Benefit Summary **2019**

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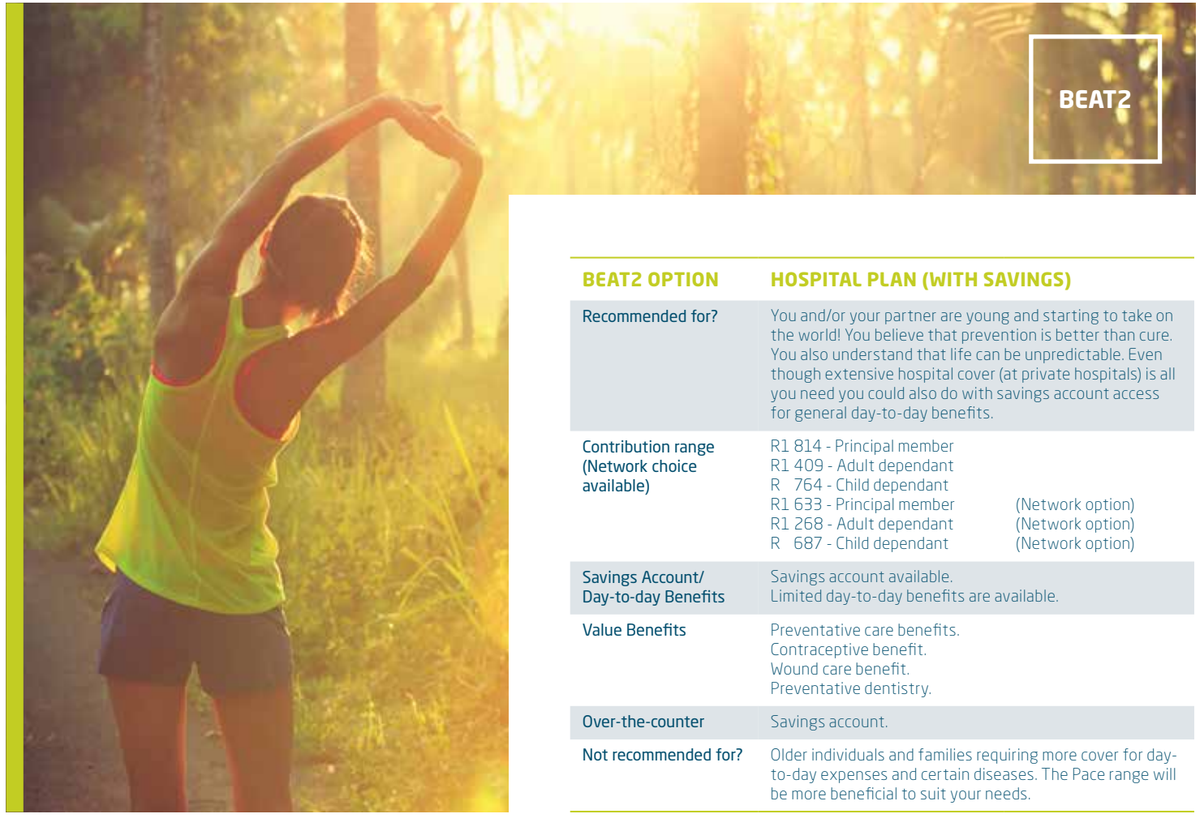

BEAT2 OPTION	HOSPITAL PLAN (WITH SAVINGS)
Recommended for?	You and/or your partner are young and starting to take on the world! You believe that prevention is better than cure. You also understand that life can be unpredictable. Even though extensive hospital cover (at private hospitals) is all you need you could also do with savings account access for general day-to-day benefits.
Contribution range (Network choice available)	R1 814 - Principal member R1 409 - Adult dependant R 764 - Child dependant R1 633 - Principal member (Network option) R1 268 - Adult dependant (Network option) R 687 - Child dependant (Network option)
Savings Account/ Day-to-day Benefits	Savings account available. Limited day-to-day benefits are available.
Value Benefits	Preventative care benefits. Contraceptive benefit. Wound care benefit. Preventative dentistry.
Over-the-counter	Savings account.
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 Beat2 option in-hospital services are paid from 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 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 section below 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	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 000 per family.
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 base 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.

