Benefit Summary 2021

PULSE2

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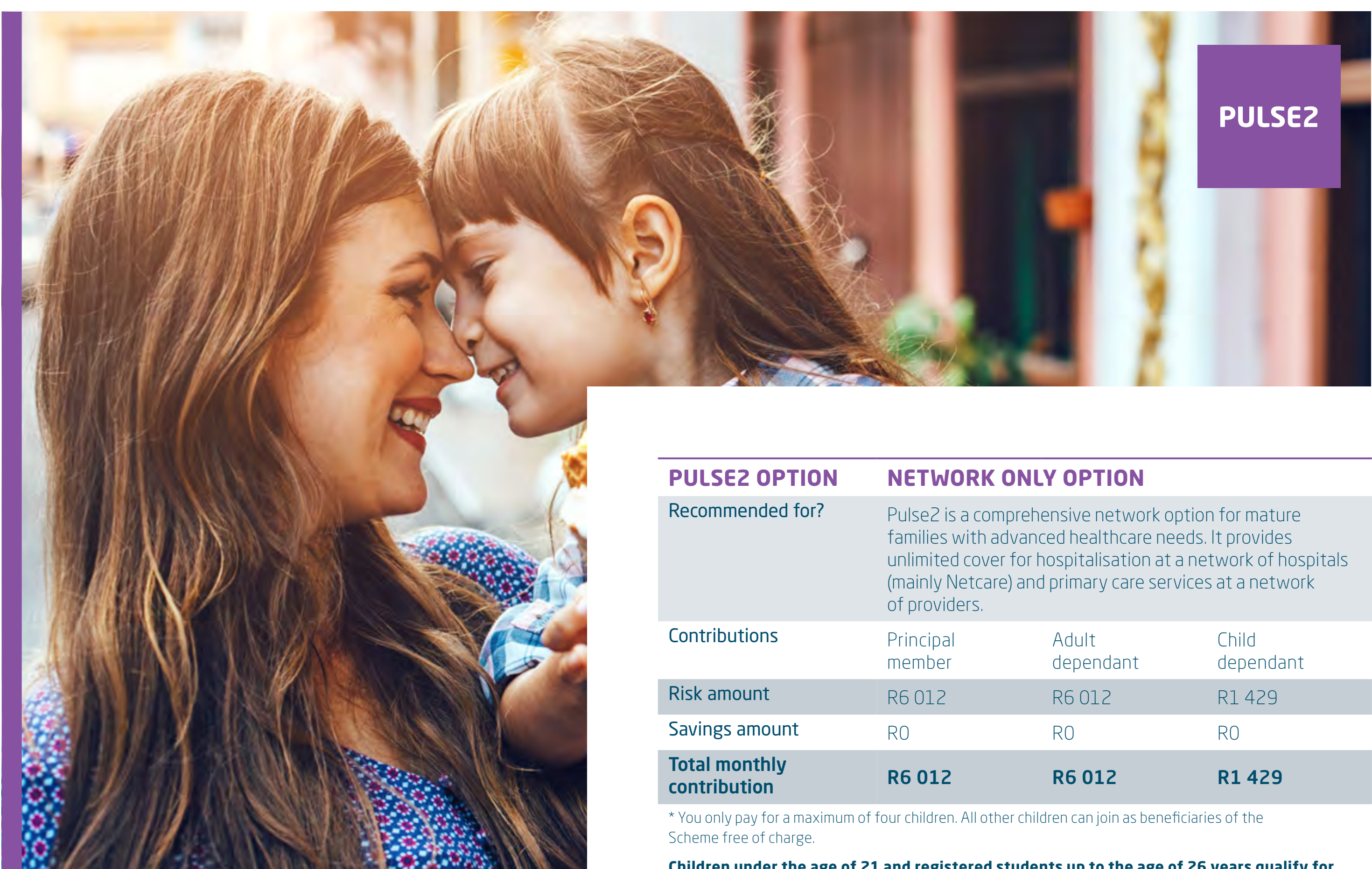


PULSE2 OPTION	NETWORK ONLY OPTION		
Recommended for?	Pulse2 is a comprehensive network option for mature families with advanced healthcare needs. It provides unlimited cover for hospitalisation at a network of hospitals (mainly Netcare) and primary care services at a network of providers.		
Contributions	Principal member	Adult dependant	Child dependant
Risk amount	R6 012	R6 012	R1 429
Savings amount	R0	R0	R0
Total monthly contribution	**R6 012**	**R6 012**	**R1 429**

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

Children under the age of 21 and registered students up to the age of 26 years qualify for child dependant rates.

