

BESTMED SUMMARY OF RULE CHANGES FOR 2021

The changes for 2021 on the Substantive Rules and Annexures, approved and registered by the Registrar of the Council for Medical Schemes (CMS) with effect from 01 January 2021, are summarised below.

1. CHANGES TO THE SUBSTANTIVE RULES FROM 1 JANUARY 2021

- 1.1 Percentage change on the current Rule 4.65 definition of “Scheme tariff” from 133.37% to 145.02%.

2. CHANGES TO THE SUBSCRIPTION TABLES FROM 1 JANUARY 2021

- 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 as follows:

Beat Range	Pace Range	Pulse Range
Beat1 and Beat1 Network = 3.9%	Pace1 = 3.9%	Pulse1 = 4.2%
Beat2 and Beat2 Network = 3.9%	Pace2 = 4.2%	Pulse2 = 4.2%
Beat3 and Beat3 Network = 4%	Pace3 = 4.2%	
Beat4 = 4%	Pace4 = 4.2%	
Average increase = 4%		

3. CHANGES TO THE BENEFIT OPTIONS FROM 1 JANUARY 2021

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 **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:

3.2.1 Beat Range co-payments

- A co-payment on endoscopic investigations and specialised diagnostic imaging changes from R3 619 to R3 800.

- A co-payment on the Beat Network benefit options for the voluntary use of a non-designated Hospital Network changes from R11 309 to R11 874.

3.2.2 Pulse Range co-payments

- A co-payment on all laparoscopic procedures, prostate procedures, prolapsed / incontinence, arthroscopy other than acute trauma and endoscopic investigations for Pulse1 changes from R3 619 to R3 800.
- A co-payment on the Pulse benefit options for the voluntary use of a non-designated Hospital Network changes from R11 309 to R11 874.
- Pulse1 benefit option: a co-payment limit of R500 remains unchanged for specialist visits without a referral by a Pulse1 Network GP or a specialist registered on the Pulse Specialist Network or a PPN network optometrist to a specialist registered on the Pulse Specialist Network and the voluntary use of non-designated service providers (non-DSPs). The requirement for pre-authorisation has been removed.

3.3 Treatment of chemical and substance abuse

Changes of the benefit limit on rules 1.2.4 on the Beat range, 2.2.4 on the Pace range and 3.2.4 on the Pulse range, from R30 760 to R32 299.

3.4 Dental / Oral / Jaw surgery

3.4.1 Dental and oral surgery (in and/or out of hospital) benefit

Limit changes on sub-rules 1.2.8.1 on the Beat range, 2.2.8.1 on the Pace range and 3.2.8.1 on the Pulse range, per family are as follows:

Benefit Options	2020	2021
Beat2 and Beat2 Network	R5 000	R5 250
Beat3 and Beat3 Network	R7 690	R8 075
Beat4	R9 613	R10 094
Pace1	R7 690	R8 075
Pace2	R12 780	R13 419
Pace3	R16 059	R16 862
Pace4	R19 225	R20 187

3.4.2 Major medical maxilla-facial surgery benefit

Limit changes on sub-rules 1.2.8.2 on the Beat range, 2.2.8.2 on the Pace range and 3.2.8.2 on the Pulse range, per family are as follows:

Benefit Options	2020	2021
Beat3 and Beat3 Network	R12 327	R12 944
Beat4	R12 554	R13 181
Pace1	R12 440	R13 062

3.5 Prosthesis Benefits

Changes to rules 1.2.9 on the Beat range, 2.2.9 on the Pace range and 3.2.9 on the Pulse range and sub-rules for the “Prosthesis – Internal”, “Prosthesis – External” and “Exclusions on joint replacement surgery for non-PMB conditions”.

