BEAT1

Benefit Summary **2019**

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BEAT1 OPTION	HOSPITAL PLAN
Recommended for?	You are a young, ambitious individual who likes to stay healthy and fit but would like the additional comfort of knowing you have extensive hospital cover. Perfectly suited for your dynamic lifestyle.
Contribution range (Network choice available)	R1 485 - Principal member R1 152 - Adult dependant R 624 - Child dependant R1 335 - Principal member (Network option) R1 038 - Adult dependant (Network option) R 562 - Child dependant (Network option)
Savings account/Day-to-day benefits	In-hospital cover only.
Value benefits	Preventative care benefits. Contraceptive benefit. Wound care benefit. International travel cover.
Over-the-counter	Not available.
Not recommended for?	Older individuals and families requiring more cover for day-to-day expenses and certain diseases. The Pace range will be more beneficial to suit your needs.

Method of benefit payment

On the Beat1 option in-hospital services are paid from 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.

Network option

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

In-hospital benefits

Note:

- All in-hospital benefits referred to in the following section require pre-authorisation. Please contact 080 022 0106 to obtain a pre-authorisation number.
- Clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- Should a member voluntarily choose not to make use of a hospital forming part of a hospital network for the Beat Network benefit option, a maximum co-payment of R10 750 shall apply for 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 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 R29 240 per beneficiary. Subject to network facilities.
Consultations and procedures	100% Scheme tariff. DSP specialist network applicable if the discounted network option is chosen.

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

MEDICAL EVENT	SCHEME BENEFIT
Surgical procedures and anaesthetics	100% Scheme tariff.
Organ transplants	100% Scheme tariff. (Only PMBs.)
Major medical maxillo-facial surgery strictly related to certain conditions	PMBs only at DSP day hospitals.
Dental and oral surgery	PMBs only at DSP day hospitals.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R71 380 per family.
Prosthesis – Internal Note: Sub-limit subject to the prosthesis limit. *Functional: Item utilised towards treating or supporting a bodily function.	Sub-limits per beneficiary: • *Functional limited to R12 770 • Pacemaker (dual chamber) R38 915 • Vascular R28 490 • Endovascular and catheter-based procedures - no benefit • Spinal R28 490 • Artificial disc - no benefit • Drug-eluting stents - PMBs and DSP products only • Mesh R9 998 • Gynaecology/Urology R8 170 • Lens implants R6 235 per lens per eye
Prosthesis – External	No benefit.
Exclusions Limits and co-payments applicable. Preferred provider network available.	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: • Hip replacement and other major joints R29 993 • Knee replacement R36 980 • Minor joints R11 503

MEDICAL EVENT	SCHEME BENEFIT
Orthopaedic and medical appliances	100% Scheme tariff.
Pathology	100% Scheme tariff.
Diagnostic imaging	100% Scheme tariff.
Specialised diagnostic imaging	100% Scheme tariff. Subject to co-payments.
Oncology	PMBs only at DSPs.
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.
Confinements	100% Scheme tariff.
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	No benefit.
Midwife-assisted births	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
Emergency evacuation	Services rendered by ER24.
Co-payments	Co-payment of R3 440 on all endoscopic investigations and specialised diagnostic imaging if done in a private hospital. Any other facility, no co-payment.

Out-of-hospital benefits

Note:

- Benefits 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 Family Practitioner (FP) 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.

MEDICAL EVENT	SCHEME BENEFIT
Wound care benefit (incl. dressings, negative pressure wound therapy NPWT treatment and related nursing services - out-of-hospital)	100% Scheme tariff. Limited to R3 193 per family.
Oncology	PMBs only at DSPs.
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.
Specialised diagnostic imaging	100% Scheme tariff. Limited to R4 837 per family.

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).
- 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 and PMB chronic medicine	100% Scheme tariff. Co-payment of 40% for non-formulary medicine.
Non-CDL chronic medicine	No benefit.
Biologicals and other high-cost medicine	PMBs only as per funding protocol.
Acute medicine	No benefit.
Over-the-counter (OTC) medicine	No benefit.

