



Personally yours, because people are different.

Product
Enhancement
Highlights
2022



bestMed

personally yours



We are very pleased to announce that we have managed to keep our 2022 contribution increase to 3.9% across all options. This marks the third consecutive year that Bestmed has had no benefit cuts or reductions. Our contribution increase, together with our benefit enhancements, provide our members with the value-for-money care that we pride ourselves in offering.

What's new for 2022?

Once again, we have, enhanced our benefits more than our contribution increases across all our options. Below is a summary of our enhancements across our product ranges:

Limits and sub-limits increased with more than the average price increase

All limits and sub-limits were increased by **4.2%** across all benefit options. This is the second year that the benefit limit increase exceeds the price increase for the year.

Child dependants

Members will only pay for the **first 3 child dependants** (previously 4 children), the **rest are covered for FREE!** Child dependants covered **until the age of 24 years** (previously 21 years) and **registered students up to 26 years.**

Preventative care benefits

Baby growth and development assessments

Three baby growth and development assessments have been added across all ranges. Limited to three assessments per year for children 0-2 years.

Bestmed Tempo

The qualifying age for Health Assessments has changed to 16 years (previously 18 years).

Maternity care benefits

Lactation consultation

One lactation consultation with a registered nurse or lactation specialist has been added across all options.

Medicine

Non-formulary chronic medicine

Co-payments for all non-formulary chronic medicine have been reduced by 10% across all options.



BENEFIT	BEAT1	BEAT2	BEAT3	BEAT4
Palliative care and home-based care in lieu of hospitalisation	Limit increased to R60 000 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.			Limit increased to R90 000 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.
Rehabilitation services after trauma	PMBs only subject to pre-authorisation and DSPs.			100% Scheme tariff.
Chronic	-	-	-	Approved medicine claims for major depression will continue to be funded from Scheme risk once non-CDL limit is depleted.
Medicine	Biological medicine during hospitalisation limited to R10 000 per family per annum. Subject to pre-authorisation and funding guidelines.	Biological medicine during hospitalisation limited to R15 000 per family per year. Subject to pre-authorisation and funding guidelines.	Biological medicine during hospitalisation limited to R20 000 per family per year. Subject to pre-authorisation and funding guidelines.	Biological medicine during hospitalisation limited to R25 000 per family per year. Subject to pre-authorisation and funding guidelines.
	-	-	Approved medicines for the following conditions are not subject to the non-CDL limit: organ transplant, chronic renal failure, multiple sclerosis, haemophilia. Medicine claims will be paid directly from Scheme risk.	Approved medicines for the following conditions are not subject to the non-CDL limit: organ transplant, chronic renal failure, multiple sclerosis, haemophilia. Medicine claims will be paid directly from Scheme risk.

BENEFIT	BEAT1	BEAT2	BEAT3	BEAT4
Co-payments	Co-payment of R3 800 on endoscopic procedures no longer applies. Only the specified co-payment for voluntary use of a non-network hospital.			-
Hearing aids	-	-	-	Now a stand-alone benefit, and not subject to the overall annual limit. Limited to R11 000 per family every 24 months. 100% Scheme tariff. Subject to pre-authorization.
Over the counter (OTC)	-	Savings account.		1. R1 000 OTC limit per family OR 2. Access to full savings for OTC purchases (after R1 000 limit) = self-payment gap accumulation. Subject to available savings.
Optometry	-	Savings account.	25% increase on benefits including frames, lenses, and contact lenses.	25% increase on benefits including frames, lenses, and contact lenses

Preventative care benefits enhancements

BENEFIT	BEAT1	BEAT2	BEAT3	BEAT4
Mammogram	A mammogram (tariff code 34100) has been added for female members aged 40 and above, every 24 months.			

Maternity care benefits enhancements

BENEFIT	BEAT1	BEAT2	BEAT3	BEAT4
Antenatal supplements	-	-	Members registered on the Maternity care programme will benefit from the 20% increase in the claim limit for antenatal supplements. Any item categorised as a maternity supplement, listed on the formulary, can be claimed up to a maximum of R120 per claim, once a month, for a maximum of 9 months.	