3.5.1 Prosthesis – Internal

Limit changes on sub-rule 1.2.9.1 for the Beat range, are as follows:

Benefit Options	Benefit description	2020	2021
Beat1, Beat1 Network, Beat2 and Beat2 Network Sub-limits per beneficiary	Over-all limit per family	R75 092	R78 846
	Vascular	R29 971	R31 470
	Pacemaker dual chamber	R40 939	R42 986
	Spinal	R29 971	R31 470
	Drug eluting stents	PMBs and DSP products only	PMBs and DSP products only
	Mesh	R10 518	R11 044
	Gynaecology / Urology	R8 595	R9 025
	Lens implants	R6 559	R6 887
	Functional	R13 434	R14 106

Benefit Options	Benefit description	2020	2021
Beat3 and Beat3 Network Sub-limits per beneficiary	Over-all limit per family	R75 884	R79 678
	Vascular	R30 082	R31 586
	Pacemaker dual chamber	R40 939	R42 986
	Spinal	R30 082	R31 586
	Drug eluting stents	PMBs and DSP products only	PMBs and DSP products only
	Mesh	R10 573	R11 101
	Gynaecology / Urology	R8 732	R9 168
	Lens implants	R6 559	R6 887
	Functional	R13 435	R14 107

Benefit Option	Benefit description	2020	2021
Beat4 Sub-limits per beneficiary	Over-all limit per family	R92 629	R97 260
	Vascular	R32 005	R33 605
	Pacemaker dual chamber	R53 605	R56 285
	Spinal	R32 005	R33 605
	Drug eluting stents	R17 982	R18 881
	Mesh	R11 875	R12 469
	Gynaecology / Urology	R8 708	R9 144
	Lens implants	R6 785	R7 125
	Functional	R16 172	R16 981

Limit changes on sub-rule 2.2.9.1 for the Pace range, are as follows:

Benefit Option	Benefit description	2020	2021
Pace1 Sub-limits per beneficiary	Over-all limit per family	R85 948	R90 246
	Vascular	R31 325	R32 892
	Pacemaker dual chamber	R53 492	R56 167
	Spinal	R31 325	R32 892
	Drug eluting stents	PMBs and DSP products only	PMBs and DSP products only
	Mesh	R11 761	R12 349
	Gynaecology / Urology	R8 482	R8 906
	Lens implants	R6 447	R6 769
	Functional	R15 437	R16 209

Benefit Option	Benefit description	2020	2021
Pace2 Sub-limits per beneficiary	Over-all limit per family	R110 376	R115 895
	Vascular	R41 391	R43 460
	Pacemaker dual chamber	R59 655	R62 637
	Spinal including artificial disk	R55 335	R58 102
	Drug eluting stents	R18 094	R18 999
	Mesh	R18 094	R18 999
	Gynaecology / Urology	R13 514	R14 190
	Lens implants	R11 604	R12 184
	Hip prosthesis and other major joints	R49 703	R52 188
	Knee prosthesis	R57 676	R60 560
	Minor joints	R21 430	R22 502

	Functional	R16 794	R17 634
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Benefit Option	Benefit description	2020	2021
Pace3 Sub-limits per beneficiary	Over-all limit per family	R110 942	R116 489
	Vascular	R41 505	R43 580
	Pacemaker dual chamber	R59 655	R62 637
	Spinal including artificial disk	R55 440	R58 212
	Drug eluting stents	R18 094	R18 999
	Mesh	R18 094	R18 999
	Gynaecology / Urology	R13 571	R14 249
	Lens implants	R11 604	R12 184
	Hip prosthesis and other major joints	R49 760	R52 248
	Knee prosthesis	R57 959	R60 857
	Minor joints	R21 430	R22 502
	Functional	R18 094	R18 999

Benefit Option	Benefit description	2020	2021
Pace4 Sub-limits per beneficiary	Over-all limit per family	R128 018	R134 419
	Vascular	R47 498	R49 873
	Pacemaker dual chamber	R59 655	R62 637
	Spinal including artificial disk	R64 014	R67 215
	Drug eluting stents	R21 318	R22 384
	Mesh	R18 773	R19 712
	Gynaecology / Urology	R15 494	R16 269
	Lens implants	R17 156	R18 014
	Hip prosthesis and other major joints	R57 280	R60 144
	Knee prosthesis	R66 328	R69 644
	Minor joints	R21 318	R22 384
	Functional	R18 773	R19 712

