

Non-CDL chronic medicine**

29 conditions. 100% Scheme tariff. Limited to M = R20 724, M1+ = R41 636. Co-payment of 10% for non-formulary medicine.

Biologicals and other high-cost medicine

Limited to R512 744 per beneficiary.

Acute medicine

Limited to M = R9 280, M1+ = R14 415.
10% co-payment.
(Subject to overall day-to-day limit)

BENEFIT DESCRIPTION

SCHEME BENEFIT

Over-the-counter (OTC) medicine Subject to available savings.

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.

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

CDL 18	Hyperlipidaemia
CDL 19	Hypertension
CDL 20	Hypothyroidism
CDL 21	Multiple sclerosis
CDL 22	Parkinson's disease
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

*Approved medicine claims for major depression will continue paying from Scheme risk once the non-CDL limit is depleted.

NON-CDL

Non-CDL 14 Gastro oesophageal reflux disease (GORD)

Non-CDL 15 Ankylosing spondylitis

Non-CDL 16 Hypopituitarism

Non-CDL 17 Osteoarthritis

Non-CDL 18 Alzheimer's disease

Non-CDL 19 Collagen diseases

Non-CDL 20 Dermatomyositis

Non-CDL 21 Motor neuron disease

Non-CDL 22 Neuropathy

Non-CDL 23 Polyarteritis nodosa

Non-CDL 24 Scleroderma

Non-CDL 25 Sjögren's disease

Non-CDL 26 Trigeminal neuralgia

Non-CDL 27 Psoriatic arthritis

Non-CDL 28 Blepharospasm

Non-CDL 29 Dystonia

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

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 CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Preventative dentistry	Refer to preventative dentistry section on p.15 for details.		
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 consultation benefit/savings.
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 consultation benefit/savings.
Bestmed Tempo wellness programme	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:		
Note: Completing your Health Assessment (previously HRA) unlocks the other Bestmed Tempo benefits.	<p>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:</p> <ul style="list-style-type: none"> ■ The Bestmed Tempo lifestyle questionnaire ■ Blood pressure check ■ Cholesterol check ■ Glucose check ■ HIV screening ■ Height, weight and waist circumference <p>These assessments need to be done at a contracted pharmacy or on-site at participating employer groups.</p> <p>Bestmed Tempo Fitness and Nutrition programmes (beneficiaries 16 and older):</p> <ul style="list-style-type: none"> ■ 3 personalised journeys with a Bestmed Tempo partner biokineticist ■ 3 personalised journeys with a Bestmed Tempo partner dietitian <p>Bestmed Tempo Group Classes:</p> <ul style="list-style-type: none"> ■ 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.

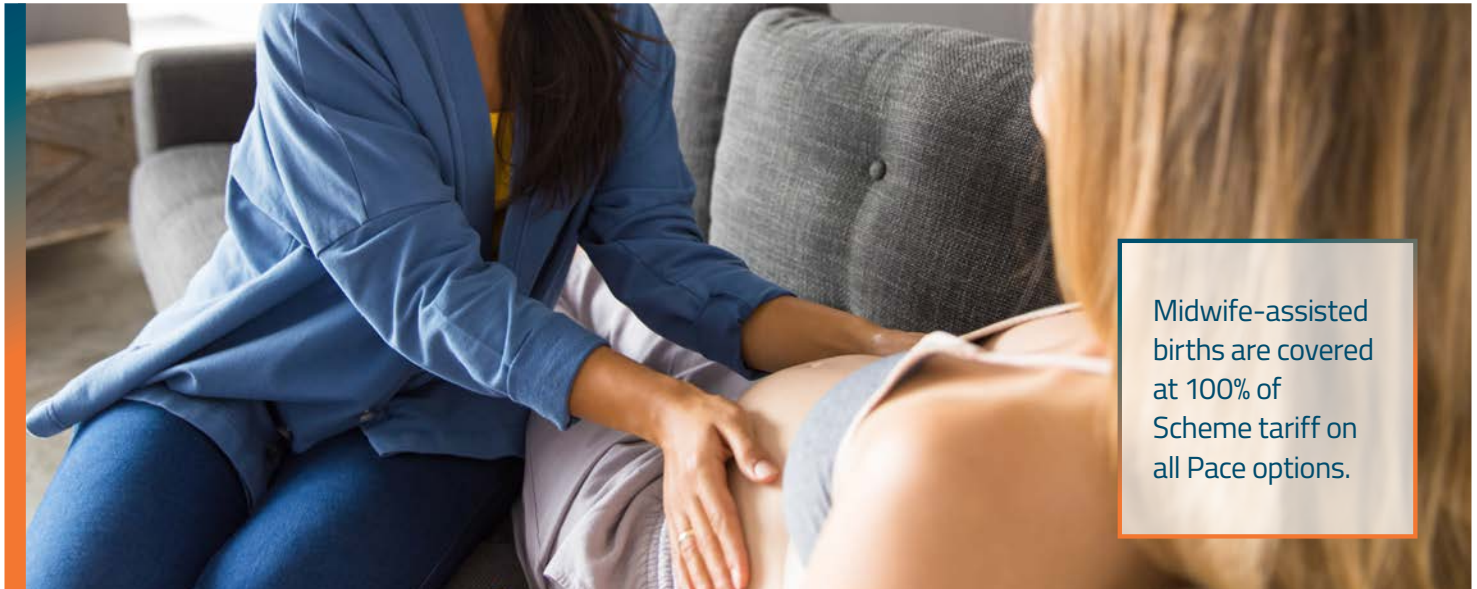
Ultrasounds:

