



Pulse2

Benefit Summary 2016

bestMed

Better living. Better life.

Pulse2

Pulse2 is a comprehensive network option for mature families with advanced healthcare needs. It provides unlimited cover for hospitalisation at a network of hospitals (mainly Netcare) and primary care services at a network of providers (ONECARE). For chronic treatment and day-to-day benefits (such as specialist visits, radiology & pathology) you first have to consult a network provider for referral. This option also provides cover for a range of preventative care benefits such as the back and neck preoperational assessment, biometric screening and immunisations to take good care of you and your family.



Method of Scheme benefit payment

On the Pulse2 option in-hospital services are paid from Scheme risk benefit. The designated network provider, ONECARE, covers most out-of-hospital services. Some day-to-day services and preventative care services are available from Scheme risk benefit.

For a more detailed overview of your benefit option and to receive a membership guide please contact service@bestmed.co.za



In-hospital benefits

Please familiarise yourself with the Designated Service Providers (DSPs) and networks for this option. This includes network specialists and DSP hospitals. Hospital costs will be covered unlimited at the Scheme negotiated tariff at the Bestmed hospital network as listed on the website.

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 on www.bestmed.co.za for a list of the DSP hospitals.

Voluntary use of a non-DSP hospital (except in the case of an emergency) will result in a co-payment of up to R10 000 for the member's account.



In-hospital benefits

Process for Hospital authorisation

- All members on the Pulse2 option must make use of ONECARE general practitioners (GPs).
- The ONECARE GP will refer the member to a ONECARE specialist (as DSP) should a specialist consultation be required.
- Should the ONECARE specialist (as 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 in 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 in-hospital benefits referred to in the section below require pre-authorisation from Bestmed.
 - Bestmed clinical funding protocols and limits may apply.

MEDICAL EVENT

SCHEME BENEFIT

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. Subject to MMAP/MRP. 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	100% Scheme tariff.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R79 000 per family.

Take-home medicine

Treatment in mental health clinics

Treatment of chemical and substance abuse

Consultations and procedures

Surgical procedures and anaesthetics

Organ transplants

Major medical maxillo-facial surgery strictly related to certain conditions

Dental and oral surgery

Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)

In-hospital benefits

MEDICAL EVENT

Prosthesis - Internal

Note: Sub-limit subject to the prosthesis limit

*Functional: Items utilised towards treating or supporting a bodily function

SCHEME BENEFIT

Sub-limits per beneficiary:

- Functional R12 500
- Vascular R29 150
- Pacemaker (dual chamber) R39 450
- Endovascular - no benefit
- Spinal R29 150
- Artificial disk R12 800
- Drug-eluting stents R12 800
- Mesh R12 800
- Gynaecology/Urology R9 500
- Lens implants R8 150 per lens
- Joint replacements:
 - Hip replacement and other major joints R34 800
 - Knee replacement R40 700
 - Minor joints R15 150

Prosthesis - External

Sub-limit of R19 150 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

(All oncology claims must be sent to claims@bestmed.co.za)

100% Scheme tariff.

Oncology Programme and Designated Service Provider (DSP).

MRP applies to medicine claims where applicable.

The Designated Service Provider is ICON.

Peritoneal dialysis and haemodialysis

100% Scheme tariff.

Subject to pre-authorisation and DSPs.

National Renal Care (NRC)

Confinements

100% Scheme tariff.

Refractive surgery

100% Scheme tariff.

Limited to R7 000 per eye.

Midwife-assisted births (Protocols apply)

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

Co-payment of up to R10 000 per event for voluntary use of a non-DSP hospital.

Out-of-hospital benefits



- Most out-of-hospital benefits are paid through ONECARE at 100% Scheme tariff.