2022 subscription increases:

Beat1 Non-network	2022 Contribution
Principal member	R1 746
Adult dependant	R1 354
Child dependant	R734
Beat1 Network	2022 Contribution
Principal member	R1 570
Adult dependant	R1 220
Child dependant	R661
Beat2 Non-network	2022 Contribution
Principal member	R2 133
Adult dependant	R1 656
Child dependant	R898
Beat2 Network	2022 Contribution
Principal member	R1 919
Adult dependant	R1 491
Child dependant	R807
Beat3 Non-network	2022 Contribution
Principal member	R3 239
Adult dependant	R2 301
Child dependant	R1 250
Beat3 Network	2022 Contribution
Principal member	R2 914
Adult dependant	R2 073
Child dependant	R1 127
Beat4	2022 Contribution
Principal member	R5 062
Adult dependant	R4 181
Child dependant	R1 251



BENEFIT	PACE1	PACE2	PACE3	PACE4
Palliative care and home-based care in lieu of hospitalisation	Limit increased to R75 000 per beneficiary per annum. 100% Scheme tariff. Subject to available benefit, pre-authorization and treatment plan.	Limit increased to R120 000 per beneficiary per annum. 100% Scheme tariff. Subject to available benefit, pre-authorization and treatment plan.		
Optometry	25% increase on benefits including frames, lenses and contact lenses.	25% increase on benefits including frames, lenses and contact lenses. Added lens enhancement benefit of R750 per beneficiary.		
Rehabilitation services after trauma	100% Scheme tariff.			
Medicine	Biological medicine limited to R30 000 per family per year. Subject to pre-authorization and funding guidelines.	-	-	-
	Approved medicines for the following conditions are not subject to the non-CDL limit: Organ transplant, chronic renal failure, multiple sclerosis and haemophilia. Medicine claims will be paid directly from Scheme risk.			
Over the counter (OTC)	Limit increased to R1 000 per family per annum. Subject to available savings.			Savings account.
Hearing aids	Now a stand-alone benefit and not subject to the overall annual limit. Limited to R8 336 per family every 24 months. Subject to quotation, motivation and audiogram.	-	-	-

BENEFIT	PACE1	PACE2	PACE3	PACE4
Co-payments	-	-	-	Formulary medicine co-payment falls away.
Orthodontic	Per the benefits specified for Basic and specialised dentistry. Subject to pre-authorization.	Additional benefit for children. Limited to R7 000 per event for beneficiaries up to 18 years of age. 100% Scheme tariff.	Additional benefit for children. Limited to R9 000 per event for beneficiaries up to 18 years of age. 100% Scheme tariff.	Additional benefit for children. Limited to R11 000 per event for beneficiaries up to 18 years of age. 100% Scheme tariff.
Chronic	Approved medicine claims for Major Depression will continue to be funded from Scheme risk once non-CDL limit is depleted.	Neuropathy added as a non-CDL chronic condition. Subject to pre-authorization, formulary and the Chronic limit.	-	-
	-	Autism now covered as a non-CDL chronic condition.		
Continuous/Flash Glucose Monitoring (CGM/FGM)	-	-	100% Scheme tariff. Limited to R20 000 per family per annum. Subject to pre-authorization.	100% Scheme tariff. Limited to R25 000 per family per annum. Subject to pre-authorization.
Breast reduction	-	-	-	Medically necessary breast reduction surgery is covered at R50 000 per family per year. Theatre and hospital cost will be funded from Scheme risk. Subject to funding protocols, pre-authorization and benefit limit.

Maternity care benefits enhancements

BENEFIT	PACE1	PACE2	PACE3	PACE4
Antenatal supplements	Members registered on the Maternity care programme will benefit from the 20% increase in the claim limit for antenatal supplements. Any item categorised as a maternity supplement, listed on the formulary, can be claimed up to a maximum of R120 per claim, once a month, for a maximum of 9 months.			

