

BESTMED SUMMARY OF RULE CHANGES FOR 2022

The changes for 2022 on the Substantive Rules and Annexures, approved and registered by the Registrar of the Council for Medical Schemes (CMS) with effect from 1 January 2022, are summarised below.

1. CHANGES TO THE SUBSTANTIVE RULES FROM 1 JANUARY 2022

- 1.1 Rule 4.24 – Dependants – The age limit of a child dependant changed from 21 years to 24 years, where “child” dependant contributions are payable.
- 1.2 Percentage change on the current Rule 4.65 definition of “Scheme tariff” from 145.02% to 155.33%.

2. CHANGES TO THE SUBSCRIPTION TABLES FROM 1 JANUARY 2022

- 2.1 The proposed annual increase on the Subscriptions (Annexure A) of the Rules, where the increase in gross contributions for all benefit options is 3.9%.
- 2.2 Age limit of a child dependant changed from 21 years to 24 years, where “child” dependant contributions are payable on all benefit options.
- 2.3 Contributions to be charged for the first three child dependants instead of four on all benefit options.
- 2.4 Discontinuation of Pulse2 subscriptions due to restructuring of the benefit option.

3. CHANGES TO THE BENEFIT OPTIONS FROM 1 JANUARY 2022

BENEFIT OPTIONS – ANNEXURE B.1 – B.3

Restructuring or changes of benefits and limits take place throughout the Beat range [Annexure B.1], the Pace range [Annexure B.2] and the Pulse range [Annexure B.3]. These are as follows:

- 3.1 Cosmetic changes to the rule numbers across all options due to the addition of new benefit rules.
- 3.2 Removal of co-payments and late pre-authorisation penalty of R500 on all benefit options.
- 3.3 Discontinuation of the Pulse2 benefit option as it is being restructured.
- 3.4 **Hospital, hospital-related benefits and other major medical expenses**

On rules 1.2 for the Beat range, 2.2 for the Pace range and 3.2 for the Pulse range. The rule changes propose, *inter alia*, the following:

3.4.1 Beat range co-payments

- Removal of the co-payment on endoscopic investigations and specialised diagnostic imaging of R3 800.
- Removal of the specialised diagnostic imaging co-payment on the Beat3 and Beat3 Network benefit.
- The co-payment on the Beat Network benefit options for the voluntary use of a non-designated hospital network changes from R11 874 to R12 373.

3.4.2 Pulse range co-payments

- Removal of the co-payment on all laparoscopic procedures, prostate procedures, prolapsed / incontinence, arthroscopy other than acute trauma and endoscopic investigations for Pulse1 of R3 800.
- Removal of R500 co-payment for non-referred specialist visits on the Pulse1 benefit option.
- The co-payment on the Pulse benefit options for the voluntary use of a non-designated hospital network changes from R11 874 to R12 373.

3.5 **Biological medicine during hospitalisation**

New benefit applicable to the Beat, Pace1 and Pulse1 benefit options that do not have a biologicals and other high-cost medicine limits.

3.6 **Treatment of chemical and substance abuse**

- Changes of the benefit limit on rules 1.2.5 on the Beat range and 2.2.5 on the Pace range from R32 299 to R33 655.
- Addition of provision to indicate that the use of benefit is limited to either 21 days or the applicable limit, whichever comes first to the Beat and Pace range.

3.7 **Dental / Oral / Jaw surgery**

3.7.1 **Dental and oral surgery (in- and/or out-of-hospital) benefit**

Limit changes on sub-rules 1.2.9.1 on the Beat range, 2.2.9.1 on the Pace range and 3.2.9.1 on the Pulse range, per family, are as follows:

Benefit options	2021	2022
Beat2 and Beat2 Network	R5 250	R5 471
Beat3 and Beat3 Network	R8 075	R8 414
Beat4	R10 094	R10 518
Pace1	R8 075	R8 414
Pace2	R13 419	R13 982

Pace3	R16 862	R17 570
Pace4	R20 187	R21 034

3.7.2 Major medical maxillofacial surgery benefit

Limit changes on sub-rules 1.2.9.2 on the Beat range, 2.2.9.2 on the Pace range and 3.2.9.2 on the Pulse range, per family, are as follows:

Benefit options	2021	2022
Beat3 and Beat3 Network	R12 944	R13 487
Beat4	R13 181	R13 735
Pace1	R13 062	R13 610

3.8 Prosthesis benefits

Changes to rules 1.2.10 on the Beat range, 2.2.10 on the Pace range and 3.2.10 on the Pulse range, and sub-rules for the “Prosthesis – Internal”, “Prosthesis – External” and “Exclusions on joint replacement surgery for non-PMB conditions”.

