PULSE2

Benefit Summary **2019**

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PULSE2 OPTION	NETWORK ONLY OPTION
Recommended for?	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. For chronic treatment and day-to-day benefits you first have to consult a family practitioner (FP) for referral.
Contribution range	R5 298 - Principal member. R5 298 - Adult dependant. R1 259 - Child dependant.
Savings account/Day-to-day benefits	Day-to-day benefits are available. No savings account available.
Value benefits	Preventative care. Family Practitioner (FP) and Specialist consultations. Optometry. Dentistry.
Over-the-counter medicine	Available.
Not recommended for?	Young individuals or young couples with families. They will find more value on the Beat and Pace ranges.

Method of benefit payment

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

Pulse2 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 the Bestmed Pulse 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 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 750 for the member's account.

Process for hospital authorisation:

- The FP must refer the member to a Pulse Specialist DSP should a specialist consultation be required.
- Should the Bestmed 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.
- Bestmed clinical funding protocols and limits may apply.

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 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 R29 240 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 R96 213 per family.

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis – Internal Note: Sub-limit subject to the prosthesis limit *Functional: Items utilised towards treating or supporting a bodily function	Sub-limits per beneficiary: • *Functional R15 964 • Vascular R37 195 • Pacemaker (dual chamber) R50 418 • Endovascular - no benefit • Spinal R37 195 • Artificial disc R16 340 • Drug-eluting stents R16 340 • Mesh R16 340 • Gynaecology/Urology R12 148 • Lens implants R10 428 per lens per eye • Joint replacements: – Hip replacement and other major joints R44 505 – Knee replacement R51 976 – Minor joints R19 350
Prosthesis – External	Limit of R23 220 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	Oncology programme - make use of Independent Clinical Oncology Network (ICON) as the DSP.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs. National Renal Care (NRC).
Confinements	100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	100% Scheme tariff. Limited to R8 546 per eye.
Midwife-assisted births	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
Emergency evacuation	Services rendered by ER24.
Co-payments	Co-payment of up to R10 750 per event for voluntary use of a non-DSP hospital.

Out-of-hospital benefits

- Most out-of-hospital benefits are paid through Bestmed at the 100% Scheme tariff.
- Pulse network dentists are conveniently located across South Africa.

Bestmed Pulse Specialist DSP Network

- All members must use the Bestmed Pulse Specialist DSP Network as the contracted Designated Service Provider (DSP).
- The list of providers can be obtained by logging onto the secure website via www.bestmed.co.za.

Alternatively members can contact Bestmed to obtain the contact information of the closest Pulse Specialist DSP.

MEDICAL EVENT	SCHEME BENEFIT
Overall day-to-day limit	M = R13 168, M1+ = R26 176.
FP consultations	Unlimited FP visits.
Casualty visits:	• Limited to R1 398 per family per year. • Diagnostic imaging and pathology that falls within formulary if received as a result of the casualty visit will be paid from the R1 398 casualty visit limit. • Member to pay for the visit up front and then claim back from the scheme.
Specialist consultations	100% Scheme tariff. Limited to M = R2 903, M1+ = R5 590. (Subject to overall day-to-day limit.) Referral by an FP is required for Specialist consultations. Subject to Bestmed Pulse Specialist DSP. Minor procedures performed in rooms must be pre-approved by Bestmed.

MEDICAL EVENT	SCHEME BENEFIT
Basic and specialised dentistry	100% Scheme tariff. Limited to a sub-limit of M = R6 611 and M1+ = R 8 385. (Subject to the day-to-day overall limit.) Only at Bestmed Pulse dental network providers in accordance with the Pulse2 list of approved codes. Subject to the Bestmed Pulse2 approved tariff list, Pulse dentistry network and protocols. Please note that specialised dentistry includes dentures.
Medical aids, apparatus and appliances	100% Scheme tariff. Limited to R9 353 per family.
Wheelchairs	Limit on wheelchairs of R12 040 per family per 48 months.
Hearing aids	Limit on hearing aids of R26 015 per beneficiary per 24 months at DSP. Subject to quotation, motivation and audiogram.
Supplementary services (Services rendered by dieticians, chiropractors, homeopaths, orthoptists, acupuncturists, speech therapists, audiologists, occupational therapists, chiropodists, biokineticists, psychologists and social workers)	100% Scheme tariff. Limited to M = R3 870, M1+ = R7 686. (Subject to overall day-to-day limit) Referral required for these services.
Diagnostic imaging and pathology	Subject to NP protocols and day-to-day overall limit.
Specialised diagnostic imaging	MRI/CT scans: Maximum of 3 scans per beneficiary. PET scan: 1 scan per beneficiary. Subject to pre-authorisation.

