

A man and a woman are smiling and taking a selfie with a smartphone. The man is wearing a plaid shirt and sunglasses, and the woman is wearing a light blue sleeveless shirt and sunglasses. They are outdoors near a body of water with a city skyline in the background. A bicycle handlebar is visible in the foreground.

Beat1

## Benefit Summary 2016

**bestMed**

Better living. Better life.

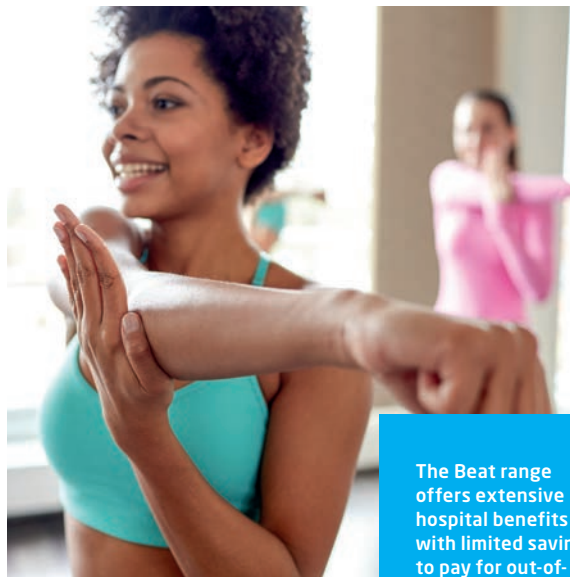
## Beat1

Beat1 is Bestmed's hospital plan that offers extensive in-hospital cover at private hospitals. The option also offers additional Scheme benefits to protect your health and includes biometric screenings, immunisations and contraceptives. You can choose to have access to any hospital, or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals.



## Method of Scheme benefit payment

On the Beat1 option in-hospital services are paid from the Scheme risk and out-of-hospital services will be for the member's own account. Some preventative care services are available from the Scheme risk benefit.



The Beat range offers extensive hospital benefits with limited savings to pay for out-of-hospital expenses on some options.



## Network option

Beat1, 2 and 3 offer an efficiency discount option (Network option). This is an option where the Scheme offers discounted subscriptions to members who agree to sacrifice freedom of choice and make use of the Scheme-contracted designated service providers (DSPs) for hospitals, specialists and medicine. Co-payments are applicable to the voluntary use of non-DSPs.

Please refer to the contributions table.



# In-hospital benefits

## Note:

- All in-hospital benefits referred to in the section below require pre-authorisation. Please contact 080 022 0106 to obtain a pre-authorisation number.
- Clinical funding protocols, funding guidelines, preferred providers and designated service providers (DSPs) may apply.
- Should a member voluntarily choose not to make use of a hospital forming part of a hospital network for the Beat Network benefit option, a maximum co-payment of R10 000 shall apply to the voluntary use of a non-designated service provider.

MEDICAL EVENT	SCHEME BENEFIT
Accommodation (hospital stay) and theatre fees	100% Scheme tariff. DSP specialist network applicable if the discounted network option is chosen.
Take-home medicine	100% Scheme tariff. Limited to 7 days' medicine.
Treatment in mental health clinics	100% Scheme tariff. Limited to 21 days per beneficiary.
Treatment of chemical and substance abuse	100% Scheme tariff. Limited to 21 days or R24 000 per beneficiary. Subject to network facilities.
Consultations and procedures	100% Scheme tariff. DSP specialist network applicable if the discounted network option is chosen.
Surgical procedures and anaesthetics	100% Scheme tariff.
Organ transplants	100% Scheme tariff. (Only PMBs)
Major medical maxillo-facial surgery strictly related to certain conditions	100% Scheme tariff. Limited to R9 600 per family.
Dental and oral surgery	Limited to R5 000 per family.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R58 600 per family.

## MEDICAL EVENT

### Prosthesis - Internal

Note: Sub-limit subject to the prosthesis limit.

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

### Prosthesis - External

#### Exclusions

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

### Orthopaedic and medical appliances

### Pathology

### Diagnostic imaging

### Specialised diagnostic imaging

### Oncology

### Peritoneal dialysis and haemodialysis

### Confinements

### Refractive surgery

### Midwife-assisted births

### Supplementary services

### Alternatives to hospitalisation

### Emergency evacuation

### Co-payments

## SCHEME BENEFIT

Sub-limits per beneficiary:

- Functional limited to R10 000
- Pacemaker (dual chamber) R30 500
- Vascular R22 250
- Endovascular - no benefit
- Spinal R22 250
- Artificial disk - no benefit
- Drug-eluting stents - no benefit
- Mesh R7 850
- Gynaecology/Urology R6 400
- Lens implants R4 950 per lens

Limited to R14 200 per family.