PULSE2 OPTION	NETWORK ONLY OPTION
Savings account/Day-to-day benefits	Day-to-day benefits are available. No savings account available.
Value benefits	Preventative care. Family Practitioner (FP) and Specialist consultations. Optometry. Dentistry.
Over-the-counter medicine	Available.

Method of benefit payment

On the Pulse2 option in-hospital services are paid from Scheme risk benefit. The Bestmed Pulse2 network covers most out-of-hospital services. Some day-to-day services and preventative care services are available from the Scheme risk benefit.

Pulse2 members must make use of the Pulse Specialist DSP network.

Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs.

In-hospital benefits

Please familiarise yourself with the Designated Service Providers (DSPs) and networks for this option. This includes Pulse Specialist DSPs and DSP hospitals. Hospital costs will be covered unlimited at the Scheme negotiated tariff at the Bestmed Pulse hospital network as listed on the website.

Members are required to obtain pre-authorisation for all planned procedures at least 14 (fourteen) days before the event. However, in the case of an emergency, the member, their representative or the hospital must notify Bestmed of the member's hospitalisation as soon as possible or on the first working day after admission to hospital.

The DSP hospital network consists of all Netcare hospitals in South Africa. In areas where there are no Netcare hospitals other hospitals are contracted as DSPs.

Please refer to the Bestmed website on www.bestmed.co.za for a list of the DSP hospitals.

Voluntary use of a non-DSP hospital (except in the case of an emergency) will result in a co-payment of up to R11 874 for the member's account.

Process for hospital authorisation:

- The FP must refer the member to a Pulse Specialist DSP should a specialist consultation be required.
- Should the Pulse Specialist DSP indicate that hospitalisation is required the member needs to contact Bestmed on 080 022 0106 for pre-authorisation. Bestmed will only authorise admissions to contracted DSP hospitals.

Emergency admittance in a non-DSP hospital:

- Should a member be admitted for an emergency condition to a non-DSP hospital, Bestmed will require the patient to be stabilised in that non-DSP hospital.
- As soon as the patient is stabilised he/she will be transferred to the closest DSP hospital by ER24.
- Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).

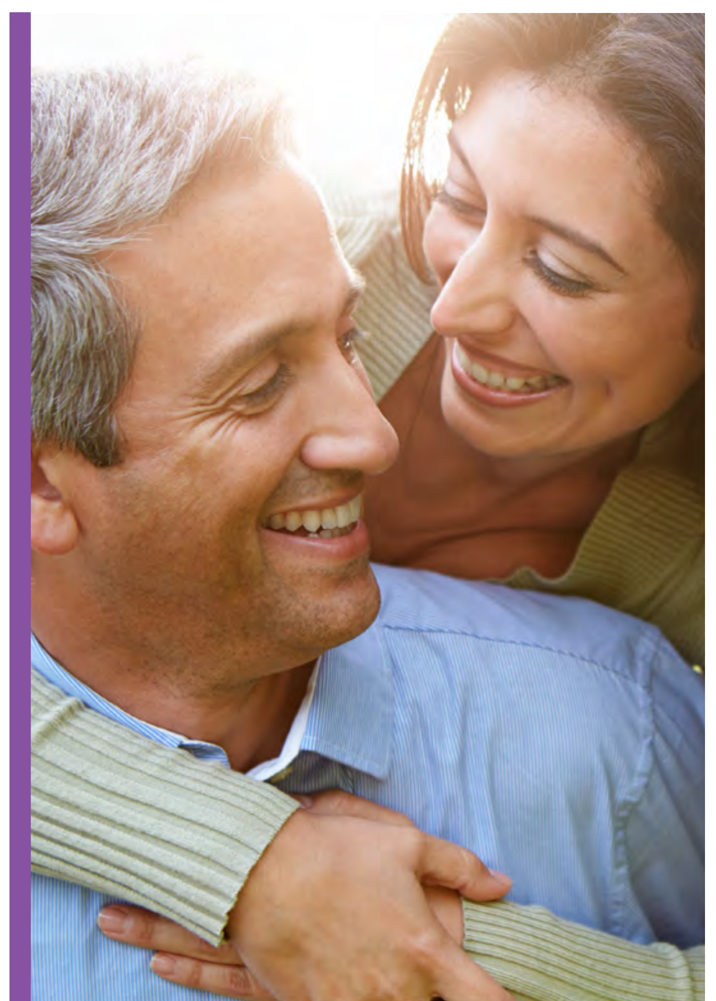
MEDICAL EVENT	SCHEME BENEFIT
Accommodation (hospital stay) and theatre fees	100% Scheme tariff at a Designated Service Provider (DSP) hospital.
Take-home medicine	100% Scheme tariff. Limited to 7 days' medicine.
Treatment in mental health clinics	100% Scheme tariff. Limited to 21 days per beneficiary.
Treatment of chemical and substance abuse	100% Scheme tariff. Limited to 21 days or R32 299 per beneficiary. Subject to network facilities.
Consultations and procedures	100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff.
Organ transplants	100% Scheme tariff. (PMBs only)
Major medical maxillo-facial surgery strictly related to certain conditions	100% Scheme tariff.
Dental and oral surgery (In- or out of hospital)	100% Scheme tariff.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R106 277 per family.

