

Pace2



## Benefit Summary 2016

**bestMed**

Better living. Better life.



Pace2

You are an established family in need of extensive day-to-day cover with freedom of choice when it comes to hospitals, doctors and specialists. You also require extensive out-of-hospital benefits and the assurance that comes with a full-range of chronic benefit cover. Enjoy peace of mind in that Pace2 will take great care of you and your family's healthcare needs.



## Method of Scheme benefit payment

On the Pace2 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.
Dental and oral surgery	Limited to R10 000 per family.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R86 100 per family.
Prosthesis - Internal Note: Sub-limit subject to the above prosthesis limit. *Functional: Items utilised towards treating or supporting a bodily function.	Sub-limits per beneficiary: <ul style="list-style-type: none"><li>■ Functional limited to R12 500</li><li>■ Vascular R30 800</li><li>■ Pacemaker (dual chamber) R44 400</li><li>■ Spinal R30 800</li><li>■ Artificial disk R13 500</li><li>■ Drug-eluting stents R13 500</li><li>■ Mesh R13 500</li><li>■ Gynaecology/Urology R10 100</li><li>■ Lens implants R8 650 per lens</li><li>■ Joint replacements:<ul style="list-style-type: none"><li>- Hip replacement and other major joints R37 000</li><li>- Knee replacement R42 950</li><li>- Minor joints R15 950</li></ul></li></ul>
Prosthesis - External	Limited to R20 290 per family.

## In-hospital benefits

MEDICAL EVENT	SCHEME BENEFIT
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 or 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 = R11 740, M1+ = R24 100.
GP and specialist consultations	Savings first. Limited to M = R3 300, M1+ = R6 600. (Subject to overall day-to-day limit)
Basic and specialised dentistry	Savings first. <b>Basic:</b> preventative benefit or savings account. Limit once savings exceeded. <b>Specialised:</b> Savings account then limit. <b>Orthodontic:</b> Subject to pre-authorisation. Limited to M = R5 050, M1+ = R10 100. (Subject to overall day-to-day limit)
Medical aids, apparatus and appliances including wheelchairs and hearing aids	Savings first. Limited to R7 750 per family. (Subject to overall day-to-day limit). Limit on wheelchairs of R10 500 per family per 48 months. Limit on hearing aids of R21 400 per beneficiary per 24 months.
Supplementary services	Savings first. Limited to M = R4 100, M1+ = R8 250. (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 R5 150 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 R550 AND
  - Single-vision lenses R150 OR
  - Bifocal lenses R325 OR
  - Multifocal lenses R600
- Contact lenses R1 210\*\*

**Diagnostic imaging and pathology**

Savings first.  
Limited to M = R2 450, M1+ = R4 950.  
(Subject to overall day-to-day limit)

**Maternity benefits**

2 sonars and up to 12 antenatal consultations.

**Specialised diagnostic imaging**

MRI/CT scans: Maximum of 3 scans per beneficiary.  
PET scan: 1 scan per beneficiary.

**Rehabilitation services after trauma**

100% Scheme tariff.

**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 210 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 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\***

31 conditions. 85% Scheme tariff.  
Limited to M = R8 950,  
M1+ = R17 900.  
Co-payment of 30% for non-formulary medicine.

**Biologicals and other high-cost medicine**

Limited to R123 500 per beneficiary.

**Acute medicine**

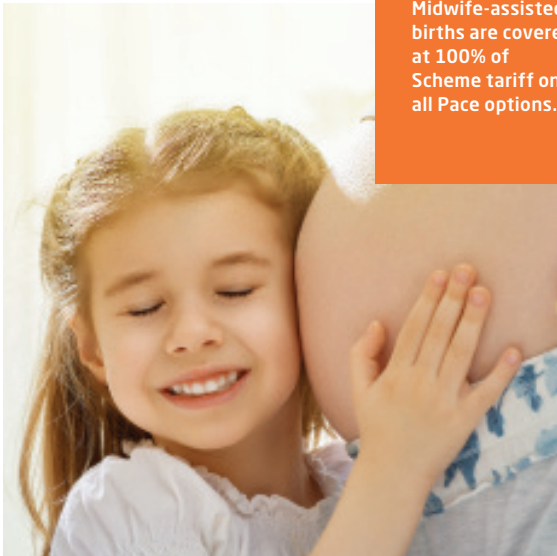
Savings first.  
Limited to M = R3 800, M1 + = R7 600.  
(Subject to overall day-to-day limit)

**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
Benign prostatic hypertrophy
Osteoporosis
Psoriasis
Urinary incontinence
Paget's disease
Gastro oesophageal reflux disease (GORD)
Ankylosing spondylitis
Hypophyseal adenoma
Osteoarthritis
Alzheimer's disease
Aplastic anaemia
Collagen diseases
Cushing's syndrome
Cystic fibrosis
Dermatomyositis



Midwife-assisted births are covered at 100% of Scheme tariff on all Pace 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.**



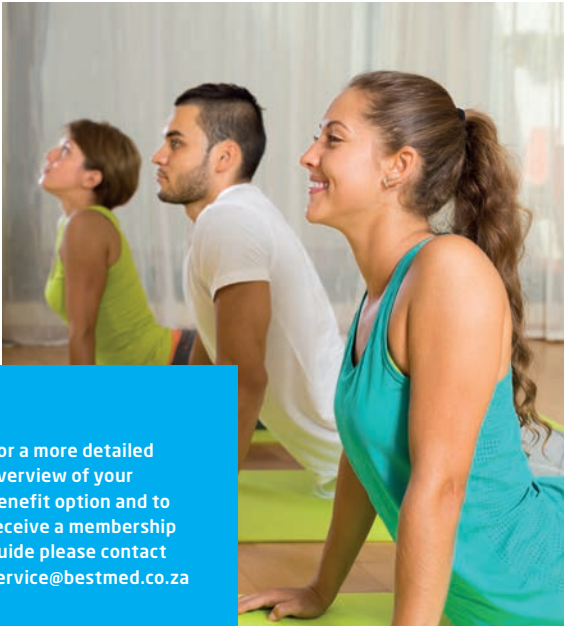
# Preventative care benefits

**Note:** Benefits 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 5 years.	<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.
PSA screening	Males 50 years and older.	Once every 24 months.	To be done at urologist. Urologist consultation paid from the savings/consultation benefit.
HPV vaccinations	Females of 9-26 years old.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
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/consultation benefit.
Dietician counselling session	All ages.	1 session per family per year.	Educational.

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





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</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

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
<b>Risk amount</b>	R3 281	R3 216	R723
<b>Savings amount</b>	R579	R568	R128
<b>Total monthly contribution</b>	<b>R3 860</b>	<b>R3 784</b>	<b>R851</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; MRI/CT Scans = Magnetic Resonance Imaging/Computed Tomography Scans; NPWT = Negative Pressure Wound Therapy; PET scan = Positron Emission Tomography scan; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen.

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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Hotfax: 080 020 0796

Hotmail: fraud@kpmg.co.za

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