PULSE1

Benefit Summary **2019**

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PULSE1 OPTION	NETWORK ONLY OPTION
Recommended for?	You are an individual looking for medical cover that is adaptable to your income and will not shy away from having to visit a set network of designated service providers (DSPs). Primary healthcare services and private hospital cover is what you need with the addition of some preventative care benefits.
Contribution range	R1 493 to R2 152 - Principal member. R1 419 to R1 937 - Adult dependant. R 898 to R1 076 - Child dependant.
Savings account/Day-to-day benefits	No savings account available. Day-to-day benefits are available.
Value benefits	Preventative care. Family Practitioner (FP) and specialist consultations. Optometry. Basic dentistry.
Over-the-counter medicine	Available.
Not recommended for?	Older individuals and families requiring more cover for day-to-day expenses and certain diseases. The Pace range is ideal for you.

Method of benefit payment

On the Pulse1 option in-hospital services are paid from Scheme risk benefit. The Bestmed Pulse1 network covers most out-of-hospital services. However, members will still be required to go to a DSP. Some preventative care services are available from Scheme risk benefit.

Pulse1 members must make use of the Pulse Specialist DSP network.

In-hospital benefits

Please familiarise yourself with the Designated Service Providers (DSPs) and networks for this option. This includes Pulse Specialist DSPs and DSP hospitals. Hospital costs will be covered unlimited at the Scheme negotiated tariff at hospital within the Bestmed hospital network as listed on the website, subject to pre-authorisation.

The DSP hospital network consists of all Netcare hospitals in South Africa. In areas where there are no Netcare hospitals other hospitals are contracted as DSPs.

Please refer to the Bestmed website at www.bestmed.co.za for a list of the DSP hospitals.

Process for hospital authorisation:

- All members on the Pulse1 option must make use of the Bestmed Pulse1 Family Practitioners (FPs).
- The Bestmed Pulse1 FP will refer the member to a Pulse Specialist DSP should a specialist consultation be required.
- Should the Pulse Specialist DSP indicate that hospitalisation is required the member needs to contact Bestmed on 080 022 0106 for pre-authorisation. Bestmed will only authorise admissions to contracted DSP hospitals.

Emergency admittance in a non-DSP hospital:

- Should a member be admitted for an emergency condition to a non-DSP hospital Bestmed will require the patient to be stabilised in that non-DSP hospital.
- As soon as the patient is stabilised he/she will be transferred to the closest DSP hospital by ER24.
- All hospital benefits below may be subject to pre-authorisation and clinical protocols and designated hospital networks.
- Voluntary use of a non-DSP hospital (except in the case of an emergency) will result in a co-payment of up to R10 750 for the member's account.

MEDICAL EVENT	SCHEME BENEFIT
Accommodation (hospital stay) and theatre fees	100% Scheme tariff at a designated service provider (DSP) hospital.
Take-home medicine	100% Scheme tariff. Limited to 3 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 (only PMBs). Limited to 21 days per beneficiary subject to network facilities.
Consultations and procedures	100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff. Excluded from benefits: functional nasal surgery, surgery for medical conditions, e.g. Epilepsy, Parkinson's disease, etc., and procedures where stimulators are used.
Organ transplants	100% Scheme tariff (only PMBs).
Major medical maxillo-facial surgery strictly related to certain conditions	No benefit.
Dental and oral surgery	No benefit.
Prosthesis (subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R48 053 per family.

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 R10 213 • Vascular R23 811 • Pacemaker (dual chamber) R38 915 • Endovascular and catheter-based procedures - no benefit • Spinal R23 811 • Artificial disc - no benefit • Drug-eluting stents - PMBs and DSP products only • Mesh R8 708 • Gynaecology/Urology R7 192 • Lens implants R5 000 per lens per eye
Prosthesis – External	No benefit.
Exclusions (Prosthesis sub-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 R24 403. • Knee replacement R30 853. • Minor joints R11 556.
Orthopaedic and medical appliances	100% Scheme tariff. Limited to R5 913 per family.
Pathology	100% Scheme tariff.
Diagnostic imaging	100% Scheme tariff.
Specialised diagnostic imaging	100% Scheme tariff.
Confinements	100% Scheme tariff.
Oncology	PMBs only at DSPs.
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.
Rehabilitation services after trauma	No benefit.

MEDICAL EVENT	SCHEME BENEFIT
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	No benefit.
Midwife-assisted births (Protocols apply)	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
Emergency evacuation	Services rendered by ER24.
Co-payments	Co-payment where procedure has been clinically approved: • R3 440 on all laparoscopic procedures • R3 440 on prostate procedures • R3 440 on procedures for prolapse/ incontinence • R3 440 on arthroscopy other than acute trauma • R3 440 on endoscopy investigations done primarily in hospital

Out-of-hospital benefits

Out-of-hospital benefits are paid at 100% Scheme tariff and are subject to the Bestmed Pulse1 tariff protocols unless otherwise stated.