Chronic Conditions List

CDL	
CDL 1	Addison's disease
CDL 2	Asthma
CDL 3	Bipolar mood disorder
CDL 4	Bronchiectasis
CDL 5	Cardiomyopathy
CDL 6	Chronic renal disease
CDL 7	Chronic obstructive pulmonary disease (COPD)
CDL 8	Cardiac failure
CDL 9	Coronary artery disease
CDL 10	Crohn's disease
CDL 11	Diabetes insipidus
CDL 12	Diabetes mellitus type 1
CDL 13	Diabetes mellitus type 2
CDL 14	Dysrhythmias
CDL 15	Epilepsy
CDL 16	Glaucoma
CDL 17	Haemophilia
CDL 18	Hyperlipidaemia
CDL 19	Hypertension
CDL 20	Hypothyroidism
CDL 21	Multiple sclerosis
CDL 22	Parkinson's disease

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

PMB	
PMB 1	Aplastic anaemia
PMB 2	Chronic anaemia
PMB 3	Benign prostatic hyper-trophy
PMB 4	Cushing's disease
PMB 5	Cystic fibrosis
PMB 6	Endometriosis
PMB 7	Female menopause
PMB 8	Fibrosing alveolitis
PMB 9	Graves' disease
PMB 10	Hyperthyroidism
PMB 11	Hypophyseal adenoma
PMB 12	Idiopathic thrombocytopenic purpura
PMB 13	Paraplegia/Quadriplegia
PMB 14	Polycystic ovarian syndrome
PMB 15	Pulmonary embolism
PMB 16	Stroke

Preventative Care benefits

Note:

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

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Flu vaccines	All ages.	1 per beneficiary per year.	Applicable to all active members and beneficiaries.
Pneumonia vaccines	Children <2 years. High-risk adult group.	Children: As per schedule of Department of Health. Adults: Twice in a lifetime with booster above 65 years of age.	Adults: The Scheme will identify certain high-risk individuals who will be advised to be immunised.
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 096 per family per year. Includes all items classified in the category of female contraceptives.
HPV vaccinations	Females of 9-26 years old	3 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). For serious spinal and/or back problems that may require surgery. The Scheme may identify appropriate participants. Based on the first assessment, a rehabilitation treatment plan is drawn up and initiated over an uninterrupted period that will be specified by the provider.
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist or FP. Consultation will be for member's own account.

PREVENTATIVE CARE BENEFIT	
Bestmed Wellness Programme Note: Completing your Health Risk Assessment (HRA) unlocks the other Wellness Programme benefits. One parent must complete their HRA in order to unlock assessments for beneficiaries younger than 21.	Individual Health Risk Assessments (Adults aged 21 and older) – Biometric screening and lifestyle questionnaire to be completed at a network pharmacy or onsite at selected employers (1 per year). Child dependant assessments • Ages 13-20 years: Assessment done by a contracted biokineticist (wellness network provider) – 1 per beneficiary per year. • Ages 3-12 years: Assessment done by a contracted occupational therapist (wellness network provider) – 1 per beneficiary per year. • Ages 0-35 months: Baby growth and development assessments done at a contracted pharmacy clinic – 3 assessments per year. Family assessments - nutrition • Family nutritional assessment done at a contracted dietician (wellness network provider) – 1 per family per year. Fitness and nutritional interventions (beneficiaries 18 and older, pre-approval required) • 3 individualised consultations per year at a contracted biokineticist (wellness provider network). • 3 individualised consultations per year at a contracted dietician (wellness provider network).

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

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

Maternity Care programme

Finding out you are pregnant comes with a whole lot of emotions, questions and information. Sometimes just knowing where to start and which information you can trust can be a challenge.

Pregnant members and dependants have access to the Maternity Care programme. The programme provides comprehensive information and services and was designed with the needs of expectant parents and their support network in mind. We aim to give you support, education and advice through all stages of your pregnancy, the confinement and postnatal (after birth) period.

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

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

How to register:

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

Abbreviations

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

Contributions

	NON-NETWORK/ NETWORK	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	NN	R1 485	R1 152	R624
	N	R1 335	R1 038	R562
Savings amount	NN	N/A	N/A	N/A
	N	N/A	N/A	N/A
Total monthly contribution	**NN**	**R1 485**	**R1 152**	**R624**
	N	**R1 335**	**R1 038**	**R562**

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

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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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