BEAT4

Benefit Summary 2023

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BEAT4

BEAT4 OPTION	HOSPITAL PLAN (WITH SAVINGS AND DAY-TO-DAY BENEFITS)		
Recommended for?	Beat4 is Bestmed's superior hybrid option for those with specific healthcare needs. It offers comprehensive in-hospital benefits at private hospitals. There is a generous amount of day-to-day medical cover for consultations, dentistry, chronic medications and a range of preventative care benefits.		
Contributions	Principal member	Adult dependant	Child dependant
Risk amount	R4 741	R3 916	R1 172
Medical savings account	R772	R637	R190
Total monthly contribution	**R5 513**	**R4 553**	**R1 362**

*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.

BEAT4 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 Beat4 option in-hospital benefits are paid from the Scheme risk. Some out-of-hospital benefits are paid from the 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 PMBs will be covered in full when using DSPs, this will not affect your savings (annual or vested).

In-hospital benefits

Note:

- 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, 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.
Biological medicine during hospitalisation	Limited to R26 425 per family per annum. Subject to pre-authorisation and funding guidelines.
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 R35 573 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. Limited to R14 518 per family.
Dental and oral surgery (In- or out of hospital)	Limited to R11 117 per family.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R107 122 per family.

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis – Internal **Note: Sub-limit subject to the overall annual prosthesis limit.** ***Functional: Item utilised towards treating or supporting a bodily function.**	Sub-limits per beneficiary: ▪ *Functional limited to R34 000. ▪ Pacemaker (dual chamber) R61 992. ▪ Vascular R65 000. ▪ Endovascular and catheter-based procedures - no benefit. ▪ Spinal including artificial disc R37 013. ▪ Drug-eluting stents R20 795. ▪ Mesh R13 733. ▪ Gynaecology/Urology R10 071. ▪ Lens implants R7 847 a lens per eye.
Prosthesis – External	Limited to R25 765 per family. DSPs apply. Includes artificial limbs limited to one (1) limb every 60 months.
Exclusions, limits and co-payments applicable. Preferred provider network available.	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: ▪ Hip replacement and other major joints R38 059. ▪ Knee replacement R50 562. ▪ Other minor joints R15 536.
Mammary surgery (Breast cancer)	Treatment of the **unaffected (non-cancerous) breast** shall be limited to PMB provisions and is subject to pre-authorisation and funding guidelines.
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.

MEDICAL EVENT	SCHEME BENEFIT
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Confinements (Birthing)	100% Scheme tariff.
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R10 333 per eye.
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 R95 130 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.
Day procedures at a day-hospital facility	Day procedures at day-hospitals or day-clinics will be funded at 100% network or Scheme tariff. Voluntary use of a non-DSP specialist at private hospitals **OR** voluntary use of private hospitals will result in a co-payment of R2500 per event.
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 R3 million for a family i.e. 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 R3 million for a family i.e. member and dependants.

Out-of-hospital benefits

Note:

- Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- Some indicated benefits are paid from the annual savings account first at 100% of the Scheme tariff.
- Once the annual savings account is depleted benefits will be paid from Scheme's day-to-day benefits (limits apply).
- All unused funds in the annual savings account at the end of the year will be carried over to the vested savings account after 5 months and will remain your property.
- Funds in the vested savings account will only be utilised when both the annual savings account and the Scheme risk benefits are depleted.
- 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	M = R14 125, M1+ = R28 249.
FP and specialist consultations	Savings first. Limited to M = R3 597, M1+ = R6 408 (Subject to overall day-to-day limit)
Basic and specialised dentistry	Savings and then from day-to-day limit. Orthodontics are subject to pre-authorisation. Limited to M = R6 223, M1+ = R12 499. (Subject to overall day-to-day limit)
Medical aids, apparatus and appliances including wheelchairs	Savings first. 100% Scheme tariff. Limited to R12 687 per family. Includes repairs to artificial limbs. (Subject to overall day-to-day limit).
Hearing aids	Subject to pre-authorisation Limited to R11 627 per family every 24 months. 100% Scheme tariff.
Supplementary services	Savings first. Limited to M = R5 493, M1+ = R11 156. (Subject to overall day-to-day limit)
Wound care benefit (incl. dressings, negative pressure wound therapy treatment and related nursing services-out-of-hospital)	Savings first. 100% Scheme tariff. Limited to R5 493 per family. (Subject to overall day-to-day limit)
Optometry benefit (PPN capitation provider)	Benefits available every 24 months from date of service. **Network Provider (PPN)** ▪ Consultation - 1 per beneficiary. ▪ Frame = R1 000 covered AND ▪ 100% of cost of standard lenses (single vision OR bifocal OR multifocal) OR ▪ Contact lenses = R1 840 OR **Non-network Provider** ▪ Consultation - R365 fee at non-network provider ▪ Frame = R750 AND ▪ Single vision lenses = R215 OR ▪ Bifocal lenses = R460 OR ▪ Multifocal lenses = R982.50 In lieu of glasses members can opt for contact lenses, limited to R1 840
Basic radiology and pathology	Savings first. Limited to M = R3 596, M1+ = R7 324. (Subject to overall day-to-day limit)

MEDICAL EVENT	SCHEME BENEFIT
Specialised diagnostic imaging (Including MRI scans, CT scans, isotope studies and PET scans).	100% Scheme tariff. Limited to R18 703 per family.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Oncology	Oncology programme at 100% of Scheme tariff. Subject to pre-authorisation and DSP.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Rehabilitation services after trauma	100% Scheme tariff.