Limit changes on sub-rule 3.2.9.1 for the Pulse range, are as follows:

Benefit Option	Benefit description	2019	2020
Pulse1	Over-all limit per family	R50 552	R53 079
	Vascular	R25 049	R26 302

Sub-limits per beneficiary	Pacemaker dual chamber	R40 939	R42 986
	Spinal	R25 049	R26 302
	Drug eluting stents	PMBs and DSP products only	PMBs and DSP products only
	Mesh	R9 161	R9 619
	Gynaecology / Urology	R7 566	R7 944
	Lens implants	R5 260	R5 523
	Functional	R10 744	R11 281

Benefit Option	Benefit description	2020	2021
Pulse2 Sub-limits per beneficiary	Over-all limit per family	R101 216	R106 277
	Vascular	R39 129	R41 086
	Pacemaker dual chamber	R53 040	R55 692
	Spinal	R39 129	R41 086
	Artificial disk	R17 190	R18 049
	Drug eluting stents	R17 190	R18 049
	Mesh	R17 190	R18 049
	Gynaecology / Urology	R12 780	R13 419
	Lens implants	R10 970	R11 519
	Hip prosthesis and other major joints	R46 819	R49 160
	Knee prosthesis	R54 679	R57 413
	Minor joints	R20 356	R21 374
	Functional	R16 794	R17 634

3.5.2 Prosthesis – External

The benefit is available per family on only the Beat4, Pace1, Pace2, Pace3, Pace4 and Pulse2 benefit options:

- Expanded on the provision for artificial limbs that are provided by the Scheme for repair work to artificial limbs will be funded from the Medical aids, apparatus and appliances benefit indicated in the day-to-day benefits on the Beat4, Pace1, Pace2, Pace3, Pace4 and Pulse2 benefit options.
- Limit changes are as follows:

Benefit Options	2020	2021
Beat4	R22 279	R23 393
Pace1	R21 827	R22 918
Pace2	R26 011	R27 311
Pace3	R26 124	R27 431
Pace4	R29 517	R30 993

Pulse2	R24 427	R25 649
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3.5.3 Exclusions on joint replacement surgery for non-PMB conditions

The benefit 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	2020	2021
Beat1, Beat1 Network, Beat2 and Beat2 Network	Hip prosthesis and other major joints	R31 553	R33 130
	Knee prosthesis	R38 903	R40 848
	Minor joints	R12 101	R12 706

Benefit Options	Benefit description	2020	2021
Beat3 and Beat3 Network	Hip prosthesis and other major joints	R31 779	R33 368
	Knee prosthesis	R39 322	R41 288
	Minor joints	R12 101	R12 706

Benefit Option	Benefit description	2020	2021
Beat4	Hip prosthesis and other major joints	R32 910	R34 555
	Knee prosthesis	R43 721	R45 907
	Minor joints	R13 434	R14 106

Benefit Option	Benefit description	2020	2021
Pace1	Hip prosthesis and other major joints	R31 891	R33 486
	Knee prosthesis	R42 409	R44 530
	Minor joints	R13 175	R13 834

Benefit Option	Benefit description	2020	2021
Pulse1	Hip prosthesis and other major joints	R25 672	R26 956
	Knee prosthesis	R32 457	R34 080
	Minor joints	R12 157	R12 765

3.6 Orthopaedic and medical appliances during hospitalisation

Sub-rule 3.2.10 on Pulse1, limit changes from R6 220 to R6 531 per family.

3.7 Oncology benefits (in or out of hospital)

Cosmetic changes on the wording on all benefit options, to remove negative connotation of PMB benefits restrictions for lower benefit options.

3.8 Peritoneal dialysis and haemodialysis (in or out of hospital)

Cosmetic changes on the wording on all benefit options, to remove negative connotation of PMB benefits restrictions for lower benefit options.

3.9 Mammary surgery

Limit changes on rule 2.2.15 on the Pace range and rule 3.2.18 on Pulse2, limit changes from R35 000 to R36 750.

3.10 HIV/AIDS benefits (in or out-of-hospital)

Cosmetic changes on the wording on all benefit options, to remove negative connotation of PMB benefits restrictions for lower benefit options.