3.8.1 Prosthesis – Internal

- Pulse2 benefit option is no longer applicable from 1 January 2022.
- Limit changes on sub-rule 1.2.10.1 for the Beat range, are as follows:

Benefit options	Benefit description	2021	2022
Beat1, Beat1 Network, Beat2 and Beat2 Network Sub-limits per beneficiary	Over-all limit per family	R78 846	R82 158
	Vascular	R31 470	R32 792
	Pacemaker dual chamber	R42 986	R44 791
	Spinal	R31 470	R32 792
	Drug-eluting stents	PMBs and DSP products only	PMBs and DSP products only
	Mesh	R11 044	R11 508
	Gynaecology / Urology	R9 025	R9 404
	Lens implants	R6 887	R7 176
	Functional	R14 106	R14 698

Benefit options	Benefit description	2021	2022
Beat3 and Beat3 Network	Over-all limit per family	R79 678	R83 025
	Vascular	R31 586	R32 913

Sub-limits per beneficiary	Pacemaker dual chamber	R42 986	R44 791
	Spinal	R31 586	R32 913
	Drug-eluting stents	PMBs and DSP products only	PMBs and DSP products only
	Mesh	R11 101	R11 567
	Gynaecology / Urology	R9 168	R9 553
	Lens implants	R6 887	R7 176
	Functional	R14 107	R14 699

Benefit option	Benefit description	2021	2022
Beat4 Sub-limits per beneficiary	Over-all limit per family	R97 260	R101 345
	Vascular	R33 605	R35 017
	Pacemaker dual chamber	R56 285	R58 649
	Spinal	R33 605	R35 017
	Drug-eluting stents	R18 881	R19 674
	Mesh	R12 469	R12 992
	Gynaecology / Urology	R9 144	R9 528
	Lens implants	R7 125	R7 424
	Functional	R16 981	R17 694

Limit changes on sub-rule 2.2.10.1 for the Pace range, are as follows:

Benefit option	Benefit description	2021	2022
Pace1 Sub-limits per beneficiary	Over-all limit per family	R90 246	R94 036
	Vascular	R32 892	R34 273
	Pacemaker dual chamber	R56 167	R58 526
	Spinal	R32 892	R34 273
	Drug-eluting stents	PMBs and DSP products only	PMBs and DSP products only
	Mesh	R12 349	R12 868
	Gynaecology / Urology	R8 906	R9 280
	Lens implants	R6 769	R7 053
	Functional	R16 209	R16 890

Benefit option	Benefit description	2021	2022
Pace2	Over-all limit per family	R115 895	R120 762

Sub-limits per beneficiary	Vascular	R43 460	R45 286
	Pacemaker dual chamber	R62 637	R65 268
	Spinal including artificial disk	R58 102	R60 542
	Drug-eluting stents	R18 999	R19 797
	Mesh	R18 999	R19 797
	Gynaecology / Urology	R14 190	R14 786
	Lens implants	R12 184	R12 695
	Hip prosthesis and other major joints	R52 188	R54 380
	Knee prosthesis	R60 560	R63 103
	Minor joints	R22 502	R23 447
	Functional	R17 634	R18 374

Benefit option	Benefit description	2021	2022
Pace3 Sub-limits per beneficiary	Over-all limit per family	R116 489	R121 381
	Vascular	R43 580	R45 410
	Pacemaker dual chamber	R62 637	R65 268
	Spinal including artificial disk	R58 212	R60 657
	Drug-eluting stents	R18 999	R19 797
	Mesh	R18 999	R19 797
	Gynaecology / Urology	R14 249	R14 848
	Lens implants	R12 184	R12 695
	Hip prosthesis and other major joints	R52 248	R54 442
	Knee prosthesis	R60 857	R63 413
	Minor joints	R22 502	R23 447
	Functional	R18 999	R19 797

