



## Comparative Guide 2021

1 151

REGISTERED  
MOMS ON  
THE BESTMED  
MATERNITY  
PROGRAMME

7 799

MEMBERS REGISTERED ON  
THE BESTMED DIABETIC  
PROGRAMME

2 130

MEMBERS DID  
FREE HEALTH  
RISK ASSESSMENTS

5 077

MEMBERS REGISTERED ON  
THE BESTMED HIV/AIDS  
PROGRAMME

203 332

APPROXIMATE NUMBER  
OF LIVES COVERED

5 509

MEMBERS ON  
THE BESTMED  
ONCOLOGY  
PROGRAMME

967

BESTMED  
BABIES BORN

ALL DATA AS AT 31 JULY 2020

## PERSONALLY YOURS

- Why do so many people choose Bestmed?
- All you need to know about Bestmed Tempo

## BEAT

- Method of Scheme benefit payment
- In-hospital benefits
- Out-of-hospital benefits
- Medicine
- Preventative care benefits
- Contributions

## PACE

- Method of Scheme benefit payment
- In-hospital benefits
- Out-of-hospital benefits

- 3 ■ Medicine 15
- 3 ■ Preventative care benefits 16
- 4 ■ Contributions 17

## 5 PULSE 17

- 6 ■ Method of Scheme benefit payment 18
- 6 ■ In-hospital benefits 18
- 8 ■ Out-of-hospital benefits 19
- 9 ■ Medicine 20
- 10 ■ Preventative care benefits 21
- 11 ■ Contributions 21
- When do co-payments apply? 22
- Out-of-hospital radiology and ultrasounds per option 22

## 12 CHRONIC DISEASE LIST 23

14



## + Why do so many people choose Bestmed?



### Relevancy is the new currency

- Bestmed has **13 structured plans** designed to suit every life stage and pocket.
- **No automatic self-payment gaps** on any option.
- **Excellent preventative care benefits** on all options, including pneumonia and flu vaccines, female contraceptives, paediatric immunisations, a back and neck preventative programme, HPV vaccinations for females 9 to 26 years old, and a mammogram every 24 months for females older than 40.
- Students are eligible for **child dependant rates up to 26 years of age**.
- **Extensive maternity benefits**, including a maternity care programme.
- **Disease management support programmes** include diabetes (HaloCare), oncology and HIV/AIDS programmes.



### Excellence that is Personally Yours

- Bestmed has been **offering medical aid for 56 years**.
- Bestmed is the **largest self-administered scheme** which means that administration costs are less than our competitors.
- We are the **fourth largest open medical scheme** in the country.
- **Single digit increases** over 3 consecutive years.
- Four of our options have been selected as the **best performers within the South African medical scheme market** (2018 GTC Medical Aid Survey).
- Bestmed has been voted **third on the client service satisfaction benchmark** by the Ask Afrika Orange Index 2019.
- Bestmed has a **strong solvency ratio of 35.4%** as at 31 December 2019.
- **203 332 lives** under Bestmed's care.



### An extensive service provider network

- **More than 4 200 family practitioners** in Bestmed's network.
- **More than 2 600 specialists** on Bestmed's network.
- **More than 15 800 network provider** agreements.
- **Country-wide geographical network coverage**.



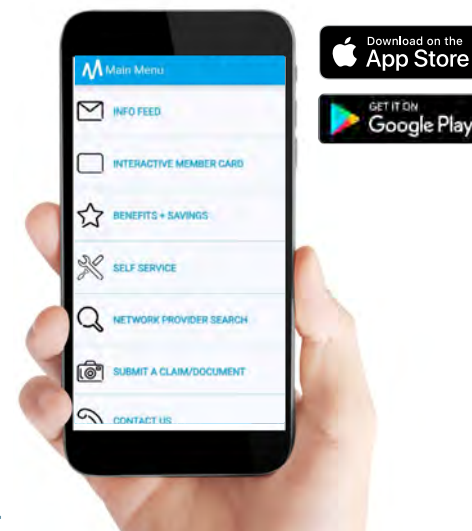
### A leading health and wellness programme, Bestmed Tempo, at no additional cost

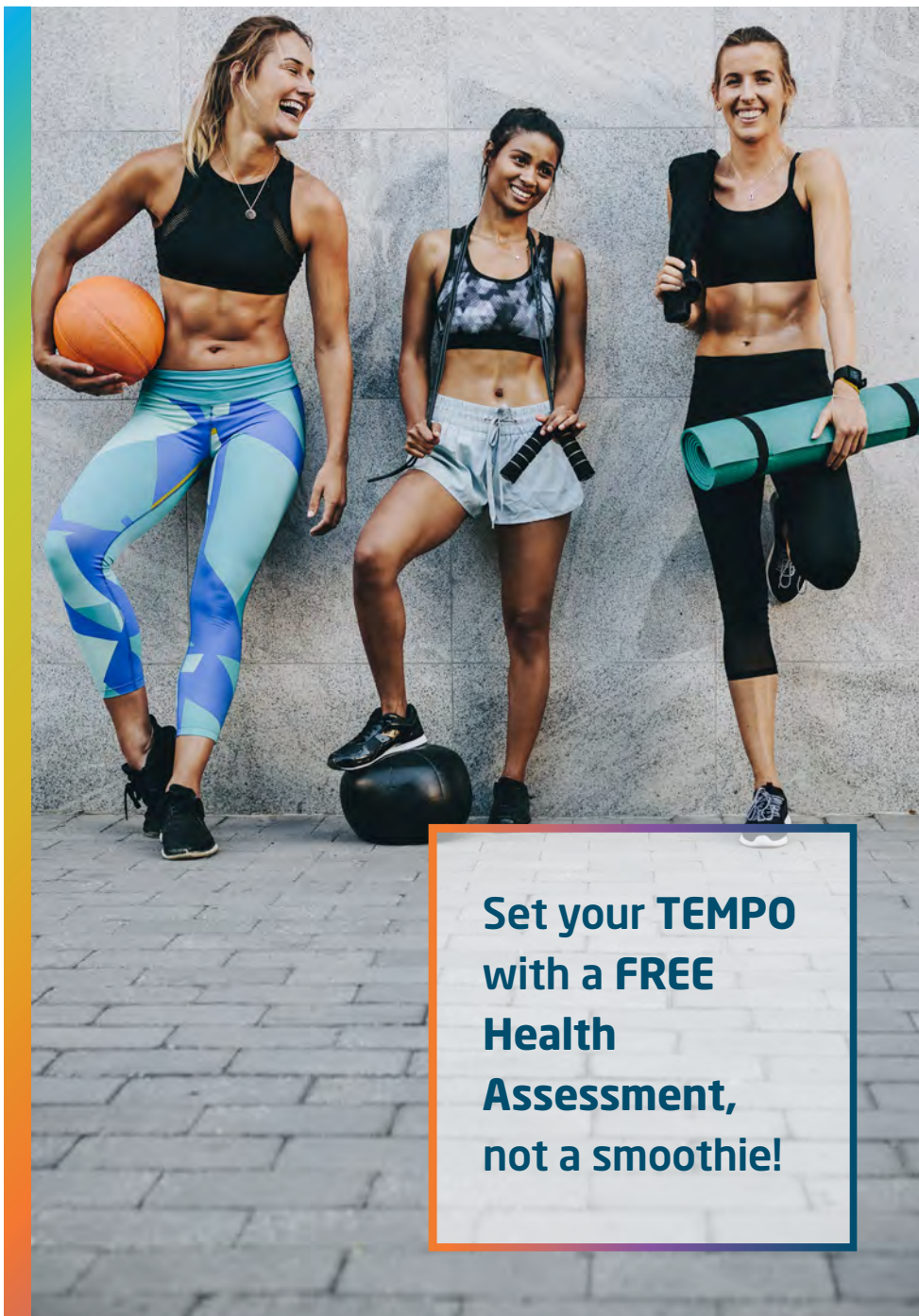
- An established network of healthcare professionals supporting your physical and mental wellbeing.
- Fully funded fitness assessments at biokineticists.
- Fully funded dietitian consults to assess and improve your eating habits.
- Health checks and screenings at our nationwide pharmacy network.
- Includes family interventions, family workshops, vaccinations and baby growth assessments.



### Be 'appy'

- A digital version of your membership card.
- Find a service provider.
- Submit a claim.
- Check your available benefits.
- Email your membership card to service providers.
- Check your Health Risk Assessment results.
- Submit a referral. Let others share in the benefits of Bestmed membership.
- Update contact details for dependants 18 yrs and older for "Personally Yours" experience.
- Submit your chronic application/prescription.





## All you need to know about Bestmed Tempo

### WHAT IS BESTMED TEMPO?

Bestmed Tempo is our health and wellness programme that assists members in leading a healthier lifestyle and living their best lives.

### WHY SHOULD I ACTIVATE BESTMED TEMPO?

As a member, you and your family already have access to the Bestmed Tempo benefits at no additional costs. The wellness programme is available regardless of which one of the 13 Bestmed benefit options you may have chosen. By simply activating Bestmed Tempo, you will automatically have access to over a thousand healthcare professionals who are trained and motivated to help you improve your lifestyle and become the best version of yourself.

### HOW DO I ACTIVATE THE PROGRAMME?

All you need to do is complete the Bestmed Tempo Health Assessment (previously HRA) at any one of our nationwide network of pharmacy clinics, or at your company's wellness day. The assessment will not only give you an important view of your health status, but it will also unlock all of the health benefits of the Bestmed Tempo wellness programme.

