

Pace4



Benefit Summary 2016

bestMed

Better living. Better life.

Pace4

Pace4 is Bestmed's top-of-the-range premium health plan designed for those who rely on their medical aid to cater for the healthcare needs of themselves and their families. It has the most comprehensive in-hospital cover and all-encompassing benefits for chronic medicine, as well as preventative care such as mammograms, pap smears and prostate screening. In addition, it has a savings account for that added flexibility and various other generous scheme benefits to give you complete peace of mind.



Method of Scheme benefit payment

On the Pace4 option in-hospital services, out-of-hospital services and preventative care are paid from Scheme risk benefit. Once out-of-hospital risk benefits are depleted, further claims will be paid from savings.



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 R15 000 per family
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R99 900 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">■ Functional limited to R14 000■ Vascular R35 350■ Pacemaker (dual chamber) R44 400■ Spinal R35 350■ Artificial disk R15 850■ Drug-eluting stents R15 850■ Mesh R14 000■ Gynaecology/Urology R11 550■ Lens implants R12 750 per lens■ Joint replacements:<ul style="list-style-type: none">- Hip replacement and other major joints R42 650- Knee replacement R49 350- Minor joints R15 850
Prosthesis - External	Limited to R23 050 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 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	Not applicable.



We always
strive to
exceed your
expectations.

Out-of-hospital benefits

Note:

- Out-of-hospital benefits are paid at 100% Scheme tariff.
- Subject to sub-limits and benefits available in the day-to-day overall limit.
- Once the overall day-to-day limits are depleted, the member may request payment from the individual medical savings account (IMSA).
- 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.
- 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 = R28 000, M1+ = R45 100.
GP and specialist consultations	Limited to M = R4 200, M1+ = R6 800. (Subject to overall day-to-day limit)
Basic and specialised dentistry	Limited to M = R9 050, M1+ = R15 350. (Subject to overall day-to-day limit)
Medical aids, apparatus and appliances including wheelchairs and hearing aids	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 R26 800 per beneficiary per 24 months.
Supplementary services	Limited to M = R4 200, M1+ = R8 250. (Subject to day-to-day overall limit)
Wound care benefit (incl. dressings and negative pressure wound therapy (NPWT) treatment and related nursing services - out-of-hospital)	Limited to R10 300 per family. (Subject to overall day-to-day limit)
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: <ul style="list-style-type: none"> ■ Consultation R325 ■ Frame R1 050 AND <ul style="list-style-type: none"> – Single-vision lenses R150 OR – Bifocal lenses R325 OR – Multifocal lenses R600 ■ Contact lenses R1 710



Out-of-hospital benefits

MEDICAL EVENT

SCHEME BENEFIT

Diagnostic imaging and pathology

Limited to M = R4 200 M1+ = R8 250.
(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 three
scans per beneficiary.
PET scan: One 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 710 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 20% for non-formulary medicine.

Non-CDL chronic medicine*

45 conditions. 85% Scheme tariff.
Limited to M = R19 450,
M1+ = R38 950. Co-payment of 20%
for non-formulary medicine.

**Biologicals and other
high-cost medicine**

Limited to R365 450 per beneficiary.

Acute medicine

Limited to M = R6 600,
M1+ = R10 300. (10% co-payment)
(Subject to overall day-to-day limit)

**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

Gout prophylaxis

Endometriosis

Major depression

Chronic anaemia

Polycystic ovarian disease

Graves' disease

Obsessive compulsive disorder

Stroke

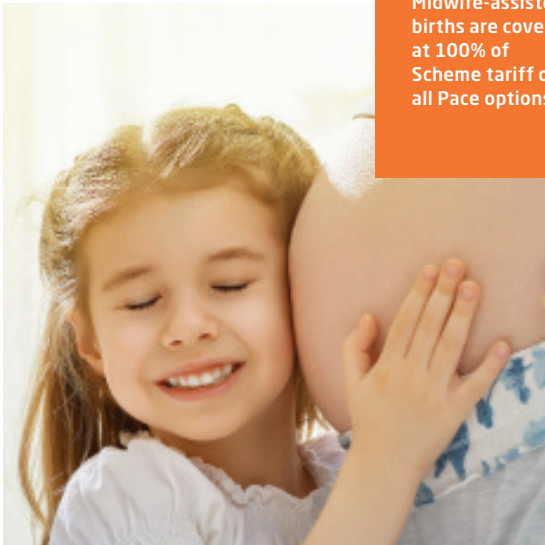
Paraplegia/Quadriplegia (medication to treat)

Pulmonary embolism

Chronic conditions list (non-CDL)

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
Fibrosing alveolitis
Hyperthyroidism
Hypopituitarism
Idiopathic thrombocytopenic pupura
Motor neuron disease
Muscular dystrophy and inherited myopathies
Neuropathy
Myasthenia gravis
Polyarteritis nodosa
Pulmonary interstitial fibrosis
Scleroderma
Sjögren's disease
Trigeminal neuralgia
Psoriatic arthritis

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.

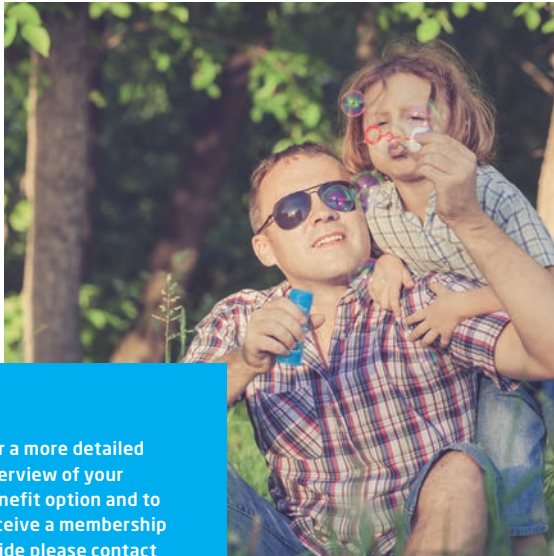


Preventative care benefits

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 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 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.
Bone densitometry	All beneficiaries 45 years and older.	Once every 24 months.	
Health Check (Biometric screenings): <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 session per family per year.	Educational.

Disclaimer on exclusions: General and option specific exclusions apply.
Please refer to 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



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 radiographs	All ages.	2 x photos per year.
Scaling and/or polishing	All ages.	Twice a year.
Fluoride	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 details.



Contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	R5 263	R5 263	R1 233
Savings amount	R163	R163	R38
Total monthly contribution	R5 426	R5 426	R1 271

* 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; IMSA = Individual medical savings account; 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; 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

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