Benefit option	Benefit description	2021	2022
Pace4 Sub-limits per beneficiary	Over-all limit per family	R134 419	R140 064
	Vascular	R49 873	R51 967
	Pacemaker dual chamber	R62 637	R65 268
	Spinal including artificial disk	R67 215	R70 038
	Drug-eluting stents	R22 384	R23 324
	Mesh	R19 712	R20 539
	Gynaecology / Urology	R16 269	R16 952
	Lens implants	R18 014	R18 770
	Hip prosthesis and other major joints	R60 144	R62 670

	Knee prosthesis	R69 644	R72 569
	Minor joints	R22 384	R23 324
	Functional	R19 712	R20 539

Limit changes on sub-rule 3.2.10.1 for the Pulse range, are as follows:

Benefit option	Benefit description	2021	2022
Pulse1 Sub-limits per beneficiary	Over-all limit per family	R53 079	R55 309
	Vascular	R26 302	R27 406
	Pacemaker dual chamber	R42 986	R44 791
	Spinal	R26 302	R27 406
	Drug-eluting stents	PMBs and DSP products only	PMBs and DSP products only
	Mesh	R9 619	R10 023
	Gynaecology / Urology	R7 944	R8 278
	Lens implants	R5 523	R5 755
	Functional	R11 281	R11 755

3.8.2 Prosthesis – External

The benefit is available per family only on the Beat4, Pace1, Pace2, Pace3 and Pace4 benefit options:

- Pulse2 benefit option is no longer applicable from 1 January 2022.
- Limit changes are as follows:

Benefit options	2021	2022
Beat4	R23 393	R24 376
Pace1	R22 918	R23 881
Pace2	R27 311	R28 458
Pace3	R27 431	R28 583
Pace4	R30 993	R32 295

3.8.3 Exclusions on joint replacement surgery for non-PMB conditions

The benefit is applicable on the Beat1, Beat1 Network, Beat2, Beat2 Network, Beat3, Beat3 Network, Beat4, Pace1 and Pulse1 benefit options only. Limit changes are as follows:

Benefit options	Benefit description	2021	2022
Beat1, Beat1 Network, Beat2 and Beat2 Network	Hip prosthesis and other major joints	R33 130	R34 522
	Knee prosthesis	R40 848	R42 564
	Minor joints	R12 706	R13 240

Benefit options	Benefit description	2021	2022
Beat3 and Beat3 Network	Hip prosthesis and other major joints	R33 368	R34 769
	Knee prosthesis	R41 288	R43 022
	Minor joints	R12 706	R13 240

Benefit option	Benefit description	2021	2022
Beat4	Hip prosthesis and other major joints	R34 555	R36 007
	Knee prosthesis	R45 907	R47 835
	Minor joints	R14 106	R14 698

Benefit option	Benefit description	2021	2022
Pace1	Hip prosthesis and other major joints	R33 486	R34 892
	Knee prosthesis	R44 530	R46 400
	Minor joints	R13 834	R14 415

Benefit option	Benefit description	2021	2022
Pulse1	Hip prosthesis and other major joints	R26 956	R28 088
	Knee prosthesis	R34 080	R35 512
	Minor joints	R12 765	R13 301

3.9 Medically necessary breast reduction surgery

Sub-rule 2.2.11 on the Pace range, new benefit applicable on the Pace4 benefit option only, limited to R50 000 per family per financial year.

3.10 Orthopaedic and medical appliances during hospitalisation

Sub-rule 3.2.11 on Pulse1, limit changes from R6 531 to R6 806 per family.

3.11 Mammary surgery

- Limit changes on rule 2.2.17 on the Pace range, benefit is only applicable on Pace2, Pace3 and Pace4 benefit options, limit changes from R36 750 to R38 294.
- Pulse2 benefit option is no longer applicable from 1 January 2022.

- Adjusting benefit for reconstructive surgery to allow symmetrising, partial or total mastectomy, etc. on the unaffected (non-cancerous) breast of a breast cancer patient.

3.12 Refractive surgery

- Pulse2 benefit option is no longer applicable from 1 January 2022.
- Limit changes on rules 1.2.19 for the Beat range and 2.2.21 for the Pace range are as follows:

Benefit options	2021	2022
Beat3 and Beat3 Network	R8 312	R8 661
Beat4	R9 381	R9 775
Pace1	R8 977	R9 354
Pace2	R9 380	R9 774
Pace3 and Pace4	R10 094	R10 518

3.13 Palliative care and home-based care in lieu of hospitalisation

- Pulse2 benefit option is no longer applicable from 1 January 2022.
- Limit changes on rules 1.2.22 on the Beat range, 2.2.24 on the Pace range and 3.2.22 on the Pulse range:

Benefit options	2021	2022
Beat1 and Beat1 Network	R24 000	R60 000
Beat2 and Beat2 Network	R24 000	R60 000
Beat3 and Beat3 Network	R24 000	R60 000
Beat4	R30 000	R90 000
Pace1	R30 000	R75 000
Pace2	R45 000	R120 000
Pace3	R45 000	R120 000
Pace4	R45 000	R120 000
Pulse1	R24 000	R60 000

3.14 International emergency medical cover

Change of international emergency medical cover from Bryte Insurance to new service provider Europ Assistance SA, as of 1 August 2021. The benefits across all benefit 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.

3.15 Co-payments

Beat range rule 1.2.26

- Removal of the co-payment on endoscopic investigations and specialised diagnostic imaging of R3 800.
- Removal of the specialised diagnostic imaging co-payment on the Beat3 and Beat3 Network benefit.
- The co-payment on the Beat Network benefit options for the voluntary use of a non-designated hospital network changes from R11 874 to R12 373.

Pulse range rule 3.2.26

- Removal of the co-payment on all laparoscopic procedures, prostate procedures, prolapsed / incontinence, arthroscopy other than acute trauma and endoscopic investigations for Pulse1 of R3 800.
- Removal of R500 co-payment for non-referred specialist visits on the Pulse1 benefit option.
- The co-payment on the Pulse benefit option for the voluntary use of a non-designated hospital network changes from R11 874 to R12 373.

3.16 Medicine benefits

- Change on the preamble of medicine benefits across all benefit options - addition of benefit to fund medicines for certain high-cost conditions directly from Scheme risk without first paying from the Chronic limit. This includes treatment for organ transplants, chronic renal failure, haemophilia and multiple sclerosis.
- Reduction of non-formulary medicine co-payments by 10% on all benefit options.
- Removal of formulary medicine co-payment on the Pace4 benefit option.
- Pulse2 benefit option is no longer applicable from 1 January 2022.

3.16.1 Non-CDL medicine benefits

Rules 1.3.1 on the Beat range, 2.3.1 on the Pace range and 3.3.1 on the Pulse range:

- Pulse2 benefit option is no longer applicable from 1 January 2022.
- Added autism as a non-CDL chronic condition on Pace2, Pace3 and Pace4 benefit options.
- Addition of neuropathy as a non-CDL chronic condition on the Pace2 benefit options.
- Addition of chronic treatment cover for major depression as a life-sustaining condition once the chronic limit has been reached on Beat4 and all the Pace benefit options.

- Limit changes are as follows:

Benefit options	2021	2022
Beat3 and Beat3 Network	M = R3 444 and M1+ = R7 006	M = R3 589 and M1+ = R7 301
Beat4	M = R7 564 and M1+ = R15 129	M = R7 882 and M1+ = R15 764
Pace1	M = R6 650 and M1+ = R13 299	M = R6 929 and M1+ = R13 858
Pace2	M = R9 144 and M1+ = R18 287	M = R9 528 and M1+ = R19 055
Pace3	M= R14 749 and M1+ = R29 496	M= R15 368 and M1+ = R30 735
Pace4	M= R19 889 and M1+ = R39 958	M= R20 724 and M1+ = R41 636

3.16.2 Biologicals and other high-cost medicine

Rules 1.3.3 on the Beat range, 2.3.3 on the Pace range and 3.3.3 on the Pulse range

- Pulse2 benefit option is no longer applicable from 1 January 2022.
- Limit changes are as follows:

Benefit options	2021	2022
Pace2	R166 132	R173 110
Pace3	R332 485	R346 449
Pace4	R492 077	R512 744

3.16.3 Acute medicine

Rules 1.3.4 on the Beat range, 2.3.4 on the Pace range and 3.3.4 on the Pulse range

- Pulse2 benefit option is no longer applicable from 1 January 2022.
- Limit changes are as follows:

Benefit options	2021	2022
Beat4	M = R2 885 and M1+ = R5 830	M = R3 006 and M1+ = R6 075
Pace1	M = R2 352 and M1+ = R4 869	M = R2 451 and M1+ = R5 074
Pace2	M = R4 869 and M1+ = R9 737	M = R5 074 and M1+ = R10 146
Pace3	M= R1 544 and M1+ = R3 800	M= R1 609 and M1+ = R3 960
Pace4	M= R8 906 and M1+ = R13 834	M= R9 280 and M1+ = R14 415

3.16.4 Over-the-counter (OTC) medicine

Rules 1.3.5 on the Beat range, 2.3.5 on the Pace range and 3.3.5 on the Pulse range are as follows:

- Limit increase from R683 to R1 000 on the Beat4, Pace1, Pace2 and Pace3 benefit options.
- Limit increase from R387 to R600 on the Pulse1 option.
- Pulse2 benefit option is no longer applicable from 1 January 2022.