Medicine

Note:

- Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers, 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.

BENEFIT DESCRIPTION	SCHEME BENEFIT
CDL and PMB chronic medicine*	100% Scheme tariff. Co-payment of 20% for non-formulary medicine.
Non-CDL chronic medicine*	9 conditions. 90% Scheme tariff. Limited to M = R8 331, M1+ = R16 663. Co-payment of 20% for non-formulary medicine.
Biological medicine	PMBs only as per funding protocol. Subject to pre-authorisation.
Other high-cost medicine	100% Scheme tariff.
Acute medicine	Savings first. Limited to M = R3 178, M1 + = R6 421 (Subject to overall day-to-day limit)
Over-the-counter (OTC) medicine	**Member choice: 1. R1 057 OTC limit per family OR 2. Access to full savings for OTC purchases (after R1 057 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 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 and haemophilia. Medicine claims will be paid directly from Scheme risk.

**The default OTC choice is 1. R1 057 OTC limit. 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	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'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	HIV/AIDS

CDL	
CDL 19	Hyperlipidaemia
CDL 20	Hypertension
CDL 21	Hypothyroidism
CDL 22	Multiple sclerosis
CDL 23	Parkinson's disease
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	Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)
Non-CDL 3	Allergic rhinitis
Non-CDL 4	Eczema – severe
Non-CDL 5	Migraine prophylaxis
Non-CDL 6	Gout prophylaxis
Non-CDL 7	Major depression*
Non-CDL 8	Obsessive compulsive disorder
Non-CDL 9	Gastro oesophageal reflux disease (GORD)

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

PMB	
PMB 1	Aplastic anaemia
PMB 2	Benign prostatic hypertrophy
PMB 3	Cerebral palsy
PMB 4	Chronic anaemia
PMB 5	COVID-19
PMB 6	Cushing's disease
PMB 7	Cystic fibrosis
PMB 8	Endometriosis
PMB 9	Female menopause
PMB 10	Fibrosing alveolitis
PMB 11	Graves' disease
PMB 12	Hyperthyroidism
PMB 13	Hypophyseal adenoma
PMB 14	Idiopathic thrombocytopenic purpura
PMB 15	Paraplegia/Quadriplegia
PMB 16	Polycystic ovarian syndrome
PMB 17	Pulmonary embolism
PMB 18	Stroke

Preventative care benefits

Note: Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers, 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.	Limited to R2 550 per beneficiary per year. Includes all items classified in the category of female contraceptives.
Intrauterine device (IUD) insertion	All females of child-bearing age.	1 device every 5 years.	Consultation and procedure by a gynaecologist or FP.
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	Females 40 years and older.	Once every 24 months.	100% Scheme tariff.
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
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.
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.

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

BESTMED TEMPO WELLNESS PROGRAMME

Note: Completing your Health Assessment (HA) 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 Health Assessment (HA) for adults (beneficiaries 16 years and older) which includes one of each of the following per year per adult beneficiary:	▪ The Tempo lifestyle questionnaire ▪ Blood pressure check ▪ Cholesterol check ▪ Glucose check ▪ Height, 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):	**Fitness** ▪ 1 x (face-to-face) fitness assessment at a Tempo partner biokineticist ▪ 1 x follow-up (virtual or face-to-face) consult to obtain your personalised fitness/exercise plan from the Tempo partner biokineticist These fitness benefits are intended to assist you on your Tempo Get Active Journey. **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 These nutrition benefits are intended to assist you on your Tempo Nutritional Health Journey.
Emotional Wellness Journey:	This journey was developed by qualified psychologists and healthcare providers, and will assist you to identify and manage your emotions and the affect they have on your mental health. This Journey provides you with access to: ▪ lifestyle related information that will help you deal with life's changes and curve balls. ▪ practical challenges that will enable you to practice the new skills you have to acquire to progress from your current emotional and mental state to your desired state. **Emotional Wellbeing Journey (via the Bestmed App and website):** ▪ Two questionnaires that assess whether the participant experiences symptoms of depression and/or anxiety (for beneficiaries 21 years and older). ▪ Access to the educational information, challenges, recordings, videos, and support group details (for beneficiaries 16 years and older).

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

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. **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 R127 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'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 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.

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); DSP = Designated Service Provider; FP = Family Practitioner or Doctor; HPV = Human Papilloma Virus; M = Member; M1+ = Member and family; MRP = Mediscor Reference Price; NPWT = Negative Pressure Wound Therapy; PMB = Prescribed Minimum Benefit; PPN = Preferred Provider Negotiators.

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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.

Bestmed Medical Scheme is a registered medical scheme (Reg. no. 1252) and an Authorised Financial Services Provider (FSP no. 44058). ©Bestmed Medical Scheme.
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