### WHAT ARE THE BENEFITS OF THE BESTMED TEMPO WELLNESS PROGRAMME?

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 which includes:**

- The Bestmed Tempo lifestyle questionnaire
- Blood pressure check
- Cholesterol check
- Glucose check
- HIV screening
- Height, weight and waist circumference

- **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 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

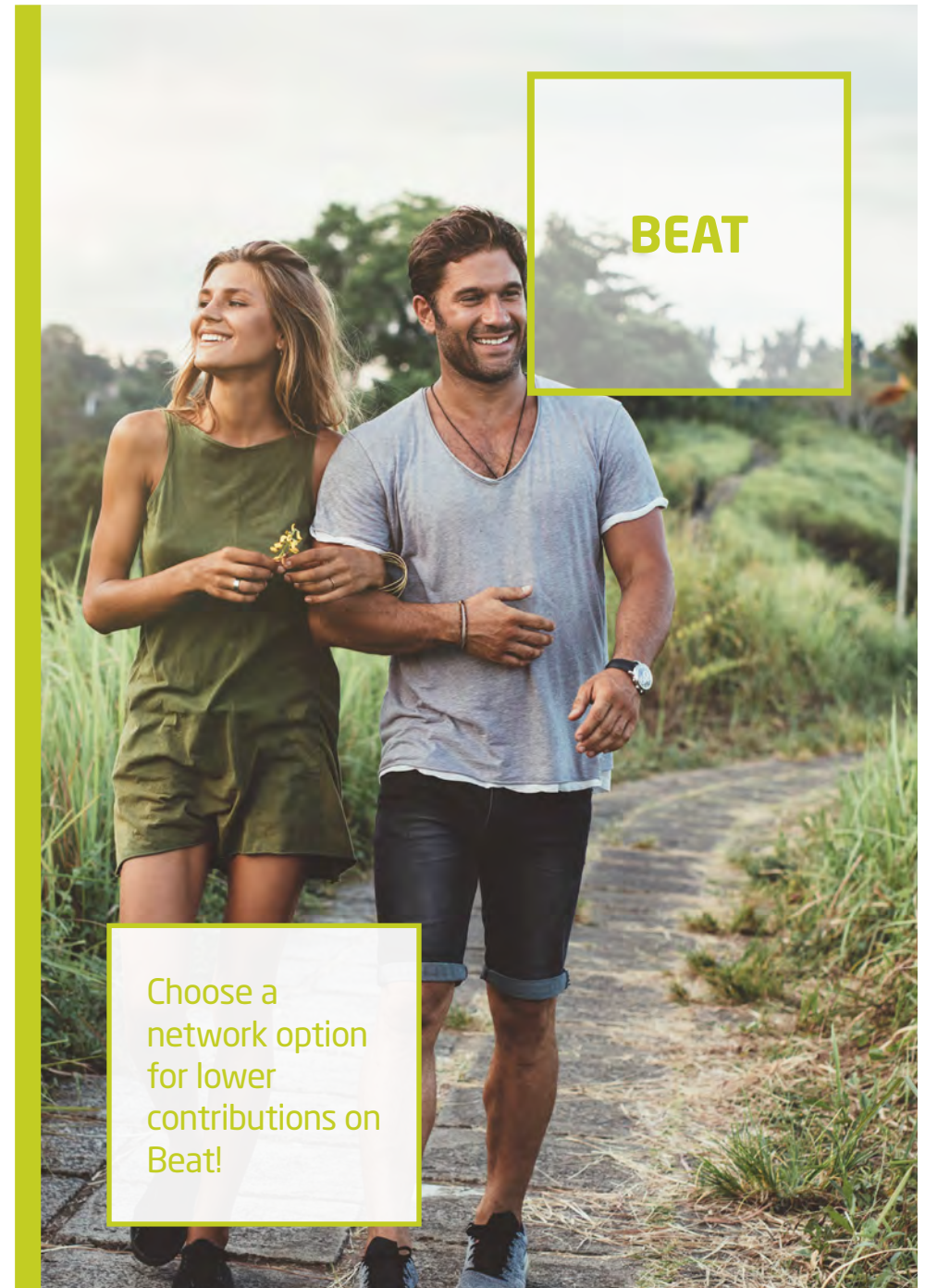
- **Bestmed Tempo Group classes:**

- A range of group classes throughout the year to help encourage and support a healthier lifestyle regardless of your age or health status

#### **DO THE FREE BENEFITS DIFFER FOR MEMBERS ON DIFFERENT HEALTHCARE OPTIONS?**

No. The Bestmed Tempo benefits are exactly the same on all the options.

We hope you found the answer you're looking for but, if not, please email us for more information: [tempo@bestmed.co.za](mailto:tempo@bestmed.co.za)



The Beat range offers flexible hospital benefits with limited savings on some options to pay for out-of-hospital expenses. This range is ideal for the young, active and just starting out. Beat1, 2 and 3 also offer you the decision to lower your monthly contribution in the form of a Network option.

## Method of Scheme benefit payment

BEAT1	BEAT2	BEAT3	BEAT4
<ul style="list-style-type: none"> <li>In-hospital benefits are paid from Scheme risk.</li> <li>Some preventative care benefits are available from Scheme risk.</li> <li>Out-of-hospital benefits are paid from your own pocket.</li> </ul>	<ul style="list-style-type: none"> <li>In-hospital benefits are paid from Scheme risk.</li> <li>Some preventative care benefits are available from Scheme risk.</li> <li>Out-of-hospital benefits are paid from your medical savings account.</li> </ul>	<ul style="list-style-type: none"> <li>In-hospital benefits are paid from Scheme risk.</li> <li>Some out-of-hospital benefits are paid from Scheme risk and some from your medical savings account.</li> <li>Some preventative care benefits are available from Scheme risk.</li> </ul>	<ul style="list-style-type: none"> <li>In-hospital benefits are paid from Scheme risk.</li> <li>Some out-of-hospital benefits are paid from your medical savings account first, once depleted, from your day-to-day benefit.</li> <li>Some preventative care benefits are available from Scheme risk.</li> </ul>

- Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs, this will not affect your savings (annual or vested) for applicable options.

### BEAT NETWORK PLAN OPTION

- Bestmed offers members a choice of network hospitals for in-hospital benefits.
- If a member voluntarily chooses not to make use of a hospital within the Beat network, a maximum co-payment of R11 874 will apply.

## In-hospital benefits

The Non-Network option provides you with access to any hospital of your choice. This is the standard option. The Network option provides you with a list of designated hospitals for you to use and also saves on your monthly contribution.

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

Note: Benefits mentioned below are subject to pre-authorisation and clinical protocols.

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.

	BEAT1	BEAT2	BEAT3	BEAT4
<b>Accommodation (hospital stay) and theatre fees</b>	100% Scheme tariff.			100% Scheme tariff.
<b>Take-home medicine</b>	100% Scheme tariff. Medicine limited to 7 days.			
<b>Treatment in mental health clinics</b>	100% Scheme tariff. Limited to 21 days per beneficiary.			
<b>Treatment of chemical and substance abuse</b>	100% Scheme tariff. Limited to 21 days or R32 299 per beneficiary. Subject to network facilities.			
<b>Consultations and procedures</b>	100% Scheme tariff.			
<b>Surgical procedures and anaesthetics</b>	100% Scheme tariff.			
<b>Organ transplants</b>	100% Scheme tariff (PMBs only).			
<b>Major medical maxillofacial surgery strictly related to certain conditions</b>	No benefit. (PMBs only at DSP day hospitals).		100% Scheme tariff. Limited to R12 944 per family.	100% Scheme tariff. Limited to R13 181 per family.
<b>Dental and oral surgery (In- or out of hospital)</b>	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 250 per family.	Limited to R8 075 per family.	Limited to R10 094 per family.
<b>Prosthesis (subject to preferred providers and DSPs, otherwise limits and co-payments apply)</b>	100% Scheme tariff. Limited to R78 846 per family.		100% Scheme tariff. Limited to R79 678 per family	100% Scheme tariff. Limited to R97 260 per family.
<b>Prosthesis - External</b>	No benefit (PMBs only).			Limited to R23 393 per family.

