



PACE4

Benefit
Summary
2020

PACE4 OPTION
**COMPREHENSIVE COVER
(IN- AND OUT-OF-HOSPITAL)**
Recommended for?

You are a discerning family who may have above average medical costs or would like the maximum cover available. You need the comfort of extensive benefits and cover for hospital expenses. In addition there is an individual medical savings account which offers further payment flexibility. With the exclusivity that Pace4 offers you have the greatest cover with complete peace of mind.

Contribution range

R7 983 - Principal member
R7 983 - Adult dependant
R1 870 - 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

Savings account.

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

Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs, this will not affect your savings.

In-hospital benefits

Note:

- All in-hospital benefits referred to in the section below require pre-authorisation.
- 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 R30 760 per beneficiary. Subject to network facilities.
Consultations and procedures	100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff.

MEDICAL EVENT

SCHEME BENEFIT

Organ transplants

100% Scheme tariff.

Major medical maxillo-facial surgery strictly related to certain conditions

100% Scheme tariff.

Dental and oral surgery

Limited to R19 225 per family.

Orthopaedic and medical appliances

100% Scheme tariff.

Pathology

100% Scheme tariff.

Basic Radiology

100% Scheme tariff.

Specialised diagnostic imaging

100% Scheme tariff.

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

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R128 018 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 R18 773 • Vascular R47 498 • Pacemaker (dual chamber) R59 655 • Spinal including artificial disc R64 014 • Drug-eluting stents R21 318 • Mesh R18 773 • Gynaecology/Urology R15 494 • Lens implants R17 156 per lens per eye • Joint replacements: • Hip replacement and other major joints R57 280 • Knee replacement R66 328 • Minor joints R21 318
Prosthesis – External	Limited to R29 517 per family.
Oncology	Oncology programme. 100% Scheme tariff.
Peritoneal dialysis and haemodialysis	100% Scheme tariff.
Confinements (Birthing)	100% Scheme tariff.
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	100% Scheme tariff. Limited to R9 613 per eye.

MEDICAL EVENT	SCHEME BENEFIT
Mammary surgery on the unaffected (non-cancerous) breast of a breast cancer patient	100% Scheme tariff for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) on the unaffected (non-cancerous) breast of a breast cancer patient. The benefit is limited to R35 000 and is subject to pre-authorisation.
HIV / AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Midwife-assisted births	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
International travel cover	Up to R10 million and a maximum of 90 days. Services rendered by Bryte Insurance and managed by ER24.
Emergency evacuation	Services rendered by ER24.

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 limit is depleted the member may request payment from the savings account.
- Should you not use all of the funds available in your savings account these funds will be added to your new years 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.
- 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 = R34 153, M1+ = R55 075.
FP and specialist consultations	Limited to M = R5 372, M1+ = R8 708. (Subject to overall day-to-day limit)
Diabetes primary care consultation	100% of Scheme tariff subject to registration with HaloCare. 2 primary care consultations at Dis-Chem Pharmacies limited to R341.90 per consultation. Paid first from the "FP and specialist consultations" day-to-day benefit, thereafter Scheme risk.
Basic and specialised dentistry	Limited to M = R11 861, M1+ = R20 020. (Subject to overall day-to-day limit) Orthodontics are subject to pre-authorisation.





MEDICAL EVENT	SCHEME BENEFIT
Medical aids, apparatus and appliances	Limited to R9 952 per family. (Subject to overall day-to-day limit)
Wheelchairs	Limited to R13 458 per family per 48 months.
Hearing aids	Limited to R34 379 per beneficiary per 24 months subject to pre-authorisation.
Insulin pump (excluding consumables)	100% Scheme tariff. Limited to R40 000 per beneficiary every 24 months. Subject to pre-authorisation.
Supplementary services	Limited to M = R5 372, M1+ = R10 574. (Subject to day-to-day overall limit)
Wound care benefit (incl. dressings, negative pressure wound therapy treatment and related nursing services - out-of-hospital)	Limited to R13 118 per family. (Subject to overall day-to-day limit)

MEDICAL EVENT

SCHEME BENEFIT

Optometry benefit (PPN capitation provider)

Benefits available every 24 months from date of service.

Network Provider (PPN)

- Consultation - 1 per beneficiary.
- Frame = R868 covered **AND**
- 100% of cost of standard lenses (single vision **OR** bifocal **OR** multifocal) **OR**
- Contact lenses = R1 510

OR

Non-network Provider

- Consultation - R316 fee at non-network provider
- Frame = R579 **AND**
- Single vision lenses = R184 **OR**
- Bifocal lenses = R431 **OR**
- Multifocal lenses = R747 **OR**
- Contact lenses = R1 510

Basic radiology and pathology

Limited to M = R5 372, M1+ = R10 574.
(Subject to overall day-to-day limit)

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.

HIV / AIDS

100% Scheme tariff. Subject to pre-authorisation and DSPs.

Oncology

Oncology programme. 100% Scheme tariff.

Peritoneal dialysis and haemodialysis

100% Scheme tariff.



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 20% for non-formulary medicine.
Non-CDL chronic medicine*	28 conditions. 90% Scheme tariff. Limited to M = R18 942, M1+ = R38 055. Co-payment of 15% for non-formulary medicine.
Biologicals and other high-cost medicine	Limited to R468 645 per beneficiary.
Acute medicine	Limited to M = R8 482, M1+ = R13 175. 10% co-payment. (Subject to overall day-to-day limit)
Over-the-counter (OTC) medicine	Savings account.

