

**Benefit
Summary
2023**



PACE1

PACE1 OPTION	COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)		
Recommended for?	Those seeking comprehensive in-hospital and out-of-hospital benefits as well as extensive day-to-day benefits to cover extensive out-of-hospital expenses.		
Contributions	Principal member	Adult dependant	Child dependant
Risk amount	R3 742	R2 629	R944
Medical savings account	R878	R616	R222
Total monthly contribution	R4 620	R3 245	R1 166

* 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.

PACE1 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 Pace1 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:

- 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 R31 710 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 386 per family.

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

Limited to R8 893 per family.

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

100% Scheme tariff.
Limited to R99 396 per family.

MEDICAL EVENT

Prosthesis – Internal

Note: Sub-limit subject to the overall annual prosthesis limit.

***Functional: Items utilised towards treating or supporting a bodily function.**

Prosthesis – External

Exclusions, limits and co-payments applicable. Preferred provider network available.

Orthopaedic and medical appliances

Pathology

Basic radiology

Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies).

Oncology

SCHEME BENEFIT

Sub-limits per beneficiary:

- *Functional limited to R34 000.
- Vascular R65 000.
- Pacemaker (dual chamber) R61 862.
- Endovascular and catheter-based procedures – no benefit.
- Spinal including artificial disc R36 227. Drug-eluting stents – PMBs and DSP products only.
- Mesh R13 602.
- Gynaecology/Urology R9 809.
- Lens implants R7 455 a lens per eye.

Limited to R25 242 per family. DSPs apply. Includes artificial limbs limited to 1 limb every 60 months.

Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits:

- Hip replacement and other major joints R36 881.
- Knee replacement R49 045.
- Other minor joints R15 237.

100% Scheme tariff.

100% Scheme tariff.

100% Scheme tariff.

100% Scheme tariff.

Oncology programme. 100% Scheme tariff. Subject to pre-authorisation and DSP.

MEDICAL EVENT

Peritoneal dialysis and haemodialysis

Confinements (Birthing)

Mammary surgery (Breast cancer)

Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)

HIV/AIDS

Midwife-assisted births

Supplementary services

Alternatives to hospitalisation

Palliative and home-based care in lieu of hospitalisation

Day procedures at a day-hospital facility

SCHEME BENEFIT

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

100% Scheme tariff.

Treatment of the **unaffected (non-cancerous) breast** shall be limited to PMB provisions and is subject to pre-authorisation and funding guidelines.

100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R9 887 per eye.

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

100% Scheme tariff.

100% Scheme tariff.

100% Scheme tariff.

100% Scheme tariff, limited to R79 275 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.

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.

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

MEDICAL EVENT

SCHEME BENEFIT

Overall day-to-day limit

M = R12 007, M1+ = R24 012.

FP and specialist consultations

Savings first.
Limited to M = R2 472, M1+ = R4 970.
(Subject to overall day-to-day limit)





MEDICAL EVENT

SCHEME BENEFIT

Basic and specialised dentistry

Savings and then from day-to-day limits. Orthodontic: Subject to pre-authorization. Limited to M = R4 550, M1+ = R9 234. (Subject to overall day-to-day limit)

Medical aids, apparatus and appliances

100% Scheme tariff. Savings first. Limited to R12 687 per family. Includes repairs to artificial limbs. (Subject to overall day-to-day limit)

Continuous/Flash Glucose Monitoring (CGM/FGM)

Refer to medical aids, apparatus and appliances limit listed above.

Wheelchairs

Subject to medical apparatus and appliance limits.

Hearing aids

Limited to R8 811 per family every 24 months. 100% Scheme tariff. Subject to pre-authorization

Supplementary services

Savings first. Limited to M = R4 852, M1+ = R10 071. (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 R3 989 per family. (Subject to overall day-to-day limit)

MEDICAL EVENT

Optometry benefit (PPN capitation provider)

SCHEME BENEFIT

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

100% Scheme tariff.
Savings first.
Limited to M = R3 596, M1+ = R7 194.
(Subject to overall day-to-day limit)

Specialised diagnostic imaging (Including MRI scans, CT scans, isotope studies and PET scans).

100% Scheme tariff.
Limited to R16 087 per family.

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.