2022 subscription increases:

Pace1	2022 Contribution
Principal member	R4 242
Adult dependant	R2 980
Child dependant	R1 071

Pace2	2022 Contribution
Principal member	R6 026
Adult dependant	R5 909
Child dependant	R1 329

Pace3	2022 Contribution
Principal member	R6 918
Adult dependant	R5 569
Child dependant	R1 190

Pace4	2022 Contribution
Principal member	R8 642
Adult dependant	R8 642
Child dependant	R2 025



BENEFIT

Pulse1

Palliative care and home-based care in lieu of hospitalisation

Limit increased to R60 000 per beneficiary per annum. Subject to available benefit, pre-authorization and treatment plan.

Medicine

Biological medicine during hospitalisation limited to R15 000 per family per year. Subject to pre-authorization and funding guidelines.

Rehabilitation services after trauma

PMBs only subject to pre-authorization and DSPs.

Optometry

An increase of 25% on the PPN optometry benefits including frames, lenses and contact lenses.

Over the counter (OTC)

Limit of R600 per family per annum.

Specialist benefit

Increase the Specialist benefit. Benefit subject to DSPs and pre-authorization. M = R1500. M+ = R2500.

Preventative care benefits enhancements

BENEFIT

Pulse1

PSA screening

A PSA screening has been added for males 50 years and above, every 24 months.

Pap smear

A pap smear has been added for female members aged 18 years and above, every 24 months.

Maternity care benefits enhancements

BENEFIT	Pulse1
Antenatal supplements	Members registered on the Maternity care programme will benefit from the 20% increase in the claim limit for antenatal supplements. Any item categorised as a maternity supplement, listed on the formulary, can be claimed up to a maximum of R120 per claim, once a month, for a maximum of 9 months.

2022 subscription increases:

Pulse1 R0 – R5 500	2022 Contribution
Principal member	R1 760
Adult dependant	R1 673
Child dependant	R1 059

Pulse1 R5 501 – R8 500	2022 Contribution
Principal member	R2 114
Adult dependant	R2 009
Child dependant	R1 269

Pulse1 R8 501>	2022 Contribution
Principal member	R2 537
Adult dependant	R2 284
Child dependant	R1 269



As of 1 August 2021, Europ Assistance was appointed as the supplier for international travel cover and the benefits across all options include:

- Leisure Travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 90 days, with R5 million for one member and R10 million for principal member and dependants.
- Business Travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 45 days, with R5 million for one member and R10 million for principal member and dependants.


As various indices will attest, Bestmed remains a Scheme that offers a competitive product range and benefits with value-for-money contributions, and exceptional customer service. Bestmed will continue to be a scheme that pays attention to our members' needs and provide them with the healthcare solutions that they need.

Thank you!


We thank you for placing your clients' healthcare needs in our hands and for your business in 2021. We look forward to even more joint success with your indelible support for the remainder of the year, as well as into the future.

If you would like additional information on our benefits and other offerings, please do not hesitate to contact your Business Consultant.

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 012 472 6760

 www.bestmed.co.za

 @BestmedSocial

 www.facebook.com/
BestmedMedicalScheme

 www.linkedin.com/company/bestmed/

CLAIMS

Tel: 086 000 2378

Email: service@bestmed.co.za (queries)
claims@bestmed.co.za (claim submissions)

Claims can also be submitted via the Bestmed member app.

ER24 (EMERGENCY EVACUATION)

Tel: 084 124

INTERNATIONAL TRAVEL COVER (BRYTE)

Tel: 0860 329 329 / 084 124

Email: er24@brytesa.com

Claims: travelclaims@brytesa.com

MATERNITY CARE

Tel: 012 472 6797

E-mail: maternity@bestmed.co.za

WALK-IN FACILITY

Block A, Glenfield Office Park,
361 Oberon Avenue,
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POSTAL ADDRESS

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HOSPITAL AUTHORISATION

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Email: authorisations@bestmed.co.za

CHRONIC MEDICINE

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Email: medicine@bestmed.co.za

Fax: 012 472 6760

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 Telkom lines

Hotfax: 080 020 0796

Hotmail: fraud@kpmg.co.za

Postal: KPMG Hotpost at BNT 371
P. O. Box 14671,
Sinoville, 0129,
South Africa

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