MEDICAL EVENT	SCHEME 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 • Other minor joints R11 503
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 that follow 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 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.

The following out-of-hospital benefits are paid for by the Scheme:

MEDICAL EVENT	SCHEME BENEFIT
FP and Specialist consultations	Savings account. FP and Specialist consultations only at Bestmed DSPs at network tariffs.
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.

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 R3 193 per family.
Optometry benefit (PPN capitation provider)	Savings account.
Diagnostic imaging and pathology	Savings account.
Specialised diagnostic imaging	100% Scheme tariff. Limited to R4 837 per family.
Maternity benefits	Savings account.
Oncology	PMBs only at DSPs.
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.
Rehabilitation services after trauma	Savings account.

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	Savings account.
Over-the-counter (OTC) medicine	Savings account.

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 - severe
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 hypertrophy
PMB 4	Cushing's disease
PMB 5	Cystic fibrosis
PMB 6	Endometriosis
PMB 7	Female menopause
PMB 8	Fibrosing alveolitis
PMB 9	Graves' disease
PMB 10	Hyperthyroidism
PMB 11	Hypophyseal adenoma
PMB 12	Idiopathic thrombocytopenic purpura
PMB 13	Paraplegia/Quadriplegia
PMB 14	Polycystic ovarian syndrome
PMB 15	Pulmonary embolism
PMB 16	Stroke

Preventative Care benefits

Note:

Benefits 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.
Paediatric immunisations	Babies and children.	Funding for all paediatric vaccines according to the state-recommended programme.	
Female contraceptives	All females of child-bearing age.	Quantity and frequency depending on product up to the maximum allowed amount. Mirena device - 1 device every 60 months.	Limited to R2 096 per family per year. Includes all items classified in the category of female contraceptives.
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.
HPV vaccinations	Females of 9-26 years old.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
Preventative dentistry (incl. gloves and sterile equipment)	Refer to Preventative Dentistry section for details.		

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist or FP. Consultation paid from the available savings account.
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.

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 Providers; FP = Family Practitioner or Doctor; MRP = Mediscor Reference Price; NPWT = Negative Pressure Wound Therapy.

Preventative dentistry

Note:

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

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

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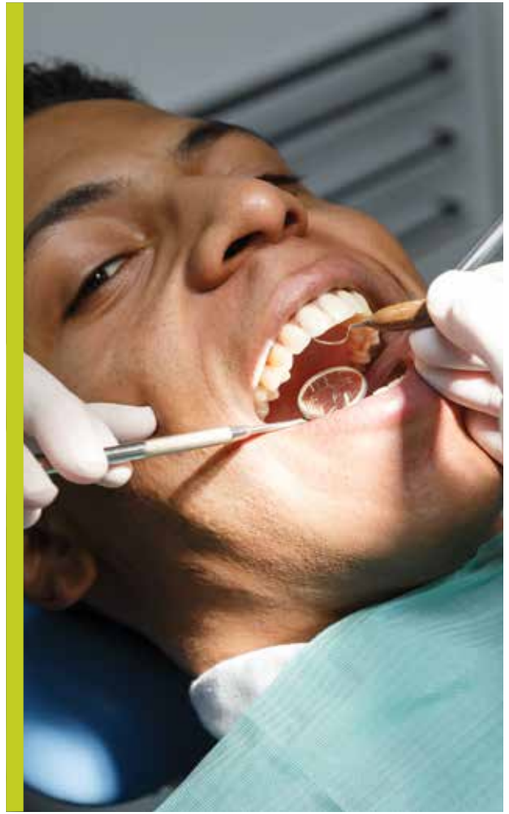
Please refer to www.bestmed.co.za for more details.

Contributions

	NON-NETWORK/ NETWORK	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	NN	R1 524	R1 184	R642
	N	R1 372	R1 065	R577
Savings amount	NN	R290	R225	R122
	N	R261	R203	R110
Total monthly contribution	**NN**	**R1 814**	**R1 409**	**R764**
	N	**R1 633**	**R1 268**	**R687**

*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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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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