

A photograph of a young couple sitting together. The woman, on the left, has long brown hair and is wearing a white sweater. The man, on the right, has a beard and is wearing a grey shirt. They are both smiling and looking at a white smartphone held by the woman. The man is wearing white earbuds. A green square is in the top left corner, and a blue square is in the bottom right corner.

Beat2

## Benefit Summary 2016

**bestMed**

Better living. Better life.

# Beat2

Beat2 is Bestmed’s superior hospital plan with an additional savings account that offers flexibility. This option offers extensive in-hospital cover at private hospitals and the savings account is available for those unforeseen day-to-day expenses. 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. This option also offers additional Scheme benefits to protect your health. It includes biometric screenings, immunisations, and contraceptives.



## Method of Scheme benefit payment

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



## 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.



## In-hospital benefits

MEDICAL EVENT	SCHEME BENEFIT
Organ transplants	100% Scheme tariff. (Only PMBs)
Major medical maxillo-facial surgery strictly related to certain conditions	100% Scheme tariff. Limited to R9 700 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 R59 250 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: <ul style="list-style-type: none"> <li>■ Functional limited to R10 000</li> <li>■ Pacemaker (dual chamber) R30 500</li> <li>■ Vascular R22 450</li> <li>■ Endovascular - no benefit</li> <li>■ Spinal R22 450</li> <li>■ Artificial disk - no benefit</li> <li>■ Drug-eluting stents - no benefit</li> <li>■ Mesh R7 850</li> <li>■ Gynaecology/Urology R6 500</li> <li>■ Lens implants R5 050 per lens</li> </ul>
Prosthesis - External	Limited to R14 300 per family.
Exclusions (Prosthesis limit subject to preferred provider, otherwise limits and co-payments apply)	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: <ul style="list-style-type: none"> <li>■ Hip replacement and other major joints R23 690</li> <li>■ Knee replacement R29 250</li> <li>■ Minor joints R10 000</li> </ul>
Orthopaedic and medical appliances	100% Scheme tariff.
Pathology	100% Scheme tariff.
Diagnostic imaging	100% Scheme tariff.
Specialised diagnostic imaging	100% Scheme tariff.
Oncology	Oncology programme. Subject to pre-authorisation. 100% Scheme tariff.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Confinements	100% Scheme tariff.
Refractive surgery	100% Scheme tariff. 100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R6 500 per eye.

### MEDICAL EVENT

### SCHEME BENEFIT

Midwife-assisted births	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
Emergency evacuation	100% Scheme tariff. Pre-authorised and rendered by ER24.
Co-payments	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 from your medical savings account.
- Should you not use all of the funds available in your medical savings account, these funds will be transferred into your Savings account at the beginning of the following financial year.
- Members choosing the efficiency discount option (Network option) are required to make use of Scheme-contracted service providers.

### MEDICAL EVENT

### SCHEME BENEFIT

GP and specialist consultations	Savings account.
Basic and specialised dentistry	Basic: Preventative benefit or savings account. Specialised: Savings account. Orthodontic: Subject to pre-authorisation.
Medical aids, apparatus and appliances	Savings account.
Supplementary services	Savings account.
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.
Optometry benefit (PPN capitation provider)	Savings account.
Diagnostic imaging and pathology	Savings account.



## Out-of-hospital benefits

### MEDICAL EVENT

### SCHEME BENEFIT

Specialised diagnostic imaging	100% Scheme tariff. Limited to R4 000 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.
Maternity benefits	Savings account.
Rehabilitation services after trauma	Savings account.



We always  
strive to  
exceed your  
expectations.



## Medicine

### Note:

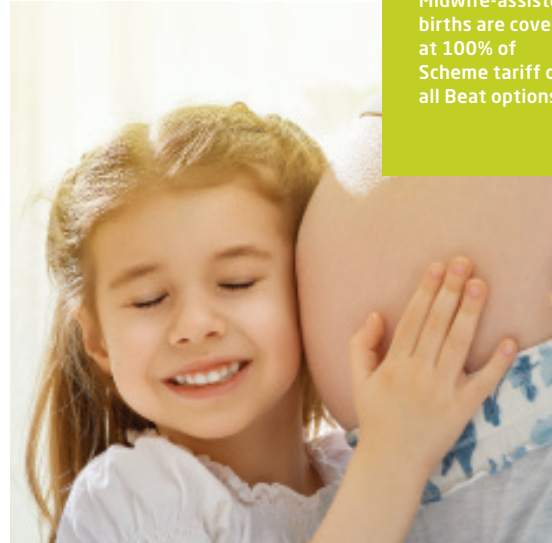
- Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).
- For a list of all chronic conditions, please refer to our website at [www.bestmed.co.za](http://www.bestmed.co.za)
- 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	Savings account.
Over-the-counter (OTC) medicine	Savings account.

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.



# 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.
Preventative dentistry (incl. gloves and sterile equipment)	Refer to Preventative Dentistry section for details.		
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 paid from the available savings 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.

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



Did you know that you can make your benefits last longer?

Simply ask your doctor to prescribe generic medicines where possible.

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)



## Preventative dentistry

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

DESCRIPTION OF SERVICE	AGE	FREQUENCY
<b>General full-mouth examination by a general dentist</b> (incl. gloves and use of sterile equipment for the visit)	Above 12 years. Under 12 years.	Once a year. Twice a year.
<b>Full-mouth intra-oral radiographs</b>	All ages.	Once every 36 months.
<b>Intra-oral radiograph</b>	All ages.	2 x photos per year.
<b>Scaling and/or polishing</b>	All ages.	Twice a year.
<b>Fluoride treatment</b>	All ages.	Twice a year.
<b>Fissure sealing</b>	Up to and including 21 years.	In accordance with accepted protocol.
<b>Space maintainers</b>	During primary and mixed denture stage.	Once per space.

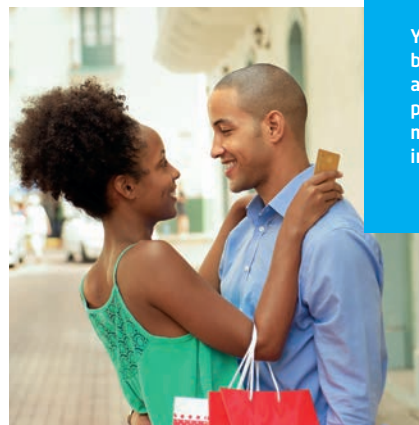
Disclaimer on exclusions: General and option-specific exclusions apply. Please refer to [www.bestmed.co.za](http://www.bestmed.co.za) for more detail.



## Contributions

	Non-network/ Network	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
<b>Risk amount</b>	NN	R1 174	R912	R495
	N	R1 057	R821	R445
<b>Savings amount</b>	NN	R240	R187	R101
	N	R216	R168	R91
<b>Total monthly contribution</b>	NN	<b>R1 414</b>	<b>R1099</b>	<b>R596</b>
	N	<b>R1 273</b>	<b>R989</b>	<b>R536</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](mailto:service@bestmed.co.za)

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## 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.

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