



Benefit
Summary
2021

PACE3



PACE3 OPTION **COMPREHENSIVE COVER
(IN- AND OUT-OF-HOSPITAL)**

Recommended for? You are a mature family with a diverse range of medical needs. As much as you live by the rule that prevention is better than cure, you still require comprehensive chronic benefits and excellent hospital cover. The Pace3 option ensures that you can rest easy and know that your family is well covered.

Contributions	Principal member	Adult dependant	Child dependant
Risk amount	R5 726	R4 610	R985
Savings amount	R932	R750	R160
Total monthly contribution	R6 658	R5 360	R1 145

*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.

PACE3 OPTION

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

Savings account/Day-to-day benefits

Savings account available.
Day-to-day benefits are available.

Value benefits

No co-payment or automatic self-payment gaps.
Family Practitioner (FP) and Specialist consultations.
Optometry.
Dentistry.
Maternity benefits.

Over-the-counter medicine

Available.

Method of benefit payment

On the Pace3 option, in-hospital services are paid from the Scheme risk. Some out-of-hospital services 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, services can be paid from the available vested savings. Some preventative care services 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), and your annual or vested savings will not be affected.

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 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. (PMBs only)

Major medical maxillo-facial surgery strictly related to certain conditions

100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
Dental and oral surgery (In- or out-of-hospital)	Limited to R16 862 per family.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R116 489 per family.
Prosthesis – Internal Note: Sub-limit subject to the overall annual prosthesis limit. *Functional: Items utilised towards treating or supporting a bodily function.	Sub-limits per beneficiary: <ul style="list-style-type: none"> *Functional limited to R18 999 Vascular R43 580 Pacemaker (dual chamber) R62 637 Spinal including artificial disc R58 212 Drug-eluting stents R18 999 Mesh R18 999 Gynaecology/Urology R14 249 Lens implants R12 184 a lens per eye Joint replacements: <ul style="list-style-type: none"> Hip replacement and other major joints R52 248 Knee replacement R60 857 Minor joints R22 502
Prosthesis – External	Limited to R27 431 per family. DSPs apply. Includes artificial limbs limited to 1 limb every 60 months.
Orthopaedic and medical appliances	100% Scheme tariff.
Pathology	100% Scheme tariff.
Basic radiology	100% Scheme tariff.
Specialised diagnostic imaging	100% Scheme tariff.
Oncology programme	100% Scheme tariff. DSP applies. Access to extended protocols.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.

MEDICAL EVENT	SCHEME BENEFIT
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 094 per eye.
Mammary surgery on the unaffected (non-cancerous) breast of a breast cancer patient	100% Scheme tariff for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) on the unaffected (non-cancerous) breast of a breast cancer patient. The benefit is limited to R36 750 and is subject to pre-authorisation.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Midwife-assisted births	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
Palliative care and Home-based care in lieu of hospitalisation	100% Scheme tariff. Limited to R15 000 per month over 3 months. Total benefit limited to R45 000. Subject to pre-authorisation and DSPs.
International travel cover	Up to R10 million and a maximum of 90 days. Services rendered by Bryte Insurance and managed by ER24.
Emergency evacuation	Services rendered by ER24.
Day procedures at a day-hospital facility	Day procedures at a day-hospital facility funded at 100% Scheme tariff. Subject to pre-authorisation. DSPs apply for PMBs.



Out-of-hospital benefits

Note:

- Some indicated benefits are paid from the annual savings at 100% Scheme tariff. Once the annual savings account is depleted, benefits will be paid from Scheme risk at 100% Scheme tariff (limits apply).
- Should you not use all of the funds available in your savings account, these funds will be transferred into a vested savings account after 5 (five) months. The savings will remain your property and will accumulate to your credit.
- Any credit in your vested savings account may be used for out-of-hospital expenses that are not covered by the Scheme, or should you, for instance, have reached your out-of-hospital or day-to-day overall annual limit or the sub-limits as indicated in your benefit guide.
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- Clinical funding protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- If you have a treatment plan for a registered Chronic Disease List (CDL) and/or PMB condition/s, the services in the treatment plan will be paid from the applicable day-to-day limit first. Once the limit is depleted, claims will continue to be paid from Scheme risk, up to the maximum quantity specified in the treatment plan.