MEDICAL EVENT	SCHEME BENEFIT

Prosthesis - Internal
Note: Sub-limit subject to the overall annual prosthesis limit.
 	
*Functional: Items utilised towards treating or supporting a bodily function
	Sub-limits per beneficiary:
	• *Functional R17 634
	• Vascular R41 086
	• Pacemaker (dual chamber) R55 692
	• Spinal R41 086
	• Artificial disc R18 049
	• Drug-eluting stents R18 049
	• Mesh R18 049
	• Gynaecology/Urology R13 419
	• Lens implants R11 519 a lens per eye
	• Joint replacements:
	    • Hip replacement and other major joints R49 160.
	    • Knee replacement R57 413.
	    • Minor joints R21 374.

Prosthesis - External	Limit of R25 649 per family. DSPs apply. Includes artificial limbs limited to 1 limb every 60 months.
Orthopaedic and medical appliances	100% Scheme tariff.
Pathology	100% Scheme tariff.
Basic radiology	100% Scheme tariff.
Specialised diagnostic imaging (Including MRI scans, CT scans, isotope studies and PET scans)	100% Scheme tariff.
Oncology	Oncology programme. 100% of Scheme tariff. DSP applies.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Confinements (Birthing)	100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
Mammary surgery on the unaffected (non-cancerous) breast of a breast cancer patient	100% Scheme tariff for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) on the unaffected (non-cancerous) breast of a breast cancer patient. The benefit is limited to R36 750 and is subject to pre-authorisation.
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	100% Scheme tariff. Limited to R9 440 per eye.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSP.
Midwife-assisted births	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
Palliative care and home-based care in lieu of hospitalisation	100% Scheme tariff, limited to R45 000 per annum. Subject to available benefit, pre-authorisation and treatment plan.
Emergency evacuation	Services rendered by ER24.
Day procedures at a day-hospital facility	Day procedures at a day-hospital facility funded at 100% Scheme tariff. Subject to pre-authorisation. DSPs apply for PMBs
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 up to R11 874 per event for voluntary use of a non-DSP hospital.



Out-of-hospital benefits

- Most out-of-hospital benefits are paid at 100% Scheme tariff.

Bestmed Pulse Specialist DSP Network

- All members must use the Bestmed Pulse Specialist DSP Network as the contracted Designated Service Provider (DSP).
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- The list of providers can be obtained by logging onto the secure website via www.bestmed.co.za. Alternatively members can contact Bestmed to obtain the contact information of the closest Pulse Specialist DSP.

