

**Benefit  
Summary  
2023**



## RHYTHM1

### RHYTHM1 OPTION

#### Recommended for?

#### Contributions

**Total contribution  
income R0 - R9 000 p.m.**

**Total contribution  
income R9 001 - R14 000 p.m.**

**Total contribution  
income >R14 001 p.m.**

### RHYTHM1 IS A NETWORK OPTION

You are looking for a benefit option that is suited to your income, you are comfortable to make use of a network of designated service providers and value a range of preventative care benefits and unlimited family practitioner visits.

Principal  
member

Adult  
dependant

Child  
dependant

R1 307

R1 307

R539

R1 525

R1 525

R648

R2 723

R2 723

R1 410

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

## RHYTHM1 OPTION

**Savings account**  
**Day-to-day benefits**

## RHYTHM1 IS A NETWORK OPTION

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

## Method of benefit payment

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

Rhythm1 members must make use of the Rhythm FP and Hospital networks.

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 Rhythm Specialist DSPs and DSP hospitals. Hospital costs will be covered unlimited at the Scheme negotiated tariff at Rhythm network hospital as listed on the website.

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.

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](http://www.bestmed.co.za) for a list of the DSP hospitals.

### Process for hospital authorisation:

- All members on the Rhythm1 option must make use of the Bestmed Rhythm Family Practitioners (FPs).
- The Bestmed Rhythm FP will refer the member to a Rhythm Specialist DSP should a specialist consultation be required.
- Should the Rhythm 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, clinical protocols, funding guidelines 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 R13 078.

### MEDICAL EVENT

**Accommodation (hospital stay) and theatre fees**

**Take-home medicine**

**Biological medicine during hospitalisation**

**Treatment in mental health clinics**

### SCHEME BENEFIT

Approved PMBs at DSPs

100% Scheme tariff.  
Limited to 3 days' medicine.

Approved PMBs at DSPs

Approved PMBs at DSPs. Subject to pre-authorisation. Limited to 21 days per beneficiary.

MEDICAL EVENT	SCHEME BENEFIT
<b>Treatment of chemical and substance abuse</b>	100% Scheme tariff (only PMBs). Limited to 21 days per beneficiary. Subject to pre-authorisation and DSP network.
<b>Consultations and procedures</b>	Approved PMBs at DSPs. Subject to pre-authorisation.
<b>Surgical procedures and anaesthetics</b>	Approved PMBs at DSPs. Subject to pre-authorisation.
<b>Organ transplants</b>	100% Scheme tariff (PMBs only).
<b>Major medical maxillo-facial surgery strictly related to certain conditions</b>	Approved PMBs at DSPs.
<b>Dental and oral surgery (In- or out of hospital)</b>	Approved PMBs at DSPs.
<b>Prosthesis</b>	100% Scheme tariff. Limited to R58 461 per family. Subject to PMBs at DSP network.
<b>Prosthesis – Internal</b> <b>Note: Sub-limit subject to the overall annual prosthesis limit.</b>	Sub-limits per beneficiary: <ul style="list-style-type: none"> <li>*Functional R31 000.</li> <li>Vascular R50 000.</li> <li>Pacemaker (dual chamber) R47 344.</li> <li>Endovascular and catheter-based procedures – no benefit.</li> <li>Spinal including artificial disc R28 968.</li> <li>Drug-eluting stents – PMBs and DSP products only.</li> <li>Mesh R10 594.</li> <li>Gynaecology/Urology R8 750.</li> <li>Lens implants R6 083 a lens per eye.</li> </ul>
<b>*Functional: Items utilised towards treating or supporting a bodily function</b>	
<b>Prosthesis – External</b>	Approved PMBs at DSPs.

