




PULSE1

**Benefit
Summary
2020**



PULSE1

PULSE1 OPTION

Recommended for?

Contribution range

Savings account/Day-to-day benefits

Value benefits

Over-the-counter medicine

Not recommended for?

NETWORK ONLY OPTION

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.

R1 626 to R2 344 - Principal member.
R1 545 to R2 109 - Adult dependant.
R 978 to R1 172 - Child dependant.

No savings account available.
Day-to-day benefits are available.

Preventative care.
Family Practitioner (FP) and specialist consultations.
Optometry.
Basic dentistry.

Available.

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.

Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs.

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 Pulse network hospital 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 R11 309 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.

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis (subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R50 552 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 R10 744 Vascular R25 049 Pacemaker (dual chamber) R40 939 Endovascular and catheter-based procedures - no benefit Spinal R25 049 Artificial disc - no benefit Drug-eluting stents - PMBs and DSP products only Mesh R9 161 Gynaecology/Urology R7 566 Lens implants R5 260 per lens per eye
Prosthesis - External	No benefit (PMBs only).
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: <ul style="list-style-type: none"> Hip replacement and other major joints R25 672. Knee replacement R32 457. Minor joints R12 157.
Orthopaedic and medical appliances	100% Scheme tariff. Limited to R6 220 per family.
Pathology	100% Scheme tariff.
Basic radiology	100% Scheme tariff.
Specialised diagnostic imaging	100% Scheme tariff.
Confinements (Birthing)	100% Scheme tariff.
Oncology	PMBs only at DSPs.

MEDICAL EVENT	SCHEME BENEFIT
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.
Rehabilitation services after trauma	No benefit.
Mammary surgery on the unaffected (non-cancerous) breast of a breast cancer patient	No benefit for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) on the unaffected (non-cancerous) breast of a breast cancer patient.
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	No benefit (PMBs only).
HIV / AIDS	PMBs only at DSPs.
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.
International travel cover	Up to R10 million and a maximum of 90 days. Services rendered by Bryte Insurance and managed by ER24.
Co-payments	Co-payment where procedure has been clinically approved: <ul style="list-style-type: none"> R3 619 on all laparoscopic procedures R3 619 on prostate procedures R3 619 on procedures for prolapse/incontinence R3 619 on arthroscopy other than acute trauma R3 619 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 basic radiology 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.
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.



DISCIPLINE	BENEFIT DESCRIPTION
Specialist consultations	Specialist consultations (this includes minor procedures done in specialist rooms and all consumables used), must be referred by a Pulse1 Network Provider and approved by Bestmed. Limited to M = R1 131; M1+ = R1 697. Subject to Pulse Specialist DSP network. R500 penalty for non-referral to specialists in PMB cases.
Out-of-network and casualty visits	<p>Out-of-network visits to an FP and casualty visits are limited to a maximum of R1 357 per family per year.</p> <p>Basic radiology and pathology that falls within formulary treatment received as a result of the casualty visit will be paid from the R1 357 out-of-network and casualty visits limit.</p> <p>Once limit has been reached the costs will be for the member's own account.</p> <p>Emergency visits are unlimited at any State facility.</p> <ul style="list-style-type: none"> 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 the Scheme 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.

DISCIPLINE	BENEFIT DESCRIPTION
Supplementary services (services rendered by dieticians, chiropractors, homeopaths, orthoptists, acupuncturists, speech therapists, audiologists, occupational therapists, podiatrists, biokineticists, psychologists and social workers)	No benefit.
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.
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.
HIV / AIDS	PMBs only at DSPs.
Oncology	PMBs only at DSPs.

OPTOMETRY

DISCIPLINE	BENEFIT DESCRIPTION
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Optometry	<p>Benefits available every 24 months from date of service at PPN provider only.</p> <ul style="list-style-type: none">• Consultation - only PPN providers.• Frame = R237 covered AND• 100% of cost of standard lenses (single vision OR bifocal OR multifocal) OR• Contact lenses = R600
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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
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Basic Dentistry	<p>Where clinically appropriate and subject to Bestmed Pulse1 protocols. Includes consultations, primary extractions, fillings, fluoride treatment, scaling and polishing. Limited to 2 consultations for a full mouth examination per beneficiary per year. Bestmed Pulse1 dental network providers and Bestmed Pulse1 list of approved dental codes.</p> <p>Dentures</p> <p>Limited to a maximum of 2 removable acrylic dentures (i.e. 2 single denture plates) per family every 24 months. Covers beneficiaries over the age of 21 years. Co-payment of 20% of total fee which the member must pay directly to the provider.</p>
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PATHOLOGY

DISCIPLINE	BENEFIT DESCRIPTION
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Pathology	100% Scheme tariff. Basic blood tests as requested by a Bestmed Pulse1 Network FP and subject to Bestmed Pulse1 Network protocols and approved pathology list of codes.
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Please ensure that your required pathology tests are covered under the Pulse1 benefits, as you will be liable for payment of tests not covered.

BASIC RADIOLOGY

DISCIPLINE	BENEFIT DESCRIPTION
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Basic radiology	100% Scheme tariff. Basic X-rays as requested by your Bestmed Pulse1 Network FP and subject to Bestmed Pulse1 Network protocols and approved basic radiology list of codes.
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Please ensure that your required radiology codes are covered under the Pulse1 benefits, as you will be liable for payment of codes not covered.

Note:

Benefits mentioned below may be subject to pre-authorisation, clinical protocols, 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 - subject to pre-approval.
Acute medicine	Subject to Bestmed formulary only. 100% Scheme tariff.
Over-the-counter (OTC) medicine	Limited to R368 per family. Subject to preferred provider network pharmacy. Includes sunscreen, vitamins and minerals with nappi codes on Scheme formulary.



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
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: 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.	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 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.
Paediatric immunisations	Babies and children	Funding for all paediatric vaccines according to the state-recommended programme.	
HPV vaccinations	Females 9-26 years old.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.

PREVENTATIVE CARE BENEFIT

Tempo Programme (Wellness)

Note: Completing your Health Risk Assessment (HRA) unlocks the other Tempo benefits.

One parent must complete their HRA in order to unlock assessments for beneficiaries younger than 18.

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).

Child dependant assessments

- **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.

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 during your 5th month of 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 626	R1 545	R978
Total contribution income R5 501 – R8 500 p.m.	R1 953	R1 856	R1 172
Total contribution income > R8 501 p.m.	R2 344	R2 109	R1 172

Abbreviations

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





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BestmedMedicalScheme**



HOSPITAL AUTHORISATION

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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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