



BEAT2

**Benefit
Summary
2023**

bestMed
personally yours



BEAT2

BEAT2 OPTION

HOSPITAL PLAN (WITH SAVINGS)

Recommended for?

You understand that life can be unpredictable. You prefer extensive hospital cover with the added benefit of a savings account for day-to-day benefits.

Contributions

Non-network/ network	Principal member	Adult dependant	Child dependant
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Risk amount

NN	R1 952	R1 515	R821
N	R1 756	R1 364	R739

Medical savings account

NN	R371	R289	R157
N	R334	R260	R140

Total monthly contribution

NN	R2 323	R1 804	R978
N	R2 090	R1 624	R879

*You pay for a maximum of three children. Any additional children can join as beneficiaries of the Scheme at no additional cost.

Children under the age of 24 and registered students up to the age of 26 years qualify for child dependant rates.

BEAT2 OPTION

HOSPITAL PLAN (WITH SAVINGS)

Savings Account/ Day-to-day Benefits

Savings account available.
Limited day-to-day benefits are available.

Over-the-counter

Savings account.

Method of benefit payment

On the Beat2 option in-hospital benefits are paid from Scheme risk and general ad hoc out-of-hospital benefits are paid from the savings account. Some preventative care benefits are available from the Scheme risk benefit.

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

Network option

- Beat 1, 2 and 3 also offer you the option to lower your monthly contribution in the form of a network option.
- You are required to use specific network hospitals if you have selected the Beat2 network option. In turn, your monthly contribution is lower.
- The non-network option provides you with access to any hospital of your choice. This is the standard option.
- Please refer to the contributions table for more information regarding the monthly contributions.

In-hospital benefits

Note:

- Members are required to obtain pre-authorisation for all planned procedures at least 14 (fourteen) days before the event. However, in the case of an emergency, the member, their representative or the hospital must notify Bestmed of the member's hospitalisation as soon as possible or on the first working day after admission to hospital.
- Clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- Should a member voluntarily choose not to make use of a hospital forming part of a hospital network for the Beat network benefit option a maximum co-payment of R13 078 shall 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.

Biological medicine during hospitalisation

Limited to R15 855 per family per annum. Subject to pre-authorisation and funding guidelines.

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 R35 573 per beneficiary.
Subject to network facilities.

Consultations and procedures

100% Scheme tariff.

Surgical procedures and anaesthetics

100% Scheme tariff. Subject to savings.

MEDICAL EVENT	SCHEME BENEFIT
Organ transplants	100% Scheme tariff. (Only PMBs.)
Major medical maxillo-facial surgery strictly related to certain conditions	PMBs only at DSP day hospitals.
Dental and oral surgery (In- or out of hospital)	100% Scheme tariff. Subject to savings. Beneficiaries 7 years and younger funded from Scheme risk. Limited to R5 782 per family.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R86 841 per family.
Prosthesis – Internal Note: Sub-limit subject to the overall annual prosthesis limit. *Functional: Item utilised towards treating or supporting a bodily function.	Sub-limits per beneficiary: <ul style="list-style-type: none"> *Functional limited to R31 000. Pacemaker (dual chamber) R47 344. Vascular R50 000. Endovascular and catheter base procedures - no benefit. Spinal including artificial disc R34 661. Drug-eluting stents - PMBs and DSP products only. Mesh R12 164. Gynaecology/Urology R9 940. Lens implants R7 585 a lens per eye.
Prosthesis – External	No benefit (PMBs only).
Exclusions, limits and co-payments applicable. Preferred provider network available.	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: <ul style="list-style-type: none"> Hip replacement and other major joints R36 489. Knee replacement R44 990. Other minor joints R13 995.

MEDICAL EVENT	SCHEME BENEFIT
Orthopaedic and medical appliances	100% Scheme tariff.
Pathology	100% Scheme tariff.
Basic radiology	100% Scheme tariff.
Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies).	100% Scheme tariff.
Oncology	100% Scheme tariff. Subject to pre-authorisation and DSP.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Confinements (Birthing)	100% Scheme tariff.
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	PMBs only.
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.
Palliative and home-based care in lieu of hospitalisation	100% Scheme tariff, limited to R63 420 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.
Day procedures at a day-hospital facility	Day procedures at DSPs and/or day-hospitals will be funded at 100% network or Scheme tariffs. Voluntary use of non-DSP specialists and acute hospitals will result in a co-payment of R2 500.

MEDICAL EVENT

International travel cover

- Leisure Travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 90 days, with R3 million for a family i.e. member and dependants.
- Business Travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 45 days, with R3 million for a family i.e. member and dependants.

Co-payments

Co-payment for voluntary use of non-network hospital R13 078 for network option.

SCHEME BENEFIT



Out-of-hospital benefits

Note:

- Benefits that follow may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Referencing Price (MRP).
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- Most out-of-hospital expenses, such as visits to a Family Practitioner (FP) or Specialist, are paid from your savings account.
- Should you not use all of the funds available in your savings account these funds will be transferred into your vested savings account at the beginning of the following financial year.
- Members choosing the network option are required to make use of Scheme-contracted service providers such as network hospitals.
- Non-network pharmacies and non-network DSP specialists will be reimbursed at Scheme tariff, including for treatment of PMBs.

