



BEAT2

Benefit
Summary
2020



BEAT2 OPTION

HOSPITAL PLAN (WITH SAVINGS)

Recommended for? You and/or your partner are young and starting to take on the world! You believe that prevention is better than cure. You also understand that life can be unpredictable. Even though extensive hospital cover (at private hospitals) is all you need you could also do with savings account access for general day-to-day benefits.

Contribution range (Network choice available)

R1 976 - Principal member	
R1 534 - Adult dependant	
R 832 - Child dependant	
R1 778 - Principal member	(Network option)
R1 381 - Adult dependant	(Network option)
R 748 - Child dependant	(Network option)

Savings Account/ Day-to-day Benefits Savings account available. Limited day-to-day benefits are available.

Value Benefits Preventative care benefits.
Contraceptive benefit.
Wound care benefit.
Preventative dentistry.

Over-the-counter Savings account.

Not recommended for? Older individuals and families requiring more cover for day-to-day expenses and certain diseases. The Pace range will be more beneficial to suit your needs.

Method of benefit payment

On the Beat2 option in-hospital services are paid from Scheme risk and out-of-hospital services are paid from the savings account. Some preventative care services are available from the Scheme risk benefit.

Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs, this will not affect your savings.

Network option

- Beat1, 2 and 3 also offer you the decision to lower your monthly contribution in the form of a Network option.
- The Network option provides you with a list of designated hospitals for you to use and also saves on your monthly contribution.
- The Non-Network option provides you with access to any hospital of your choice. This is the standard option.
- Please refer to the contributions table.

In-hospital benefits

Note:

- All in-hospital benefits referred to in the section below require pre-authorisation.
- Clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- Should a member voluntarily choose not to make use of a hospital forming part of a hospital network for the Beat Network benefit option a maximum co-payment of R11 309 shall apply for the voluntary use of a non-designated service provider.

MEDICAL EVENT

Accommodation (hospital stay) and theatre fees

SCHEME BENEFIT

100% Scheme tariff.
DSP specialist network applicable if the network option is chosen.

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 R30 760 per beneficiary.
Subject to network facilities.

Consultations and procedures

100% Scheme tariff.
DSP specialist network applicable if the network option is chosen.

Surgical procedures and anaesthetics

100% Scheme tariff.

Organ transplants

100% Scheme tariff. (Only PMBs.)

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

MEDICAL EVENT

Major medical maxillo-facial surgery strictly related to certain conditions

Dental and oral surgery

SCHEME BENEFIT

PMBs only at DSP day hospitals.

Qualifying PMB procedures only at DSP day hospitals. Pulp procedures, extractions and restorations in DSP day hospitals (only disabled beneficiaries and beneficiaries aged 0 – 7 years) – limited to R5 000 per family.

Prosthesis
(Subject to preferred provider, otherwise limits and co-payments apply)

100% Scheme tariff.
Limited to R75 092 per family.

Prosthesis – Internal
Note: Sub-limit subject to the prosthesis limit.

Sub-limits per beneficiary:

- *Functional limited to R13 434 Pacemaker (dual chamber) R40 939
- Vascular R29 971
- Endovascular and catheter base procedures - no benefit
- Spinal R29 971
- Artificial disc - no benefit
- Drug-eluting stents - PMBs and DSP products only
- Mesh R10 518
- Gynaecology/Urology R8 595
- Lens implants R6 559 per lens per eye

*Functional: Item utilised towards treating or supporting a bodily function.

Prosthesis – External

No benefit (PMBs only).

Exclusions
Limits and co-payments applicable.
Preferred provider network available.

Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits:

- Hip replacement and other major joints R31 553
- Knee replacement R38 903
- Other minor joints R12 101

MEDICAL EVENT

Orthopaedic and medical appliances

SCHEME BENEFIT

100% Scheme tariff.

Pathology

100% Scheme tariff.

Basic radiology

100% Scheme tariff.

Specialised diagnostic imaging

100% Scheme tariff.
Subject to co-payments.

Oncology

PMBs only at DSPs.

Peritoneal dialysis and haemodialysis

PMBs only at DSPs.

Confinements (Birthing)

100% Scheme tariff.

Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)

No benefit (PMBs only).

HIV / AIDS

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

Midwife-assisted births

100% Scheme tariff.

Supplementary services

100% Scheme tariff.

Alternatives to hospitalisation

100% Scheme tariff.

Emergency evacuation

Services rendered by ER24.

International travel cover

Up to R10 million and a maximum of 90 days. Services rendered by Bryte Insurance and managed by ER24.