	BEAT1	BEAT2	BEAT3	BEAT4
Prosthesis – Internal	<b>Sub-limits per beneficiary:</b> <ul style="list-style-type: none"> <li>*Functional limited to R14 106.</li> <li>Vascular R31 470.</li> <li>Pacemaker (dual chamber) R42 986.</li> <li>Endovascular and catheter-based procedures – no benefit.</li> <li>Spinal R31 470.</li> <li>Artificial disk – no benefit.</li> <li>Drug-eluting stents – PMBs and DSP products only.</li> <li>Mesh R11 044.</li> <li>Gynaecology/Urology R9 025.</li> <li>Lens implants R6 887 a lens per eye.</li> </ul>			
<b>Note:</b> Sub-limit subject to overall annual prosthesis limit.				
<b>*Functional:</b> Items utilised towards treating or supporting a bodily function.				
			<b>Sub-limits per beneficiary:</b> <ul style="list-style-type: none"> <li>*Functional limited to R14 107.</li> <li>Vascular R31 586.</li> <li>Pacemaker (dual chamber) R42 986.</li> <li>Endovascular and catheter-based procedures – no benefit.</li> <li>Spinal R31 586.</li> <li>Artificial disk – no benefit.</li> <li>Drug-eluting stents – PMBs and DSP products only.</li> <li>Mesh R11 101.</li> <li>Gynaecology/Urology R9 168.</li> <li>Lens implants R6 887 a lens per eye.</li> </ul>	<b>Sub-limits per beneficiary:</b> <ul style="list-style-type: none"> <li>*Functional limited to R16 981.</li> <li>Vascular R33 605.</li> <li>Pacemaker (dual chamber) R56 285.</li> <li>Endovascular and catheter-based procedures – no benefit.</li> <li>Spinal R33 605.</li> <li>Artificial disk – no benefit.</li> <li>Drug-eluting stents R18 881.</li> <li>Mesh R12 469.</li> <li>Gynaecology/Urology R9 144.</li> <li>Lens implants R7 125 a lens per eye.</li> </ul>
<b>Exclusions (Prosthesis sub-limit subject to preferred provider, otherwise limits and co-payments apply)</b>	Joint replacement surgery (except for PMBs).  <b>PMBs subject to prosthesis limits:</b> <ul style="list-style-type: none"> <li>Hip replacement and other major joints R33 130.</li> <li>Knee replacement R40 848.</li> <li>Minor joints R12 706.</li> </ul>		Joint replacement surgery (except for PMBs).  <b>PMBs subject to prosthesis limits:</b> <ul style="list-style-type: none"> <li>Hip replacement and other major joints R33 368.</li> <li>Knee replacement R41 288.</li> <li>Other minor joints R12 706.</li> </ul>	Joint replacement surgery (except for PMBs).  <b>PMBs subject to prosthesis limits:</b> <ul style="list-style-type: none"> <li>Hip replacement and other major joints R34 555.</li> <li>Knee replacement R45 907.</li> <li>Other minor joints R14 106.</li> </ul>
Orthopaedic and medical appliances	100% Scheme tariff.			
Pathology	100% Scheme tariff.			
Basic radiology	100% Scheme tariff.			

	BEAT1	BEAT2	BEAT3	BEAT4
Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. PET scans only included as indicated per option)	100% Scheme tariff. Subject to co-payments.		100% Scheme tariff.	
Oncology	100% Scheme tariff. Subject to pre-authorisation. DSP applies.			
Mammary surgery (Breast cancer patient)	No benefit for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) on the unaffected (non-cancerous) breast of a breast cancer patient.			
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.			
Confinements (Birthing)	100% Scheme tariff.			
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs..			
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	PMBs only.		100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R8 312 per eye.	100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R9 381 per eye.
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 R24 000 per annum. Subject to available benefit, pre-authorisation and treatment plan.			100% Scheme tariff, limited to R30 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.			

	BEAT1	BEAT2	BEAT3	BEAT4
Co-payments	Co-payment of R3 800 on all endoscopic investigations and specialised diagnostic imaging if done in a private hospital. Any other facility, no co-payment.  Co-payment for voluntary use of non-network hospital R11 874. For network options.		Co-payment of R3 800 on all endoscopic investigations if done in a private hospital. Any other facility, no co-payment.	Not applicable.

## Out-of-hospital 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).

Members are required to obtain pre-authorisation for all planned treatments and/or procedures.

Approved PMBs will be paid from scheme risk.

	BEAT1	BEAT2	BEAT3	BEAT4
Overall day-to-day limit	Not applicable.			M = R12 824, M1+ = R25 649.
Family Practitioner (FP) and specialist consultations	No benefit.	Savings account.		Savings first. Limited to M = R3 265, M1+ = R5 818. (Subject to overall day-to-day limit)
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.  Beat4 option: Paid first from the "FP and specialist consultations" day-to-day benefit, thereafter Scheme risk.			
Basic and specialised dentistry	No benefit.	<b>Basic:</b> Preventative benefit or savings account. <b>Specialised:</b> Savings account. <b>Orthodontic:</b> Subject to pre-authorisation.		Savings first. Limited to M = R5 650, M1+ = R11 349. (Subject to overall day-to-day limit). Orthodontics are subject to pre-authorisation.

	BEAT1	BEAT2	BEAT3	BEAT4
Medical aids, apparatus and appliances including wheelchairs and hearing aids  (Hearing aids are subject to pre-authorisation)	No benefit.	Savings account.		Savings first. 100% Scheme tariff. Limited to R11 519 per family. (Subject to overall day-to-day limit)
Supplementary services	No benefit.	Savings account.		Savings first. Limited to M = R4 987, M1+ = R10 129. (Subject to overall day-to-day limit)
Wound care benefit (incl. dressings, negative pressure wound therapy -NPWT- treatment and related nursing services -out-of-hospital)	100% Scheme tariff. Limited to R 3 527 per family.			Savings first. 100% Scheme tariff. Limited to R4 987 per family. (Subject to overall day-to-day limit)
Optometry benefit (PPN capitation provider)	No benefit.	Savings account.	Benefits available every 24 months from date of service.	
			<b>Network Provider (PPN)</b> Consultation - 1 per beneficiary. Frame = R825 covered <b>AND</b> 100% of cost of standard lenses (single vision <b>OR</b> bifocal <b>OR</b> multifocal) <b>OR</b> Contact lenses = R1 565 <b>OR</b> <b>Non-network Provider</b> Consultation - R350 fee at non-network provider Frame = R598 <b>AND</b> Single vision lenses = R210 <b>OR</b> Bifocal lenses = R445 <b>OR</b> Multifocal lenses = R770 In lieu of glasses members can opt for contact lenses, limited to R1 565	
Basic radiology and pathology	No benefit.	Savings account.		Savings first. Limited to M = R3 265, M1+ = R6 650. (Subject to overall day-to-day limit)



	BEAT1	BEAT2	BEAT3	BEAT4
Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. PET scans only included as indicated per option)	100% Scheme tariff. Limited to R5 343 per family, (excluding PET scans).		100% Scheme tariff. Limited to R11 223 per family (excluding PET scans).	100% Scheme tariff. Limited to R16 981 per family.
Oncology	Oncology programme at 100% of Scheme tariff. DSP applies.			
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.			
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.			
Rehabilitation services after trauma	No benefit.	Savings account.		Vested savings.

## Medicine

**Note:** Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers, formularies, funding guidelines, the Mediscor Reference Price (MRP), the exclusions referred to in Annexure C of the registered Rules. Approved CDL, PMB and non-CDL chronic medicine costs will be paid from the non-CDL chronic medicine limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk.

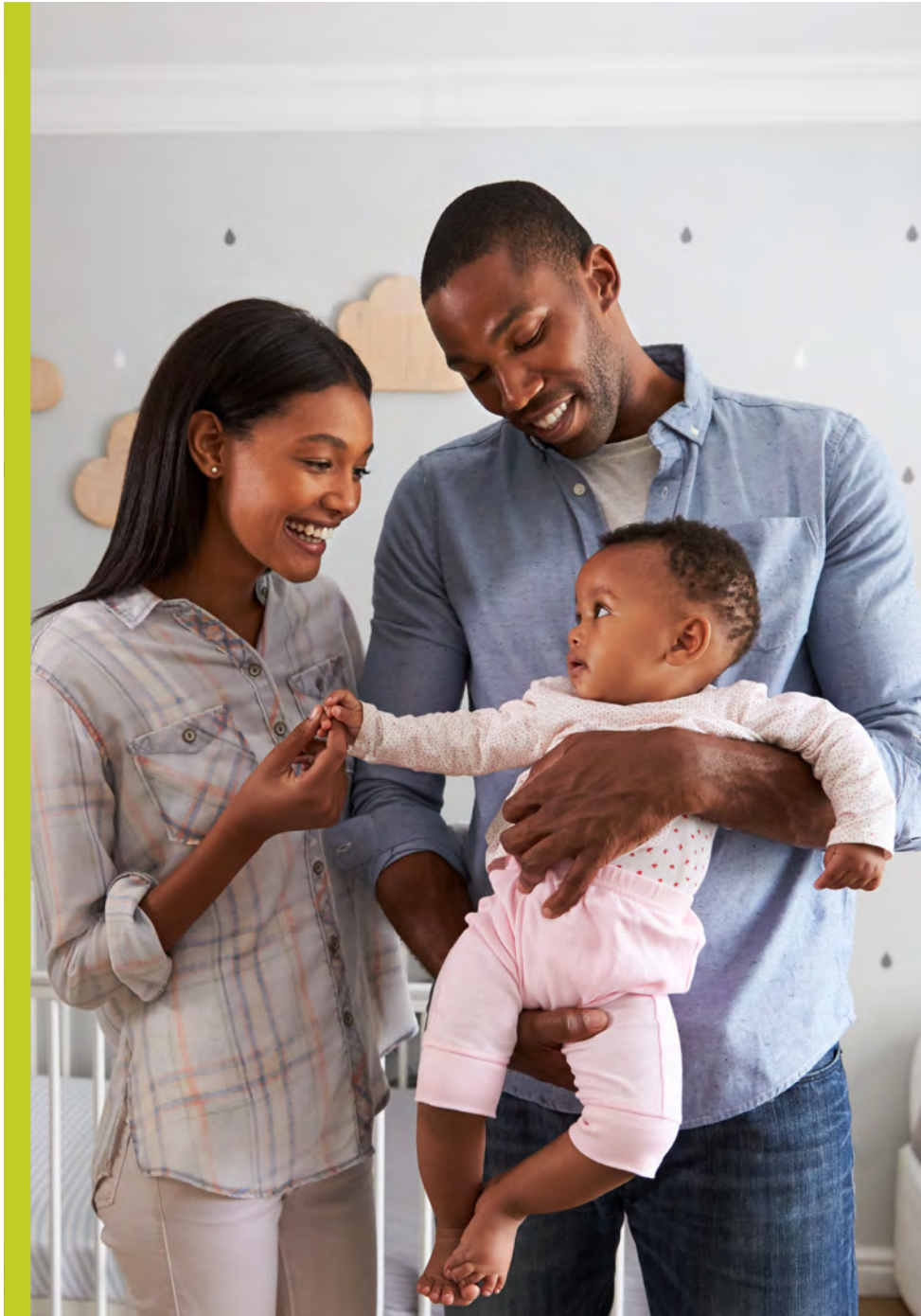
Members will not incur co-payments for PMB medications that are on the formulary for which there is no generic alternative.