MEDICAL EVENT

SCHEME BENEFIT

FP and Specialist consultations

Savings account.

Diabetes primary care consultation

100% of Scheme tariff subject to registration with HaloCare.
2 primary care consultations at Dis-Chem Pharmacies.

Basic and specialised dentistry

Basic: Preventative benefit or savings account.
Specialised: Savings account.
Orthodontic: Subject to pre-authorisation.

Medical aids, apparatus and appliances including wheelchairs

Savings account.





MEDICAL EVENT**SCHEME BENEFIT****Hearing aids**Subject to pre-authorization.
Savings account.**Supplementary services**

Savings account.

Wound care benefit (incl. dressings and negative pressure wound therapy NPWT treatment and related nursing services - out-of-hospital)100% Scheme tariff.
Limited to R3 885 per family.**Optometry benefit**

Savings account.

Basic radiology and pathology

Savings account.

Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. Excluding PET scans)100% Scheme tariff.
Limited to R5 885 per family.**Oncology**

Oncology programme at 100% of Scheme tariff. Subject to pre-authorization and DSP.

HIV/AIDS

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

Peritoneal dialysis and haemodialysis

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

Rehabilitation services after trauma

PMBs only. Subject to pre-authorization and DSPs.

Medicine

Note:

- Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines, the Mediscor Reference Price (MRP) and the exclusions referred to in Annexure C of the registered Rules.
- Members will not incur co-payments for PMB medications that are on the formulary for which there is no generic alternative.
- Members choosing the network option are required to make use of Scheme-contracted pharmacies to obtain their medicine.

BENEFIT DESCRIPTION	SCHEME BENEFIT
CDL and PMB chronic medicine	100% Scheme tariff. Co-payment of 30% for non-formulary medicine.
Non-CDL chronic medicine	No benefit.
Biological medicine	PMBs only as per funding protocol. Subject to pre-authorisation.
Other high-cost medicine	PMBs only as per funding protocol. Subject to pre-authorisation.
Acute medicine	Savings account.
Over-the-counter (OTC) medicine	Savings account.



Chronic conditions list

CDL

CDL 1 Addison's disease

CDL 2 Asthma

CDL 3 Bipolar mood disorder

CDL 4 Bronchiectasis

CDL 5 Cardiac failure

CDL 6 Cardiomyopathy

CDL 7 Chronic obstructive pulmonary disease (COPD)

CDL 8 Chronic renal disease

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 HIV/AIDS

CDL 19 Hyperlipidaemia

CDL 20 Hypertension

CDL 21 Hypothyroidism

CDL 22 Multiple sclerosis

CDL 23 Parkinson's disease

CDL

CDL 24 Rheumatoid arthritis

CDL 25 Schizophrenia

CDL 26 Systemic lupus erythematosus (SLE)

CDL 27 Ulcerative colitis

PMB

PMB 1 Aplastic anaemia

PMB 2 Benign prostatic hypertrophy

PMB 3 Cerebral palsy

PMB 4 Chronic anaemia

PMB 5 COVID-19

PMB 6 Cushing's disease

PMB 7 Cystic fibrosis

PMB 8 Endometriosis

PMB 9 Female menopause

PMB 10 Fibrosing alveolitis

PMB 11 Graves' disease

PMB 12 Hyperthyroidism

PMB 13 Hypophyseal adenoma

PMB 14 Idiopathic thrombocytopenic purpura

PMB 15 Paraplegia/Quadriplegia

PMB 16 Polycystic ovarian syndrome

PMB 17 Pulmonary embolism

PMB 18 Stroke



Preventative care benefits

Note:

Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), 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.
Travel vaccines	All ages.	Quantity and frequency depending on product up to the maximum allowed amount.	Mandatory travel vaccines for typhoid, yellow fever, tetanus, meningitis, hepatitis and cholera from Scheme risk benefits.
Paediatric immunisations	Babies and children.	Funding for all paediatric vaccines according to the state-recommended programme.	
Baby growth and development assessments	0-2 years.	3 assessments per year.	Assessments are done at a Bestmed Network Pharmacy Clinic.
Female contraceptives	All females of child-bearing age.	Quantity and frequency depending on product up to the maximum allowed amount.	Limited to R2 550 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). This is a preventative programme with the objective of preventing back and neck 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. Use of this programme is in lieu of surgery.

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
Mammogram	Females 40 years and older.	Once every 24 months.	100% Scheme tariff.
Preventative dentistry	Refer to Preventative Dentistry section on p.15 for details.		
PSA screening	Males 50 years and older.	Once every 24 months.	Can be done at a urologist, FP or network pharmacy clinic. Consultation paid from the available savings account.
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist, FP or pharmacy clinic. Consultation paid from the available savings account.

Disclaimer: General and option-specific exclusions apply. Please refer to www.bestmed.co.za for more details.



BESTMED TEMPO WELLNESS PROGRAMME

Note: Completing your Health Assessment (HA) unlocks the other Bestmed Tempo benefits.

