PACE3

Benefit Summary **2019**

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PACE3

PACE3 OPTION	COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)
Recommended for?	You are a mature family with a diverse range of medical needs. As much as you live by the rule that prevention is better than cure you still require comprehensive chronic benefits and excellent hospital cover. The Pace3 option ensures that you can rest easy and know that your family is well covered.
Contribution range	R5 868 - Principal member R4 723 - Adult dependant R1 009 - Child dependant
Savings account/Day-to-day benefits	Savings account available. Day-to-day benefits are available.
Value benefits	No co-payment or automatic self-payment gaps. Family Practitioner (FP) and Specialist consultations. Optometry. Dentistry. Maternity benefits.
Over-the-counter medicine	Available.
Not recommended for?	Young individuals or couples without families will find more value on the Beat range. Also young families needing below the norm cover will find value on Beat3, Pace1, Beat4 and Pace2.

Method of benefit payment

On the Pace3 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 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 the Scheme risk benefit.

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.

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 R29 240 per beneficiary. Subject to network facilities.
Consultations and procedures	100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff.
Organ transplants	100% Scheme tariff.
Major medical maxillo-facial surgery strictly related to certain conditions	100% Scheme tariff.
Dental and oral surgery	Limited to R15 265 per family.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R105 458 per family.

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

MEDICAL EVENT	SCHEME BENEFIT
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: • *Functional limited to R17 200 • Vascular R39 453 • Pacemaker (dual chamber) R56 706 • Spinal including artificial disc R52 700 • Drug-eluting stents R17 200 • Mesh R17 200 • Gynaecology/Urology R12 900 • Lens implants R11 030 per lens per eye • Joint replacements: – Hip replacement and other major joints R47 300 – Knee replacement R55 094 – Minor joints R20 371
Prosthesis - External	Limited to R24 833 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 - make use of Independent Clinical Oncology Network (ICON) as the DSP.
Peritoneal dialysis and haemodialysis	100% Scheme tariff.
Confinements	100% Scheme tariff.
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	100% Scheme tariff. Limited to R9 138 per eye.

MEDICAL EVENT	SCHEME BENEFIT
Midwife-assisted births	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
Emergency evacuation	Services rendered by ER24.

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 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.
- Clinical funding protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- If you have a treatment plan for a registered Chronic Disease List (CDL) and/or Prescribed Minimum Benefit (PMB) condition/s, the services in the treatment plan will pay from the applicable day-to-day limit first. Once the limit is depleted, claims will continue to be paid from Scheme risk, up to the maximum quantity specified in the treatment plan.

MEDICAL EVENT	SCHEME BENEFIT
Overall day-to-day limit	M = R17 415, M1+ = R35 991.
FP and specialist consultations	Savings first. 100% Scheme tariff. M = R3 978, M1+ = R8 063. (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 once savings exceeded. Orthodontic: Subject to pre-authorisation. Limited to M = R6 756, M1+ = R12 595. (Subject to overall day-to-day limit)

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MEDICAL EVENT	SCHEME BENEFIT
Medical aids, apparatus and appliances	Savings first. Limited to R9 460 per family. (Subject to overall day-to-day limit)
Wheelchairs	Limit on wheelchairs of R12 793 per family per 48 months.
Hearing aids	Limit on hearing aids of R29 348 per beneficiary per 24 months.
Supplementary services	Savings first. Limited to M = R2 430, M1+ = R5 106. (Subject to overall day-to-day limit)
Wound care benefit (incl. dressings, negative pressure wound therapy treatment and related nursing services - out-of-hospital)	100% Scheme tariff. Savings first. Limited to R9 675 per family. (Subject to overall day-to-day limit)
Optometry benefit (PPN capitation provider)	Benefits available every 24 months from date of service. Network Provider (PPN) • Consultation - 1 per beneficiary. • Frame = R825 covered **AND** • 100% of cost of standard lenses (single vision **OR** bifocal **OR** multifocal) **OR** • Contact lenses = R1 435 **OR** Non-network Provider • Consultation - R300 fee at non-network provider • Frame = R550 **AND** • Single vision lenses = R175 **OR** • Bifocal lenses = R410 **OR** • Multifocal lenses = R710 **OR** • Contact lenses = R1 435
Diagnostic imaging and pathology	Savings first. Limited to M = R3 225, M1+ = R6 396. (Subject to overall day-to-day limit)

MEDICAL EVENT	SCHEME BENEFIT
Specialised diagnostic imaging	MRI/CT scans: Maximum of 3 scans per beneficiary. PET scan: 1 scan per beneficiary. Subject to pre-authorisation.
Rehabilitation services after trauma	100% Scheme tariff.
Oncology	Oncology programme - make use of Independent Clinical Oncology Network (ICON) as the DSP.
Peritoneal dialysis and haemodialysis	100% Scheme tariff.