MEDICAL EVENT	SCHEME BENEFIT
Overall day-to-day limit	M = R14 546, M1+ = R28 914.
FP consultations	Unlimited FP consultations.
Diabetes primary care consultation	100% of Scheme tariff subject to registration with HaloCare. 2 primary care consultations at Dis-Chem Pharmacies limited to R360 per consultation subject to day-to-day limit.
Specialist consultations (includes minor procedures done in specialist rooms and all consumables used) Subject to Bestmed Pulse Specialist DSP.	100% Scheme tariff. Limited to M = R3 207, M1+ = R6 175. (Subject to overall day-to-day limit.) Referral by an FP is required for Specialist consultations. Protocol and clinical funding guidelines.
Casualty visits: Reimbursement/refunds are subject to Bestmed Pulse2 protocols.	• Limited to R1 544 per family per year. • Basic radiology and pathology that falls within formulary if received as a result of the casualty visit will be paid from this limit. • Member to pay for the visit up front and then claim back from the Scheme by completing a reimbursement form.

MEDICAL EVENT	SCHEME BENEFIT
Basic and specialised dentistry	100% Scheme tariff. Limited to a sub-limit of M = R7 303 and M1+ = R 9 262. (Subject to the day-to-day overall limit). Only at Bestmed Pulse dental network providers in accordance with the Pulse2 list of approved codes. Subject to Bestmed Pulse2 protocols.
Medical aids, apparatus and appliances	100% Scheme tariff. Limited to R10 331 per family. Includes repairs to artificial limbs.
Wheelchairs	Limited to R13 299 per family per 48 months.
Hearing aids	Limited to R28 736 per beneficiary per 24 months at DSP. Pre-approval required, Subject to quotation, motivation and audiogram.
Supplementary services (Services rendered by dieticians, chiropractors, homeopaths, orthoptists, acupuncturists, speech therapists, audiologists, occupational therapists, chiropodists, biokineticists, psychologists and social workers)	100% Scheme tariff. Limited to M = R4 275, M1+ = R8 490. (Subject to overall day-to-day limit)
*Basic radiology and pathology	In accordance with the Pulse2 network protocols and approved basic radiology and pathology codes/tests. (Subject to overall day-to-day limit).
Specialised diagnostic imaging (including isotope studies)	MRI/CT scans: Maximum of 3 scans per beneficiary. PET scan: 1 scan per beneficiary. Subject to pre-authorisation.
Wound care benefit (incl. dressings, negative pressure wound therapy (NPWT) treatment and related nursing services - out-of-hospital)	100% Scheme tariff. Limited to R9 975 per family.

MEDICAL EVENT	SCHEME BENEFIT
Optometry benefit (PPN capitation provider)	Benefits available every 24 months from date of service. Network Provider (PPN) • Consultation - 1 per beneficiary. • Frame = R825 covered **AND** • 100% of cost of standard lenses (single vision **OR** bifocal **OR** multifocal) **OR** • Contact lenses = R1 565 **OR** Non-network Provider • Consultation - R350 fee at non-network provider • Frame = R598 **AND** • Single vision lenses = R210 **OR** • Bifocal lenses = R445 **OR** • Multifocal lenses = R770 • In lieu of glasses members can opt for contact lenses, limited to R1 565
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Oncology	Oncology programme. 100% of Scheme tariff. DSP applies.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Rehabilitation services after trauma	No benefit.

*Please ensure that your required radiology or pathology codes/tests are covered under the Pulse2 benefits, as you will be liable for payment of codes/tests not covered.

Medicine

Note:

- Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).
- Members will not incur co-payments for PMB medications that are on the formulary for which there is no generic alternative.
- Approved PMB Biological and Non-PMB Biological medicine costs will be paid from the Biological limit first. Once the limit is depleted, only PMB Biological medicine costs will continue to be paid unlimited from Scheme risk.
- As this is a network option, members are required to make use of Scheme-contracted pharmacies to obtain their medicine.

*Please note that approved Chronic Disease List (CDL), Prescribed Minimum Benefit (PMB) and non-Chronic Disease List (non-CDL) chronic medicine costs will be paid from the non-CDL limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk.

BENEFIT DESCRIPTION	SCHEME BENEFIT
CDL and PMB chronic medicine*	100% Scheme tariff. Unlimited. Must be prescribed by a network provider and obtained from a network pharmacy. Co-payment of 25% for non-formulary medicine.
Non-CDL chronic medicine*	16 conditions. 90% of Scheme tariff. Limited to M = R6 887, M1+ = R13 774. Must be prescribed by a network provider and obtained from a network pharmacy. Co-payment of 20% for non-formulary medicine.
Biologicals and other high-cost medicine	100% Scheme tariff. Limited to R156 743 per beneficiary.
Acute medicine	100% Scheme tariff. Limited M = R4 572, M1+ = R9 262. (Subject to overall day-to-day limit) Must be prescribed by a network provider and obtained from a network pharmacy.
Over-the-counter (OTC) medicine	Limited to R608 per family. Subject to preferred provider network pharmacy. Includes suncreen, vitamins and minerals with nappi codes on Scheme formulary.