Note:

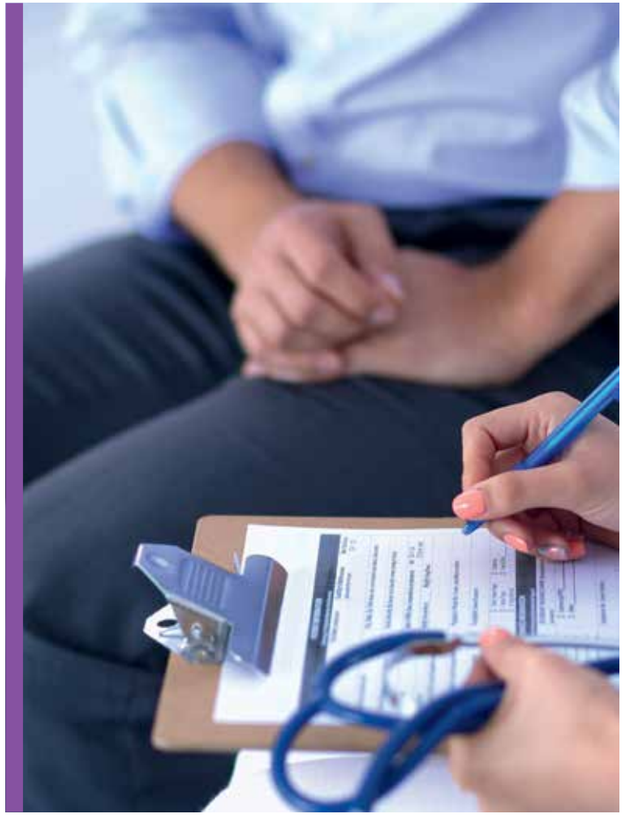
Granting of benefits under the primary care services and the Scheme benefits shall be subject to treatment protocols, preferred providers, Designated Service Providers (DSPs), dental procedure codes, pathology and diagnostic imaging lists of codes and medicine formularies as accepted by the Scheme.

What are the benefits covered by Bestmed Pulse1 Family Practitioners (FPs)?

- As many consultations as are medically necessary to get you healthy.
- Selected minor trauma treatment such as stitching of wounds.
- Medicine for acute ailments, subject to the Bestmed Pulse1 formulary.

You will be responsible for the payment of any services outside of the Bestmed Pulse1 protocols.

DISCIPLINE	BENEFIT DESCRIPTION
FP consultations	100% Scheme tariff. Unlimited medically necessary consultations with a Bestmed Pulse1 Network FP for basic primary care.
Specialist consultations	Specialist consultations must be referred by a Pulse1 Network Provider and approved by Bestmed. Limited to M = R1 075; M1+ = R1 613. Subject to Pulse Specialist DSP network. Protocol and clinical funding guidelines (which includes minor procedures done in specialist rooms and all consumables used). R500 penalty for non-referral to specialists in PMB cases.



DISCIPLINE	BENEFIT DESCRIPTION
Out-of-network and casualty visits	Out-of-network visits to an FP and casualty visits are limited to a maximum of R1 290 per family per year. Diagnostic imaging and pathology that falls within formulary treatment received as a result of the casualty visit will be paid from the R1 290 out-of-network and casualty visits limit. Once limit has been reached the costs will be for the member's own account. Emergency visits are unlimited at any State facility. • You will be required to pay for all treatment received at the point of service. The cost of these services may be claimed back from Bestmed by completing a reimbursement form which can be downloaded from www.bestmed.co.za or obtained from Bestmed. • Reimbursement/refunds are subject to Bestmed Pulse1 protocols.
Medical aids, apparatus and appliances including wheelchairs and hearing aids and appliances	No benefit.
Supplementary services (services rendered by dieticians, chiropractors, homeopaths, orthoptists, acupuncturists, speech therapists, audiologists, occupational therapists, podiatrists, biokineticists, psychologists and social workers)	No benefit.

DISCIPLINE	BENEFIT DESCRIPTION
Wound care benefit (incl. dressings, negative pressure wound therapy (NPWT) treatment and related nursing services - out-of-hospital)	No benefit.
Specialised diagnostic imaging	No benefit.
Oncology	PMBs only at DSPs.

OPTOMETRY

DISCIPLINE	BENEFIT DESCRIPTION
Optometry	Benefits available every 24 months from date of service at PPN provider only. • Consultation - only PPN providers. • Frame = R225 covered **AND** • 100% of cost of standard lenses (single vision **OR** bifocal **OR** multifocal) **OR** • Contact lenses = R570

What are my dental benefits?

- Dental benefits are obtainable from a Bestmed Pulse1 network dentist.
- The dental benefits are for basic dentistry only and are subject to clinical protocols and an approved tariff list.
- Crowns and other specialised dentistry are not covered.
- Please contact Bestmed to confirm which benefits are covered.