3.17 Preventative Care Benefits

Preventative care benefits are indicated on rules 1.4 of the Beat range, 2.4 of the Pace range and 3.4 of the Pulse range. Changes includes, *inter alia*, the following sub-rules:

3.17.1 Baby growth and development assessments

On rules 1.4.4 on the Beat range, 2.4.4 on the Pace range and 3.4.5 on the Pulse range: added to all benefit options.

3.17.2 Female contraceptives

On rules 1.4.6 on the Beat range, 2.4.6 on the Pace range and 3.4.6 on the Pulse range: benefit now applies per beneficiary and limit increase across all benefit options and limit changes from R2 315 to R2 412 across all benefit options.

3.17.3 Mammogram benefit

Added to Beat1 and Beat1 Network benefit options.

3.17.4 Prostate specific antigen (PSA) test

Addition of provision for funding tariff codes claimed by pathologists, and nappi codes claimed by pharmacies for all benefit options except for Beat1 and Beat1 Network.

3.17.5 PAP smear

Addition of provision for funding tariff codes claimed by pathologists, and nappi codes claimed by pharmacies for all benefit options.

3.17.6 Tempo wellness programme

The qualifying age for Bestmed Tempo Health Assessments has changed to from 18 years to 16 years.

3.17.7 Maternity benefits

- Removed the maternity benefits from the Bestmed Tempo wellness programme, but to remain under the preventative care benefits.
- Added lactation consultation with a registered nurse or lactation specialist on all benefit options.
- Limit increase from R100 to R120 for the maternity supplement on the Beat3, Beat4, Pace1, Pace2, Pace3, Pace4 and Pulse1 benefit options.

3.18 Optometry benefits

Optometry benefits indicated on rules 1.5 of the Beat range, 2.5 of the Pace range and 3.5 of the Pulse range:

- Pulse2 benefit option is no longer applicable from 1 January 2022.
- Benefits offered by PPN are paid at cost of the contracted amount and those offered by a non-network provider up to benefit limits indicated.

Benefit option	Benefit description at PPN providers	2021	2022
Beat3 and Beat3 Network	Consultation – 1 per beneficiary every 24 months.	100% of cost at PPN	100% of cost at PPN
	Spectacle frames	R825	R860
	Lenses: standard lenses (i.e. single vision or bifocal or multifocal lenses) or	100% of cost at PPN	100% of cost at PPN
	Contact lenses	R1 565	R1 630

Benefit option	Benefit description at non-PPN providers	2021	2022
Beat3 and Beat3 Network	Consultation – 1 per beneficiary every 24 months.	R350	R350
	Spectacle frames	R598	R598
	Standard Lenses:		
	- Single vision lenses or	R210	R210
	- Bifocal lenses or	R445	R445
- Multifocal lenses or	R770	R1 000	
Contact lenses	R1 565	R1 630	

Benefit option	Benefit description at PPN providers	2021	2022
Beat4 and Pace1	Consultation – 1 per beneficiary every 24 months.	100% of cost at PPN	100% of cost at PPN
	Spectacle frames	R825	R950
	Lenses: standard lenses (i.e. single vision or bifocal or multifocal lenses) or	100% of cost at PPN	100% of cost at PPN
	Contact lenses	R1 565	R1 720

Benefit option	Benefit description at non-PPN providers	2021	2022
Beat4 and Pace1	Consultation – 1 per beneficiary every 24 months.	R350	R350
	Spectacle frames	R598	R598
	Standard Lenses:		

	- Single vision lenses or	R210	R210
	- Bifocal lenses or	R445	R445
	- Multifocal lenses or	R770	R1 000
	Contact lenses	R1 565	R1 720