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 Prescribed Minimum Benefit (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 25% for non-formulary medicine.
Non-CDL chronic medicine*	7 conditions. 90% Scheme tariff. Limited to M = R7 324, M1+ = R14 648. Co-payment of 25% for non-formulary medicine.
Biological medicine	PMBs only. Subject to pre-authorisation.
Other high-cost medicine	100% Scheme tariff.
Acute medicine	Savings first. Limited to M = R2 591, M1 + = R5 363 (Subject to overall day-to-day limit)

BENEFIT DESCRIPTION

Over-the-counter (OTC) medicine

SCHEME BENEFIT

- **Member choice:
- R1 057 OTC limit OR
 - Access to full savings for OTC purchases (after R1 057 limit) = self-payment gap accumulation. Includes sunscreen, vitamins and minerals with NAPPI codes on Scheme formulary. Subject to the available savings.

*Please note that the 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 057 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 Cardiac failure

CDL 6 Cardiomyopathy

CDL 7 Chronic obstructive pulmonary disease (COPD)

CDL 8 Chronic renal disease

CDL 9 Coronary artery disease

CDL

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 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

Non-CDL 5	Migraine prophylaxis
Non-CDL 6	Gout prophylaxis
Non-CDL 7	Major depression*

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

PMB

PMB 1	Aplastic anaemia
PMB 2	Benign prostatic 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 (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.	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 the preventative dentistry section p. 15 for details.		
Mammogram	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.
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.

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



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 Wellbeing 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 BENEFITS

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:

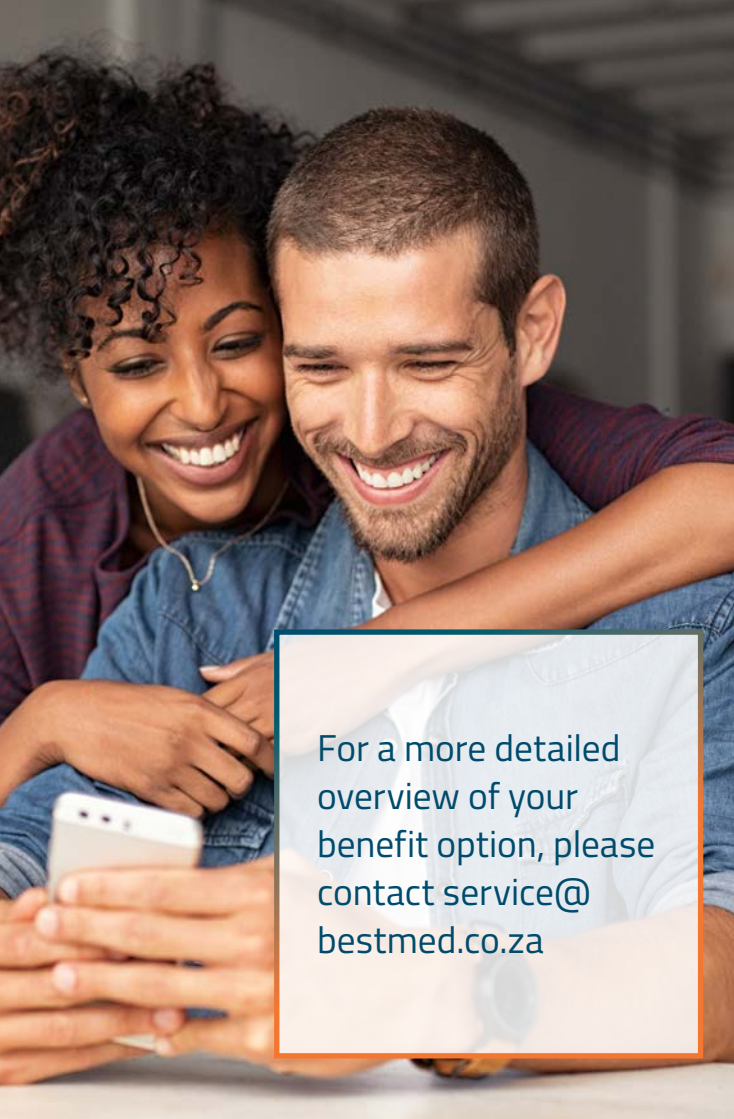
Send an email to maternity@bestmed.co.za or call us on 012 472 6797. Please include your medical scheme number and your expected delivery date in the email.

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.



For a more detailed overview of your benefit option, please contact service@bestmed.co.za

Preventative dentistry

Note:

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

DESCRIPTION OF SERVICE	AGE	FREQUENCY
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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 detail.

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; MRP = Mediscor Reference Price; NPWT = Negative Pressure Wound Therapy; PMB = Prescribed Minimum Benefits; PPN = Preferred Provider Negotiators.

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HOSPITAL AUTHORISATION

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CHRONIC MEDICINE

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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

**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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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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WALK-IN FACILITY

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Claims and emergencies: assist@europassistance.co.za
Travel registrations: bestmed-assist@linkham.com

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
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