



Beat4

Benefit Summary 2016

bestMed

Better living. Better life.

Beat4

Beat4 is Bestmed's superior option for the middle-aged or young families with specific healthcare needs. It offers comprehensive in-hospital benefits at private hospitals. In addition, you get a generous amount of day-to-day medical cover for consultations, dentistry, chronic medications and a range of preventative care screenings such as mammograms, pap smears and dietician counselling.



Method of Scheme benefit payment

On the Beat4 option in-hospital services are paid from the Scheme risk. Some out-of-hospital services are paid from the annual savings first and, once depleted, will be paid from the Scheme risk. Once the Scheme risk benefit is depleted, services can be paid from the available vested savings. Some preventative care is 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.



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.

MEDICAL EVENT

SCHEME BENEFIT

Accommodation (hospital stay) and theatre fees

100% Scheme tariff.

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.

Consultations and procedures

100% Scheme tariff.

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 800 per family.

Dental and oral surgery

Limited to R7 500 per family.

Prosthesis

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

100% Scheme tariff.
Limited to R72 300 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 000
- Pacemaker (dual chamber) R39 900
- Vascular R23 800
- Endovascular - no benefit
- Spinal R23 800
- Artificial disk - no benefit
- Drug-eluting stents R13 400
- Mesh R8 800
- Gynaecology/Urology R6 500
- Lens implants R5 050 per lens
- Joint replacements:
 - Hip replacement and other major joints R24 500
 - Knee replacement R32 550
 - Minor joints R10 000

In-hospital benefits

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis - External	Limited to R17 400 per family.
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 R7 000 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.



We perceive trust as a fundamental requirement of life which originates from a commitment to approach all relationships with honesty and integrity.

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).
- Some indicated benefits are paid from the annual savings account first at 100% of the Scheme tariff.
- Once the annual savings account is depleted, benefits will be paid from Scheme's day-to-day benefits (limits apply).
- All unused funds in the annual savings account at the end of the year will be carried over to the Vested Medical Savings Account of the following financial year and will remain your property and also accumulate to your credit.
- Funds in the Vested Medical Savings Account will only be utilised when both the annual savings account and the Scheme risk benefits are depleted.

MEDICAL EVENT	SCHEME BENEFIT
Overall day-to-day limit	M = R9 900, M1+ = R19 850.
GP and specialist consultations	Savings first. Scheme tariffs apply. Limited to M = R2 450, M1+ = R4 350 (Subject to overall day-to-day limit)
Basic and specialised dentistry	Savings first. Scheme tariffs apply. Orthodontics are subject to pre-authorisation. Limited to M = R4 100, M1+ = R8 250. (Subject to overall day-to-day limit)
Medical aids, apparatus and appliances	Savings first. 100% Scheme tariff. Limited to R8 500 per family. (Subject to overall day-to-day limit)
Supplementary services	Savings first. Scheme tariff apply. Limited to M = R3 700, M1+ = R7 500. (Subject to overall day-to-day limit)
Wound care benefit (incl. dressings and negative pressure wound therapy (NPWT) treatment and related nursing services - out-of-hospital)	Savings first. 100% Scheme tariff. Limited to R3 700 per family. (Subject to overall day-to-day limit)



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 R500
 - Single-vision lenses R150 OR
 - Bifocal lenses R325 OR
 - Multifocal lenses R600
- Contact lenses R1 210**

Diagnostic imaging and Pathology

Savings first. Scheme tariffs apply. Limited to M = R2 470, M1+ = R5 050. (Subject to overall day-to-day limit)

Specialised diagnostic imaging

100% Scheme tariff. Limited to R12 550 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 are a Scheme managed by members for members and will never compromise on quality service to you.



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

*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 30% for non-formulary medicine.

Non-CDL chronic medicine*

16 conditions. 85% Scheme tariff. Limited to M = R7 400, M1+ = R14 750. Co-payment of 30% for non-formulary medicine.

Biologicals and other high-cost medicine

No benefit.

Acute medicine

Savings first. Limited to M = R2 250, M1+ = R4 550 (Subject to overall day-to-day limit)

Over-the-counter (OTC) medicine

Paid from savings. Limited to R500.

Chronic conditions list (non-CDL)

Acne - severe

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

Allergic rhinitis

Eczema

Migraine prophylaxis

Gout prophylaxis

Endometriosis

Major depression

Chronic anaemia

Polycystic ovarian disease

Graves' disease

Obsessive compulsive disorder

Stroke

Paraplegia/Quadriplegia (medication to treat)

Pulmonary embolism

Female menopause



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.	Funding for 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 R1 550 per family per year. Includes all items classified in the category of female contraceptives.
Back and neck preoperational assesment 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.		
Haemophilus influenzae Type B vaccine (HIB)	Children 5 years and younger.	1 vaccine at 6, 10 and 14 weeks after birth. 1 booster vaccine between 15-18 months.	If the booster vaccine was not administered timeously, the maximum age to which it will be allowed is 5 years.
Mammogram	Females 40 years and older.	Once every 24 months.	Scheme tariff is applicable.
HPV vaccinations	Females of 9-26 years old.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
PSA screening	Males 50 years and older.	Once every 24 months.	To be done at urologist. Urologist consultation paid from the savings/consultation benefit.
Health Check (Biometric screening): Glucose test (finger-prick test) <ul style="list-style-type: none">Glucose test (finger-prick test)Cholesterol test (finger-prick test)Blood PressureBody Mass Index (BMI)	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/consultation benefit.
Dietician counselling session	All ages.	1 per family per year.	Educational.

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

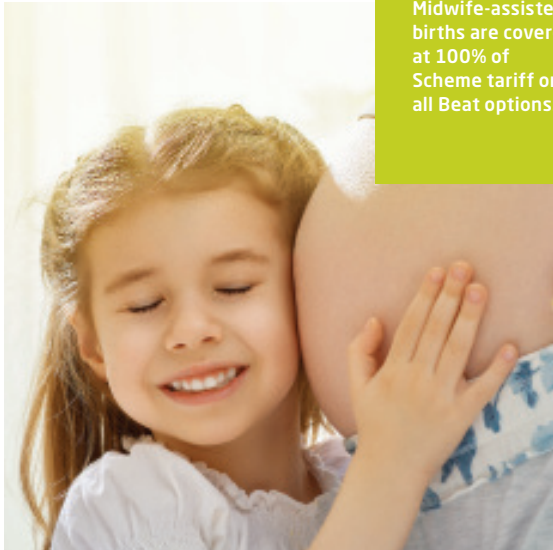
Maternity Care programme

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



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.	Once a year.
	Under 12 years.	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.

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



Contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	R2 688	R2 220	R665
Savings amount	R551	R455	R136
Total monthly contribution	R3 239	R2 675	R801

* 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; HPV = Human Papilloma Virus; M = Member; M1+ = Member and family; MRP = Mediscor Reference Price; NPWT = Negative Pressure Wound Therapy; PMB = Prescribed Minimum Benefits; PPN = Preferred Provider Negotiators.

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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705604 Bestmed Beat4 Individual Brochure. This brochure was printed in November 2015.

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