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 23	Rheumatoid arthritis
CDL 24	Schizophrenia
CDL 25	Systemic lupus erythematosus (SLE)
CDL 26	Ulcerative colitis

NON-CDL

Non-CDL 1	Acne - severe
Non-CDL 2	Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)
Non-CDL 3	Allergic rhinitis
Non-CDL 4	Eczema - severe
Non-CDL 5	Migraine prophylaxis
Non-CDL 6	Gout prophylaxis
Non-CDL 7	Major depression
Non-CDL 8	Obsessive compulsive disorder
Non-CDL 9	Osteoporosis
Non-CDL 10	Psoriasis
Non-CDL 11	Urinary incontinence
Non-CDL 12	Paget's disease
Non-CDL 13	Gastro oesophageal reflux disease (GORD)
Non-CDL 14	Osteoarthritis
Non-CDL 15	Alzheimer's disease
Non-CDL 16	Neuropathy

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 mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Flu vaccines	All ages.	1 per beneficiary per year.	Flu vaccine via Bestmed Network Pharmacy or FP.
Pneumonia vaccines	Children <2 years. High-risk adult group.	Children: As per schedule of the Department of Health. Adults: Twice in a lifetime with booster above 65 years of age.	Adults: Bestmed will identify certain high-risk individuals who will be advised by the Scheme to be immunised.
Travel vaccines	All ages.	Quantity and frequency depending on product up to the maximum allowed amount.	Mandatory travel vaccines for typhoid, yellow fever, tetanus, meningitis, hepatitis and cholera from Scheme risk benefits.
Paediatric immunisations	Babies and children.	Funding for all paediatric vaccines according to the state-recommended programme.	
Female contraceptives	All females of child-bearing age.	Quantity and frequency depending on product up to the maximum allowed amount. Mirena device - 1 device every 60 months.	Limited to R2 315 per beneficiary per year. Includes all items classified in the category of female contraceptives.
HPV vaccinations	Females 9-26 years of age.	3 x vaccinations per beneficiary	Vaccinations will be funded at MRP.
Back and neck preventative programme	All ages.	Subject to pre-authorisation.	Preferred providers (DBC/Workability Clinics). This is a preventative programme with the objective of preventing back and neck surgery. The Scheme may identify appropriate participants. Based on the first assessment, a rehabilitation treatment plan is drawn up and initiated over an uninterrupted period that will be specified by the provider. Use of this programme is in lieu of surgery.
Mammogram (tariff code 34100)	Females 40 years and older.	Once every 24 months.	Must be referred by FP or Pulse Specialist DSP.