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

- Hip replacement and other major joints R23 500
- Knee replacement R28 950
- Minor joints R9 900

100% Scheme tariff.

100% Scheme tariff.

100% Scheme tariff.

100% Scheme tariff.  
Subject to co-payments.

Oncology programme.  
Subject to pre-authorisation.  
100% Scheme tariff.

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

100% Scheme tariff.

100% Scheme tariff. Subject to pre-authorisation and protocols.  
Limited to R6 500 per eye.

100% Scheme tariff.

100% Scheme tariff.

100% Scheme tariff.

100% Scheme tariff. Pre-authorised and rendered by ER24.

Co-payment of R2 400 on all endoscopic investigations if done in private hospital. Any other facility, no co-payment.



## 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).
- Most out-of-hospital expenses, such as visits to a GP or Specialist, are paid in full by you directly to the service provider.
- Members choosing the efficiency discount option (Network option) are required to make use of Scheme-contracted service providers.
- The following out-of-hospital benefits are paid for by the Scheme:

### MEDICAL EVENT

### SCHEME BENEFIT

#### Wound care benefit

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

100% Scheme tariff.

Limited to R2 600 per family.

#### Oncology

Oncology programme.

Subject to pre-authorisation.

100% Scheme tariff.

#### Peritoneal dialysis and haemodialysis

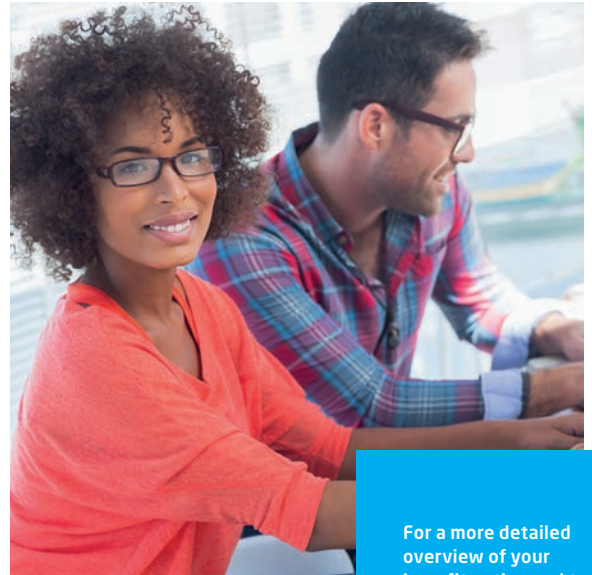
100% Scheme tariff. Subject to pre-authorisation and DSPs.

#### Specialised diagnostic imaging

100% Scheme tariff.

Limited to R4 000 per family.

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



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)



## Medicine

### 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).
- For a list of all chronic conditions, please refer to our website at [www.bestmed.co.za](http://www.bestmed.co.za)
- Members choosing the efficiency discount option (Network option) are required to make use of Scheme-contracted pharmacies to obtain their medicine.

### BENEFIT DESCRIPTION

### SCHEME BENEFIT

#### CDL chronic medicine

100% Scheme tariff. Co-payment of 35% for non-formulary medicine.

#### Non-CDL chronic medicine

No benefit.

#### Biologicals and other high-cost medicine

No benefit.

#### Acute medicine

No benefit.

#### Over-the-counter (OTC) medicine

No benefit.