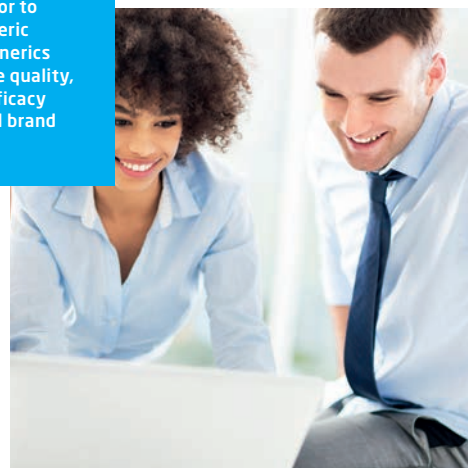
ONECARE Health

- ONECARE is a managed care organisation appointed by the Scheme to provide primary healthcare services through their provider network.
- The ONECARE provider network is made up of General Practitioners (GPs) who are conveniently located across South Africa.
- These providers have been selected as the DSP to render services to you and your family.
- Members on Pulse2 are required to make use of the ONECARE provider network for primary healthcare services.
- For a comprehensive list of ONECARE providers, please go to www.carecross.co.za

ONECARE Specialist Provider Network

- All members must use the ONECARE Specialist Provider Network as the contracted Designated Service Provider (DSP).
- The list of providers can be obtained by logging onto the secure website via www.carecross.co.za
- Alternatively, members can contact ONECARE to obtain the contact information of the closest specialist.

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.





Out-of-hospital benefits

MEDICAL EVENT	SCHEME BENEFIT
Day-to-day limit	M = R11 350, M1+ = R22 550.
GP consultations	Unlimited, medically necessary, GP visits at a network provider. Out-of-network: <ul style="list-style-type: none">■ GP visits (subject to overall day-to-day limit)■ Limited to maximum two visits per family up to a maximum of R1 150 per visit.■ Member to pay for the visit up front and then claim back from ONECARE. Medicines and all associated costs relating to the visit are also paid from the R1 150 limit.
Specialist consultations	100% Scheme tariff. Limited to M = R2 250, M1+ = R4 550. (Subject to overall day-to-day limit) Referral by the network GP is required for specialist consultations and it is subject to authorisation/ approval by ONECARE. Where no referral/authorisation is obtained, no benefit will be paid, except in the case of an emergency. Minor procedures performed in the provider's rooms must be pre-approved by ONECARE.
Basic and specialised dentistry Paid by ONECARE	Basic dentistry: 100% Scheme tariff. Unlimited and subject to the ONECARE approved tariff list. (Subject to overall day-to-day limit) Specialised dentistry: 100% Scheme tariff. Limited to M = R5 450, M1+ = R6 900. Exclusions apply. (Subject to pre-authorisation and overall day-to-day limit)
M* Medical aids, apparatus and appliances	100% Scheme tariff. Limited to R7 700 per family. Limit on wheelchairs of R9 900 per family per 48 months. Limit on hearing aids of R21 400 per beneficiary per 24 months.

MEDICAL EVENT	SCHEME BENEFIT
Supplementary services (Services rendered by dietitians, chiropractors, homeopaths, orthoptists, acupuncturists, speech therapists, audiologists, occupational therapists, chiropodists, biokineticists, psychologists and social workers)	100% Scheme tariff. Limited to M = R3 200, M1+ = R6 300. Must be referred by a network provider only. (Subject to overall day-to-day limit)
Maternity benefits	100% Scheme tariff. Combined limit included in GP and specialist benefits. (Subject to overall day-to-day limit)
M* Wound care benefit (incl. dressings and negative pressure wound therapy (NPWT) treatment and related nursing services - out-of-hospital)	100% Scheme tariff. Limited to R7 400 per family.
Optometry ONECARE protocols	100% Scheme tariff. Subject to ONECARE benefit. One eye examination per beneficiary every 24 months. One frame and one pair of spectacle lenses or clear contact lenses per beneficiary every 24 months. Combined sublimit for frames and lenses: Limited to M = R3 200, M1+ = R4 950. (Subject to overall day-to-day limit)
Diagnostic imaging and pathology	100% Scheme tariff. Primary care pathology and radiology must be requested via the network GP according to the network approved (ONECARE) protocols and tariff list. (Subject to overall day-to-day limit)
M* Specialised diagnostic imaging	100% Scheme tariff. Subject to pre-authorisation. MRI/CT scans: Maximum of three scans per beneficiary. PET scan: One scan per beneficiary.
M* Oncology (All oncology claims must be sent to claims@bestmed.co.za)	100% Scheme tariff. Oncology Programme and Designated Service Provider (DSP). MRP applies to medicine claims where applicable. The DSP is ICON.
M* Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs National Renal Care (NRC)
Rehabilitation services after trauma	No benefit

M* = Benefit managed by Bestmed, not ONECARE.