MEDICAL EVENT	SCHEME BENEFIT
<b>Exclusions (Prosthesis sub-limit subject to preferred provider, otherwise limits and co-payments apply)</b>	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: <ul style="list-style-type: none"> <li>Hip replacement and other major joints R29 689.</li> <li>Knee replacement R37 536.</li> <li>Other minor joints R14 059.</li> </ul>
<b>Orthopaedic and medical appliances</b>	Approved PMBs at DSPs.
<b>Pathology</b>	Approved PMBs at DSPs.
<b>Basic radiology</b>	Approved PMBs at DSPs.
<b>Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. Excluding PET scans).</b>	Approved PMBs at DSPs.
<b>Confinements (Birthing)</b>	Approved PMBs at DSPs.
<b>Oncology</b>	Approved PMBs at DSPs.
<b>Peritoneal dialysis and haemodialysis</b>	Approved PMBs at DSPs.
<b>Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)</b>	Approved PMBs at DSPs.
<b>HIV/AIDS</b>	Approved PMBs at DSPs.
<b>Midwife-assisted births (Protocols apply)</b>	100% Scheme tariff.
<b>Supplementary services</b>	Approved PMBs at DSPs.
<b>Alternatives to hospitalisation</b>	Approved PMBs at DSPs.
<b>Palliative and home-based care in lieu of hospitalisation</b>	Approved PMBs at DSPs.

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## MEDICAL EVENT

### Day procedures at a day-hospital facility

## SCHEME BENEFIT

**PMBs in network day-hospitals:** Approved PMBs at DSPs. Subject to pre-authorisation.

**Non-PMBs in network day-hospitals:** 100% Scheme tariff. Subject to approved DSPs and pre-authorisation. Limited to R50 000 per family per annum for the 9 non-PMB day procedures. Voluntary use of a non-network hospital will result in a co-payment of R2 500. The nine non-PMB conditions covered are:

- Breast biopsy - lumpectomy
- Circumcision
- Colonoscopy
- Dilatation and curettage (D & C)
- Female sterilisation
- Gastroscopy
- Grommet insertion and myringotomy
- Male sterilisation
- Tonsillectomy

Subject to the Managed Healthcare (MHC) protocols and funding guidelines.

### 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 of up to R13 078 per event for voluntary use of a non-DSP hospital.

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## Out-of-hospital benefits

Out-of-hospital benefits are paid at 100% Scheme tariff and are subject to the Bestmed Rhythm1 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, funding guidelines and the Mediscor Reference Price (MRP), as accepted by the Scheme.

Members are required to obtain pre-authorisation for all planned treatments and/or procedures.

### What are the benefits covered by Bestmed Rhythm 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 Rhythm formulary.

You will be liable for the payment of any services outside of the Bestmed Rhythm1 protocols.

#### DISCIPLINE

#### BENEFIT DESCRIPTION

##### FP consultations

Unlimited FP consultations. Subject to Bestmed Rhythm FP network. Subject to pre-approval after 10<sup>th</sup> visit.

##### Pharmacy clinic nurse consultations

100% of Scheme tariff. Unlimited primary care nurse consultations (nappi code 981078001) at network pharmacies.

##### Diabetes primary care consultation

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





<b>DISCIPLINE</b>	<b>BENEFIT DESCRIPTION</b>
<b>Specialist consultations</b>	Specialist consultations must be referred by a Rhythm Network Provider. 100% Scheme tariff. Limited to a maximum of R2 325 per family per year. Subject to Rhythm Specialist Network.
<b>Out-of-network and casualty visits</b>	Approved PMB services only.
<b>Medical aids, apparatus and appliances including wheelchairs and hearing aids</b>	Approved PMB services only.
<b>Wound care benefit (incl. dressings, negative pressure wound therapy (NPWT) treatment and related nursing services - out-of-hospital)</b>	Approved PMB services only.
<b>Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. Excluding PET scans)</b>	Approved PMB services only.
<b>Peritoneal dialysis and haemodialysis</b>	Approved PMBs at DSPs.
<b>HIV/AIDS</b>	Approved PMBs at DSPs.
<b>Rehabilitation services after trauma</b>	PMBs only. Subject to pre-authorisation and DSPs.
<b>Oncology</b>	Approved PMBs at DSPs

## OPTOMETRY

DISCIPLINE	BENEFIT DESCRIPTION
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- |                  |   |
|------------------|---|
| <b>Optometry</b> | <b>Benefits available every 24 months from date of service at PPN provider only.</b> <ul style="list-style-type: none"><li>▪ 1 consultation per beneficiary.</li><li>▪ Consultation fee of R365 at non-network provider.</li><li>▪ No benefit for spectacle frames, lenses or contact lenses.</li></ul> |
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### What are my dental benefits?