3.11 Refractive surgery

Limit changes per eye on rules 1.2.18 for the Beat range, 2.2.19 for the Pace range and 3.2.19 for the Pulse range are as follows:

Benefit Options	2020	2021
Beat3 and Beat3 Network	R7 916	R8 312
Beat4	R8 935	R9 381
Pace1	R8 550	R8 977
Pace2	R8 934	R9 380
Pace3 and Pace4	R9 613	R10 094
Pulse2	R8 990	R9 440

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

Addition of new benefit across all benefit options, now sub-rules 1.2.21 on the Beat range, 2.2.20 on the Pace range and 3.2.22 on the Pulse range:

Benefit Options	2021
Beat1 and Beat1 Network (R8 000 per month over 3 months)	R24 000
Beat2 and Beat2 Network (R8 000 per month over 3 months)	R24 000
Beat3 and Beat3 Network (R8 000 per month over 3 months)	R24 000
Beat4 (R8 000 per month over 3 months)	R30 000
Pace1 (R10 000 per month over 3 months)	R30 000

Pace2 (R15 000 per month over 3 months)	R45 000
Pace3 (R15 000 per month over 3 months)	R45 000
Pace4 (R15 000 per month over 3 months)	R45 000
Pulse1 (R8 000 per month over 3 months)	R24 000
Pulse2 (R15 000 per month over 3 months)	R45 000

3.13 Day procedures at a day hospital facility rules 1.2.24 on the Beat range, 2.2.25 on the Pace range and 3.2.25 on the Pulse range:

- Addition of new benefit across all benefit options, where procedures are done in a private hospital, funding shall be at day procedure tariff and may be subject to co-payments.

3.14 Co-payments

Beat range rule 1.2.25

- Endoscopic investigations and specialised diagnostic imaging changes from R3 619 to R3 800 Beat1, Beat1 Network, Beat2 and Beat2 Network.
- Endoscopic investigations changes from R3 619 to R3 800 on Beat3 and Beat3 Network.
- The co-payment on the Beat Network benefit options for the voluntary use of a non-designated Hospital Network changes from R11 309 to R11 874.

Pulse range rule 3.2.26

- A co-payment on all laparoscopic procedures, prostate procedures, prolapsed / incontinence, arthroscopy other than acute trauma and endoscopic investigations for Pulse1 changes from R3 619 to R3 800.
- A co-payment on the Pulse benefit options for the voluntary use of a non-designated Hospital Network changes from R11 309 to R11 874.
- Pulse1 benefit option: a co-payment limit of R500 remains unchanged for specialist visits without a referral by a Pulse1 Network GP or a specialist registered on the Pulse Specialist Network or a PPN network optometrist to a specialist registered on the Pulse Specialist Network and the voluntary use of non-DSPs. The requirement for pre-authorisation has been removed.

3.15 Medicine benefits

3.15.1 Non-CDL medicine benefits

Limit changes on sub-rules 1.3.1 on the Beat range, 2.3.1 on the Pace range and 3.3.1 on the Pulse range, are as follows:

Benefit Options	2020	2021
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Beat3 and Beat3 Network	M = R3 280 and M1+ = R6 673	M = R3 444 and M1+ = R7 006
Beat4	M = R7 204 and M1+ = R14 408	M = R7 564 and M1+ = R15 129
Pace1	M = R6 333 and M1+ = R12 666	M = R6 650 and M1+ = R13 299
Pace2	M = R8 708 and M1+ = R17 416	M = R9 144 and M1+ = R18 287
Pace3	M= R14 046 and M1+ = R28 092	M= R14 749 and M1+ = R29 496
Pace4	M= R18 942 and M1+ = R38 055	M= R19 889 and M1+ = R39 958
Pulse2	M= R6 559 and M1+ = R13 118	M= R6 887 and M1+ = R13 774

3.15.2 Biologicals and other high-cost medicine

Limit changes on sub-rules 1.3.3 on the Beat range, 2.3.3 on the Pace range and 3.3.3 on the Pulse range per beneficiary, are as follows:

