A young man and woman are smiling and taking a selfie together outdoors. The man is wearing sunglasses and a red checkered shirt, holding a smartphone. The woman is wearing a light-colored t-shirt. They are standing in a grassy field with mountains and a lake in the background under a clear sky.

Benefit
Summary
2021

BEAT2

BEAT2

BEAT2 OPTION

HOSPITAL PLAN (WITH SAVINGS)

Recommended for?

You and/or your partner are young and starting to take on the world! You believe that prevention is better than cure. You also understand that life can be unpredictable. Even though extensive hospital cover (at private hospitals) is all you need you could also do with savings account access for general day-to-day benefits.

Contributions	Non network/ network	Principal member	Adult dependant	Child dependant
Risk amount	NN	R1 725	R1 339	R726
	N	R1 551	R1 205	R653
Savings amount	NN	R328	R255	R138
	N	R296	R230	R124
Total monthly contribution	NN	R2 053	R1 594	R864
	N	R1 847	R1 435	R777

*You only pay for a maximum of four children. All other children can join as beneficiaries of the Scheme free of charge.

Children under the age of 21 and registered students up to the age of 26 years qualify for child dependant rates.

BEAT2 OPTION HOSPITAL PLAN (WITH SAVINGS)

Savings Account/ Day-to-day Benefits Savings account available.
Limited day-to-day benefits are available.

Value Benefits Preventative care benefits.
Contraceptive benefit.
Wound care benefit.
Preventative dentistry.

Over-the-counter Savings account.

Method of benefit payment

On the Beat2 option in-hospital services are paid from Scheme risk and general ad hoc out-of-hospital services are paid from the savings account. Some preventative care services 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.

Network option

- Beat1, 2 and 3 also offer you the decision to lower your monthly contribution in the form of a Network option.
- You are required to use specific network hospitals if you have selected the Beat2 network option. In turn, your monthly contribution is lower.
- The Non-Network option provides you with access to any hospital of your choice. This is the standard option.
- Please refer to the contributions table.

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 (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- Should a member voluntarily choose not to make use of a hospital forming part of a hospital network for the Beat Network benefit option a maximum co-payment of R11 874 shall apply.

MEDICAL EVENT

SCHEME BENEFIT

Accommodation (hospital stay) and theatre fees

100% Scheme tariff.
DSP specialist network applicable if the network option is chosen.

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 R32 299 per beneficiary.
Subject to network facilities.

Consultations and procedures

100% Scheme tariff.

Surgical procedures and anaesthetics

100% Scheme tariff.

Organ transplants

100% Scheme tariff. (Only PMBs.)

MEDICAL EVENT

Major medical maxillo-facial surgery strictly related to certain conditions

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

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

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

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

Prosthesis - External

Exclusions
Limits and co-payments applicable.
Preferred provider network available.

SCHEME BENEFIT

PMBs only at DSP day hospitals.

Qualifying PMB procedures only at DSP day hospitals. Pulp procedures, extractions and restorations in DSP day hospitals (only disabled beneficiaries and beneficiaries aged 0 - 7 years) - limited to R5 250 per family.

100% Scheme tariff.
Limited to R78 846 per family.

Sub-limits per beneficiary:

- *Functional limited to R14 106
- Pacemaker (dual chamber) R42 986
- Vascular R31 470
- Endovascular and catheter base procedures - no benefit
- Spinal R31 470
- Artificial disc - no benefit
- Drug-eluting stents - PMBs and DSP products only
- Mesh R11 044
- Gynaecology/Urology R9 025
- Lens implants R6 887 a lens per eye

No benefit (PMBs only).

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

- Hip replacement and other major joints R33 130
- Knee replacement R40 848
- Other minor joints R12 706

MEDICAL EVENT

Orthopaedic and medical appliances

Pathology

Basic radiology

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

Oncology

Mammary surgery (Breast cancer patient)

Peritoneal dialysis and haemodialysis

Confinements (Birthing)

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

HIV/AIDS

Midwife-assisted births

Supplementary services

Alternatives to hospitalisation

SCHEME BENEFIT

100% Scheme tariff.

100% Scheme tariff.

100% Scheme tariff.