Co-payments

Co-payment of R3 619 on all endoscopic investigations and specialised diagnostic imaging if done in a private hospital. Any other facility, no co-payment.



Out-of-hospital benefits

Note:

- Benefits that follow may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).
- Most out-of-hospital expenses, such as visits to a Family Practitioner (FP) or Specialist, are paid from your savings account.
- Should you not use all of the funds available in your savings account these funds will be transferred into your savings account at the beginning of the following financial year.
- Members choosing the Network option are required to make use of Scheme-contracted service providers.

MEDICAL EVENT

SCHEME BENEFIT

FP and Specialist consultations

Savings account.
FP and Specialist consultations only at Bestmed DSPs at network tariffs.

Diabetes primary care consultation

100% of Scheme tariff subject to registration with HaloCare.
2 primary care consultations at Dis-Chem Pharmacies limited to R341.90 per consultation.

Basic and specialised dentistry

Basic: Preventative benefit or savings account.
Specialised: Savings account.
Orthodontic: Subject to pre-authorisation.

Medical aids, apparatus and appliances

Savings account.

Supplementary services

Savings account.





MEDICAL EVENT

Wound care benefit (incl. dressings and negative pressure wound therapy NPWT treatment and related nursing services - out-of-hospital)

SCHEME BENEFIT

100% Scheme tariff.
Limited to R3 359 per family.

Optometry benefit
(PPN capitation provider)

Savings account.

Basic radiology and pathology

Savings account.

Specialised diagnostic imaging
(Excluding PET Scans)

100% Scheme tariff.
Limited to R5 089 per family

Oncology

PMBs only at DSPs.

HIV / AIDS

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

Peritoneal dialysis and
haemodialysis

PMBs only at DSPs.

Rehabilitation services after
trauma

Savings account.

Note:

- Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).
- Members choosing the Network option are required to make use of Scheme-contracted pharmacies to obtain their medicine.

BENEFIT DESCRIPTION

SCHEME BENEFIT

CDL and PMB chronic medicine

100% Scheme tariff. Co-payment of 40% for non-formulary medicine.

Non-CDL chronic medicine

No benefit.

Biologicals and other high-cost medicine

PMBs only as per funding protocol. Subject to pre-approval.

Acute medicine

Savings account.

Over-the-counter (OTC) medicine

Savings account.



Chronic Conditions List

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 22 Parkinson's disease

CDL

CDL 23 Rheumatoid arthritis

CDL 24 Schizophrenia

CDL 25 Systemic lupus erythematosus (SLE)

CDL 26 Ulcerative colitis

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 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



Preventative Care benefits

Note:

Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers, 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.
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 205 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). For serious spinal and/or back problems that may require 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.
HPV vaccinations	Females 9-26 years old.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
Mammogram	Females 40 years and older.	Once every 24 months.	Scheme tariff is applicable.
Preventative dentistry	Refer to Preventative Dentistry section for details.		

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
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 account.
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 account.
<p>Tempo Programme (Wellness)</p> <p>Note: Completing your Health Risk Assessment (HRA) unlocks the other Tempo benefits.</p> <p>One parent must complete their HRA in order to unlock assessments for beneficiaries younger than 18.</p>	<p>Individual Health Risk Assessments (Adults aged 18 and older) – Biometric screening and lifestyle questionnaire to be completed at a network pharmacy or onsite at selected employers (1 per year).</p> <p>Child dependant assessments</p> <ul style="list-style-type: none"> • Ages 13-17 years: Assessment done by a contracted biokineticist (wellness network provider) – 1 per beneficiary per year. • Ages 3-12 years: Assessment done by a contracted occupational therapist (wellness network provider) – 1 per beneficiary per year. • Ages 0-2 years: Baby growth and development assessments done at a contracted pharmacy clinic – 3 assessments per year. <p>Family assessments - nutrition</p> <ul style="list-style-type: none"> • Family nutritional assessment done at a contracted dietician (wellness network provider) – 1 per family per year. <p>Fitness and nutritional interventions (beneficiaries 18 and older, pre-approval required)</p> <ul style="list-style-type: none"> • 3 individualised consultations per year at a contracted biokineticist (wellness provider network). • 3 individualised consultations per year at a contracted dietician (wellness provider network). 		
Maternity benefits	<p>100% Scheme tariff. Subject to the following benefits:</p> <p>Consultations: 6 antenatal consultations at a FP OR gynaecologist OR midwife.</p> <p>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.</p>		

Disclaimer: General and option-specific exclusions apply. Please refer to www.bestmed.co.za for more details.