Benefit option	Benefit description at PPN providers	2021	2022
Pace2 and Pace3	Consultation – 1 per beneficiary every 24 months.	100% of cost at PPN	100% of cost at PPN
	Spectacle frames	R825	R990
	Lenses: standard lenses (i.e. single vision or bifocal or multifocal lenses) Lens enhancements or	100% of cost at PPN	100% of cost at PPN R750
	Contact lenses	R1 565	R1 880

Benefit option	Benefit description at non-PPN providers	2021	2022
Pace2 and Pace3	Consultation – 1 per beneficiary every 24 months.	R350	R350
	Spectacle frames	R598	R598
	Standard Lenses: - Single vision lenses or - Bifocal lenses or - Multifocal lenses or	R210 R445 R770	R210 R445 R1 000
	Contact lenses	R1 565	R1 880

Benefit option	Benefit description at PPN providers	2021	2022
Pace4	Consultation – 1 per beneficiary every 24 months.	100% of cost at PPN	100% of cost at PPN
	Spectacle frames	R825	R990
	Lenses: standard lenses (i.e. single vision or bifocal or multifocal lenses) Lens enhancements or	100% of cost at PPN	100% of cost at PPN R750
	Contact lenses	R1 850	R2 220

Benefit option	Benefit description at non-PPN providers	2021	2022
Pace4	Consultation – 1 per beneficiary every 24 months.	R350	R350
	Spectacle frames	R598	R598
	Standard Lenses:		
	- Single vision lenses or	R210	R210
	- Bifocal lenses or	R445	R445
- Multifocal lenses or	R770	R1 000	
	Contact lenses	R1 850	R2 220

Benefit option	Benefit description only at PPN providers	2021	2022
Pulse1	Consultation – 1 per beneficiary every 24 months.	100% of cost at PPN	100% of cost at PPN
	Spectacle frames	R225	R235
	Lenses: standard lenses (i.e. single vision or multifocal lenses) or	Single vision lenses R210 or Multifocal lenses R445	Single vision lenses R210 or Multifocal lenses R445
	Contact lenses	R630	R655

3.19 Out-of-hospital benefits

Out-of-hospital benefits indicated on rules 1.6 of the Beat range, 2.6 of the Pace range and 3.6 of the Pulse range

- Pulse2 benefit option is no longer applicable from 1 January 2022.
- Limit changes across all benefit options, where an overall day-to-day limit applies:

Benefit options	2021	2022
Beat4	M = R12 824 and M1+ = R25 649	M = R13 363 and M1+ = R26 726
Pace1	M = R10 901 and M1+ = R21 801	M = R11 359 and M1+ = R22 717
Pace2	M = R15 389 and M1+ = R30 779	M = R16 036 and M1+ = R32 071
Pace3	M= R19 237 and M1+ = R39 756	M= R20 045 and M1+ = R41 425
Pace4	M= R35 861 and M1+ = R57 829	M= R37 367 and M1+ = R60 258

3.19.1 GP Consultations sub-rules 1.6.1 on the Beat range, 2.6.1 on the Pace range and 3.6.1 on the Pulse range. Limit changes are as follows:

Benefit options	2021	2022
Beat4	M = R3 265 and M1+ = R5 818	M = R3 403 and M1+ = R6 063
Pace1	M = R2 245 and M1+ = R4 512	M = R2 339 and M1+ = R4 702
Pace2 and Pace3	M = R4 394 and M1+ = R8 906	M = R4 579 and M1+ = R9 280
Pace4	M= R5 640 and M1+ = R9 144	M= R5 877 and M1+ = R9 528

3.19.2 Diabetes primary care consultation sub-rules 1.6.2 on the Beat range, 2.6.2 on the Pace range and 3.6.2 on the Pulse range. Removed limit as this is dependent on the contracted fees negotiated.

3.19.3 Continuous/Flash Glucose Monitoring (CGM/FGM) benefit for diabetics

Addition of benefit on Pace3 and Pace4 benefit options, new rule 2.6.3. The benefit limit is per family per financial year at R20 000 for Pace3 and R25 000 for Pace4.

3.19.4 Out-of-network or casualty visits sub-rule 3.6.3 on the Pulse range

- Pulse2 benefit option is no longer applicable from 1 January 2022.
- Limit changes from R1 425 to R1 485.