100% Scheme tariff.
Subject to co-payments.

100% Scheme tariff. Subject to pre-authorisation. DSP applies.

No benefit for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) **on the unaffected (non-cancerous) breast** of a breast cancer patient.

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

100% Scheme tariff.

No benefit (PMBs only).

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

100% Scheme tariff.

100% Scheme tariff.

100% Scheme tariff.

MEDICAL EVENT

SCHEME BENEFIT

Palliative care and Home-based care in lieu of hospitalisation

100% Scheme tariff. Limited to R8 000 per month, over 3 months. Total benefit limited to R24 000. Subject to pre-authorisation and DSPs.

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

Emergency evacuation

Services rendered by ER24.

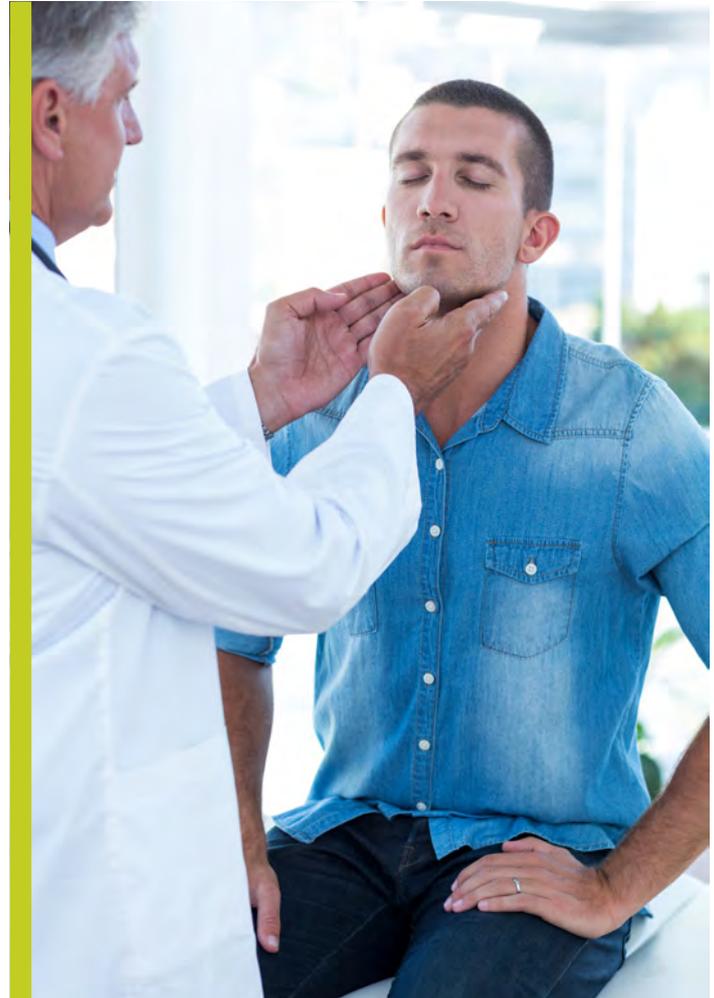
International travel cover

Up to R10 million and a maximum of 90 days. Services rendered by Bryte Insurance and managed by ER24.

Co-payments

Co-payment of R3 800 on all endoscopic investigations and specialised diagnostic imaging if done in a private hospital. Any other facility, no co-payment.

Co-payment for voluntary use of non-network hospital R11 874 for network option.



Out-of-hospital benefits

Note:

- Benefits that follow may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), 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.
- Most out-of-hospital expenses, such as visits to a Family Practitioner (FP) or Specialist, are paid from your savings account.
- Should you not use all of the funds available in your savings account these funds will be transferred into your savings account at the beginning of the following financial year.
- Members choosing the Network option are required to make use of Scheme-contracted service providers such as network hospitals, contracted pharmacies and contracted specialists.

MEDICAL EVENT	SCHEME BENEFIT
FP and Specialist consultations	Savings account.
Diabetes primary care consultation	100% of Scheme tariff subject to registration with HaloCare. 2 primary care consultations at Dis-Chem Pharmacies limited to R359 per consultation.
Basic and specialised dentistry	Basic: Preventative benefit or savings account. Specialised: Savings account. Orthodontic: Subject to pre-authorisation.
Medical aids, apparatus and appliances	Savings account.
Supplementary services	Savings account.