MEDICAL EVENT	SCHEME BENEFIT
Wound care benefit (incl. dressings, negative pressure wound therapy (NPWT) treatment and related nursing services - out-of-hospital)	100% Scheme tariff. Limited to R9 030 per family.
Optometry benefit (PPN capitation provider)	Benefits available every 24 months from date of service. Network Provider (PPN) • Consultation - 1 per beneficiary. • Frame = R825 covered AND • 100% of cost of standard lenses (single vision OR bifocal OR multifocal) OR • Contact lenses = R1 435 OR Non-network Provider • Consultation - R300 fee at non-network provider • Frame = R550 AND • Single vision lenses = R175 OR • Bifocal lenses = R410 OR • Multifocal lenses = R710 OR • Contact lenses = R1 435
Oncology	Oncology programme - make use of Independent Clinical Oncology Network (ICON) as the DSP.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs. National Renal Care (NRC).
Rehabilitation services after trauma	No benefit.

Medicine

Note:

- All benefits below are subject to approval, pre-authorisation, 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 the 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. 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*	85% of Scheme tariff. 16 conditions. Limited to M = R6 235, M1+ = R12 470. Must be prescribed by a network provider and obtained from a network pharmacy. Co-payment of 25% for non-formulary medicine.
Biologicals and other high-cost medicine	100% Scheme tariff. Limited to R141 900 per beneficiary.

BENEFIT DESCRIPTION	SCHEME BENEFIT
Acute medicine	100% Scheme tariff. Limited M = R4 139, M1+ = R8 385. (Subject to overall day-to-day limit) Must be prescribed by a network provider and obtained from a network pharmacy.
Over-the-counter (OTC) medicine	Limited to R550 per family.

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

NON-CDL	
Non-CDL 1	Acne - severe
Non-CDL 2	Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)
Non-CDL 3	Allergic rhinitis
Non-CDL 4	Eczema - severe
Non-CDL 5	Migraine prophylaxis
Non-CDL 6	Gout prophylaxis
Non-CDL 7	Major depression
Non-CDL 8	Obsessive compulsive disorder
Non-CDL 9	Osteoporosis
Non-CDL 10	Psoriasis
Non-CDL 11	Urinary incontinence
Non-CDL 12	Paget's disease
Non-CDL 13	Gastro oesophageal reflux disease (GORD)
Non-CDL 14	Osteoarthritis
Non-CDL 15	Alzheimer's disease
Non-CDL 16	Neuropathy

PMB	
PMB 1	Aplastic anaemia
PMB 2	Chronic anaemia
PMB 3	Benign prostatic hyper-trophy
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.	Flu vaccine via Bestmed Network Pharmacy or FP.
Pneumonia vaccines	Children <2 years. High-risk adult group.	Children: As per schedule of the 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 by the Scheme 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 096 per family per year. Includes all items classified in the category of female contraceptives.
HPV vaccinations	Females of 9-26 years old.	3 x vaccinations per beneficiary	Vaccinations will be funded at MRP.
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 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.

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

Contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	R5 298	R5 298	R1 259
Savings amount	R0	R0	R0
Total monthly contribution	**R5 298**	**R5 298**	**R1 259**

* You only pay for a maximum of four children. All other children can join as beneficiaries of the Scheme free of charge.

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; FP = Family Practitioner or Doctor; M = Member; M1+ = Member and family; 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.

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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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