

Pace1



## Benefit Summary 2016

**bestMed**

Better living. Better life.

## Pace1

Pace1 is perfect for families who want quality benefits at affordable prices. This option has a broad range of out-of-hospital benefits with additional preventative care, such as biometric screening, pap smears and mammograms, to take care of the healthcare needs of you and your family.



## Method of Scheme benefit payment

On the Pace1 option, in-hospital services are paid from Scheme risk benefit. Some out-of-hospital services are paid from the annual savings first and once depleted will be paid from the day-to-day benefit. Once the day-to-day benefit is depleted, services can be paid from the available vested savings. Some preventative care services are available from Scheme risk benefit.



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



## 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, preferred providers, designated service providers (DSPs), formularies and funding guidelines 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. Subject to network facilities.

**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 700 per family.

**Dental and oral surgery**

Limited to R6 000 per family.

**Prosthesis**

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

100% Scheme tariff.  
Limited to R70 650 per family.

**Prosthesis - Internal**

Sub-limits per beneficiary:

Note: Sub-limit subject to the above prosthesis limit.

\*Functional: Items utilised towards treating or supporting a bodily function.

- Functional limited to R11 500
- Vascular R23 300
- Pacemaker (dual chamber) R39 850
- Endovascular - no benefit
- Spinal R23 300
- Artificial disk - no benefit
- Drug-eluting stents - no benefit
- Mesh R8 750
- Gynaecology/Urology R6 300
- Lens implants R4 850 per lens

**Prosthesis - External**

Limited to R17 100 per family.

## In-hospital benefits

### MEDICAL EVENT

### SCHEME BENEFIT

**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 800
- Knee replacement R31 600
- Minor joints R9 800

**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.  
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.

**Co-payments**

Not applicable



We always strive to exceed your expectations.

## Out-of-hospital benefits

### Note:

- Some indicated benefits are paid from the annual savings at 100% Scheme tariff.
- Once the annual savings account is depleted, benefits will be paid from the Scheme risk at 100% Scheme tariff (limits apply).
- Should you not use all of the funds available in your medical savings account, these funds will be transferred into a vested medical savings account at the beginning of the following financial year.
- Any vested credit in your vested medical savings account may be used for out-of-hospital expenses that are not covered by the Scheme, or should you, for instance, have reached your out-of-hospital/day-to-day overall annual limit or the sub-limits as indicated in your benefit guide.
- Unused funds in your vested medical savings account at the end of the financial year will be carried over to the credit of your Vested Medical Savings Account for the next year.
- Clinical funding protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.

### MEDICAL EVENT

### SCHEME BENEFIT

**Overall day-to-day limit**

M = R8 450, M1+ = R16 790.

**GP and specialist consultations**

Savings first.  
Limited to M = R1 650, M1+ = R3 400.  
(Subject to overall day-to-day limit)

**Basic and specialised dentistry**

Savings first.  
**Basic:** preventative benefit or savings account. Limit once savings exceeded.  
**Specialised:** Savings account then limit.  
**Orthodontic:** Subject to pre-authorisation.  
Limited to M = R3 000, M1+ = R6 100.  
(Subject to overall day-to-day limit)

**Medical aids, apparatus and appliances including wheelchairs and hearing aids**

Savings first.  
Limited to R8 550 per family.  
(Subject to overall day-to-day limit)

**Supplementary services**

Savings first.  
Limited to M = R3 300, M1+ = R6 800.  
(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.  
Limited to R2 700 per family.  
(Subject to overall day-to-day limit)



## Out-of-hospital benefits

### MEDICAL EVENT

### SCHEME BENEFIT

#### Optometry benefit (PPN capitation provider)

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 AND
  - Single-vision lenses R150 OR
  - Bifocal lenses R325 OR
  - Multifocal lenses R600
- Contact lenses R1 000\*\*

#### Diagnostic imaging and pathology

Savings first.  
Limited to M = R2 450, M1+ = R4 850.  
(Subject to overall day-to-day limit)

#### Maternity benefits

2 sonars and up to 12 antenatal consultations.

#### Specialised diagnostic imaging

Limited to R10 900 per family.

#### Rehabilitation services after trauma

Vested savings.

#### Oncology

Oncology programme.  
Subject to pre-authorisation.

#### Peritoneal dialysis and haemodialysis

Subject to pre-authorisation  
and DSPs.

\*This means that 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.



Want your medicine benefits to last longer?  
Ask your doctor to prescribe generic medicines. Generics have the same quality, safety and efficacy as the original brand medicine.



