

Beat3

A photograph of a man and a pregnant woman standing by a large window, looking out at a bright, sunny day. The woman is holding a white mug and the man is smiling and looking at her.

# Benefit Summary 2016

bestMed

Better living. Better life.

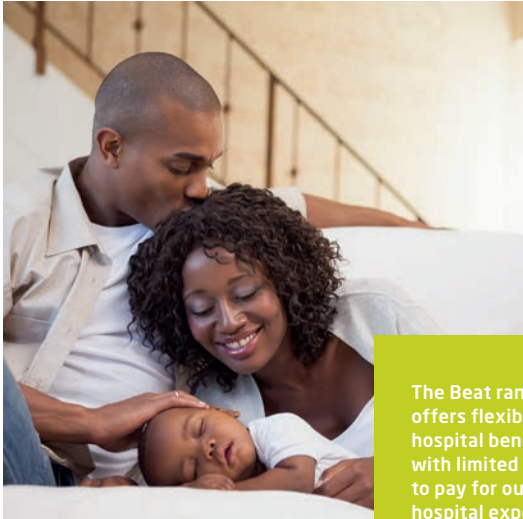
## Beat3

Beat3 is Bestmed's value-for-money prime option for new and young families. This option offers generous maternity benefits and extensive in-hospital cover at private hospitals. You can choose to have access at any hospital, or you can choose to receive a discount on your contribution by selecting to use a specific list of hospitals. This option also offers additional chronic benefits, for allergic rhinitis and ADD/ADHD. It includes preventative care benefits such as immunisations and contraceptives that ensures you and your little ones are well taken care of.



## Method of Scheme benefit payment

On the Beat3 option in-hospital services are paid from the Scheme risk. Some day-to-day benefits are paid from the Scheme risk and other services will be paid from the savings account. Some preventative care services are available from the Scheme risk benefit.



The Beat range offers flexible 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 700 per family.

**Dental and oral surgery**

Limited to R6000 per family.

**Prosthesis**  
(Subject to preferred provider, otherwise limits and co-payments apply)

100% Scheme tariff.  
Limited to R59 250 per family.

## In-hospital benefits

### MEDICAL EVENT

### SCHEME BENEFIT

#### 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 R11 000
- Pacemaker (dual chamber) R30 500
- Vascular R22 450
- Endovascular - no benefit
- Spinal R22 450
- Artificial disk - no benefit
- Drug-eluting stents - no benefit
- Mesh R7 850
- Gynaecology/Urology R6 500
- Lens implants R5 050 per lens

#### 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:

- Hip replacement and other major joints R23 700
- Knee replacement R29 250
- Minor joints R10 000

#### 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. Subject to pre-authorisation and protocols.  
Limited to R6 500 per eye.

#### 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.
- Some out-of-hospital benefits are paid for by the Scheme at 100% Scheme tariff.
- 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.

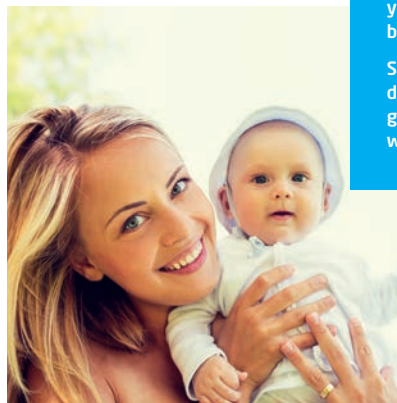
#### Supplementary services

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.



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

Simply ask your doctor to prescribe generic medicines where possible.



## Out-of-hospital Benefits

### MEDICAL EVENT

**Optometry benefit**  
(PPN capitation provider)

### SCHEME BENEFIT

Optometry services are obtained from and paid by PPN at 100% of cost per beneficiary every 24 months.\*

For services rendered by a non-network provider, the following maximum amounts per beneficiary apply every 24 months:

- Consultation R325
- Frame R550
  - Single-vision lenses R150 OR
  - Bifocal lenses R325 OR
  - Multifocal lenses R600
- Contact lenses R1 000\*\*

**Diagnostic imaging and Pathology**

Savings account.