**Note:** Refer to the Chronic Conditions List at the back of the Comparative Guide.

	BEAT1	BEAT2	BEAT3	BEAT4
CDL & PMB chronic medicine	100% Scheme tariff. Co-payment of 40% for non-formulary medicine.			100% Scheme tariff. Co-payment of 30% for non-formulary medicine.
Non-CDL chronic medicine	No benefit.		5 conditions. 80% Scheme tariff. Limited to M = R3 444, M1+ = R7 006. Co-payment of 35% for non-formulary medicine.	9 conditions. 90% Scheme tariff. Limited to M = R7 564, M1+ = R15 129. Co-payment of 25% for non-formulary medicine.
Biologicals and other high-cost medicine	PMBs only as per funding protocol. Subject to pre-approval.			

	BEAT1	BEAT2	BEAT3	BEAT4
Acute medicine	No benefit.	Savings account.		Savings first. Limited to M = R2 885, M1+ = R5 830. (Subject to overall day-to-day limit)
Over-the-counter (OTC) medicine	No benefit.	Savings account. Subject to available savings.		*Member choice: 1. R683 OTC limit <b>OR</b> 2. Access to full savings for OTC purchases (after R683 limit) = self-payment gap accumulation. Subject to available savings.

\*The Default OTC choice is 1. R683 OTC limit. Members wishing to choose the other option are welcome to contact Bestmed  
Note: Generic medicines are always available at a lower cost than the original brand and are just as effective. Bestmed recommends using these generic alternatives to avoid incurring additional costs.



## Preventative care benefits

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

	BEAT1	BEAT2	BEAT3	BEAT4
<b>Preventative care benefits</b>  <b>Note:</b> Refer to Scheme rules for funding criteria applicable to each preventative care benefit.	<ul style="list-style-type: none"> <li>Flu vaccines.</li> <li>Pneumonia vaccines.</li> <li>Female contraceptives – R2 315 per beneficiary per year.</li> <li>Back and neck preventative programme - use of this programme is in lieu of surgery.</li> <li>Pap smear – ages 18 and above, every 24 months.</li> <li>HPV vaccinations.</li> </ul>	<ul style="list-style-type: none"> <li>Flu vaccines.</li> <li>Pneumonia vaccines.</li> <li>Travel vaccines.</li> <li>Paediatric immunisations.</li> <li>Female contraceptives – R2 315 per beneficiary per year.</li> <li>Back and neck preventative programme - use of this programme is in lieu of surgery.</li> <li>Preventative dentistry.</li> <li>Pap smear – ages 18 and above, every 24 months.</li> <li>HPV vaccinations.</li> <li>Mammogram – females ages 40 and above, every 24 months.</li> <li>PSA Screening – ages 50 years and above, every 24 months</li> </ul>		<ul style="list-style-type: none"> <li>Flu vaccines.</li> <li>Pneumonia vaccines.</li> <li>Travel vaccines.</li> <li>Paediatric immunisations.</li> <li>Female contraceptives – R2 315 per beneficiary per year.</li> <li>Back and neck preventative programme - use of this programme is in lieu of surgery.</li> <li>Preventative dentistry.</li> <li>Mammogram – females ages 40 and above, every 24 months.</li> <li>HPV vaccinations.</li> <li>PSA Screening – ages 50 years and above, every 24 months.</li> <li>Pap smear – ages 18 and above, every 24 months.</li> </ul>
<b>Preventative dentistry</b>				
General full-mouth examination by a general dentist (incl. gloves and use of sterile equipment)	No benefit	Once a year for members 12 years and above. Twice a year for members under 12 years.		
Full-mouth intra-oral radiographs	No benefit	Once every 36 months for all ages.		

	BEAT1	BEAT2	BEAT3	BEAT4
Intra-oral radiograph	No benefit	Two (2) photos per year for all ages.		
Scaling and/or polishing	No benefit	Twice per year for all ages.		
Fluoride treatment	No benefit	Twice per year for all ages.		
Fissure sealing	No benefit	Up to and including 21 years. Frequency must be in accordance with accepted protocol.		
Space maintainers	No benefit	Once per space during the primary and mixed denture stage.		
Maternity Benefits	<b>100% Scheme tariff. Subject to the following benefits:</b>  <b>Consultations:</b> <ul style="list-style-type: none"> <li>6 antenatal consultations at a FP OR gynaecologist OR midwife.</li> </ul> <b>Ultrasounds:</b> <ul style="list-style-type: none"> <li>1 x 2D ultrasound scan at 1st trimester (between 10 to 12 weeks) at a FP OR gynaecologist OR radiologist.</li> <li>1 x 2D ultrasound scan at 2nd trimester (between 20 to 24 weeks) at a FP OR gynaecologist OR radiologist.</li> </ul>		<b>100% Scheme tariff. Subject to the following benefits:</b>  <b>Consultations:</b> <ul style="list-style-type: none"> <li>9 antenatal consultations at a FP OR gynaecologist OR midwife.</li> <li>1 post-natal consultation at a FP OR gynaecologist OR midwife.</li> </ul> <b>Ultrasounds:</b> <ul style="list-style-type: none"> <li>1 x 2D ultrasound scan at 1st trimester (between 10 to 12 weeks) at a FP OR gynaecologist OR radiologist.</li> <li>1 x 2D ultrasound scan at 2nd trimester (between 20 to 24 weeks) at a FP OR gynaecologist OR radiologist.</li> </ul> <b>Supplements:</b> <ul style="list-style-type: none"> <li>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.</li> </ul>	

Disclaimer on exclusions: General and option-specific exclusions apply. Please refer to [www.bestmed.co.za](http://www.bestmed.co.za) for more details.

## Contributions

		BEAT1		BEAT2		BEAT3		BEAT4
Non-Network (NN) / Network (N)		NN	N	NN	N	NN	N	NN
<b>Medical Savings Account</b>		<b>N/A</b>		<b>16%</b>		<b>16%</b>		<b>14%</b>
<b>Principal Member</b>	Risk	R1 680	R1 511	R1 725	R1 551	R2 618	R2 356	R4 190
	Savings	R0	R0	R328	R296	R499	R449	R682
	<b>Total</b>	<b>R1 680</b>	<b>R1 511</b>	<b>R2 053</b>	<b>R1 847</b>	<b>R3 117</b>	<b>R2 805</b>	<b>R4 872</b>
<b>Adult Dependant</b>	Risk	R1 303	R1 174	R1 339	R1 205	R1 861	R1 676	R3 461
	Savings	R0	R0	R255	R230	R354	R319	R563
	<b>Total</b>	<b>R1 303</b>	<b>R1 174</b>	<b>R1 594</b>	<b>R1 435</b>	<b>R2 215</b>	<b>R1 995</b>	<b>R4 024</b>
<b>Child Dependant</b>	Risk	R706	R636	R726	R653	R1 011	R911	R1 035
	Savings	R0	R0	R138	R124	R192	R174	R169
	<b>Total</b>	<b>R706</b>	<b>R636</b>	<b>R864</b>	<b>R777</b>	<b>R1 203</b>	<b>R1 085</b>	<b>R1 204</b>
Maximum contribution child dependants*		4						
Recognition of a child dependant		Child dependants under the age of 21 years and registered students up to the age of 26 years, in accordance with the Rules, are regarded as child dependants.						

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

### ABBREVIATIONS

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); DSP = Designated Service Provider; FP = Family Practitioner or Doctor; TEMPO = Biometric Screenings; HPV = Human Papilloma Virus; M = Member; M1+ = Member and family; MRP = Mediscor Reference Price; PMB = Prescribed Minimum Benefit; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen.





# PACE

Did you know that Bestmed's Pace option range does not have co-payment or automatic self-payment gaps?

The Pace range offers more comprehensive in-hospital and out-of-hospital benefits. These options all have additional day-to-day benefits to cover extensive out-of-hospital expenses. This range is ideal for families and those seeking comprehensive cover.

## ⚙ Method of Scheme benefit payment

### PACE1

- In-hospital benefits are paid from Scheme risk benefit. Some out-of-hospital benefits are paid from the annual savings first and once depleted will be paid from the day-to-day benefit.
- Once the day-to-day benefit is depleted, benefits can be paid from the available vested savings. Some preventative care benefits are available from 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 (annual or vested).

### PACE2

### PACE3

### PACE4

- In-hospital benefits, out-of-hospital benefits and preventative care benefits are paid from Scheme risk.
- Once out-of-hospital risk benefits are depleted, further claims will be paid from savings.

## ✚ In-hospital benefits

**Note:** All benefits mentioned below are subject to pre-authorisation, clinical protocols and funding guidelines.

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.