3.19.5 Specialist visits sub-rule 3.6.4 on the Pulse range

- Pulse2 benefit option is no longer applicable from 1 January 2022.
- Removal of R500 co-payment for non-referred specialist visits on the Pulse1 benefit option.
- Limit changes are as follows:

Benefit options	2021	2022
Pulse1	M = R1 187 and M1+ = R1 782	M = R1 500 and M1+ = R2 500

3.19.6 Basic and specialised dentistry sub-rules 1.6.3 on the Beat range, 2.6.3 on the Pace range and 3.6.5 on the Pulse range

- Pulse2 benefit option is no longer applicable from 1 January 2022.
- Created a separate orthodontic benefit on Pace2, Pace3 and Pace4 benefit options to be funded from the overall day-to-day limit and no longer from the medical savings account.
- Limit changes are as follows:

Benefit options	2021	2022
Beat4	M = R5 650 and M1+ = R11 349	M = R5 887 and M1+ = R11 825

Pace1	M = R4 131 and M1+ = R8 384	M = R4 305 and M1+ = R8 736
Pace2	M = R6 926 and M1+ = R13 852	M = R7 217 and M1+ = R14 433
Pace3	M = R7 463 and M1+ = R13 912	M = R7 776 and M1+ = R14 497
Pace4	M= R12 454 and M1+ = R21 021	M= R12 977 and M1+ = R21 903

3.19.7 Medical aids, apparatus and appliances including wheelchairs and hearing aids sub-

rules 1.6.4 on the Beat range, 2.6.5 on the Pace range and 3.6.6 on the Pulse range

- Pulse2 benefit option is no longer applicable from 1 January 2022.
- Added proviso for benefit to pay PMB conditions on the Pulse1 benefit option.
- Limit changes are as follows:

Benefit options	2021	2022
Beat4	Medical aids, apparatus and appliances (limit includes wheelchairs and hearing aids) R11 519 per family	Medical aids, apparatus and appliances (limit includes wheelchairs) R12 003 per family
		Hearing aids and/or repairs R11 000 per family per 24 months, no longer subject to savings or day-to-day limit
Pace1	Medical aids, apparatus and appliances (limit includes wheelchairs) R11 519 per family	Medical aids, apparatus and appliances (limit includes wheelchairs) R12 003 per family
	Hearing aids R8 000 per family per 24 months	Hearing aids and/or repairs R8 336 per family per 24 months, no longer subject to day-to-day limit
Pace2	Medical aids, apparatus and appliances R10 450 per family	Medical aids, apparatus and appliances R10 888 per family
	Wheelchairs R14 131 per family per 48 months	Wheelchairs R14 725 per family per 48 months
	Hearing aids R28 796 per beneficiary per 24 months	Hearing aids R30 005 per beneficiary per 24 months
Pace3	Medical aids, apparatus and appliances R10 450 per family	Medical aids, apparatus and appliances R10 888 per family
	Wheelchairs R14 131 per family per 48 months	Wheelchairs R14 725 per family per 48 months
	Hearing aids R32 418 per beneficiary every 24 months	Hearing aids R33 779 per beneficiary every 24 months

Pace4	Medical aids, apparatus and appliances (limit includes insulin pump consumables) R10 450 per family	Medical aids, apparatus and appliances (limit includes insulin pump consumables) R10 888 per family
	Wheelchairs R14 131 per family per 48 months	Wheelchairs R14 725 per family per 48 months
	Hearing aids R36 098 per beneficiary per 24 months	Hearing aids R37 614 per beneficiary per 24 months
	Insulin pump R42 000 per beneficiary every 24 months	Insulin pump R43 764 per beneficiary every 24 months

3.19.8 Supplementary services sub-rules 1.6.5 on the Beat range, 2.6.6 on the Pace range and 3.6.7 on the Pulse range

- Pulse2 benefit option is no longer applicable from 1 January 2022.
- Added proviso for benefit to pay PMB conditions on the Pulse1 benefit option.
- Limit changes are as follows:

Benefit options	2021	2022
Beat4	M = R4 987 and M1+ = R10 129	M = R5 197 and M1+ = R10 555
Pace1	M = R4 405 and M1+ = R9 144	M = R4 590 and M1+ = R9 528
Pace2	M = R5 523 and M1+ = R11 102	M = R5 755 and M1+ = R11 569
Pace3	M = R2 684 and M1+ = R5 640	M = R2 797 and M1+ = R5 877
Pace4	M= R5 640 and M1+ = R11 102	M= R5 877 and M1+ = R11 569