# Preventative care benefits

**Note:** Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers (DSPs) and funding guidelines.

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Flu vaccines	All ages.	1 per beneficiary per year.	Applicable to all active members and beneficiaries.
Pneumonia vaccines	Children < 2 years. High-risk adult group.	Once every 60 months.	<b>Funding for adults:</b> The Scheme will identify certain high-risk individuals who will be advised to be immunised.
Paediatric immunisations	Babies and children.	Funding for all paediatric vaccines according to the state-recommended programme.	
Female contraceptives	All females of child-bearing age.	Quantity and frequency depending on product up to the maximum allowed amount. Mirena device - 1 device every 60 months.	Limited to R1 550 per family per year. Includes all items classified in the category of female contraceptives.
Back and neck preoperational assessment Provided by Documentation Based Care (DBC)	All ages.	Up to 6 weeks treatment plan as per approval.	Applicable to beneficiaries who have serious spinal or back problems and may require surgery. The Scheme identifies appropriate participants for evaluation at the DBC Centre. Based on the outcomes of the evaluation, a rehabilitation treatment plan is drawn up and initiated which lasts approximately 6 weeks.
Health Check (Biometric screening): <ul style="list-style-type: none"><li>Glucose test (finger-prick test)</li><li>Cholesterol test (finger-prick test)</li><li>Blood Pressure</li><li>Body Mass Index (BMI)</li></ul>	All beneficiaries 10 years and older.	1 per beneficiary per year.	All beneficiaries, 10 years and older, have access to 1 biometric benefit package from selected pharmacies (Dis-Chem, Clicks, ScriptSavers and Pick n Pay).
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist or GP. Consultation will be for member's own account.

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

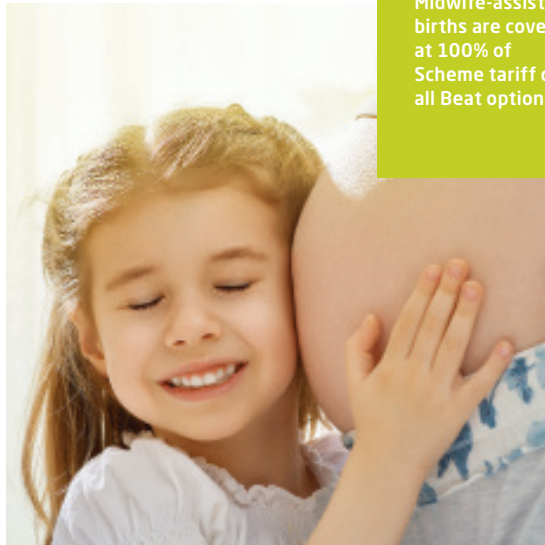
With us you get the best when it comes to accessing quality healthcare.



We always strive to exceed your expectations.



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



## Maternity Care programme

With so many things to juggle, the Maternity Care programme is created to help moms and dads through the entire pregnancy and the first two years with a new little one in the home - without missing a beat. At Bestmed we want you to enjoy this entire experience.

Registering on this programme will give you the following support and benefits:

- A 24-hour professional medical advice line.
- Weekly e-mails packed with convenient information about your pregnancy, your baby's development, how to deal with unpleasant pregnancy symptoms and useful hints.
- Dads won't be left out as they will also receive e-mails every second week to inform them about the baby's development and Mom's progress.
- To make sure your pregnancy starts right, you will receive a welcome pack containing an informative pregnancy book to guide you through the stages and discount vouchers for various baby items. Mom can also expect a pregnancy health pack, via Fastmail, within the first month of registration.
- In your second month after registration, we will send you a beautiful baby bag, to your door, packed with products to use after baby's birth. Moms-to-be can expect their bag to contain wonderful products.

**Please note that you may only register on the Maternity Care programme after the 12th week of pregnancy.**



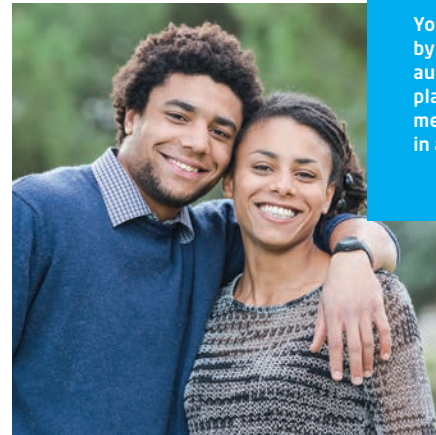
## Contributions

	Non-network/ Network	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	NN	R1 144	R888	R481
	N	R1029	R800	R433
Savings amount	NN	R0	R0	R0
	N	R0	R0	R0
Total monthly contribution	NN	<b>R1144</b>	<b>R888</b>	<b>R481</b>
	N	<b>R1029</b>	<b>R800</b>	<b>R433</b>

\* You only pay for a maximum of four children.

All other children can join as beneficiaries of the Scheme free of charge.

You can save money by obtaining pre-authorisation for planned, in-hospital medical procedures in advance.



### Abbreviations

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); DSP = Designated Service Provider; GP = General Practitioner or Doctor; MRP = Mediscor Reference Price; NPWT = Negative-pressure wound therapy; PMB = Prescribed Minimum Benefits.

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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