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

	PACE1	PACE2	PACE3	PACE4
Accommodation (hospital stay) and theatre fees	100% Scheme tariff.			
Take-home medicine	100% Scheme tariff. Medicine limited to 7 days.			
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)			

	PACE1	PACE2	PACE3	PACE4
Major medical maxillofacial surgery strictly related to certain conditions	100% Scheme tariff. Limited to R13 062 per family.	100% Scheme tariff.		
Dental and oral surgery (In- or out of hospital)	Limited to R8 075 per family.	Limited to R13 419 per family.	Limited to R16 862 per family.	Limited to R20 187 per family.
Overall annual prosthesis limit (subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R90 246 per family.	100% Scheme tariff. Limited to R115 895 per family.	100% Scheme tariff. Limited to R116 489 per family.	100% Scheme tariff. Limited to R134 419 per family.
Prosthesis – Internal  Note: Sub-limit subject to overall annual prosthesis limit.  *Functional: Items utilised towards treating or supporting a bodily function	Sub-limits per beneficiary: <ul style="list-style-type: none"> <li>*Functional limited to R16 209.</li> <li>Vascular R32 892.</li> <li>Pacemaker (dual chamber) R56 167.</li> <li>Endovascular and catheter-based procedures – no benefit.</li> <li>Spinal R32 892.</li> <li>Artificial disk – no benefit.</li> <li>Drug-eluting stents – PMBs and DSP products only</li> <li>Mesh R12 349.</li> <li>Gynaecology/ Urology R8 906.</li> <li>Lens implants R6 769 a lens per eye.</li> </ul>	Sub-limits per beneficiary: <ul style="list-style-type: none"> <li>*Functional limited to R17 634.</li> <li>Vascular R43 460.</li> <li>Pacemaker (dual chamber) R62 637.</li> <li>Spinal including artificial disc R58 102.</li> <li>Drug-eluting stents R18 999.</li> <li>Mesh R18 999.</li> <li>Gynaecology/ Urology R14 190.</li> <li>Lens implants R12 184 a lens per eye.</li> <li>Joint replacements:</li> <li>- Hip replacement and other major joints R52 188.</li> <li>- Knee replacement R60 560.</li> <li>- Minor joints R22 502.</li> </ul>	Sub-limits per beneficiary: <ul style="list-style-type: none"> <li>*Functional limited to R18 999.</li> <li>Vascular R43 580.</li> <li>Pacemaker (dual chamber) R62 637.</li> <li>Spinal including artificial disc R58 212.</li> <li>Drug-eluting stents R18 999.</li> <li>Mesh R18 999.</li> <li>Gynaecology/ Urology R14 249.</li> <li>Lens implants R12 184 a lens per eye.</li> <li>Joint replacements:</li> <li>- Hip replacement and other major joints R52 248.</li> <li>- Knee replacement R60 857.</li> <li>- Minor joints R22 502.</li> </ul>	Sub-limits per beneficiary: <ul style="list-style-type: none"> <li>*Functional limited to R19 712.</li> <li>Vascular R49 873.</li> <li>Pacemaker (dual chamber) R62 637.</li> <li>Spinal including artificial disc R67 215.</li> <li>Drug-eluting stents R22 384.</li> <li>Mesh R19 712.</li> <li>Gynaecology/ Urology R16 269.</li> <li>Lens implants R18 014 a lens per eye.</li> <li>Joint replacements:</li> <li>- Hip replacement and other major joints R60 144.</li> <li>- Knee replacement R69 644.</li> <li>- Minor joints R22 384.</li> </ul>
Prosthesis – External	Limited to R22 918 per family.	Limited to R27 311 per family.	Limited to R27 431 per family.	Limited to R30 993 per family.

	PACE1	PACE2	PACE3	PACE4
Exclusions (Prosthesis sub-limit subject to preferred provider, otherwise limits and co-payments apply)	Joint replacement surgery (except for PMBs). <b>PMBs subject to prosthesis limits:</b> <ul style="list-style-type: none"> <li>Hip replacement and other major joints R33 486.</li> <li>Knee replacement R44 530.</li> <li>Minor joints R13 834.</li> </ul>	Not applicable.		
Orthopaedic and medical appliances	100% Scheme tariff.			
Pathology	100% Scheme tariff.			
Basic radiology	100% Scheme tariff.			
Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. PET scans only included as indicated per option)	100% Scheme tariff.			
Oncology	Oncology programme. 100% of Scheme tariff. DSP applies.		Oncology programme. 100% of Scheme tariff. DSP applies. Access to extended protocols.	
Mammary surgery (Breast cancer patient)	<b>No benefit</b> for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) <b>on the unaffected (non-cancerous) breast</b> of a breast cancer patient.	100% Scheme tariff for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) <b>on the unaffected (non-cancerous) breast</b> of a breast cancer patient.		
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.			
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.			
Confinements (Birthing)	100% Scheme tariff.			

	PACE1	PACE2	PACE3	PACE4
<b>Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)</b>	100% Scheme tariff. Limited to R8 977 per eye.	100% Scheme tariff. Limited to R9 380 per eye.	100% Scheme tariff. Limited to R10 094 per eye.	
<b>Midwife-assisted births</b>	100% Scheme tariff.			
<b>Supplementary services</b>	100% Scheme tariff.			
<b>Alternatives to hospitalisation</b>	100% Scheme tariff.			
<b>Palliative care and Home-based care in lieu of hospitalisation</b>	100% Scheme tariff, limited to R30 000 per annum. Subject to available benefit, pre-authorisation and treatment plan.	100% Scheme tariff, limited to R45 000 per annum. Subject to available benefit, pre-authorisation and treatment plan.		
<b>Emergency evacuation</b>	Services rendered by ER24.			
<b>Day procedures at a day-hospital facility</b>	Day procedures at a day-hospital facility funded at 100% Scheme tariff. Subject to pre-authorisation. DSPs apply for PMBs			
<b>International travel cover</b>	Up to R10 million and a maximum of 90 days. Services rendered by Bryte Insurance and managed by ER24.			

## Out-of-hospital 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).

Members are required to obtain pre-authorisation for all planned treatments and/or procedures. Approved PMBs will be paid from scheme risk.

	PACE1	PACE2	PACE3	PACE4
<b>Overall day-to-day limit</b>	M = R10 901, M1+ = R21 801.	M = R15 389, M1+ = R30 779.	M = R19 237, M1+ = R39 756.	M = R35 861, M1+ = R57 829.
<b>FP and specialist consultations</b>	Savings first. Limited to M = R2 245, M1+ = R4 512. (Subject to overall day-to-day limit)	Savings first. Limited to M = R4 394, M1+ = R8 906. (Subject to overall day-to-day limit)		Limited to M = R5 640, M1+ = R9 144. (Subject to overall day-to-day limit)

	PACE1	PACE2	PACE3	PACE4
<b>Diabetes primary care consultation</b>	100% of Scheme tariff subject to registration with HaloCare. 2 primary care consultations at Dis-Chem Pharmacies limited to R360 per consultation. Paid first from the "FP and specialist consultations" day-to-day benefit, thereafter Scheme risk.			
<b>Basic and specialised dentistry</b>	Savings first. <b>Basic:</b> Preventative benefit or savings account. Limit once savings exceeded. <b>Specialised:</b> Savings account then limit. <b>Orthodontic:</b> Subject to pre-authorisation. Limited to M = R4 131, M1+ = R8 384. (Subject to overall day-to-day limit)	Savings first. <b>Basic:</b> Preventative benefit or savings account. Limit once savings exceeded. <b>Specialised:</b> Savings account then limit. <b>Orthodontic:</b> Subject to pre-authorisation. Limited to M = R6 926, M1+ = R13 852. (Subject to overall day-to-day limit)	Savings first. <b>Basic:</b> Preventative benefit or savings account. Limit once savings exceeded. <b>Specialised:</b> Savings account then limit. <b>Orthodontic:</b> Subject to pre-authorisation. Limited to M = R7 463, M1+ = R13 912. (Subject to overall day-to-day limit)	Limited to M = R12 454, M1+ = R21 021. (Subject to overall day-to-day limit) <b>Orthodontic:</b> Subject to pre-authorisation.
<b>Medical aids, apparatus and appliances</b>	Savings first. 100% Scheme tariff. Limited to R11 519 per family. (Subject to overall day-to-day limit).	Savings first. 100% Scheme tariff. Limited to R10 450 per family. (Subject to overall day-to-day limit).		
<b>Wheel chairs</b>	Subject to medical apparatus and appliance limits.	Limit on wheelchairs of R14 131 per family per 48 months.		
<b>Hearing aids are subject to pre-authorisation</b>	Limited to R8 000 per family every 24 months. (Subject to the overall day-to-day limit).	Limit on hearing aids of R28 796 per beneficiary per 24 months.	Limit on hearing aids of R32 418 per beneficiary per 24 months.	Limit on hearing aids of R36 098 per beneficiary per 24 months.
<b>Insulin pump (excluding consumables)</b>	No benefit.			100% Scheme tariff. Limited to R42 000 per beneficiary every 24 months. Subject to pre-authorisation.
<b>Supplementary services</b>	Savings first. Limited to M = R4 405, M1+ = R9 144. (Subject to overall day-to-day limit)	Savings first. Limited to M = R5 523, M1+ = R11 102. (Subject to overall day-to-day limit)	Savings first. Limited to M = R2 684, M1+ = R5 640. (Subject to overall day-to-day limit)	Limited to M = R5 640, M1+ = R11 102. (Subject to overall day-to-day limit)