MEDICAL EVENT

SCHEME BENEFIT

Overall day-to-day limit

M = R19 237, M1+ = R39 756.

FP and specialist consultations

Savings first.
100% Scheme tariff.
M = R4 394, M1+ = R8 906.
(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 limited to R359 per consultation.
Paid first from the "FP and specialist consultations" day-to-day benefit, thereafter Scheme risk.





MEDICAL EVENT	SCHEME BENEFIT
Basic and specialised dentistry	Savings first and then from day-to-day limit. Orthodontic: Subject to pre-authorisation. Limited to M = R7 463, M1+ = R13 912. (Subject to overall day-to-day limit)
Medical aids, apparatus and appliances	Savings first. Limited to R10 450 per family. Includes repairs to artificial limbs. (Subject to overall day-to-day limit)
Wheelchairs	Limited to R14 131 per family per 48 months.
Hearing aids	Limited to R32 418 per beneficiary per 24 months subject to pre-authorisation.
Supplementary services	Savings first. Limited to M = R2 684, M1+ = R5 640. (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 R10 687 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 = R825 covered **AND**
- 100% of cost of standard lenses (single vision **OR** bifocal **OR** multifocal) **OR**
- Contact lenses = R1 565

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 = R770
- In lieu of glasses members can opt for contact lenses, limited to R1 565.

Basic radiology and pathology

Savings first.
Limited to M = R3 562, M1+ = R7 065.
(Subject to overall day-to-day limit)

Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. PET scans only included as indicated per option)

MRI/CT scans: Maximum of 3 scans per beneficiary.
PET scan: 1 scan per beneficiary.
Subject to pre-authorisation.

Rehabilitation services after trauma

100% Scheme tariff.

HIV/AIDS

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

Oncology

Oncology programme. 100% of Scheme tariff. DSP applies. Access to extended protocols.

Peritoneal dialysis and haemodialysis

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



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).
- Members will not incur co-payments for PMB medications that are on the formulary for which there is no generic alternative.
- Approved PMB biological and non-PMB biological medicine costs will be paid from the biological limit first. Once the limit is depleted, only PMB biological medicine costs will continue to be paid unlimited from Scheme risk.

* Please note that approved Chronic Disease List (CDL), Prescribed Minimum Benefit (PMB) and non-Chronic Disease List (non-CDL) chronic medicine costs will be paid from the non-CDL limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk.

BENEFIT DESCRIPTION

SCHEME BENEFIT

CDL and PMB chronic medicine*

100% Scheme tariff. Co-payment of 25% for non-formulary medicine.

Non-CDL chronic medicine*

19 conditions. 90% Scheme tariff. Limited to M = R14 749, M1+ = R29 496. Co-payment of 20% for non-formulary medicine.

Biologicals and other high-cost medicine

100% Scheme tariff. Limited to R332 485 per beneficiary.

Acute medicine

Savings first. Limited to M = R1 544, M1 + = R3 800. (Subject to overall day-to-day limit)

Over-the-counter (OTC) medicine

**Member choice: 1. R683 OTC limit OR 2. Access to full savings for OTC purchases (after R683 limit) = self-payment gap accumulation. Includes sunscreen, vitamins and minerals with nappi codes on Scheme formulary. Subject to the available savings.

**The default OTC choice is 1. R683 OTC limit. Members wishing to choose the other option are welcome to contact Bestmed.