PREVENTATIVE CARE BENEFIT

Bestmed Tempo wellness programme Note: Completing your Health Assessment (previously HRA) unlocks the other Bestmed Tempo benefits. One parent must complete their Health Assessment (previously HRA) in order to unlock assessments for beneficiaries younger than 18.	The Bestmed Tempo wellness programme is focused on supporting you on your path to improving your health and realising the rewards that come with it. To ensure you achieve this, you will have access to the following benefits: Bestmed Tempo Health Assessment (previously HRA) for adults (beneficiaries 18 and older) which includes one of each of the following per year per adult beneficiary: • The Bestmed Tempo lifestyle questionnaire • Blood pressure check • Cholesterol check • Glucose check • HIV screening • Height, weight and waist circumference These assessments need to be done at a contracted pharmacy or on-site at participating employer groups. Bestmed Tempo Child Health Assessments: • Ages 13-17 years: Assessment performed by a Bestmed Tempo partner biokineticist (1 per beneficiary per year) • Ages 3-12 years: Assessment performed by a Bestmed Tempo partner occupational therapist (1 per beneficiary per year) • Ages 0-2 years: Baby growth and development assessments done at a Bestmed Tempo partner pharmacy clinic – 3 assessments per beneficiary per year Bestmed Tempo Nutrition Assessment: • Family nutritional assessment at a Bestmed Tempo partner dietitian (1 assessment per family per year). Bestmed Tempo Fitness and Nutrition programmes (beneficiaries 18 and older): • 3 personalised consultations with a Bestmed Tempo partner biokineticist • 3 personalised consultations with a Bestmed Tempo partner dietitian Bestmed Tempo Group Classes: • A range of group classes throughout the year to help encourage and support a healthier lifestyle regardless of your age or health status
Maternity benefits	100% Scheme tariff. Subject to the following benefits: **Consultations**: • 9 antenatal consultations at a FP **OR** gynaecologist **OR** midwife. • 1 post-natal consultation at a FP **OR** gynaecologist **OR** midwife. **Ultrasounds:** • 1 x 2D ultrasound scan at 1st trimester (between 10 to 12 weeks) at a FP **OR** gynaecologist **OR** radiologist. • 1 x 2D ultrasound scan at 2nd trimester (between 20 to 24 weeks) at a FP **OR** gynaecologist **OR** radiologist. **Supplements:** • Any item categorised as a maternity supplement can be claimed up to a maximum of R100 per claim, once a month, for a maximum of 9 months.

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.

Members need to register on the Bestmed Maternity care programme as soon as they receive confirmation of their pregnancy by means of a pathology test and/or scan from your family practitioner or gynaecologist. After you complete your registration, a consultant will contact you. If your pregnancy is associated with risks, the information will be forwarded to Bestmed's case managers who will contact you to help monitor your progress.

Please note that registering on the Maternity care programme does not confirm any other maternity benefits nor does it provide authorisation for the delivery as these benefits are subject to the Scheme's rules and underwriting. To enquire about these benefits please contact service@bestmed.co.za.

How to register:

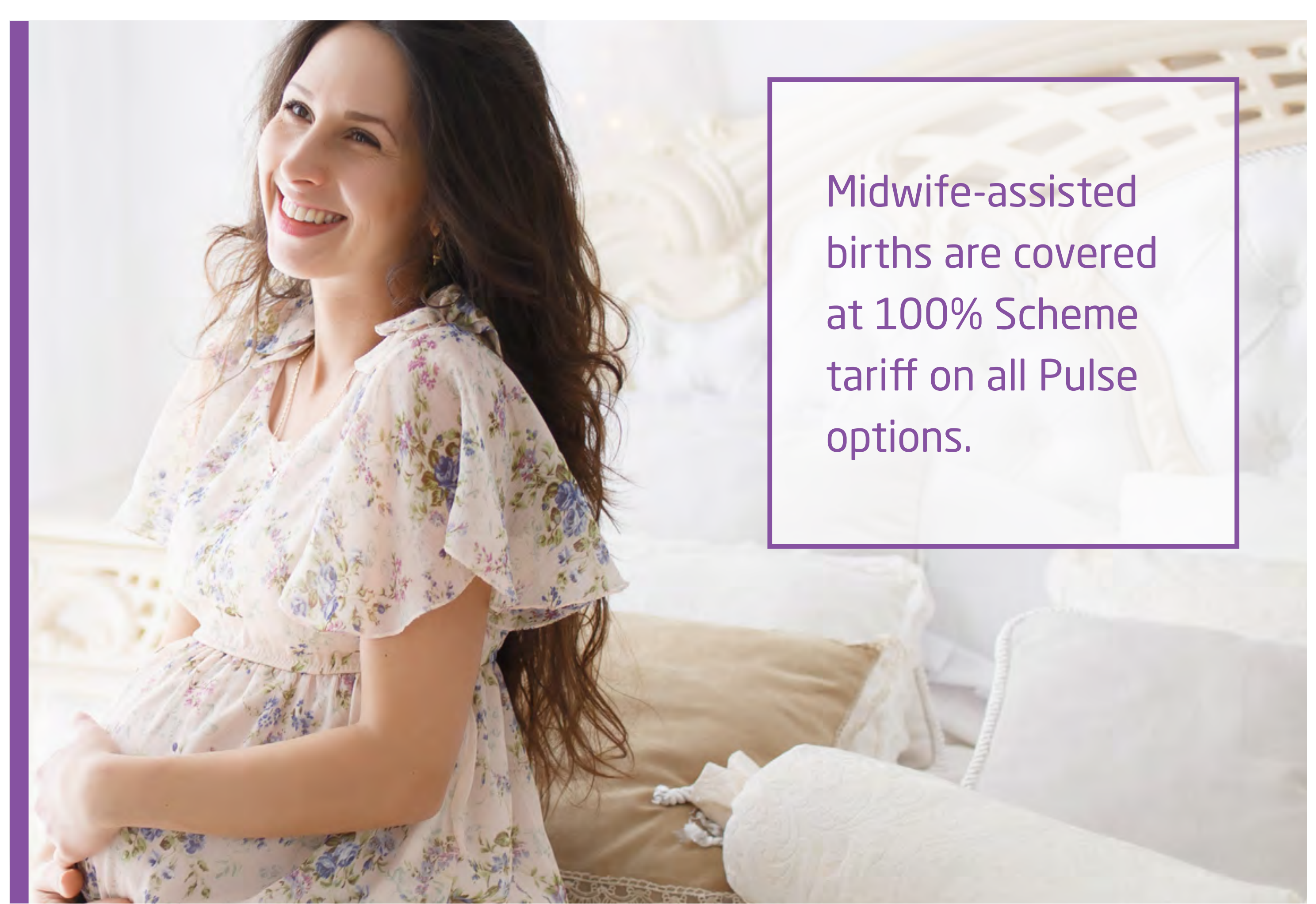
Send an email to maternity@bestmed.co.za or call us on 012 472 6797. Please include your medical scheme number and your expected delivery date in the email.