Medicine

Note:

- All benefits below are subject to approval, pre-authorisation, formularies, funding guidelines and MRP/MMAP.

*Please note that CDL and non-CDL chronic medicine costs will be paid from the non-CDL limit first. Thereafter, only approved CDL chronic medicine costs will continue being paid.

BENEFIT DESCRIPTION

SCHEME BENEFIT

CDL chronic medicine*

100% Scheme tariff. Unlimited.
Must be prescribed by a network provider and obtained from a network pharmacy.
Co-payment of 25% for non-formulary medicine.

Non-CDL chronic medicine*

100% of Scheme tariff.

Conditions covered:

25 additional non-CDL chronic conditions.

- Acne- severe
- ADD/ADHD
- Allergic rhinitis
- Alzheimer's disease
- Aplastic anaemia
- Benign prostatic hypertrophy
- Chronic anaemia
- Eczema
- Endometriosis
- Female menopause
- GORD
- Gout prophylaxis
- Hypophyseal adenoma
- Major depression
- Migraine prophylaxis
- Neuropathy
- OCD
- Osteoarthritis
- Osteoporosis
- Paget's disease
- Polycystic ovarian disease
- Psoriasis
- Pulmonary embolism
- Stroke
- Urinary incontinence

Limited to M = R6 800, M1+ = R13 500.

Must be prescribed by a network provider and obtained from a network pharmacy.

Co-payment of 25% for non-formulary medicine.

M* Biologicals and other high-cost medicine

100% Scheme tariff.
Limited to R116 200 per beneficiary.

BENEFIT DESCRIPTION

SCHEME BENEFIT

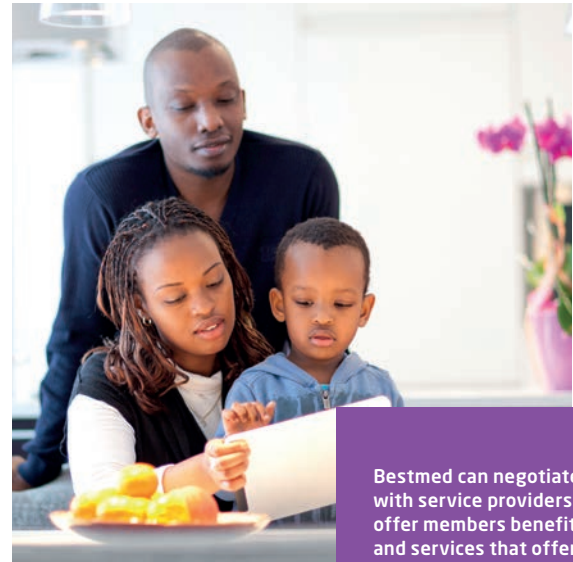
Acute medicine

100% Scheme tariff.
Limited M = R3 600, M1+ = R7 200.
(Subject to overall day-to-day limit)
Must be prescribed by a network provider and obtained from a network pharmacy.
No benefit for medicine not on the acute medicine formulary.

Over-the-counter (OTC) medicine

100% Scheme tariff.
Limited to R1 150 per family.
(Subject to acute medicine limit and available funds in the overall day-to-day limit)

M* = Benefit managed by Bestmed, not ONECARE.



Bestmed can negotiate with service providers to offer members benefits and services that offer, on a Rand-for-Rand basis, the best value compared to other large open medical schemes.



