

BESTMED SUMMARY OF RULE CHANGES FOR 2023

The changes for 2023 on the Substantive Rules and Annexures, approved and registered by the Registrar of the Council for Medical Schemes (CMS) with effect from 1 January 2023, are summarised below.

1. CHANGES TO THE SUBSTANTIVE RULES FROM 1 JANUARY 2023

- 1.1 Percentage change on the current Rule 4.65 definition of “Scheme tariff” from 155.33% to 169.87%.

2. CHANGES TO THE SUBSCRIPTION TABLES FROM 1 JANUARY 2023

- 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 8.5%.
- 2.2 Kindly note that the 2023 increase on the Beat3 Network and Rhythm2 benefit options will only be applied with effect from 1 February 2023.

3. CHANGES TO THE BENEFIT OPTIONS FROM 1 JANUARY 2023

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 Rhythm 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 Addition of provision of co-payment of R2 500 on day procedures at a private hospital on all benefit options.

3.3 Hospital, hospital-related benefits and other major medical expenses

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

3.3.1 Beat range co-payments

- The co-payment on the Beat Network benefit options for the voluntary use of a non-designated hospital network changes from R12 373 to R13 078.

3.3.2 Rhythm range co-payments

- The co-payment on the Rhythm benefit options for the voluntary use of a non-designated hospital network changes from R12 373 to R13 078.

3.4 Biological medicine during hospitalisation

Limit increases to the Beat, Pace1 and Rhythm2 benefit options that do not have biologicals and other high-cost medicine limits.

3.5 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 R33 655 to R35 573.

3.6 Dental / Oral / Jaw surgery

3.6.1 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 Rhythm range, per family, are as follows:

Benefit options	2022	2023
Beat2 and Beat2 Network	R5 471	R5 782
Beat3 and Beat3 Network	R8 414	R8 893
Beat4	R10 518	R11 117
Pace1	R8 414	R8 893
Pace2	R13 982	R14 779
Pace3	R17 570	R18 571
Pace4	R21 034	R22 233

Addition to the Beat2 and Beat2 Network benefit options of the following dental surgical procedures to be performed in the doctor's rooms only for beneficiaries over seven years old to be paid from the medical savings account:

- Surgical extractions of teeth / roots / impactions / failed implants;
- Surgical drainage of dental abscess;
- Alveolectomy / alveolotomy (preparatory surgery for dental prosthesis);
- Root canal related surgery.

3.6.2 Major medical maxillofacial surgery benefit

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

Benefit options	2022	2023
Beat3 and Beat3 Network	R13 487	R14 256
Beat4	R13 735	R14 518
Pace1	R13 610	R14 386

3.7 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 Rhythm range, and sub-rules for the “Prosthesis – Internal”, “Prosthesis – External” and “Exclusions on joint replacement surgery for non-PMB conditions”.

3.7.1 Prosthesis – Internal

- Limit changes on sub-rule 1.2.10.1 for the Beat range are as follows:

Benefit options	Benefit description	2022	2023
Beat1, Beat1 Network, Beat2 and Beat2 Network Sub-limits per beneficiary	Overall limit per family	R82 158	R86 841
	Vascular	R32 792	R50 000
	Pacemaker dual chamber	R44 791	R47 344
	Spinal including artificial disk	R32 792	R34 661
	Drug-eluting stents	PMBs and DSP products only	PMBs and DSP products only
	Mesh	R11 508	R12 164
	Gynaecology / Urology	R9 404	R9 940
	Lens implants	R7 176	R7 585
	Functional	R14 698	R31 000

Benefit options	Benefit description	2022	2023
Beat3 and Beat3 Network Sub-limits per beneficiary	Overall limit per family	R83 025	R87 757
	Vascular	R32 913	R60 000
	Pacemaker dual chamber	R44 791	R47 344
	Spinal including artificial disk	R32 913	R34 789
	Drug-eluting stents	PMBs and DSP products only	PMBs and DSP products only
	Mesh	R11 567	R12 227
	Gynaecology / Urology	R9 553	R10 098

	Lens implants	R7 176	R7 585
	Functional	R14 699	R32 000

Benefit option	Benefit description	2022	2023
Beat4 Sub-limits per beneficiary	Overall limit per family	R101 345	R107 122
	Vascular	R35 017	R65 000
	Pacemaker dual chamber	R58 649	R61 992
	Spinal including artificial disk	R35 017	R37 013
	Drug-eluting stents	R19 674	R20 795
	Mesh	R12 992	R13 733
	Gynaecology / Urology	R9 528	R10 071
	Lens implants	R7 424	R7 847
	Functional	R17 694	R34 000