**Specialised diagnostic imaging**

100% Scheme tariff.  
Limited to R8 350 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**

100% Scheme tariff. 2 sonars and up to 12 antenatal consultations.

**Rehabilitation services after trauma**

Savings account.

\*This means the benefit is limited to only those products and services negotiated by PPN and only those frames specified by PPN.

\*\*Preferred Provider Negotiators (PPN) will pay a maximum amount of R1 000 towards the cost for contact lenses per beneficiary every 24 (twenty-four) months, irrespective of whether the beneficiary utilised the services of PPN or a non-network provider.

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.

\*Please note that CDL and non-CDL chronic medicine costs will be paid from the non-CDL limit first. Thereafter, approved CDL chronic medicine costs continue being paid by the Scheme.

### BENEFIT DESCRIPTION

### SCHEME BENEFIT

**CDL chronic medicine\***

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

**Non-CDL chronic medicine\***

5 conditions. 85% Scheme tariff.  
Limited to M = R2 700,  
M1+ = R5 450. Co-payment of 35% for non-formulary medicine.

**Biologicals and other high-cost medicine**

No benefit.

**Acute medicine**

Savings account.

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

Savings account.

## Chronic conditions list (non-CDL)

Acne - severe

Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)

Allergic rhinitis

Eczema

Migraine prophylaxis



# 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.	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.

Bestmed provides great healthcare benefits to more than 193 000 beneficiaries.



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

## Maternity Care programme

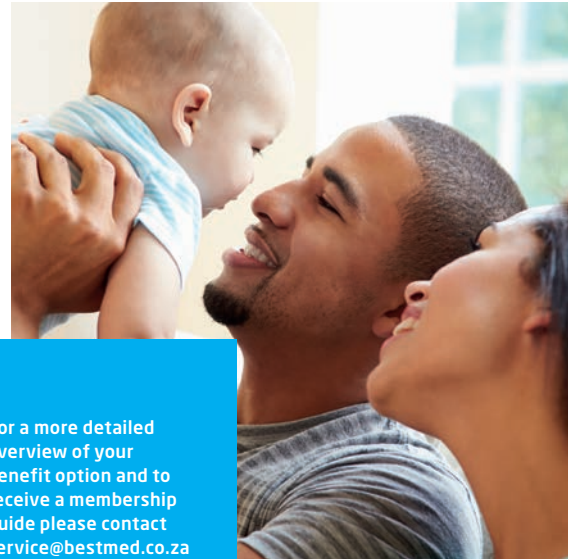
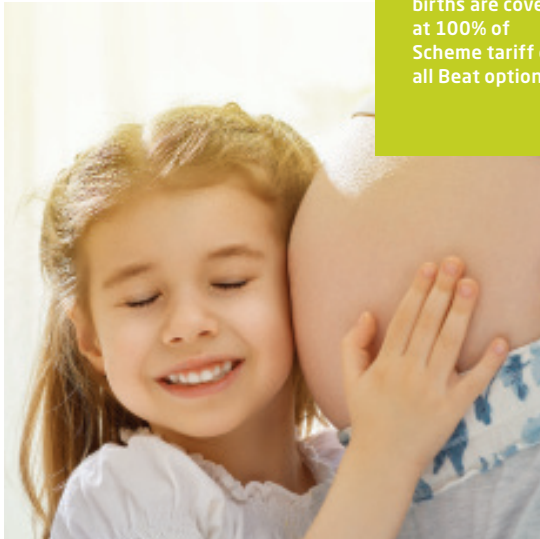
With so many things to juggle, the Maternity Care programme is created to help moms and dads through the entire pregnancy and the first two years with a new little one in the home – without missing a beat. At Bestmed we want you to enjoy this entire experience.

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.

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



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.

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# Contributions

	Non-network/ Network	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	NN	R1 782	R1 266	R688
	N	R1 604	R1 140	R619
Savings amount	NN	R365	R259	R141
	N	R328	R233	R127
Total monthly contribution	NN	<b>R2147</b>	<b>R1 525</b>	<b>R829</b>
	N	<b>R1 932</b>	<b>R1 373</b>	<b>R746</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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Hotmail: fraud@kpmg.co.za

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