DENTISTRY

DISCIPLINE	BENEFIT DESCRIPTION
Basic Dentistry	When clinically appropriate and subject to Bestmed Pulse1 protocols. Includes consultations, primary extractions, fillings, scaling and polishing. Limited to Bestmed Pulse1 dental network providers and Bestmed Pulse1 list of approved dental codes. Two consultations for a full mouth examination per beneficiary per year. Preventative treatments cover scale and polish as well as fluoride treatment. Dentures Limited to a maximum of 2 removable acrylic dentures (i.e. 2 single denture plates) per family every 24 months, subject to Bestmed Pulse1 protocols. Covers beneficiaries over the age of 21 years. Co-payment of 20% of total fee which the member must pay directly to the provider.

What about blood tests (pathology)?

- Basic blood tests are only covered if requested by your Bestmed Pulse1 Network FP according to an approved tariff list.
- Your Bestmed Pulse1 Network FP has a list of approved tests and will advise you if the required tests are covered by Bestmed.
- You will be responsible for payment of pathology tests not covered under the Pulse1 benefits.

PATHOLOGY

DISCIPLINE	BENEFIT DESCRIPTION
Pathology	100% Scheme tariff. Basic blood tests as requested by a Bestmed Pulse1 Network FP and subject to Bestmed Pulse1 Network FP protocols and approved pathology list of codes.

What if I need X-rays (diagnostic imaging)?

- The Pulse1 benefits cover a list of X-rays that may be performed by a radiologist if referred by your Bestmed Pulse1 Network FP.
- Your Bestmed Pulse1 Network FP will advise you whether or not the required X-ray is covered.
- You will be responsible for the payment of X-rays not covered under the Pulse1 benefits.
- Your FP will refer you to the closest radiologist to have the X-ray performed.

DIAGNOSTIC IMAGING

DISCIPLINE	BENEFIT DESCRIPTION
Diagnostic imaging	100% Scheme tariff. Basic X-rays as requested by your Bestmed Pulse1 Network FP and subject to Pulse1 protocols and approved diagnostic imaging list of codes.

Medicine

Note:

Benefits mentioned below may be subject to pre-authorisation, formularies, funding guidelines and Mediscor Reference Price (MRP). DSPs may apply.

BENEFIT DESCRIPTION	SCHEME BENEFIT
CDL and PMB chronic medicine	100% Scheme tariff. 40% co-payment on non-formulary medicine at a preferred provider network pharmacy.
Non-CDL chronic medicine	No benefit.
Biologicals and other high-cost medicine	PMBs only as per funding protocol.
Acute medicine	Subject to Bestmed formulary only. 100% Scheme tariff.
Over-the-counter (OTC) medicine	Limited to R350 per family. Subject to prefered provider network pharmacy.

What if I have a chronic condition?

- Please consult your Bestmed Pulse1 Network FP to confirm your diagnosis.
- Once confirmed, the Bestmed Pulse1 Network FP will complete a chronic application form to register you for chronic medicine benefits.
- This form will be forwarded to Bestmed by your FP for evaluation.
- You will be notified via SMS as soon as the chronic application has been processed.
- Approval of chronic medicine benefits is subject to the clinical protocols for the chronic conditions covered by Bestmed and a chronic medicine formulary.
- Should you have any enquiries in this regard please contact the Bestmed Contact Centre on 086 000 2378.
- Note that most chronic medicines may only be collected once per month.
- It will be necessary for you to visit your Bestmed Pulse1 FP to renew your chronic repeat script every six months. If there is a change in medication or condition a new application will need to be submitted.
- This script should be submitted to Bestmed for your chronic medicines authorisation to be updated.

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 23	Rheumatoid arthritis
CDL 24	Schizophrenia
CDL 25	Systemic lupus erythematosus (SLE)
CDL 26	Ulcerative colitis

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:

100% Scheme tariff. Subject to Scheme protocols. Benefits below may be subject to 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.	At a Bestmed Pulse1 Network FP or network pharmacy only. Subject to Pulse1 protocols and where clinically necessary.
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: Bestmed will identify certain high-risk individuals who will be advised to be immunised.
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.
Paediatric immunisations	Babies and children	Funding for all paediatric vaccines according to the state-recommended programme.	
HPV vaccinations	Females of 9-26 years old.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.

PREVENTATIVE CARE 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.

Contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
Total contribution income R0 – R5 500 p.m.	R1 493	R1 419	R898
Total contribution income R5 501 – R8 500 p.m.	R1 793	R1 704	R1 076
Total contribution income > R8 501 p.m.	R2 152	R1 937	R1 076

Abbreviations

CDL = Chronic Disease List; DSP = Designated Service Provider; FP = Family Practitioner or Doctor; MRP = Mediscor Reference Price; NP = Network Provider; OTC = Over the Counter; PMB = Prescribed Minimum Benefits.

086 000 2378

service@bestmed.co.za

012 472 6500

www.bestmed.co.za

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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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