Benefit Options	2020	2021
Pace2	R158 221	R166 132
Pace3	R316 652	R332 485
Pace4	R468 645	R492 077
Pulse2	R149 279	R156 743

3.15.3 Acute medicine

Limit changes on sub-rules 1.3.4 on the Beat range, 2.3.4 on the Pace range and 3.3.4 on the Pulse range are as follows:

Benefit Options	2020	2021
Beat4	M = R2 748 and M1+ = R5 552	M = R2 885 and M1+ = R5 830
Pace1	M = R2 240 and M1+ = R4 637	M = R2 352 and M1+ = R4 869
Pace2	M = R4 637 and M1+ = R9 273	M = R4 869 and M1+ = R9 737
Pace3	M= R1 471 and M1+ = R3 619	M= R1 544 and M1+ = R3 800
Pace4	M= R8 482 and M1+ = R13 175	M= R8 906 and M1+ = R13 834
Pulse2	M= R4 354 and M1+ = R8 821	M= R4 572 and M1+ = R9 262

13.5.4 Over-the-counter (OTC) medicine

Limit changes on sub-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 R650 to R683 on the Beat4, Pace1, Pace2 and Pace3 benefit options.
- Limit increase from R368 to R387 on the Pulse1 option.
- Limit increase from R579 to R608 on the Pulse2 option.

3.16 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:

3.16.1 Travel vaccinations

On sub-rules 1.4.3 on the Beat range, 2.4.2 on the Pace range and 3.4.2 on the Pulse range: added to all benefit options except Beat1 and Beat1 Network benefit options.

3.16.2 Female contraceptives

On sub-rules 1.4.5 on the Beat range, 2.4.4 on the Pace range and 3.4.4 on the Pulse range: benefit now applies per beneficiary and limit increase across all benefit options and limit changes from R2 205 to R2 315 across all benefit options.

3.16.3 Mammogram benefit

On rules 3.4.6 on the Pulse range: added to Pulse1 and Pulse2 benefit options.

3.16.4 Tempo Programme:

Maternity benefits – The formulary for antenatal supplements has been enhanced for members registered on the Maternity care programme on the Beat3, Beat4, Pace1, Pace2, Pace3, Pace4, Pulse1 and Pulse2 options. A maximum of R100 per claim, once a month, for a maximum of 9 months can be claimed for any item categorised as a maternity supplement.

3.17 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:

- 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	2020	2021
Beat3, Beat3 Network, Beat4, Pace1 to Pace3 and Pulse2	Consultation – 1 per beneficiary every 24 months.	100% of cost at PPN	100% of cost at PPN
	Spectacle frames	R825	R825
	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 500	R1 565

Benefit Option	Benefit description at PPN providers	2020	2021
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Pace4	Consultation – 1 per beneficiary every 24 months.	100% of cost at PPN	100% of cost at PPN
	Spectacle frames	R825	R825
	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 790	R1 850

Benefit Option	Benefit description at non-PPN providers	2020	2021
Beat3, Beat3 Network, Beat4, Pace1 to Pace3 and Pulse2	Consultation – 1 per beneficiary every 24 months.	R325	R350
	Spectacle frames	R578	R598
	Standard Lenses: - Single vision lenses or - Bifocal lenses or - Multifocal lenses or	R185 R420 R745	R210 R445 R770
	Contact lenses	R1 500	R1 565

Benefit Option	Benefit description at non-PPN providers	2020	2021
Pace4	Consultation – 1 per beneficiary every 24 months.	R325	R350
	Spectacle frames	R578	R598
	Standard Lenses: - Single vision lenses or - Bifocal lenses or - Multifocal lenses or	R185 R420 R745	R210 R445 R770
	Contact lenses	R1 790	R1 850

Benefit Option	Benefit description only at PPN providers	2020	2021
Pulse1	Consultation – 1 per beneficiary every 24 months.	100% of cost at PPN	100% of cost at PPN
	Spectacle frames	R225	R225
	Lenses: standard lenses (i.e. single vision or multifocal lenses) or	100% of cost at PPN	Single vision lenses R210 or