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.

After registering on this programme and going for a Health Risk Assessment (HRA) you will receive:

- A welcome pack containing an informative pregnancy book about the stages of pregnancy.
- Discount vouchers.
- A beautiful baby bag. (Sent by month 5 of your pregnancy. You will receive an SMS.)
- Various baby items.
- Access to a 24-hour medical advice line.
- Benefits through each phase of your pregnancy.

How to register:

Send an e-mail to maternity@bestmed.co.za or call us on 012 472 6243. Please include your contact details (postal/delivery addresses), your medical scheme number and your expected delivery date in the e-mail. Go for a Health Risk Assessment (HRA) at any network pharmacy to finalise your registration.

Abbreviations

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); DSP = Designated Service Providers; FP = Family Practitioner or Doctor; MRP = Mediscor Reference Price; NPWT = Negative Pressure Wound Therapy.

Preventative dentistry

Note:

Services mentioned below may be subject to pre-authorisation, clinical protocols and funding guidelines.

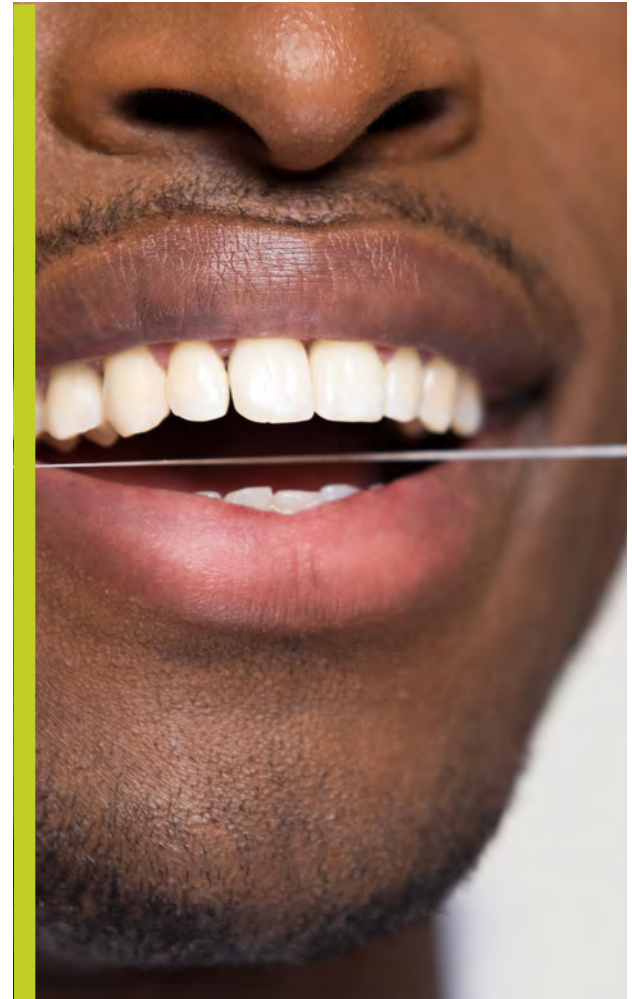
DESCRIPTION OF SERVICE	AGE	FREQUENCY
General full-mouth examination by a general dentist (incl. gloves and use of sterile equipment for the visit)	Above 12 years. Under 12 years.	Once a year. Twice a year.
Full-mouth intra-oral radiographs	All ages.	Once every 36 months.
Intra-oral radiograph	All ages.	2 x 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.

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Contributions

	NON-NETWORK/ NETWORK	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	NN	R1 660	R1 289	R699
	N	R1 494	R1 160	R628
Savings amount	NN	R316	R245	R133
	N	R284	R221	R120
Total monthly contribution	NN	R1 976	R1 534	R832
	N	R1 778	R1 381	R748

*You only pay for a maximum of four children. All other children can join as beneficiaries of the Scheme free of charge.





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012 472 6500



www.bestmed.co.za



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HOSPITAL AUTHORISATION

Tel: 080 022 0106

E-mail: authorisations@bestmed.co.za

CHRONIC MEDICINE

Tel: 086 000 2378

E-mail: medicine@bestmed.co.za

Fax: 012 472 6760

CLAIMS

Tel: 086 000 2378

E-mail: service@bestmed.co.za (queries)
claims@bestmed.co.za (claim submissions)

MATERNITY CARE

Tel: 012 472 6243

E-mail: 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
E-mail: 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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