



Benefit
Summary
2021

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PACE1

PACE1 OPTION	COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)		
Recommended for?	You are a healthy, growing family and require excellent hospital benefits with extensive day-to-day cover. Pace1 is perfect for families who want quality benefits at affordable prices.		
Contributions	Principal member	Adult dependant	Child dependant
Risk amount	R3 307	R2 323	R835
Savings amount	R776	R545	R196
Total monthly contribution	R4 083	R2 868	R1 031

* 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.

PACE1 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 Pace1 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), 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.

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.
Limited to R13 062 per family.

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

Limited to R8 075 per family.

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R90 246 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 R16 209 Vascular R32 892 Pacemaker (dual chamber) R56 167 Endovascular and catheter-based procedures – no benefit Spinal R32 892 Artificial disc - no benefit Drug-eluting stents - PMBs and DSP products only Mesh R12 349 Gynaecology/Urology R8 906 Lens implants R6 769 a lens per eye
Prosthesis – External	Limited to R22 918 per family. DSPs apply. Includes artificial limbs limited to 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: <ul style="list-style-type: none"> Hip replacement and other major joints R33 486 Knee replacement R44 530 Minor joints R13 834
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. PET scans only included as indicated per option)	100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
Oncology	Oncology programme. 100% Scheme tariff. DSP applies.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Mammary surgery on the unaffected (non-cancerous) breast of a breast cancer patient	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.
Confinements (Birthing)	100% Scheme tariff.
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	100% Scheme tariff. Limited to R8 977 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 care and Home-based care in lieu of hospitalisation	100% Scheme tariff, limited to R30 000 per annum. Subject to available benefit, pre-authorisation and treatment plan.
Day procedures at a day-hospital facility	Day procedures at a day-hospital facility funded at 100% Scheme tariff. 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.



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 and also accumulate to your credit.
- 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 quantity specified in the treatment plan.

MEDICAL EVENT

SCHEME BENEFIT

Overall day-to-day limit

M = R10 901, M1+ = R21 801.

FP and specialist consultations

Savings first.
Limited to M = R2 245, M1+ = R4 512.
(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 R360 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 and then from day-to-day limits.
Orthodontic: Subject to pre-authorisation.
Limited to M = R4 131, M1+ = R8 384.
(Subject to overall day-to-day limit)

Medical aids, apparatus and appliances

100% Scheme tariff. Savings first. Limited to R11 519 per family. Includes repairs to artificial limbs. (Subject to overall day-to-day limit).

Wheelchairs

Subject to medical apparatus and appliance limits.

Hearing aids are subject to pre-authorisation

Limited to R8 000 per family every 24 months.
Subject to the overall day-to-day limit.

Supplementary services

Savings first.
Limited to M = R4 405, M1+ = R9 144.
(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 622 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

100% Scheme tariff.
Savings first.
Limited to M = R3 265, M1+ = R6 531.
(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)

100% Scheme tariff.
Limited to R14 606 per family.

Rehabilitation services after
trauma

Vested savings.

HIV/AIDS

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

Oncology

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

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 Prescribed Minimum Benefit (PMB) medications that are on the formulary for which there is no generic alternative.

*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.

BENEFIT DESCRIPTION	SCHEME BENEFIT
CDL and PMB chronic medicine*	100% Scheme tariff. Co-payment of 35% for non-formulary medicine.
Non-CDL chronic medicine*	7 conditions. 90% Scheme tariff. Limited to M = R6 650, M1+ = R13 299. Co-payment of 30% for non-formulary medicine.
Biologicals and other high-cost medicine	PMBs only - subject to pre-approval.
Acute medicine	Savings first. Limited to M = R2 352, M1 + = R4 869. (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

CDL 22	Parkinson's disease
CDL 23	Rheumatoid arthritis
CDL 24	Schizophrenia
CDL 25	Systemic lupus erythematosus (SLE)
CDL 26	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

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

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

We are a Scheme managed by members, for members and will never compromise on quality service to you.

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. 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.		
Mammogram	Females 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.
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) 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.





For a more detailed overview of your benefit option and to receive a membership guide 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
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.



086 000 2378



service@bestmed.co.za



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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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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