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
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CDL 24	Schizophrenia
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CDL 25	Systemic lupus erythematosus (SLE)
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CDL 26	Ulcerative colitis
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NON-CDL

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

Non-CDL 17	Collagen diseases
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Non-CDL 18	Dermatomyositis
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Non-CDL 19	Neuropathy
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PMB

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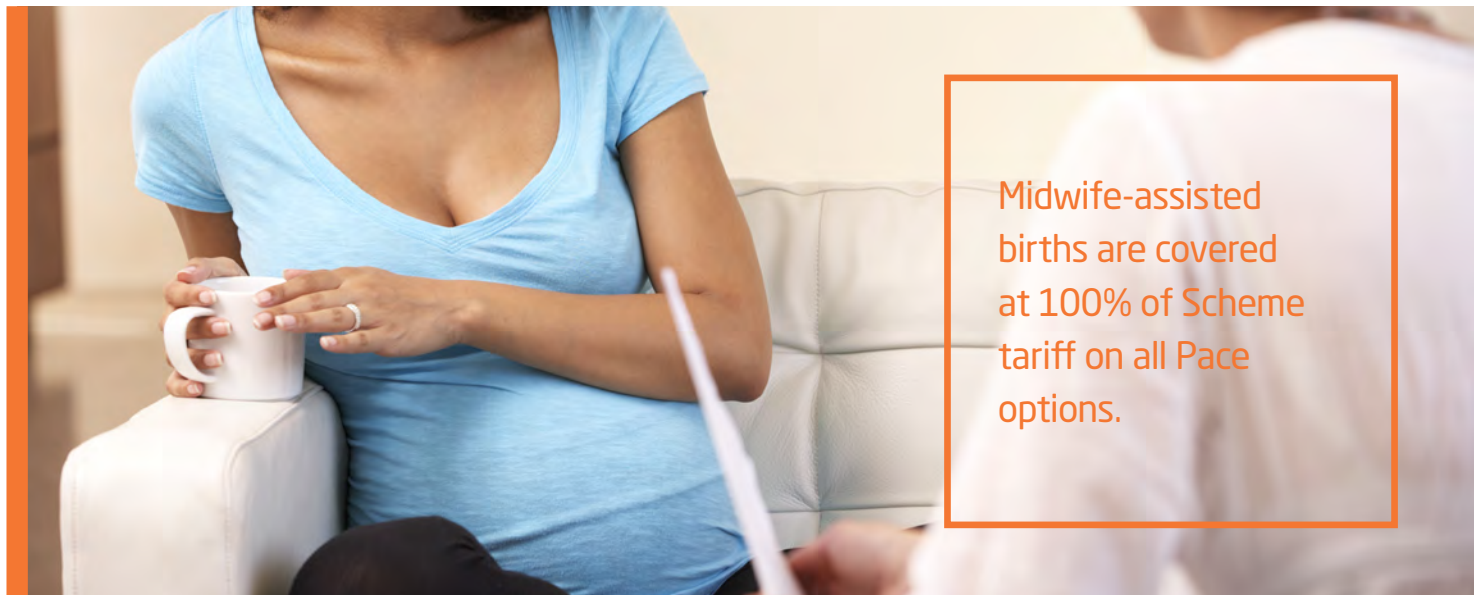
PMB 16	Stroke
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Preventative care benefits

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.	
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.
Preventative dentistry	Refer to preventative dentistry section.		

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.
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/consultation benefit.
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
Bone densitometry	All beneficiaries 45 years and older.	Once every 24 months.	
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist or FP. Consultation paid from the available savings/consultation benefit.



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

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:

- 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 R100 per claim, once a month, for a maximum of 9 months.

Maternity care programme

Finding out you are pregnant comes with a whole lot of emotions, questions and information. Sometimes just knowing where to start and which information you can trust can be a challenge.

Pregnant members and dependants have access to the Maternity care programme. The programme provides comprehensive information and services and was designed with the needs of expectant parents and their support network in mind. We aim to give you support, education and advice through all stages of your pregnancy, the confinement and postnatal (after birth) periods.

Members need to register on the Bestmed Maternity care programme as soon as they receive confirmation of their pregnancy by means of a pathology test and/or scan from your family practitioner or gynaecologist. After you complete your registration, a consultant will contact you. If your pregnancy is associated with risks, the information will be forwarded to Bestmed's case managers who will contact you to help monitor your progress.

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

How to register:

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

After registering on this programme you will receive:

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



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



Preventative dentistry

Note:

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

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

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

Abbreviations

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



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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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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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