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

Benefit option	Benefit description	2022	2023
Pace1 Sub-limits per beneficiary	Overall limit per family	R94 036	R99 396
	Vascular	R34 273	R65 000
	Pacemaker dual chamber	R58 526	R61 862
	Spinal including artificial disk	R34 273	R36 227
	Drug-eluting stents	PMBs and DSP products only	PMBs and DSP products only
	Mesh	R12 868	R13 602
	Gynaecology / Urology	R9 280	R9 809
	Lens implants	R7 053	R7 455
	Functional	R16 890	R34 000

Benefit option	Benefit description	2022	2023
Pace2 Sub-limits per beneficiary	Overall limit per family	R120 762	R127 646
	Vascular	R45 286	R65 000
	Pacemaker dual chamber	R65 268	R68 989
	Spinal including artificial disk	R60 542	R63 993
	Drug-eluting stents	R19 797	R20 926
	Mesh	R19 797	R20 926
	Gynaecology / Urology	R14 786	R15 628

	Lens implants	R12 695	R13 419
	Hip prosthesis and other major joints	R54 380	R57 479
	Knee prosthesis	R63 103	R66 700
	Minor joints	R23 447	R24 783
	Functional	R18 374	R36 000

Benefit option	Benefit description	2022	2023
Pace3 Sub-limits per beneficiary	Overall limit per family	R121 381	R128 300
	Vascular	R45 410	R69 000
	Pacemaker dual chamber	R65 268	R68 989
	Spinal including artificial disk	R60 657	R64 115
	Drug-eluting stents	R19 797	R20 926
	Mesh	R19 797	R20 926
	Gynaecology / Urology	R14 848	R15 694
	Lens implants	R12 695	R13 419
	Hip prosthesis and other major joints	R54 442	R57 545
	Knee prosthesis	R63 413	R67 027
	Minor joints	R23 447	R24 783
	Functional	R19 797	R36 000

Benefit option	Benefit description	2022	2023
Pace4 Sub-limits per beneficiary	Overall limit per family	R140 064	R148 048
	Vascular	R51 967	R69 000
	Pacemaker dual chamber	R65 268	R68 989
	Spinal including artificial disk	R70 038	R74 030
	Drug-eluting stents	R23 324	R24 653
	Mesh	R20 539	R21 710
	Gynaecology / Urology	R16 952	R17 918
	Lens implants	R18 770	R19 840
	Hip prosthesis and other major joints	R62 670	R66 243
	Knee prosthesis	R72 569	R76 705
	Minor joints	R23 324	R24 653
	Functional	R20 539	R40 000

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

Benefit option	Benefit description	2022	2023
Rhythm1 and Rhythm2 Sub-limits per beneficiary	Overall limit per family	R55 309	R58 461
	Vascular	R27 406	R50 000
	Pacemaker dual chamber	R44 791	R47 344
	Spinal including artificial disk	R27 406	R28 968
	Drug-eluting stents	PMBs and DSP products only	PMBs and DSP products only
	Mesh	R10 023	R10 594
	Gynaecology / Urology	R8 278	R8 750
	Lens implants	R5 755	R6 083
	Functional	R11 755	R31 000

3.7.2 Prosthesis – External

The benefit is available per family only on the Beat4, Pace1, Pace2, Pace3 and Pace4 benefit options limit changes are as follows:

Benefit options	2022	2023
Beat4	R24 376	R25 765
Pace1	R23 881	R25 242
Pace2	R28 458	R30 080
Pace3	R28 583	R30 212
Pace4	R32 295	R34 135

3.7.3 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, Rhythm1 and Rhythm2 benefit options only. Limit changes are as follows:

Benefit options	Benefit description	2022	2023
Beat1, Beat1 Network, Beat2 and Beat2 Network	Hip prosthesis and other major joints	R34 522	R36 489
	Knee prosthesis	R42 564	R44 990
	Minor joints	R13 240	R13 995

Benefit options	Benefit description	2022	2023
Beat3 and Beat3 Network	Hip prosthesis and other major joints	R34 769	R36 751
	Knee prosthesis	R43 022	R45 474
	Minor joints	R13 240	R13 995

Benefit option	Benefit description	2022	2023
Beat4	Hip prosthesis and other major joints	R36 007	R38 059
	Knee prosthesis	R47 835	R50 562
	Minor joints	R14 698	R15 536

Benefit option	Benefit description	2022	2023
Pace1	Hip prosthesis and other major joints	R34 892	R36 881
	Knee prosthesis	R46 400	R49 045
	Minor joints	R14 415	R15 237

Benefit option	Benefit description	2022	2023
Rhythm1 and Rhythm2	Hip prosthesis and other major joints	R28 088	R29 689
	Knee prosthesis	R35 512	R37 536
	Minor joints	R13 301	R14 059

3.8 Medically necessary breast reduction surgery

Sub-rule 2.2.11 on the Pace4 benefit option. Limit changes from R50 000 to R52 850 per family.