	PACE1	PACE2	PACE3	PACE4
Wound care benefit (incl. dressings, negative pressure wound therapy -NPWT- treatment and related nursing services – out-of-hospital)	Savings first. 100% Scheme tariff. Limited to R3 622 per family. (Subject to overall day-to-day limit)	Savings first. 100% Scheme tariff. Limited to R6 887 per family. (Subject to overall day-to-day limit)	Savings first. 100% Scheme tariff. Limited to R10 687 per family. (Subject to overall day-to-day limit)	Limited to R13 774 per family. (Subject to overall day-to-day limit)
Optometry benefit (PPN capitation provider)	Benefits available every 24 months from date of service. <b>Network Provider (PPN)</b> Consultation - 1 per beneficiary. Frame = R825 covered <b>AND</b> 100% of cost of standard lenses (single vision <b>OR</b> bifocal <b>OR</b> multifocal) <b>OR</b> <b>Non-network Provider</b> Consultation - R350 fee at non-network provider Frame = R598 <b>AND</b> Single vision lenses = R210 <b>OR</b> Bifocal lenses = R445 <b>OR</b> Multifocal lenses = R770			
Contact lenses	In lieu of glasses members can opt for contact lenses <b>Network Provider (PPN)</b> Contact lenses = R1 565 <b>OR</b> <b>Non-network Provider</b> Contact lenses = R1 565			<b>Network Provider (PPN)</b> Contact lenses = R1 850 <b>OR</b> <b>Non-network Provider</b> Contact lenses = R1 850
Basic radiology and pathology	Savings first. 100% Scheme tariff. Limited to M = R3 265, M1+ = R6 531. (Subject to overall day-to-day limit)		Savings first. 100% Scheme tariff. Limited to M = R3 562, M1+ = R7 065. (Subject to overall day-to-day limit)	100% Scheme tariff. Limited to M = R5 640, M1+ = R11 102. (Subject to overall day-to-day limit)
Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. PET scans only included as indicated per option)	100% Scheme tariff. Limited to R14 606 per family.	MRI/CT scans: Maximum of 3 scans per beneficiary. PET scan: 1 scan per beneficiary. 100% Scheme tariff.		
Rehabilitation services after trauma	Vested savings.	100% Scheme tariff.		
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.			
Oncology	Oncology programme. 100% of Scheme tariff. DSP applies.		100% of Scheme tariff. DSP applies. Access to extended protocols.	
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.			

## Medicine

Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers, formularies, funding guidelines and the Mediscor Reference Price (MRP). Refer to the Chronic Conditions List at the back of the Comparative Guide.

**Note:** Approved CDL, PMB and non-CDL chronic medicine costs will be paid from the non-CDL chronic medicine limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk. Members will not incur co-payments for PMB medications that are on the formulary for which there is no generic alternative.

**Note:** 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.

	<b>PACE1</b>	<b>PACE2</b>	<b>PACE3</b>	<b>PACE4</b>
<b>CDL &amp; PMB chronic medicine</b>	100% Scheme tariff. Co-payment of 35% for non-formulary medicine.	100% Scheme tariff. Co-payment of 30% for non-formulary medicine.	100% Scheme tariff. Co-payment of 25% for non-formulary medicine.	100% Scheme tariff. Co-payment of 20% for non-formulary medicine.
<b>Non-CDL chronic medicine</b>	7 conditions. 90% Scheme tariff. Limited to M = R6 650, M1+ = R13 299. Co-payment of 30% for non-formulary medicine.	18 conditions. 90% Scheme tariff. Limited to M = R9 144, M1+ = R18 287. Co-payment of 25% for non-formulary medicine.	19 conditions. 90% Scheme tariff. Limited to M = R14 749, M1+ = R29 496. Co-payment of 20% for non-formulary medicine.	28 conditions. 90% Scheme tariff. Limited to M = R19 889, M1+ = R39 958. Co-payment of 15% for non-formulary medicine.
<b>Biologicals and other high-cost medicine</b>	PMBs only - subject to pre-approval.	Limited to R166 132 per beneficiary.	Limited to R332 485 per beneficiary.	Limited to R492 077 per beneficiary.
<b>Acute medicine</b>	Savings first. Limited to M = R2 352, M1+ = R4 869. (Subject to overall day-to-day limit).	Savings first. Limited to M = R4 869, M1+ = R9 737. (Subject to overall day-to-day limit).	Savings first. Limited to M = R1 544, M1+ = R3 800. (Subject to overall day-to-day limit).	Limited to M = R8 906, M1+ = R13 834. (10% co-payment) (Subject to overall day-to-day limit).
<b>Over-the-counter (OTC) medicine</b> Includes sunscreen, vitamins and minerals with nappi codes on Scheme formulary	*Member choice: 1. R683 OTC limit OR 2. Access to full savings for OTC purchases (after R683 limit) = self-payment gap accumulation. Subject to available savings.			Savings account.

\*The Default OTC choice is 1. R683 OTC limit. Members wishing to choose the other option are welcome to contact Bestmed

## Preventative care benefits

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

	PACE1	PACE2	PACE3	PACE4
<b>Preventative care</b>  <b>Note: Refer to Scheme rules for funding criteria applicable to each preventative care benefit.</b>	<ul style="list-style-type: none"> <li>Flu vaccines.</li> <li>Pneumonia vaccines.</li> <li>Travel vaccines.</li> <li>Paediatric immunisations.</li> <li>Female contraceptives – R2 315 per beneficiary per year.</li> <li>Back and neck preventative programme - use of this programme is in lieu of surgery.</li> <li>Preventative dentistry.</li> <li>Mammogram – females ages 40 and above, once every 24 months.</li> <li>HPV vaccinations.</li> <li>Pap smear – age 18 and above, every 24 months.</li> <li>PSA screening – ages 50 and above, every 24 months.</li> </ul>	<ul style="list-style-type: none"> <li>Flu vaccines.</li> <li>Pneumonia vaccines.</li> <li>Travel vaccines.</li> <li>Paediatric immunisations.</li> <li>Female contraceptives – R2 315 per beneficiary per year.</li> <li>Back and neck preventative programme - use of this programme is in lieu of surgery.</li> <li>Preventative dentistry.</li> <li>Mammogram – females ages 40 and above, once every 24 months.</li> <li>PSA screening – ages 50 and above, every 24 months.</li> <li>HPV vaccinations.</li> <li>Bone densitometry.</li> <li>Pap smear – ages 18 and above, every 24 months.</li> </ul>		
Preventative dentistry:				
General full-mouth examination by a general dentist (incl. gloves and use of sterile equipment)	Once a year for members 12 years and above. Twice a year for members under 12 years.			

	PACE1	PACE2	PACE3	PACE4
Full-mouth intra-oral radiographs	Once every 36 months for all ages.			
Intra-oral radiograph	Two (2) photos per year for all ages.			
Scaling and/or polishing	Twice per year for all ages.			
Fluoride treatment	Twice per year for all ages.			
Fissure sealing	Up to and including 21 years. Frequency must be in accordance with accepted protocol.			
Space maintainers	Once per space during the primary and mixed denture stage.			
Maternity Benefits	<b>100% Scheme tariff. Subject to the following benefits:</b>  <b>Consultations:</b> <ul style="list-style-type: none"> <li>9 antenatal consultations at a FP <b>OR</b> gynaecologist <b>OR</b> midwife.</li> <li>1 post-natal consultation at a FP <b>OR</b> gynaecologist <b>OR</b> midwife.</li> </ul> <b>Ultrasounds:</b> <ul style="list-style-type: none"> <li>1 x 2D ultrasound scan at 1st trimester (between 10 to 12 weeks) at a FP <b>OR</b> gynaecologist <b>OR</b> radiologist.</li> <li>1 x 2D ultrasound scan at 2nd trimester (between 20 to 24 weeks) at a FP <b>OR</b> gynaecologist <b>OR</b> radiologist.</li> </ul> <b>Supplements:</b> <ul style="list-style-type: none"> <li>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.</li> </ul>			

Disclaimer on exclusions: General and option-specific exclusions apply. Please refer to [www.bestmed.co.za](http://www.bestmed.co.za) for more details.

## Contributions

		<b>PACE1</b>	<b>PACE2</b>	<b>PACE3</b>	<b>PACE4</b>
<b>Medical Savings Account</b>		<b>19%</b>	<b>14%</b>	<b>14%</b>	<b>3%</b>
<b>Principal Member</b>	Risk	R3 307	R4 988	R5 726	R8 068
	Savings	R776	R812	R932	R250
	<b>Total</b>	<b>R4 083</b>	<b>R5 800</b>	<b>R6 658</b>	<b>R8 318</b>
<b>Adult Dependant</b>	Risk	R2 323	R4 891	R4 610	R8 068
	Savings	R545	R796	R750	R250
	<b>Total</b>	<b>R2 868</b>	<b>R5 687</b>	<b>R5 360</b>	<b>R8 318</b>
<b>Child Dependant</b>	Risk	R835	R1 100	R985	R1 891
	Savings	R196	R179	R160	R58
	<b>Total</b>	<b>R1 031</b>	<b>R1 279</b>	<b>R1 145</b>	<b>R1 949</b>
Maximum contribution child dependant*			4		
Recognition of a child dependant	Child dependants under the age of 21 years and registered students up to the age of 26 years, in accordance with the Rules, are regarded as child dependants.				

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

### ABBREVIATIONS

DBC = Documentation Based Care (Back Rehabilitation Programme); DSP = Designated Service Provider; FP = Family Practitioner or Doctor; TEMPO = Biometric Screenings; HPV = Human Papilloma Virus; M = Member; M1+ = Member and family; MRI/CT scans = Magnetic Resonance Imaging/Computed Tomography scans; MRP = Mediscor Reference Price; NP = Network Provider; PET scan = Positron Emission Tomography scan; PMB = Prescribed Minimum Benefits; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen.



**PULSE**

Unlimited FP  
consultations  
on our Pulse  
Network!