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
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 23	Rheumatoid arthritis
CDL 24	Schizophrenia

CDL

CDL 25	Systemic lupus erythematosus (SLE)
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CDL 26	Ulcerative colitis
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NON-CDL

Non-CDL 1	Acne - severe
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Non-CDL 2	Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)
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Non-CDL 3	Allergic rhinitis
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Non-CDL 4	Eczema – severe
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Non-CDL 5	Migraine prophylaxis
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Non-CDL 6	Gout prophylaxis
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Non-CDL 7	Major depression
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Non-CDL 8	Obsessive compulsive disorder
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Non-CDL 9	Osteoporosis
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Non-CDL 10	Psoriasis
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Non-CDL 11	Urinary incontinence
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Non-CDL 12	Paget's disease
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Non-CDL 13	Gastro oesophageal reflux disease (GORD)
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Non-CDL 14	Ankylosing spondylitis
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Non-CDL 15	Hypopituitarism
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Non-CDL 16	Osteoarthritis
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Non-CDL 17	Alzheimer's disease
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Non-CDL 18	Collagen diseases
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Non-CDL 19	Dermatomyositis
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Non-CDL 20	Motor neuron disease
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Non-CDL 21	Neuropathy
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NON-CDL

Non-CDL 22	Polyarteritis nodosa
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Non-CDL 23	Scleroderma
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Non-CDL 24	Sjögren's disease
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Non-CDL 25	Trigeminal neuralgia
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Non-CDL 26	Psoriatic arthritis
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Non-CDL 27	Blepharospasm
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Non-CDL 28	Dystonia
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PMB

PMB 1	Aplastic anaemia
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PMB 2	Chronic anaemia
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PMB 3	Benign prostatic hypertrophy
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PMB 4	Cushing's disease
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PMB 5	Cystic fibrosis
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PMB 6	Endometriosis
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PMB 7	Female menopause
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PMB 8	Fibrosing alveolitis
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PMB 9	Graves' disease
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PMB 10	Hyperthyroidism
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PMB 11	Hypophyseal adenoma
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PMB 12	Idiopathic thrombocytopenic purpura
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PMB 13	Paraplegia/Quadriplegia
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PMB 14	Polycystic ovarian syndrome
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PMB 15	Pulmonary embolism
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PMB 16	Stroke
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Preventative Care benefits

Note: Benefits mentioned 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.	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 205 per beneficiary 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	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.	Can be done at a urologist or FP. Consultation paid from the available consultation benefit/savings.
HPV vaccinations	Females 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 consultation benefit/savings.
<p>Tempo Programme (Wellness)</p> <p>Note: Completing your Health Risk Assessment (HRA) unlocks the other Tempo benefits.</p> <p>One parent must complete their HRA in order to unlock assessments for beneficiaries younger than 18.</p>	<p>Individual Health Risk Assessments (Adults aged 18 and older) – Biometric screening and lifestyle questionnaire to be completed at a network pharmacy or onsite at selected employers (1 per year).</p> <p>Child dependant assessments</p> <ul style="list-style-type: none"> Ages 13-17 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 0-2 years: Baby growth and development assessments done at a contracted pharmacy clinic – 3 assessments per year. <p>Family assessments - nutrition</p> <ul style="list-style-type: none"> Family nutritional assessment done at a contracted dietician (wellness network provider) – 1 per family per year. <p>Fitness and nutritional interventions (beneficiaries 18 and older, pre-approval required)</p> <ul style="list-style-type: none"> 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	<p>100% Scheme tariff. Subject to the following benefits:</p> <p>Consultations:</p> <ul style="list-style-type: none"> 9 antenatal consultations at a FP OR gynaecologist OR midwife. 1 post-natal consultation at a FP OR gynaecologist OR midwife. <p>Ultrasounds:</p> <ul style="list-style-type: none"> 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. <p>Supplements:</p> <ul style="list-style-type: none"> 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.



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

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.

Please note that you may only register after the 12th week of pregnancy.

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; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen; PMB = Prescribed Minimum Benefit;

Contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	R7 743	R7 743	R1 813
Savings amount	R240	R240	R57
Total monthly contribution	R7 983	R7 983	R1 870

*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.



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HOSPITAL AUTHORISATION

Tel: 080 022 0106

E-mail: authorisations@bestmed.co.za

CHRONIC MEDICINE

Tel: 086 000 2378

E-mail: medicine@bestmed.co.za

Fax: 012 472 6760

CLAIMS

Tel: 086 000 2378

E-mail: service@bestmed.co.za (queries)
claims@bestmed.co.za (claim submissions)

MATERNITY CARE

Tel: 012 472 6243

E-mail: maternity@bestmed.co.za

WALK-IN FACILITY

Block A, Glenfield Office Park,
361 Oberon Avenue, Faerie Glen,
Pretoria, 0081, South Africa

POSTAL ADDRESS

PO Box 2297, Arcadia,
Pretoria, 0001, South Africa

ER24

Tel: 084 124

INTERNATIONAL TRAVEL INSURANCE (BRYTE INSURANCE)

Tel: 0860 329 329 (RSA only) during
office hours / 084 124 after hours

E-mail: er24@brytesa.com

Claims: travelclaims@brytesa.com

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

Postal: KPMG Hotpost, at BNT 371,
PO Box 14671, Sinoville,
0129, South Africa

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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