MEDICAL EVENT

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

Optometry benefit

Basic radiology and pathology

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

Oncology

HIV/AIDS

Peritoneal dialysis and haemodialysis

Rehabilitation services after trauma

SCHEME BENEFIT

100% Scheme tariff.
Limited to R3 527 per family.

Savings account.

Savings account.

100% Scheme tariff.
Limited to R5 343 per family

Oncology programme at 100% of Scheme tariff. DSP applies.

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

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

Savings account.

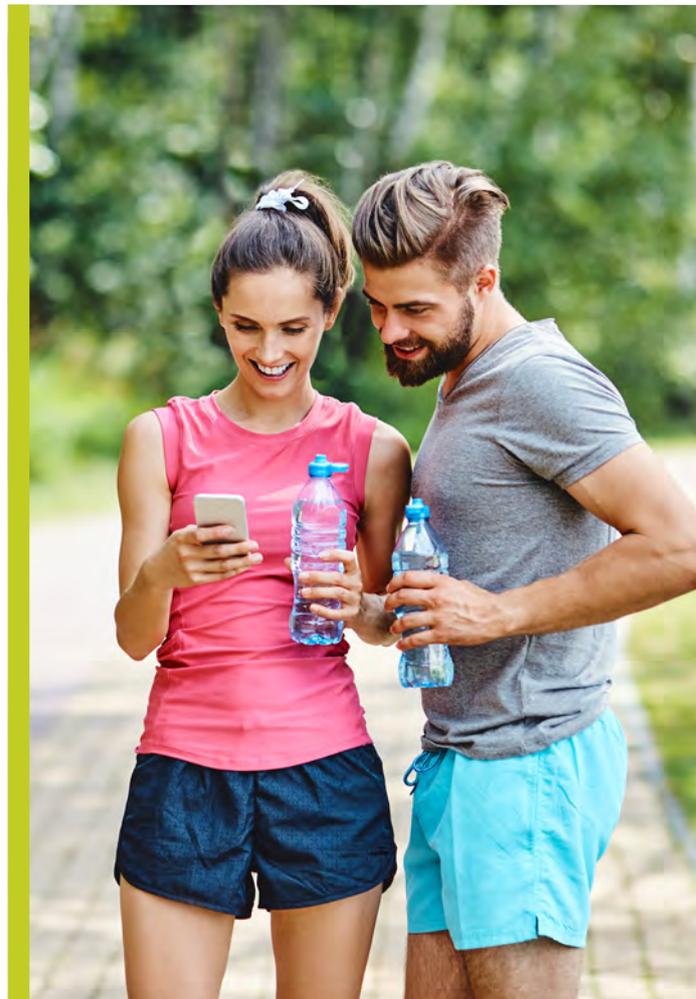
Note:

- Benefits 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).
- Members will not incur co-payments for PMB medications that are on the formulary for which there is no generic alternative.
- Members choosing the Network option are required to make use of Scheme-contracted pharmacies to obtain their medicine.

BENEFIT DESCRIPTION

SCHEME BENEFIT

CDL and PMB chronic medicine	100% Scheme tariff. Co-payment of 40% for non-formulary medicine.
Non-CDL chronic medicine	No benefit.
Biologicals and other high-cost medicine	PMBs only as per funding protocol. Subject to pre-approval.
Acute medicine	Savings account.
Over-the-counter (OTC) medicine	Savings account.



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

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 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.	
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 315 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.
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Mammogram	Beneficiaries (male and female) 40 years and older.	Once every 24 months.	Scheme tariff is applicable.
Preventative dentistry	Refer to Preventative Dentistry section for details.		
PSA screening	Males 50 years and older.	Once every 24 months.	Can be done at a urologist or FP. Consultation paid from the available savings account.
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist or FP. Consultation paid from the available savings account.



PREVENTATIVE CARE BENEFIT

Bestmed Tempo wellness programme

Note: Completing your Health Assessment (previously HRA) unlocks the other Bestmed Tempo benefits.

One parent must complete their Health Assessment (previously HRA) in order to unlock assessments for beneficiaries younger than 18.