3.9 Orthopaedic and medical appliances during hospitalisation

Sub-rule 3.2.11 on the Rhythm2 benefit option. Limit changes from R6 806 to R7 194 per family.

3.10 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 R38 294 to R40 476.

3.11 Refractive surgery

Limit changes on rules 1.2.19 for the Beat range and 2.2.21 for the Pace range are as follows:

Benefit options	2022	2023
Beat3 and Beat3 Network	R8 661	R9 155
Beat4	R9 775	R10 333
Pace1	R9 354	R9 887
Pace2	R9 774	R10 331
Pace3 and Pace4	R10 518	R11 117

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

Limit changes on rules 1.2.22 on the Beat range, 2.2.24 on the Pace range and 3.2.22 on the Rhythm range:

Benefit options	2022	2023
Beat1, Beat1 Network, Beat2, Beat2 Network, Beat3, Beat3 Network and Rhythm2	R60 000	R63 420
Beat4	R90 000	R95 130
Pace1	R75 000	R79 275
Pace2, Pace3 and Pace4	R120 000	R126 840

3.13 International emergency medical cover

Cosmetic change of wording to help simplify the benefits provided for international emergency medical cover service provider Europ Assistance SA on all benefit options.

3.14 Day procedures at a day hospital facility

- Addition of co-payment of R2 500 for voluntary use of private hospital for day procedures on all benefit options.
- Addition of nine non-PMB procedures to be conducted at a limit of R50 000 per family per financial year at a day hospital on the Rhythm1 benefit option.

3.15 Co-payments

Beat range rule 1.2.26

- The co-payment on the Beat Network benefit options for the voluntary use of a non-designated hospital network changes from R12 373 to R13 078.

Rhythm range rule 3.2.26

- The co-payment on the Rhythm benefit option for the voluntary use of a non-designated hospital network changes from R12 373 to R13 078.

3.16 Medicine benefits

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 Rhythm range. Limit changes are as follows:

Benefit options	2022	2023
Beat3 and Beat3 Network	M = R3 589 and M1+ = R7 301	M = R3 793 and M1+ = R7 716

Beat4	M = R7 882 and M1+ = R15 764	M = R8 331 and M1+ = R16 663
Pace1	M = R6 929 and M1+ = R13 858	M = R7 324 and M1+ = R14 648
Pace2	M = R9 528 and M1+ = R19 055	M = R10 000 and M1+ = R20 000
Pace3	M= R15 368 and M1+ = R30 735	M= R15 368 and M1+ = R30 735
Pace4	M= R20 724 and M1+ = R41 636	M= R21 905 and M1+ = R44 009

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 Rhythm range

- Biological medicine will be split from high-cost medicine benefits on all benefit options.
- Biological medicine limit changes are as follows:

Benefit options	2022	2023
Pace2	R173 110	R182 977
Pace3	R346 449	R366 197
Pace4	R512 744	R541 971

3.16.3 Acute medicine

Rules 1.3.5 on the Beat range, 2.3.5 on the Pace range and 3.3.5 on the Rhythm range. Limit changes are as follows:

Benefit options	2022	2023
Beat4	M = R3 006 and M1+ = R6 075	M = R3 178 and M1+ = R6 421
Pace1	M = R2 451 and M1+ = R5 074	M = R2 591 and M1+ = R5 363
Pace2	M = R5 074 and M1+ = R10 146	M = R3 000 and M1+ = R6 000
Pace3	M= R1 609 and M1+ = R3 960	M= R2 000 and M1+ = R4 500
Pace4	M= R9 280 and M1+ = R14 415	M= R9 809 and M1+ = R15 237

3.16.4 Over-the-counter (OTC) medicine

Rules 1.3.6 on the Beat range, 2.3.6 on the Pace range and 3.3.6 on the Rhythm range are as follows:

- Limit increase from R1 000 to R1 057 on the Beat4, Pace1, Pace2 and Pace3 benefit options.
- Limit increase from R600 to R634 on the Rhythm2 benefit option.