			Multifocal lenses R445
	Contact lenses	R600	R630

3.18 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. Limit changes across all benefit option where an over-all day-to-day limit applies:

Benefit Options	2020	2021
Beat4	M = R12 214 and M1+ = R24 427	M = R12 824 and M1+ = R25 649
Pace1	M = R10 382 and M1+ = R20 763	M = R10 901 and M1+ = R21 801
Pace2	M = R14 656 and M1+ = R29 313	M = R15 389 and M1+ = R30 779
Pace3	M= R18 321 and M1+ = R37 863	M= R19 237 and M1+ = R39 756
Pace4	M= R34 153 and M1+ = R55 075	M= R35 861 and M1+ = R57 829
Pulse2	M= R13 854 and M1+ = R27 537	M= R14 546 and M1+ = R28 914

3.18.1 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	2020	2021
Beat4	M = R3 110 and M1+ = R5 541	M = R3 265 and M1+ = R5 818
Pace1	M = R2 138 and M1+ = R4 297	M = R2 245 and M1+ = R4 512
Pace2 and Pace3	M = R4 185 and M1+ = R8 482	M = R4 394 and M1+ = R8 906
Pace4	M= R5 372 and M1+ = R8 708	M= R5 640 and M1+ = R9 144

3.18.2 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. Limit changes from 2020 R341.90 to R359 for 2021.

3.18.3 Out-of-network or casualty visits sub-rule 3.6.3 on the Pulse range limit changes per family, are as follows.

Benefit Options	2020	2021
Pulse1	R1 357	R1 425
Pulse2	R1 471	R1 544

3.18.4 Specialist visits sub-rule 3.6.4 on the Pulse range limit changes are as follows:

Benefit Options	2020	2021
Pulse1	M = R1 131 and M1+ = R1 697	M = R1 187 and M1+ = R1 782
Pulse2	M = R3 054 and M1+ = R5 881	M = R3 207 and M1+ = R6 175

3.18.5 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 Beat range limit changes are as follows:

Benefit Options	2020	2021
Beat4	M = R5 381 and M1+ = R10 808	M = R5 650 and M1+ = R11 349
Pace1	M = R3 934 and M1+ = R7 985	M = R4 131 and M1+ = R8 384
Pace2	M = R6 596 and M1+ = R13 192	M = R6 926 and M1+ = R13 852
Pace3	M = R7 107 and M1+ = R13 250	M = R7 463 and M1+ = R13 912
Pace4	M= R11 861 and M1+ = R20 020	M= R12 454 and M1+ = R21 021
Pulse2	M= R6 955 and M1+ = R8 821	M= R7 303 and M1+ = R9 262

3.18.6 Medical aids, apparatus and appliances including wheelchairs and hearing aids sub-rules 1.6.4 on the Beat range, 2.6.4 on the Pace range and 3.6.6 on the Pulse range, limit changes are as follows:

Benefit Options	2020	2021
Beat4	Medical aids, apparatus and appliances (limit includes wheelchairs and hearing aids) R10 970 per family	Medical aids, apparatus and appliances (limit includes wheelchairs and hearing aids) R11 519 per family
Pace1	Medical aids, apparatus and appliances (limit includes wheelchairs and hearing aids) R10 970 per family	Medical aids, apparatus and appliances (limit includes wheelchairs) R11 519 per family
		Hearing aids R8 000 per family per 24 months
Pace2	Medical aids, apparatus and appliances R9 952 per family	Medical aids, apparatus and appliances R10 450 per family
	Wheelchairs R13 458 per family per 48 months	Wheelchairs R14 131 per family per 48 months
	Hearing aids R27 425 per beneficiary per 24 months	Hearing aids R28 796 per beneficiary per 24 months
Pace3	Medical aids, apparatus and appliances R9 952 per family	Medical aids, apparatus and appliances R10 450 per family