3.19.9 Wound care benefit sub-rules 1.6.6 on the Beat range, 2.6.6 on the Pace range and 3.6.8 on the Pulse range

- Pulse2 benefit option is no longer applicable from 1 January 2022.
- Added proviso for benefit to pay PMB conditions on the Pulse1 benefit option.
- Limit changes are as follows:

Benefit options	2021	2022
Beat1, Beat1 Network, Beat2, Beat2 Network, Beat3 and Beat3 Network	R3 527	R3 675
Beat4	R4 987	R5 197
Pace1	R3 622	R3 774
Pace2	R6 887	R7 176
Pace3	R10 687	R11 136
Pace4	R13 774	R14 353

3.19.10 Basic radiology and pathology sub-rules 1.6.7 on the Beat range, 2.6.8 on the Pace range and 3.6.9 on the Pulse range

- Pulse2 benefit option is no longer applicable from 1 January 2022.
- Limit changes are as follows:

Benefit options	2021	2022
Beat4	M = R3 265 and M1+ = R6 650	M = R3 402 and M1+ = R6 929
Pace1 and Pace2	M = R3 265 and M1+ = R6 531	M = R3 402 and M1+ = R6 806
Pace3	M = R3 562 and M1+ = R7 065	M = R3 712 and M1+ = R7 362
Pace4	M= R5 640 and M1+ = R11 102	M= R5 877 and M1+ = R11 569

3.19.11 Specialised diagnostic imaging on sub-rules 1.6.8 on the Beat range, 2.6.9 on the Pace range and 3.6.10 on the Pulse range

- Pulse2 benefit option is no longer applicable from 1 January 2022
- Added proviso for benefit to pay PMB conditions on the Pulse1 benefit option.
- Limit changes are as follows:

Benefit options	2021	2022
Beat1, Beat1 Network, Beat2 and Beat2 Network	R5 343	R5 567
Beat3 and Beat3 Network	R11 223	R11 694
Beat4	R16 981	R17 694
Pace1	R14 606	R15 220

3.19.12 Rehabilitation after trauma on sub-rules 1.6.9 on the Beat range, 2.6.10 on the Pace range and 3.6.11 on the Pulse range

- Pulse2 benefit option is no longer applicable from 1 January 2022
- Added benefit to pay PMB conditions on the Beat1, Beat1 Network and Pulse1 benefit options.
- Changed benefit to be paid from the risk (PMB conditions) instead of the medical savings account for the Beat2, Beat2 Network, Beat3 and Beat3 Network benefit options.
- Changed benefit to be paid from the risk instead of the vested medical savings account for the Beat4 and Pace1 benefit options.

4. PERSONAL MEDICAL SAVINGS ACCOUNT AND VESTED MEDICAL SAVINGS ACCOUNT – ANNEXURE B.4 FROM 1 JANUARY 2022

4.1 There are no changes to the gross annual contribution on the personal medical savings account (PMSA):

Benefit options	2021 PMSA gross annual contributions	2022 PMSA gross annual contributions
Beat2 and Beat2 Network	16%	16%
Beat3 and Beat3 Network	16%	16%
Beat4	14%	14%
Pace1	19%	19%
Pace2	14%	14%
Pace3	14%	14%
Pace4	3%	3%

4.2 Added provision to allow the Scheme to use savings of the following year to settle the previous year's debt on an active member.

4.3 Added clarification on which benefit options the self-payment gap option applies.

4.4 Self-payment gap base limit before the self-payment gap is triggered changed from R683 to R1 000.

5. CHANGES TO THE GENERAL EXCLUSIONS FROM 1 JANUARY 2022

5.1 Discontinuation of references to the Pulse2 benefit option and related exclusions.

5.2 Co-payment for voluntary use of non-DSP hospital changed from R11 874 to R12 373.

5.3 Removal of R500 co-payment for non-referred specialist visits on the Pulse1 benefit option.

6. CHANGES TO THE PRESCRIBED MINIMUM BENEFITS (PMBs) FROM 1 JANUARY 2022

No changes other than the cosmetic changes of the benefit year on the document from 2021 to 2022.

NOTE: This summary of the rule changes is given for information purposes only. Should there be any errors or omissions contained herein, the registered Rules of Bestmed, as approved by the Registrar of Medical Schemes, shall prevail. All information regarding the 2022 benefit options and accompanying services, including information in respect of the terms and conditions, or any other matters, is subject to prior approval of the Council for Medical Schemes (CMS) and may change without notice, having due regard to the CMS' further advice.

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