After registering on this programme you will receive:

- A welcome pack containing an informative pregnancy book about the stages of pregnancy.
- Maternity/baby gift. The selection form will be sent to you after the 12th week of your pregnancy.
- Access to a 24-hour medical advice line.
- Benefits through each phase of your pregnancy.

Abbreviations

ADD/ADHD = Attention deficit disorder/Attention deficit hyperactivity disorder; CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); DSP = Designated Service Provider; GORD = Gastro oesophageal reflux disease; FP = Family Practitioner or Doctor; M = Member; M1+ = Member and family; MRI/CT Scans = Magnetic Resonance Imaging/Computed Tomography Scans; MRP = Mediscor Reference Price; NP = Network Provider; NPWT = Negative Pressure Wound Therapy; OCD = Obsessive compulsive disorder; PET Scan = Positron Emission Tomography Scan, PMB = Prescribed Minimum Benefits.


Midwife-assisted births are covered at 100% Scheme tariff on all Pulse options.

086 000 2378

service@bestmed.co.za

012 472 6500

www.bestmed.co.za

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Email: medicine@bestmed.co.za
Fax: 012 472 6760

CLAIMS
Tel: 086 000 2378
Email: service@bestmed.co.za (queries)
claims@bestmed.co.za (claim submissions)

MATERNITY CARE
Tel: 012 472 6797
Email: maternity@bestmed.co.za

WALK-IN FACILITY
Block A, Glenfield Office Park,
361 Oberon Avenue, Faerie Glen,
Pretoria, 0081, South Africa

POSTAL ADDRESS
PO Box 2297, Arcadia,
Pretoria, 0001, South Africa

ER24
Tel: 084 124

INTERNATIONAL TRAVEL INSURANCE (BRYTE INSURANCE)
Tel: 0860 329 329 (RSA only) during office hours / 084 124 after hours
Email: er24@brytesa.com
Claims: travelclaims@brytesa.com

BESTMED HOTLINE, OPERATED BY KPMG
Should you be aware of any fraudulent, corrupt or unethical practices involving Bestmed, members, service providers or employees, please report this anonymously to KPMG.

Hotline: 080 111 0210 toll-free from any Telkom line

Hotfax: 080 020 0796

Hotmail: fraud@kpmg.co.za

Postal: KPMG Hotpost, at BNT 371,
PO Box 14671, Sinoville,
0129, South Africa

For a more detailed overview of your benefit option and to receive a membership guide please contact service@bestmed.co.za.

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Please visit www.bestmed.co.za for the complete liability and responsibility disclaimer for Bestmed Medical Scheme as well as the latest Scheme Rules.

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