- 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.



Midwife-assisted births are covered at 100% of Scheme tariff on all Pace options.

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.

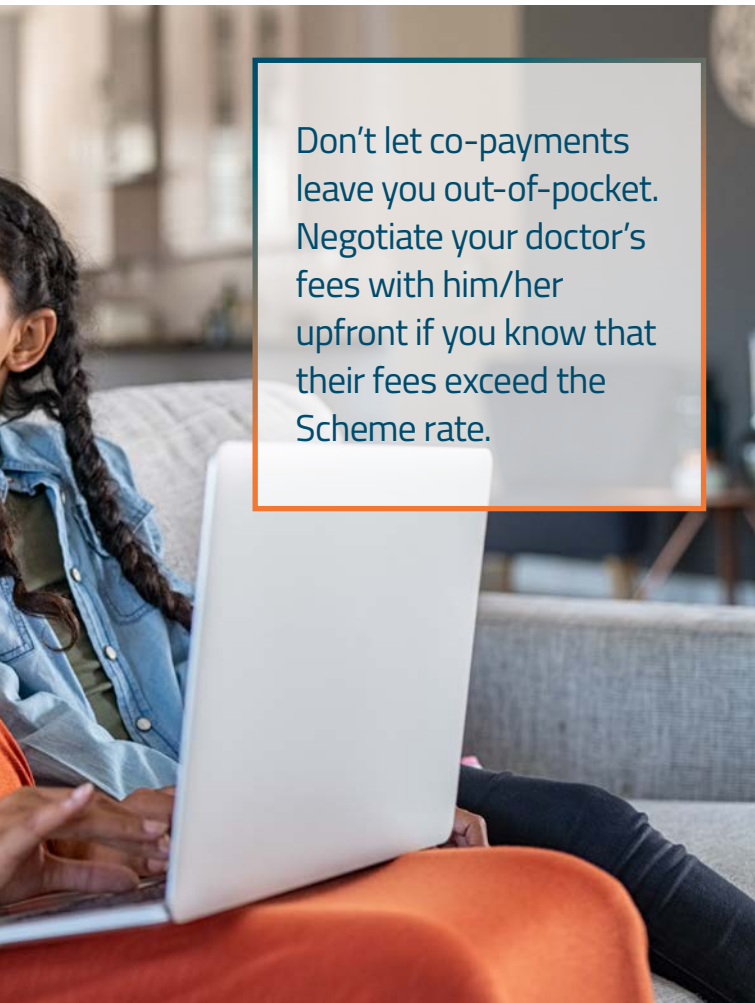
How to register:

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.





Don't let co-payments leave you out-of-pocket. Negotiate your doctor's fees with him/her upfront if you know that their fees exceed the Scheme rate.

🦷 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; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen; PMB = Prescribed Minimum Benefit;



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HOSPITAL AUTHORISATION

Tel: 080 022 0106

Email: authorisations@bestmed.co.za

CHRONIC MEDICINE

Tel: 086 000 2378

Email: medicine@bestmed.co.za

Fax: 012 472 6760

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

ER24

Tel: 084 124

INTERNATIONAL TRAVEL INSURANCE (EUROP ASSISTANCE)

Tel: 0861 838 333

Claims and emergencies: assist@europassistance.co.za

Travel registrations: bestmed-assist@linkham.com

PMB

Tel: 086 000 2378

Email: pmb@bestmed.co.za

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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