	Wheelchairs R13 458 per family per 48 months	Wheelchairs R14 131 per family per 48 months
	Hearing aids R30 874 per beneficiary per 24 months	Hearing aids R32 418 per beneficiary every 24 months
Pace4	Medical aids, apparatus and appliances R9 952 per family	Medical aids, apparatus and appliances (limit includes insulin pump consumables) R10 450 per family
	Wheelchairs R13 458 per family	Wheelchairs R14 131 per family per 48 months
	Hearing aids R34 379 per family	Hearing aids R36 098 per beneficiary per 24 months
	Insulin pump R40 000 per beneficiary	Insulin pump R42 000 per beneficiary every 24 months
Pulse2	Medical aids, apparatus and appliances R9 839 per family	Medical aids, apparatus and appliances R10 331 per family
	Wheelchairs R12 666 per family	Wheelchairs R13 299 per family per 48 months
	Hearing aids R27 368 per family	Hearing aids R28 736 per beneficiary per 24 months

3.18.7 Supplementary services sub-rules 1.6.5 on the Beat range, 2.6.5 on the Pace range and 3.6.7 on the Pulse range limit changes are as follows:

Benefit Options	2020	2021
Beat4	M = R4 750 and M1+ = R9 647	M = R4 987 and M1+ = R10 129
Pace1	M = R4 195 and M1+ = R8 708	M = R4 405 and M1+ = R9 144
Pace2	M = R5 260 and M1+ = R10 574	M = R5 523 and M1+ = R11 102
Pace3	M = R2 556 and M1+ = R5 372	M = R2 684 and M1+ = R5 640
Pace4	M= R5 372 and M1+ = R10 574	M= R5 640 and M1+ = R11 102
Pulse2	M= R4 071 and M1+ = R8 086	M= R4 275 and M1+ = R8 490

3.18.8 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 limit changes per family, are as follows:

Benefit Options	2020	2021
Beat1, Beat1 Network, Beat2, Beat2 Network, Beat3 and Beat3 Network	R3 359	R3 527

Beat4	R4 750	R4 987
Pace1	R3 450	R3 622
Pace2	R6 559	R6 887
Pace3	R10 178	R10 687
Pace4	R13 118	R13 774
Pulse2	R9 500	R9 975

3.18.9 Basic radiology and pathology sub-rules 1.6.7 on the Beat range, 2.6.7 on the Pace range and 3.6.9 on the Pulse range, limit changes are as follows:

Benefit Options	2020	2021
Beat4	M = R3 110 and M1+ = R6 333	M = R3 265 and M1+ = R6 650
Pace1 and Pace2	M = R3 110 and M1+ = R6 220	M = R3 265 and M1+ = R6 531
Pace3	M = R3 393 and M1+ = R6 729	M = R3 562 and M1+ = R7 065
Pace4	M= R5 372 and M1+ = R10 574	M= R5 640 and M1+ = R11 102

3.18.10 Specialised diagnostic imaging on sub-rules 1.6.8 on the Beat range, 2.6.8 on the Pace range and 3.6.10 on the Pulse range limit changes per family, are as follows:

Benefit Options	2020	2021
Beat1, Beat1 Network, Beat2 and Beat2 Network	R5 089	R5 343
Beat3 and Beat3 Network	R10 688	R11 223
Beat4	R16 172	R16 981
Pace1	R13 911	R14 606

4. PERSONAL MEDICAL SAVINGS ACCOUNT AND VESTED MEDICAL SAVINGS ACCOUNT – ANNEXURE B.4 FROM 1 JANUARY 2021

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

Benefit Options	2020 PMSA gross annual contributions	2021 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 Over-the-counter (OTC) medicine without a set limit – self-payment gap

The provision for a base limit of R650 changed to R683 (before the self-payment gap can be triggered) added on sub-rules 4.1.17.2.1 and 4.1.17.2.2.1.

5. CHANGES TO THE GENERAL EXCLUSIONS FROM 1 JANUARY 2021

Co-payment for voluntary use of non-DSP hospital changed from R11 309 to R11 874.

6. CHANGES TO THE PRESCRIBED MINIMUM BENEFITS (PMBs) FROM 1 JANUARY 2021

No changes other than the cosmetic changes of the benefit year on the document from 2020 to 2021.

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 2021 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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