The Pulse range is ideally suitable for you if:

- You are seeking a plan option that is based on your income (Pulse1).
- You are comfortable with making use of designated service providers (DSPs) within our Pulse network.
- You are looking for unlimited comprehensive cover for hospitalisation and the added benefit of preventative care.

## Method of Scheme benefit payment

### PULSE1

- In-hospital benefits are paid from Scheme risk.
- Some preventative care benefits are available from Scheme risk.
- Some out-of-hospital benefits are paid from Scheme risk.
- Only Pulse specialist DSP network.

### PULSE2

- In-hospital benefits are paid from Scheme risk.
- Some day-to-day benefits and preventative care benefits are available from Scheme risk.
- Some out-of-hospital benefits are paid from Scheme risk.
- Only 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

All benefits below are subject to pre-authorisation, clinical protocols, funding guidelines and designated hospital networks.

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.

	PULSE1	PULSE2
<b>Accommodation (hospital stay) and theatre fees</b>	100% Scheme tariff at a DSP hospital.	
<b>Take-home medicine</b>	100% Scheme tariff. Medicine limited to 3 days.	100% Scheme tariff. Medicine limited to 7 days.
<b>Treatment in mental health clinics</b>	100% Scheme tariff. Limited to 21 days per beneficiary.	
<b>Treatment of chemical and substance abuse</b>	100% Scheme tariff (only PMBs). Limited to 21 days per beneficiary. Subject to network facilities.	100% Scheme tariff. Limited to 21 days or R32 299 per beneficiary. Subject to network facilities.
<b>Consultations and procedures</b>	100% Scheme tariff.	
<b>Surgical procedures and anaesthetics</b>	100% Scheme tariff. Excluded from benefits: functional nasal surgery, surgery for medical conditions e.g. Epilepsy, Parkinson's disease and procedures where stimulators are used.	100% Scheme tariff.
<b>Organ transplants</b>	100% Scheme tariff (only PMBs).	

	PULSE1	PULSE2
Major medical maxillofacial surgery strictly related to certain conditions	No benefit.	100% Scheme tariff.
Dental and oral surgery (In- or out of hospital)	No benefit.	100% Scheme tariff.
Prosthesis (subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R53 079 per family.	100% Scheme tariff. Limited to R106 277 per family.
Prosthesis – Internal  Note: Sub-limit subject to overall annual prosthesis limit  *Functional: Items utilised towards treating or supporting a bodily function	<b>Sub-limits per beneficiary:</b> <ul style="list-style-type: none"><li>• *Functional R11 281.</li><li>• Vascular R26 302.</li><li>• Pacemaker (dual chamber) R42 986.</li><li>• Endovascular and catheter-based procedures – no benefit.</li><li>• Spinal R26 302.</li><li>• Artificial disk – no benefit.</li><li>• Drug-eluting stents – PMBs and DSP products only.</li><li>• Mesh R9 619.</li><li>• Gynaecology/Urology R7 944.</li><li>• Lens implants R5 523 a lens per eye.</li></ul>	<b>Sub-limits per beneficiary:</b> <ul style="list-style-type: none"><li>• *Functional R17 634.</li><li>• Vascular R41 086.</li><li>• Pacemaker (dual chamber) R55 692.</li><li>• Spinal R41 086.</li><li>• Artificial disk R18 049.</li><li>• Drug-eluting stents R18 049.</li><li>• Mesh R18 049.</li><li>• Gynaecology/Urology R13 419.</li><li>• Lens implants R11 519 a lens per eye.</li><li>• Joint replacements:<ul style="list-style-type: none"><li>- Hip replacement and other major joints R49 160.</li><li>- Knee replacement R57 413.</li><li>- Minor joints R21 374.</li></ul></li></ul>
Prosthesis – External	No benefit (PMBs only).	Limited to R25 649 per family.
Exclusions (Prosthesis sub-limit subject to preferred provider, otherwise limits and co-payments apply)	Joint replacement surgery (except for PMBs). <b>PMBs subject to prosthesis limits:</b> <ul style="list-style-type: none"><li>• Hip replacement and other major joints R26 956.</li><li>• Knee replacement R34 080.</li><li>• Minor joints R12 765.</li></ul>	Not applicable.
Orthopaedic and medical appliances	100% Scheme tariff. Limited to R6 531 per family.	100% Scheme tariff.
Basic radiology and pathology	100% Scheme tariff.	
Specialised diagnostic imaging  (Including MRI scans, CT scans and isotope studies. PET scans only included as indicated per option)	100% Scheme tariff. Subject to pre-authorisation.	
Oncology	Oncology programme. 100% of Scheme tariff. DSP applies.	
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.	

	PULSE1	PULSE2
Confinements (Birthing)	100% Scheme tariff.	
Mammary surgery (Breast cancer patients)	<b>No benefit</b> for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) <b>on the unaffected (non-cancerous) breast</b> of a breast cancer patient.	100% Scheme tariff for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) <b>on the unaffected (non-cancerous) breast</b> 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)	No benefit (PMBs only).	100% Scheme tariff. Limited to R9 440 per eye.
Midwife-assisted births	100% Scheme tariff.	
Supplementary services	100% Scheme tariff.	
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.	
Alternatives to hospitalisation	100% Scheme tariff.	
Palliative care and Home-based care in lieu of hospitalisation	100% Scheme tariff, limited to R24 000 per annum. Subject to available benefit, pre-authorisation and treatment plan.	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 where procedure has been clinically approved: <ul style="list-style-type: none"> <li>R3 800 on all laparoscopic procedures,</li> <li>R3 800 on prostate procedures,</li> <li>R3 800 on procedures for prolapse/incontinence,</li> <li>R3 800 on arthroscopy other than acute trauma,</li> <li>R3 800 on endoscopy investigations done primarily in hospital</li> </ul>	Co-payment of up to R11 874 per event for voluntary use of a non-DSP hospital.

## Out-of-hospital benefits

**Note:** Granting of benefits under the primary care services and the Scheme benefits shall be subject to treatment protocols, preferred providers, DSPs, dental procedure codes, pathology and radiology lists of codes and medicine formularies as accepted by the Scheme.

Members are required to obtain pre-authorisation for all planned treatments and/or procedures.

	PULSE1	PULSE2
Overall day-to-day limit	N/A	M = R14 546, M1+ = R28 914.
FP consultations	Unlimited FP visits. Subject to Bestmed Pulse1 FP network.	Unlimited FP visits at Bestmed FP network providers.
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.  Pulse2 option: Paid first from the day-to-day benefit, thereafter Scheme risk.	
Casualty and out-of-network FP visits	Limited to R1 425 per family per year.	Limited to R1 544 per family per year.
Specialist consultations	Specialist consultations must be referred by a Pulse1 Network Provider. Limited to M = R1 187, M1+ = R1 782. Subject to Pulse Specialist DSP network. R500 penalty for non-referral to specialists in PMB cases.	Specialist consultations must be referred by Network Provider. Limited to M = R3 207, M1+ = R6 175. Subject to overall day-to-day limit. Subject to Pulse specialist DSP network.
Basic and specialised dentistry	Basic dentistry: Subject to Bestmed Pulse Dental Network. Specialised dentistry: No benefit.	Basic and specialised dentistry is subject to pre-authorisation. Limited to M = R7 303, M1+ = R9 262. Subject to overall day-to-day limit.
Medical aids, apparatus and appliances	No benefit.	100% Scheme tariff. Limited to R10 331 per family. Subject to overall day-to-day limit.
Wheelchairs	No benefit.	Limit on wheelchairs of R13 299 per family per 48 months.
Hearing aids are subject to pre-authorisation.	No benefit.	Limited to R28 736 per beneficiary per 24 months at DSP. Pre-approval required, Subject to quotation, motivation and audiogram.
Supplementary services	No benefit.	Limited to M = R4 275, M1+ = R8 490. (Subject to overall day-to-day limit)

	PULSE1	PULSE2
Wound care benefit (incl. dressings, negative pressure wound therapy treatment -NPWT- and related nursing services - out-of-hospital)	No benefit.	Limited to R9 975 per family.
Optometry benefit (PPN capitation provider)	Benefits available every 24 months from date of service at PPN provider only.  <b>Consultation - only PPN providers.</b> Frame = R225 covered AND 100% of cost of standard lenses Single vision lenses = R210 OR Bifocal lenses = R445 OR  In lieu of glasses members can opt for contact lenses, limited to R630	Benefits available every 24 months from date of service. <b>Network Provider (PPN)</b> 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 <b>OR</b> <b>Non-network Provider</b> 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
Basic radiology and pathology	Pulse1 Protocols and tariff lists apply. Referral by Pulse1 NP	Subject to NP protocols and tariff lists. (Subject to overall day-to-day limit). Referral by NP required. Subject to pre-authorisation.
Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. PET scans only included as indicated per option)	No benefit.	Subject to pre-authorisation. MRI/CT scans: A maximum of 3 scans per beneficiary. PET scans: 1 scan per beneficiary.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.	
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.	
Oncology	Oncology programme. 100% of Scheme tariff. DSP applies.	
Rehabilitation services after trauma	No benefit.	

## Medicine

Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers, formularies, funding guidelines and the Mediscor Reference Price (MRP). Refer to the Chronic Conditions List at the back of the Comparative Guide.

**Note:** Approved CDL, PMB and non-CDL chronic medicine costs will be paid from the non-CDL chronic medicine limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk.

Members will not incur co-payments for PMB medications that are on the formulary for which there is no generic alternative.