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 18 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 Child Health Assessments:

- Ages 13-17 years: Assessment performed by a Bestmed Tempo partner biokineticist (1 per beneficiary per year)
- Ages 3-12 years: Assessment performed by a Bestmed Tempo partner occupational therapist (1 per beneficiary per year)
- Ages 0-2 years: Baby growth and development assessments done at a Bestmed Tempo partner pharmacy clinic – 3 assessments per beneficiary per year

Bestmed Tempo Nutrition Assessment:

- Family nutritional assessment at a Bestmed Tempo partner dietitian (1 assessment per family per year).

Bestmed Tempo Fitness and Nutrition programmes (beneficiaries 18 and older):

- 3 personalised consultations with a Bestmed Tempo partner biokineticist
- 3 personalised consultations 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

Maternity benefits

100% Scheme tariff. Subject to the following benefits:

Consultations:

- 6 antenatal consultations 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.

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.

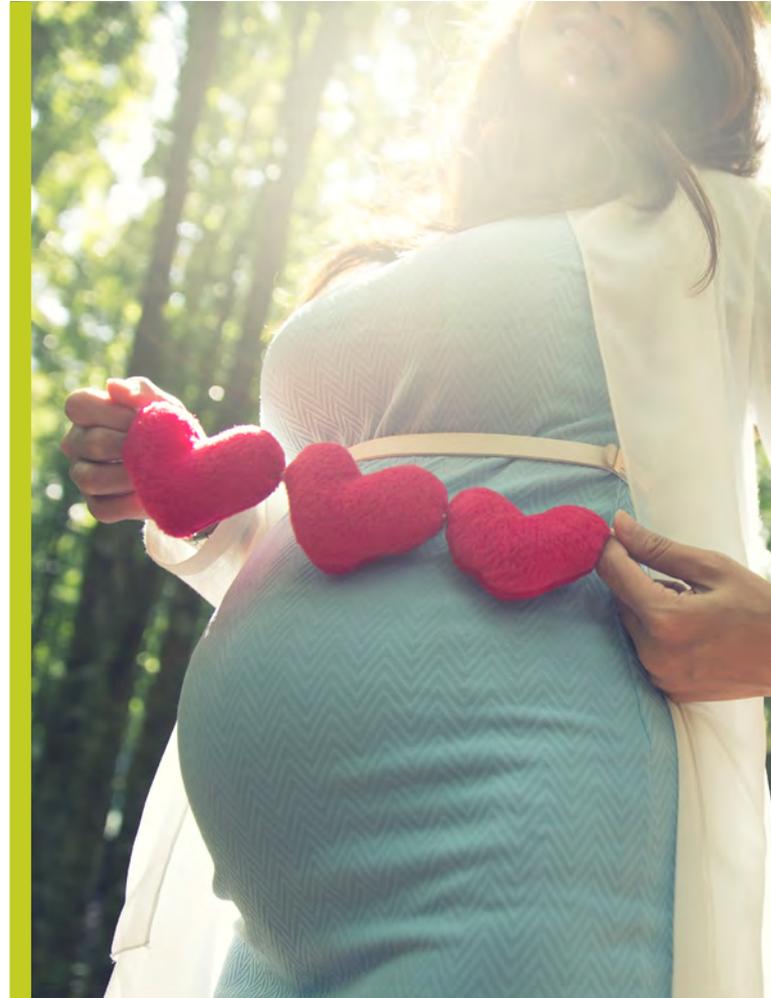
Please note that registering on the Maternity care programme does not confirm any other maternity benefits nor does it provide authorisation for the delivery as these benefits are subject to the Scheme's rules and underwriting. To enquire about these benefits please contact service@bestmed.co.za.

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 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.





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 x 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 Providers; FP = Family Practitioner or Doctor; MRP = Mediscor Reference Price; NPWT = Negative Pressure Wound Therapy.



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012 472 6500



www.bestmed.co.za



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BestmedMedicalScheme



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 (BRYTE INSURANCE)

Tel: 0860 329 329 (RSA only) during
office hours / 084 124 after hours

Email: er24@brytesa.com

Claims: travelclaims@brytesa.com

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

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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