Medicine

Note:

- All benefits below may be subject to pre-authorisation, clinical protocols, formularies, funding guidelines and the Mediscor Reference Price (MRP).
- Approved PMB biological and Non-PMB biological medicine costs will be paid from the Biological limit first. Once the limit is depleted, only PMB biological medicine costs will continue to be paid unlimited from Scheme risk.

* Please note that approved CDL, PMB and non-CDL chronic medicine costs will be paid from the non-CDL limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk.

BENEFIT DESCRIPTION	SCHEME BENEFIT
CDL and PMB chronic medicine*	100% Scheme tariff. Co-payment of 25% for non-formulary medicine.
Non-CDL chronic medicine*	19 conditions. 85% Scheme tariff. Limited to M = R13 352, M1+ = R26 703. Co-payment of 25% for non-formulary medicine.
Biologicals and other high-cost medicine	100% Scheme tariff. Limited to R301 000 per beneficiary.
Acute medicine	Savings first. Limited to M = R1 398, M1 + = R3 440. (Subject to overall day-to-day limit)
Over-the-counter (OTC) medicine See benefit option rules	**Member choice: 1. R550 OTC limit **OR** 2. Access to full PMSA for OTC purchases (after R550 limit) = self-payment gap accumulation.

**The default OTC choice is 1. R550 OTC limit. Members wishing to choose the other option are welcome to contact Bestmed.

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

NON-CDL	
Non-CDL 1	Acne - severe
Non-CDL 2	Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)
Non-CDL 3	Allergic rhinitis
Non-CDL 4	Eczema - severe
Non-CDL 5	Migraine prophylaxis
Non-CDL 6	Gout prophylaxis
Non-CDL 7	Major depression
Non-CDL 8	Obsessive compulsive disorder
Non-CDL 9	Osteoporosis
Non-CDL 10	Psoriasis
Non-CDL 11	Urinary incontinence
Non-CDL 12	Paget's disease
Non-CDL 13	Gastro oesophageal reflux disease (GORD)
Non-CDL 14	Ankylosing spondylitis
Non-CDL 15	Osteoarthritis
Non-CDL 16	Alzheimer's disease

NON-CDL	
Non-CDL 17	Collagen diseases
Non-CDL 18	Dermatomyositis
Non-CDL 19	Neuropathy

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

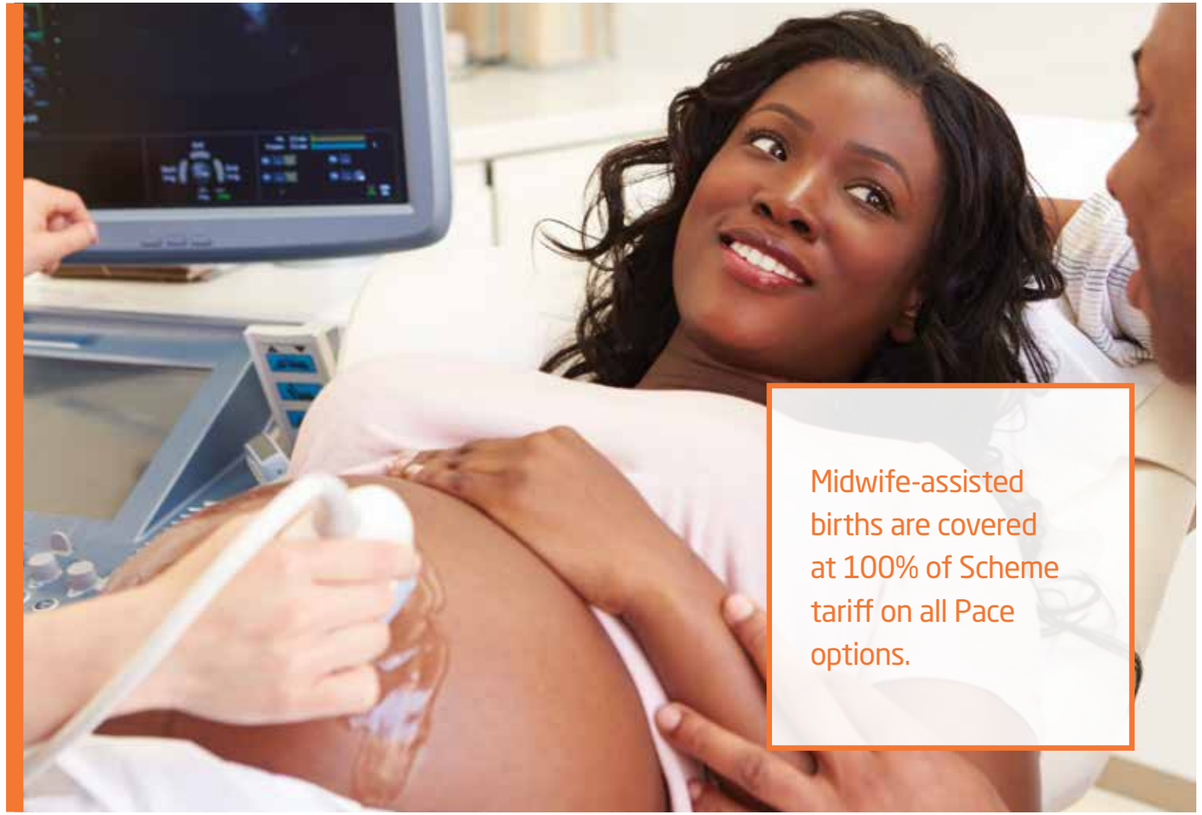
Note:

Benefits 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.	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.
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 and 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.

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
PSA screening	Males 50 years and older.	Once every 24 months.	To be done by an urologist. Urologist consultation paid from the consultation benefit.
HPV vaccinations	Females of 9-26 years old.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
Bone densitometry	All beneficiaries 45 years and older.	Once every 24 months.	
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/consultation benefit.
Bestmed Wellness Programme Note: Completing your Health Risk Assessment (HRA) unlocks Maternity and 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). Maternity benefits 100% Scheme tariff. Subject to the following benefits: Consultations: • 9 antenatal consultations at a FP OR gynaecologist OR midwife. • 1 post-natal consultation at a FP OR gynaecologist OR midwife. Ultrasounds: • 1 x 2D ultrasound scan at 1st trimester (between 10 to 12 weeks) at a FP OR gynaecologist OR radiologist. • 1 x 2D ultrasound scan at 2nd trimester (between 20 to 24 weeks) at a FP OR gynaecologist OR radiologist. Supplements: • Antenatal iron supplements - 9 fills subject to formulary. • Antenatal folic acid – 9 fills subject to formulary.		

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.

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

Abbreviations

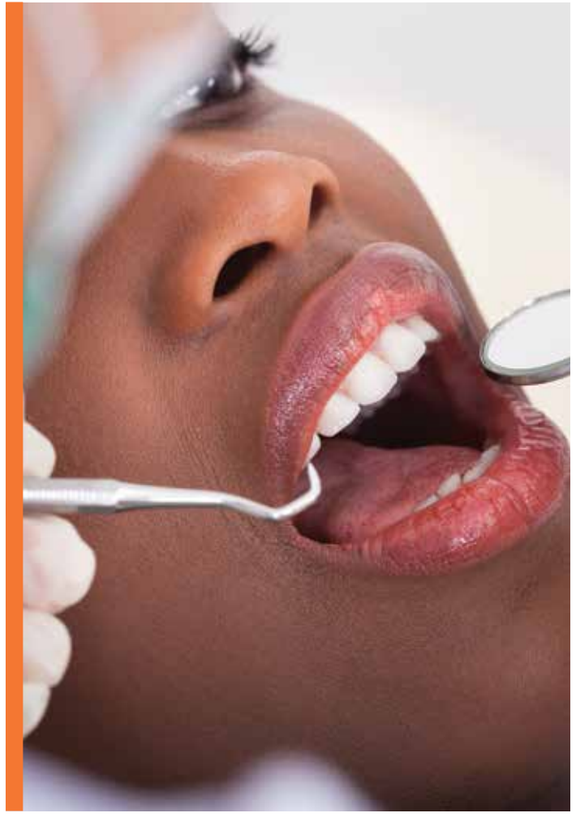
CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); FP = Family Practitioner or Doctor; HPV = Human Papilloma Virus; M = Member; M1+ = Member and family; MRI/CT Scans = Magnetic Resonance Imaging/ Computed Tomography Scans; MRP = Mediscor Reference Price; NPWT = Negative Pressure Wound Therapy; PET Scan = Positron Emission Tomography Scan; PMSA = Personal Medical Savings Account; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen.

Contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	R5 046	R4 062	R868
Savings amount	R822	R661	R141
Total monthly contribution	**R5 868**	**R4 723**	**R1 009**

*You only pay for a maximum of four children. All other children can join as beneficiaries of the Scheme free of charge.

Remember that pre-authorisation is required for planned, in-hospital medical procedures.



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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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