## Medicine

### Note:

- All benefits below may be subject to pre-authorisation, clinical protocols, formularies, funding guidelines and the Mediscor Reference Price (MRP).

\*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 will be 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\*

10 conditions. 85% Scheme tariff.  
Limited to M = R6 500,  
M1+ = R13 080. Co-payment of 35% for non-formulary medicine.

#### Biologicals and other high-cost medicine

No benefit.

#### Acute medicine

Savings first.  
Limited to M = R1 850, M1 + = R3 800.  
(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



# Preventative care benefits

**Note:** Benefits mentioned below may be subject to pre-authorisation, clinical protocols, 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.		
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.
Health Check (Biometric screenings): <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/consultation benefit.

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

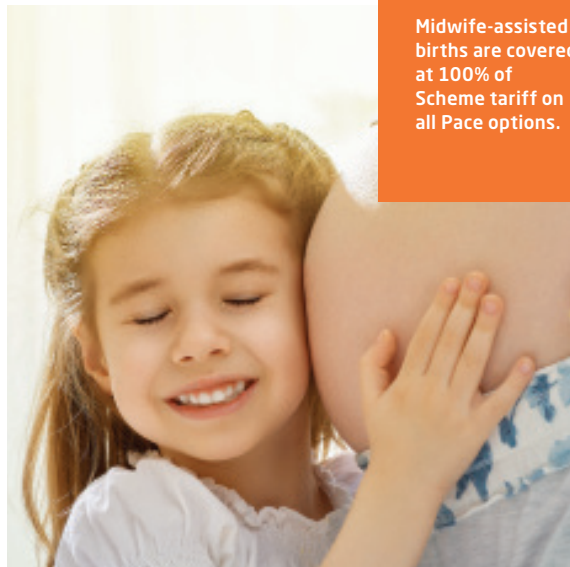
## Maternity Care programme

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.

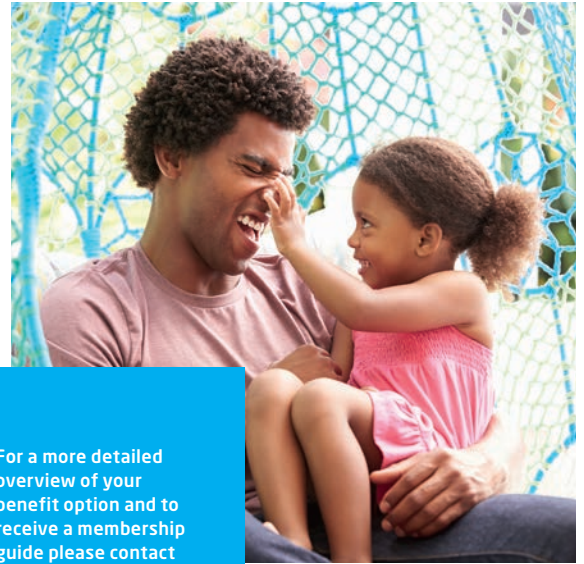
Registering on this programme will give you the following support and benefits:

- 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 Pace 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
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](http://www.bestmed.co.za) for more details.

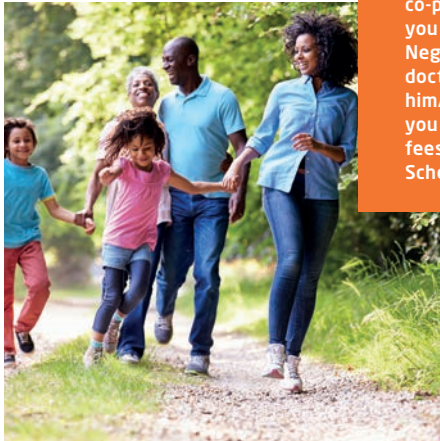


# Contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	R2 209	R1 550	R558
Savings amount	R552	R388	R139
Total monthly contribution	<b>R2 761</b>	<b>R1 938</b>	<b>R697</b>

\* You only pay for a maximum of four children.

All other children can join as beneficiaries of the Scheme free of charge.



Don't let  
co-payments leave  
you out-of-pocket.  
Negotiate your  
doctor's fees with  
him/her upfront if  
you know that their  
fees exceed the  
Scheme rate.

## Abbreviations

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); 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](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.

Hotline: 080 111 0210 toll-free from any Telkom line

Hotfax: 080 020 0796

Hotmail: [fraud@kpmg.co.za](mailto:fraud@kpmg.co.za)

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