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.	Flu vaccine via ONECARE, Network Pharmacy or GP.
M* Pneumonia vaccines	Children < 2 years. High-risk adult group.	Once every 60 months.	Funding for adults: Bestmed will identify certain high-risk individuals who will be advised by the Scheme to be immunised.
M* Paediatric immunisations	Babies and children.	Funding for all paediatric vaccines according to the state-recommended programme.	
M* 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.
M* 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. Bestmed 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 six weeks.
M* Health Check (Biometric screenings): <ul style="list-style-type: none">■ Glucose test (finger-prick test)■ Cholesterol test (finger-prick test)■ Blood Pressure■ Body 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).

M* = Benefit managed by Bestmed, not ONECARE

Disclaimer on exclusions: General and option-specific exclusions apply.

Please refer to www.bestmed.co.za for more detail.

With us you get the best when it comes to accessing quality healthcare.



The specialised dentistry benefit in Pulse2 is something to smile about.

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



Contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	R3 902	R3 902	R927
Savings amount	R0	R0	R0
Total monthly contribution	R3 902	R3 902	R927

* You only pay for a maximum of four children.

All other children can join as beneficiaries of the Scheme free of charge.



You can save money by obtaining pre-authorisation for planned, in-hospital medical procedures in advance.

Abbreviations

ADD/ADHD = Attention deficit disorder/attention deficit hyperactivity disorder; CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); DSP = Designated Service Provider; GORD = Gastro oesophageal reflux disease; GP = General Practitioner or Doctor; M = Member; M1+ = Member and family; MMAP = Maximum Medical Aid Price; MRI/CT Scans = Magnetic Resonance Imaging/Computed Tomography scans; MRP = Mediscor Reference Price; NP = Network Provider; NPWT = Negative Pressure Wound Therapy; OCD = Obsessive compulsive disorder; PET Scan = Positron Emission Tomography scan.

For a more detailed overview of your benefit option and to receive a membership guide please contact service@bestmed.co.za

Disclaimer: All the 2016 product information appearing in this brochure is provided without a representation or warranty whatsoever, whether expressed or implied and no liability pertaining thereto will attach to Bestmed Medical Scheme. All information regarding the 2016 benefit options and accompanying services including information in respect of the terms and conditions or any other matters is subject to prior approval of the Council for Medical Schemes (CMS) and may change without notice having due regard to the CMS's further advices. Bestmed accepts no liability whatsoever for any loss whether direct, indirect or consequential arising from information provided in this brochure or any actions and/or transactions resulting therefrom.

Please visit www.bestmed.co.za for the complete liability and responsibility disclaimer for Bestmed Medical Scheme as well as our terms and conditions.

©Bestmed Medical Scheme 2016

Bestmed Medical Scheme is a registered medical scheme (Reg. no. 1252) and an Authorised Financial Services Provider (FSP no. 44058).

705618 Bestmed Pulse2 Individual Brochure. This brochure was printed in November 2015.

For the most recent version please visit our website at www.bestmed.co.za



Contact details

📞 086 000 2378
✉️ service@bestmed.co.za
🖨️ 012 472 6500
🌐 www.bestmed.co.za
🐦 @BestmedSocial
📘 www.facebook.com/BestmedMedicalScheme

WALK-IN FACILITY

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

POSTAL ADDRESS

P. O. Box 2297, Arcadia, Pretoria, 0001, South Africa

ER24 AND INTERNATIONAL TRAVEL COVER

Tel: 084 124

HOSPITAL AUTHORISATION

Tel: 080 022 0106
E-mail: authorisations@bestmed.co.za

CARECROSS HEALTH

Tel: 086 010 3491
Website: www.carecross.co.za
Fax: 021 673 1811

CARECROSS CHRONIC MEDICINE

Tel: 086 010 2182
E-mail: chronic@carecross.co.za
Fax: 012 673 1815

CARECROSS BENEFIT CLAIMS

Tel: 086 010 3491
E-mail: bestmed@carecross.co.za

MATERNITY CARE

Tel: 086 111 1936
E-mail: info@bestbaby.co.za

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
P. O. Box 14671, Sinoville, 0129
South Africa

bestMed