The Bestmed Tempo wellness programme is focused on supporting you on your path to improving your health and realising the rewards that come with it. To ensure you achieve this, you will have access to the following benefits:

Tempo Health Assessment (HA) for adults (beneficiaries 16 years and older) which includes one of each of the following per year per adult beneficiary:

- The Tempo lifestyle questionnaire
- Blood pressure check
- Cholesterol check
- Glucose check
- HIV screening
- Height, weight and waist circumference

These assessments need to be done at a contracted pharmacy or on-site at participating employer groups.

Bestmed Tempo Fitness and Nutrition programmes (beneficiaries 16 and older):

Fitness

- 1 x (face-to-face) fitness assessment at a Tempo partner biokineticist
- 1 x follow-up (virtual or face-to-face) consult to obtain your personalised fitness/exercise plan from the Tempo partner biokineticist

These fitness benefits are intended to assist you on your Tempo Get Active Journey.

Nutrition

- 1 x (face-to-face) nutrition assessment at a Tempo partner dietitian
- 1 x follow-up (virtual or face-to-face) consult to obtain your personalised healthy-eating plan from the Tempo partner dietitian

These nutrition benefits are intended to assist you on your Tempo Nutritional Health Journey.

Emotional Wellness Journey:

This journey was developed by qualified psychologists and healthcare providers, and will assist you to identify and manage your emotions and the affect they have on your mental health. This Journey provides you with access to:

- lifestyle related information that will help you deal with life's changes and curve balls.
- practical challenges that will enable you to practice the new skills you have to acquire to progress from your current emotional and mental state to your desired state.

Disclaimer: General and option specific exclusions apply. Please refer to www.bestmed.co.za for more details.

PREVENTATIVE CARE BENEFIT

Maternity benefits

100% Scheme tariff. Subject to the following benefits:

Consultations:

- 6 antenatal consultations 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.

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.

Members need to register on the Bestmed Maternity care programme as soon as they receive confirmation of their pregnancy by means of a pathology test and/or scan from your family practitioner or gynaecologist. After you complete your registration, a consultant will contact you. If your pregnancy is associated with risks, the information will be forwarded to Bestmed's case managers who will contact you to help monitor your progress.

Please note that registering on the Maternity care programme does not confirm any other maternity benefits nor does it provide authorisation for the delivery as these benefits are subject to the Scheme's rules and underwriting. To enquire about these benefits please contact service@bestmed.co.za.

How to register:

Send an email to maternity@bestmed.co.za or call us on 012 472 6797. Please include your medical scheme number and your expected delivery date in the email.

After registration on the Maternity care programme, you will also receive the Bestmed Maternity care programme registration confirmation letter, indicating all necessary information as stated below:

Our third-party service provider, DLA, will be in contact within the next two to three weeks via email, requesting you to complete a registration form. Keep an eye on your inbox (including the spam folder) for this email. Completing this form will ensure you are registered on their database to ensure you receive maternity information, additional support if the pregnancy is identified as a high-risk pregnancy and a gift on behalf of Bestmed after 14 weeks gestation. DLA will guide you through the process of selecting a gift.

The registration form and gift selection form must be returned to DLA directly. The maternity gift will only be sent after week 14 of your pregnancy.

Registration also provides you with access to a 24-hour medical advice line and benefits through each phase of your 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)	12 years and above. 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 x 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); DSP = Designated Service Providers; FP = Family Practitioner or Doctor; MRP = Mediscor Reference Price; NPWT = Negative Pressure Wound Therapy; PMB = Prescribed Minimum Benefit.

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HOSPITAL AUTHORISATION

Tel: 080 022 0106
Email: authorisations@bestmed.co.za

CHRONIC MEDICINE

Tel: 086 000 2378
Email: medicine@bestmed.co.za
Fax: 012 472 6760

CLAIMS

Tel: 086 000 2378
Email: service@bestmed.co.za (queries)
claims@bestmed.co.za (claim submissions)

MATERNITY CARE

Tel: 012 472 6797
Email: maternity@bestmed.co.za

WALK-IN FACILITY

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Pretoria, 0081, South Africa

POSTAL ADDRESS

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ER24

Tel: 084 124

INTERNATIONAL TRAVEL INSURANCE (EUROP ASSISTANCE)

Tel: 0861 838 333
Claims and emergencies: assist@europassistance.co.za
Travel registrations: bestmed-assist@linkham.com

PMB

Tel: 086 000 2378
Email: pmb@bestmed.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,
PO Box 14671, Sinoville,
0129, South Africa

**INDIVIDUAL CLIENTS APPLYING FOR NEW MEMBERSHIP AFTER THE FINAL DEBIT ORDER CLOSING DATE, WILL BE SUBJECT TO REGISTRATION DATE CHANGE.
PLEASE CONSULT YOUR ADVISOR OR BESTMED FOR MORE INFORMATION.**

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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Please visit www.bestmed.co.za for the complete liability and responsibility disclaimer for Bestmed Medical Scheme as well as the latest Scheme Rules.

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