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 Rhythm range. Changes includes, *inter alia*, the following sub-rules:

3.17.1 Female contraceptives

On rules 1.4.6 on the Beat range, 2.4.6 on the Pace range and 3.4.6 on the Rhythm range:

- Removal of specific product name to use rather the type of device to be covered on all benefit options.
- Limit increase across all benefit options and limit changes from R2 412 to R2 550 across all benefit options.
- Addition of cover for insertion of IUD (consultation and procedure) for Beat4 and all the Pace range benefit options.

3.17.2 Tempo wellness programme

Tempo wellness programme benefits changes, allowing for both physical and virtual consultations, as well as the removal of the group classes mentioned.

3.17.3 Maternity benefits

- Removal of the lactation consultation with a registered nurse or lactation specialist on all benefit options.
- Limit increase from R120 to R127 for the maternity supplement benefit on the Beat3, Beat4, Pace1, Pace2, Pace3, Pace4 and Rhythm2 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 Rhythm range:

- Limit changes will be indicated on applicable benefit options.
- Removal of optometry benefit on Beat3 and Beat3 Network benefit options for these to be funded from available medical savings account.
- Addition of benefits for a non-DSP on Rhythm2 benefit option.

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 Rhythm range. Limit changes across all benefit options, where an overall day-to-day limit applies:

Benefit options	2022	2023
Beat4	M = R13 363 and M1+ = R26 726	M = R14 125 and M1+ = R28 249
Pace1	M = R11 359 and M1+ = R22 717	M = R12 007 and M1+ = R24 012
Pace2	M = R16 036 and M1+ = R32 071	M = R15 000 and M1+ = R30 000
Pace3	M= R20 045 and M1+ = R41 425	M= R20 045 and M1+ = R41 425
Pace4	M= R37 367 and M1+ = R60 258	M= R39 497 and M1+ = R63 693

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 Rhythm range. Limit changes are as follows:

Benefit options	2022	2023
Beat4	M = R3 403 and M1+ = R6 063	M = R3 597 and M1+ = R6 408
Pace1	M = R2 339 and M1+ = R4 702	M = R2 472 and M1+ = R4 970
Pace2 and Pace3	M = R4 579 and M1+ = R9 280	M = R4 579 and M1+ = R9 280
Pace3	M = R4 579 and M1+ = R9 280	M = R4 840 and M1+ = R9 809
Pace4	M= R5 877 and M1+ = R9 528	M= R6 212 and M1+ = R10 071

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

Limit increase on the Pace3 benefit option from R20 000 to R21 140 and on the Pace4 benefit option from R25 000 to R26 425.

3.19.3 Out-of-network or casualty visits

Sub-rule 3.6.4 on the Rhythm2 benefit option. Limit changes from R1 485 to R1 569.

3.19.4 Specialist visits sub-rule 3.6.5 on the Rhythm range. Limit changes are as follows:

Benefit options	2022	2023
Rhythm2	M = R1 500 and M1+ = R2 500	M = R1 586 and M1+ = R2 643

3.19.5 Basic and specialised dentistry sub-rules 1.6.3 on the Beat range, 2.6.4 on the Pace range and 3.6.6 on the Rhythm range. Limit changes are as follows:

Benefit options	2022	2023
Beat4	M = R5 887 and M1+ = R11 825	M = R6 223 and M1+ = R12 499
Pace1	M = R4 305 and M1+ = R8 736	M = R4 550 and M1+ = R9 234
Pace2	M = R7 217 and M1+ = R14 433	M = R7 628 and M1+ = R15 256
Pace3	M = R7 776 and M1+ = R14 497	M = R8 219 and M1+ = R15 323
Pace4	M= R12 977 and M1+ = R21 903	M= R13 717 and M1+ = R23 152

3.19.6 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 3.6.7 on the Rhythm range. Limit changes are as follows:

Benefit options	2022	2023
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Beat4	Medical aids, apparatus and appliances (limit includes wheelchairs) R12 003 per family	Medical aids, apparatus and appliances (limit includes wheelchairs) R12 687 per family
	Hearing aids and/or repairs R11 000 per family per 24 months, no longer subject to savings or day-to-day limit	Hearing aids and/or repairs R11 627 per family per 24 months, no longer subject to savings or subject to day-to-day limit
Pace1	Medical aids, apparatus and appliances (limit includes wheelchairs) R12 003 per family	Medical aids, apparatus and appliances (limit includes wheelchairs) R12 687 per family
	Hearing aids and/or repairs R8 336 per family per 24 months, no longer subject to day-to-day limit	Hearing aids R8 811 per family per 24 months
Pace2	Medical aids, apparatus and appliances R10 888 per family	Medical aids, apparatus and appliances R11 509 per family
	Wheelchairs R14 725 per family per 48 months	Wheelchairs R15 564 per family per 48 months
	Hearing aids R30 005 per beneficiary per 24 months	Hearing aids R31 716 per beneficiary per 24 months
Pace3	Medical aids, apparatus and appliances R10 888 per family	Medical aids, apparatus and appliances R11 509 per family
	Wheelchairs R14 725 per family per 48 months	Wheelchairs R15 564 per family per 48 months
	Hearing aids R33 779 per beneficiary every 24 months	Hearing aids R35 705 per beneficiary every 24 months
Pace4	Medical aids, apparatus and appliances (limit includes insulin pump consumables) R10 888 per family	Medical aids, apparatus and appliances (limit includes insulin pump consumables) R11 509 per family
	Wheelchairs R14 725 per family per 48 months	Wheelchairs R15 564 per family per 48 months
	Hearing aids R37 614 per beneficiary per 24 months	Hearing aids R39 758 per beneficiary per 24 months
	Insulin pump R43 764 per beneficiary every 24 months	Insulin pump R46 259 per beneficiary every 24 months

3.19.7 Supplementary services sub-rules 1.6.5 on the Beat range, 2.6.6 on the Pace range and 3.6.8 on the Rhythm range.

- Added proviso for a benefit to pay for PMB conditions on the Rhythm1 benefit option.
- Limit changes are as follows:

Benefit options	2022	2023
Beat4	M = R5 197 and M1+ = R10 555	M = R5 493 and M1+ = R11 156
Pace1	M = R4 590 and M1+ = R9 528	M = R4 852 and M1+ = R10 071
Pace2	M = R5 755 and M1+ = R11 569	M = R3 500 and M1+ = R7 000
Pace3	M = R2 797 and M1+ = R5 877	M = R2 956 and M1+ = R6 212
Pace4	M= R5 877 and M1+ = R11 569	M= R6 212 and M1+ = R12 228

3.19.8 Wound care benefit sub-rules 1.6.6 on the Beat range, 2.6.7 on the Pace range and 3.6.9 on the Rhythm range.

- Added proviso for a benefit to pay for PMB conditions on the Rhythm1 benefit option.
- Limit changes are as follows:

Benefit options	2022	2023
Beat1, Beat1 Network, Beat2, Beat2 Network, Beat3 and Beat3 Network	R3 675	R3 885
Beat4	R5 197	R5 493
Pace1	R3 774	R3 989
Pace2	R7 176	R7 176
Pace3	R11 136	R10 000
Pace4	R14 353	R15 171

3.19.9 Basic radiology and pathology sub-rules 1.6.7 on the Beat range, 2.6.8 on the Pace range and 3.6.10 on the Rhythm range. Limit changes are as follows:

Benefit options	2022	2023
Beat4	M = R3 402 and M1+ = R6 929	M = R3 596 and M1+ = R7 324
Pace1 and Pace2	M = R3 402 and M1+ = R6 806	M = R3 596 and M1+ = R7 194
Pace3	M = R3 712 and M1+ = R7 362	M = R3 924 and M1+ = R7 781
Pace4	M= R5 877 and M1+ = R11 569	M= R6 212 and M1+ = R12 228

3.19.10 Specialised diagnostic imaging on sub-rules 1.6.8 on the Beat range, 2.6.9 on the Pace range and 3.6.11 on the Rhythm range. Limit changes are as follows:

Benefit options	2022	2023
Beat1, Beat1 Network, Beat2 and Beat2 Network	R5 567	R5 885
Beat3 and Beat3 Network	R11 694	R12 361
Beat4	R17 694	R18 703
Pace1	R15 220	R16 087

4. PERSONAL MEDICAL SAVINGS ACCOUNT AND VESTED MEDICAL SAVINGS ACCOUNT – ANNEXURE B.4 FROM 1 JANUARY 2023

4.1 Change of the percentage on the Beat3 and Beat3 Network benefit options from 16% to 15%:

4.2 Self-payment gap base limit before the self-payment gap is triggered changed from R1 000 to R1 057.

Benefit options	2022 PMSA gross annual contributions	2023 PMSA gross annual contributions
Beat2 and Beat2 Network	16%	16%
Beat3 and Beat3 Network	16%	15%
Beat4	14%	14%
Pace1	19%	19%
Pace2	14%	14%
Pace3	14%	14%
Pace4	3%	3%

5. CHANGES TO THE GENERAL EXCLUSIONS FROM 1 JANUARY 2023

5.1 Co-payment for voluntary use of non-DSP hospitals changed from R12 373 to R13 078.

5.2 Addition of provision of co-payment of R2 500 on day procedures at a private hospital on all benefit options.

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 2023 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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