**Note:** 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.

	PULSE1	PULSE2
CDL & PMB chronic medicine	100% Scheme tariff. 40% co-payment on non-formulary medicine.	100% Scheme tariff. 25% co-payment on non-formulary medicine.
Non-CDL chronic medicine	No benefit.	16 conditions. 90% Scheme tariff. Limited to M = R6 887, M1+ = R13 774. Co-payment of 20% for non-formulary medicine.
Biologicals and other high-cost medicine	PMBs only - subject to pre-approval.	Limited to R156 743 per beneficiary.
Acute medicine	100% Scheme tariff. Subject to Bestmed formulary.	100% Scheme tariff. Limited to M = R4 572, M1+ = R9 262. (Subject to overall day-to-day limit)
Over-the-counter (OTC) medicine  Includes sunscreen, vitamins and minerals with nappi codes on Scheme formulary	Limited to R387 per family.	Limited to R608 per family.



## Preventative care benefits

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

	PULSE1	PULSE2
Preventative care	<ul style="list-style-type: none"> <li>Flu vaccines.</li> <li>Pneumonia vaccines.</li> <li>Travel vaccines.</li> <li>Paediatric immunisations.</li> <li>Back and neck preventative programme - use of this programme is in lieu of surgery.</li> <li>Female contraceptives R2 315 per beneficiary per year.</li> <li>HPV vaccinations (Females 9-26 years).</li> <li>Mammogram (tariff code 34100) – females ages 40 and above, every 24 months. Must be referred by a Network FP and Pulse Network Specialist.</li> </ul>	
<b>Note: Refer to Scheme rules for funding criteria applicable to each preventative care benefit.</b>		
Maternity Benefits	<b>100% Scheme tariff. Subject to the following benefits:</b>  <b>Consultations:</b> <ul style="list-style-type: none"> <li>9 antenatal consultations at a FP OR gynaecologist OR midwife.</li> <li>1 post-natal consultation at a FP OR gynaecologist OR midwife.</li> </ul> <b>Ultrasounds:</b> <ul style="list-style-type: none"> <li>1 x 2D ultrasound scan at 1st trimester (between 10 to 12 weeks) at a FP OR gynaecologist OR radiologist.</li> <li>1 x 2D ultrasound scan at 2nd trimester (between 20 to 24 weeks) at a FP OR gynaecologist OR radiologist.</li> </ul> <b>Supplements:</b> <ul style="list-style-type: none"> <li>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.</li> </ul>	

Disclaimer on exclusions: General and option specific exclusions apply. Please refer to [www.bestmed.co.za](http://www.bestmed.co.za) for more details.

## Contributions

		PULSE1			PULSE2
Income level		R0 – R5 500 p.m.	R5 501 – R8 500 p.m.	> R8 501 p.m.	N/A
Medical Savings Account		N/A			N/A
Principal Member	Risk	R1 694	R2 035	R2 442	R6 012
	Savings	R0	R0	R0	R0
	<b>Total</b>	<b>R1 694</b>	<b>R2 035</b>	<b>R2 442</b>	<b>R6 012</b>
Adult Dependant	Risk	R1 610	R1 934	R2 198	R6 012
	Savings	R0	R0	R0	R0
	<b>Total</b>	<b>R1 610</b>	<b>R1 934</b>	<b>R2 198</b>	<b>R6 012</b>
Child Dependant	Risk	R1 019	R1 221	R1 221	R1 429
	Savings	R0	R0	R0	R0
	<b>Total</b>	<b>R1 019</b>	<b>R1 221</b>	<b>R1 221</b>	<b>R1 429</b>
Maximum contribution child dependant*		Child dependant contributions are applicable to each child dependant			4
Recognition of a child dependant		Child dependants under the age of 21 years and registered students up to the age of 26 years, in accordance with the Rules, are regarded as child dependants.			

### ABBREVIATIONS

DBC = Documentation Based Care (Back Rehabilitation Programme); DSP = Designated Service Provider; FP = Family Practitioner or Doctor; TEMPO= Biometric Screenings; M = Member; M1+ = Member and family; MRI/CT scans = Magnetic Resonance Imaging/Computed Tomography scans; MRP = Mediscor Reference Price; NP = Network Provider; PET scan = Positron Emission Tomography scan; PMB = Prescribed Minimum Benefits; PSA = Prostate Specific Antigen; Preferred Provider Negotiators = PPN.

## When do co-payments apply?

- If medicine is prescribed/selected for the treatment of a CDL, PMB or non-CDL condition and is not listed on the formulary.
- If the prescribed/selected medicine costs more than the Mediscor Reference Price (MRP).
- A formulary co-payment on non-CDL conditions is applicable depending on the chosen plan option.
- When the provider charges a higher dispensing fee than what the Scheme reimburses.

Please note that according to the Council for Medical Schemes (CMS) co-payments may not be deducted from your savings account or vested savings account or reimbursed to you.

The co-payment percentage varies according to the different benefit options. The table below highlights the different co-payments applicable per Scheme option for the CDL, PMB and non-CDL conditions:

Benefit	Beat1 / Beat1 N	Beat2 / Beat2 N	Beat3 / Beat3 N	Beat4	Pace1	Pace2	Pace3	Pace4	Pulse1	Pulse2
Non-formulary co-payment for CDL and PMB conditions	40%	40%	40%	30%	35%	30%	25%	20%	40%	25%
Formulary co-payment for non-CDL conditions	No benefit	No benefit	20%	10%	10%	10%	10%	10%	No benefit	10%
Non-formulary co-payment for non-CDL conditions	No benefit	No benefit	35%	25%	30%	25%	20%	15%	No benefit	20%

## Out-of-hospital radiology and ultrasounds per option:

Benefit	Beat1 / Beat1 N	Beat2 / Beat2 N	Beat3 / Beat3 N	Beat4	Pace1	Pace2	Pace3	Pace4	Pulse1	Pulse2
Radiology	X	✓	✓	✓	✓	✓	✓	✓	✓	✓
MRI/CT/Nuclear	✓	✓	✓	✓	✓	✓	✓	✓	X	✓
MRI/CT Scans	✓	✓	✓	✓	✓	✓	✓	✓	X	✓
Maternity benefits - ultrasound scan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PET Scans	X	X	X	✓	✓	✓	✓	✓	X	✓

\* ✓ Applicable X Not applicable

Please note: All in-hospital procedures are subject to pre-authorisation.

## Chronic Disease List

The Chronic Disease List (CDL) provides cover for the 27 listed chronic conditions for which medical schemes must cover the diagnosis, medical management and medicines as published by the Council for Medical Schemes. An additional 16 conditions are covered as Prescribed Minimum Benefits (PMB), where the medical management and medicines are also covered from Scheme benefits. Non-CDL chronic conditions are those additional conditions that Bestmed provides chronic medicine cover for. Authorisation for CDL, PMB and non-CDL chronic medicines is subject to clinical funding guidelines and protocols, formularies and Designated Service Providers (DSPs) where applicable. Approved CDL and PMB chronic medicines are covered without an annual financial limit while non-CDL chronic medicines are subject to an annual financial limit. Below is the list of CDL, PMB and non-CDL conditions that Bestmed covers on the various benefit options.

		BEAT1	BEAT2	BEAT3	BEAT4	PACE1	PACE2	PACE3	PACE4	PULSE1	PULSE2
Reimbursement for CDL		100% of Scheme tariff									
Reimbursement for non-CDL		N/A	N/A	80% of Scheme tariff	90% of Scheme tariff	90% of Scheme tariff	90% of Scheme tariff	90% of Scheme tariff	90% of Scheme tariff	N/A	90% of Scheme tariff
Non-formulary co-payment for CDL		40%	40%	40%	30%	35%	30%	25%	20%	40%	25%
No. of non-CDL conditions		0	0	5	9	7	18	19	28	0	16
Non-formulary co-payment for non-CDL		N/A	N/A	35%	25%	30%	25%	20%	15%	N/A	20%
<b>CDL</b>											
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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



		BEAT1	BEAT2	BEAT3	BEAT4	PACE1	PACE2	PACE3	PACE4	PULSE1	PULSE2
<b>NON-CDL</b>											
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			✓	✓	✓	✓	✓	✓		✓
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	Ankylosing spondylitis						✓	✓	✓		
non-CDL 15	Hypopituitarism								✓		
non-CDL 16	Osteoarthritis						✓	✓	✓		✓
non-CDL 17	Alzheimer's disease						✓	✓	✓		✓
non-CDL 18	Collagen diseases						✓	✓	✓		
non-CDL 19	Dermatomyositis						✓	✓	✓		
non-CDL 20	Motor neuron disease								✓		
non-CDL 21	Neuropathy							✓	✓		✓
non-CDL 22	Polyarteritis nodosa								✓		
non-CDL 23	Scleroderma								✓		
non-CDL 24	Sjogren's disease								✓		
non-CDL 25	Trigeminal neuralgia								✓		
non-CDL 26	Psoriatic arthritis								✓		
non-CDL 27	Blepharospasm								✓		
non-CDL 28	Dystonia								✓		
<b>PMB</b>											
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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

		BEAT1	BEAT2	BEAT3	BEAT4	PACE1	PACE2	PACE3	PACE4	PULSE1	PULSE2
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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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#### **ER24**

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#### **INTERNATIONAL TRAVEL INSURANCE (BRYTE INSURANCE)**

Tel: 0860 329 329 (RSA only) during office  
hours / 084 124 after hours

E-mail: [er24@brytesa.com](mailto:er24@brytesa.com)

Claims: [travelclaims@brytesa.com](mailto: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](mailto: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](mailto:service@bestmed.co.za)

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