- Dental benefits are obtainable from a Bestmed Rhythm Dental Network Provider. 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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|------------------------|--|
| <b>Basic dentistry</b> | Where clinically appropriate and subject to Bestmed Rhythm1 protocols, Bestmed Rhythm Dental Network Providers and Rhythm approved dental codes. |
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## PATHOLOGY

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DISCIPLINE	BENEFIT DESCRIPTION
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<b>Pathology</b>	100% Scheme tariff. Basic blood tests as requested by a Bestmed Rhythm Network FP and subject to Bestmed Rhythm1 protocols and Rhythm approved pathology codes.
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## BASIC RADIOLOGY

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DISCIPLINE	BENEFIT DESCRIPTION
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<b>Basic radiology</b>	100% Scheme tariff. Basic X-rays as requested by your Bestmed Rhythm Network FP and subject to Bestmed Rhythm1 protocols and Rhythm approved radiology codes.
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You will be liable for the payment of any codes outside of the Bestmed Rhythm pathology and radiology formulary.

# Medicine

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## 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.
- As this is a network option, members are required to make use of Scheme-contracted pharmacies to obtain their medicine.

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## BENEFIT DESCRIPTION

## SCHEME BENEFIT

### CDL and PMB chronic medicine

100% Scheme tariff.  
30% co-payment on non-formulary medicine at a preferred provider network pharmacy.

### Biological medicine

PMBs only.  
Subject to pre-authorisation.

### Other high-cost medicine

PMBs only.  
Subject to pre-authorisation.

### Acute medicine

100% Scheme tariff. Subject to Bestmed formulary only. As prescribed by network FP and obtained from DSP pharmacy.

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## Chronic conditions list

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### CDL

<b>CDL 1</b>	Addison's disease
<b>CDL 2</b>	Asthma
<b>CDL 3</b>	Bipolar mood disorder
<b>CDL 4</b>	Bronchiectasis
<b>CDL 5</b>	Cardiac failure
<b>CDL 6</b>	Cardiomyopathy
<b>CDL 7</b>	Chronic obstructive pulmonary disease (COPD)
<b>CDL 8</b>	Chronic renal disease
<b>CDL 9</b>	Coronary artery disease
<b>CDL 10</b>	Crohn's disease
<b>CDL 11</b>	Diabetes insipidus
<b>CDL 12</b>	Diabetes mellitus type 1
<b>CDL 13</b>	Diabetes mellitus type 2
<b>CDL 14</b>	Dysrhythmias
<b>CDL 15</b>	Epilepsy
<b>CDL 16</b>	Glaucoma
<b>CDL 17</b>	Haemophilia
<b>CDL 18</b>	HIV/AIDS
<b>CDL 19</b>	Hyperlipidaemia
<b>CDL 20</b>	Hypertension
<b>CDL 21</b>	Hypothyroidism
<b>CDL 22</b>	Multiple sclerosis
<b>CDL 23</b>	Parkinson's disease
<b>CDL 24</b>	Rheumatoid arthritis
<b>CDL 25</b>	Schizophrenia
<b>CDL 26</b>	Systemic lupus erythematosus (SLE)
<b>CDL 27</b>	Ulcerative colitis

### PMB

<b>PMB 1</b>	Aplastic anaemia
<b>PMB 2</b>	Benign prostatic hypertrophy
<b>PMB 3</b>	Cerebral palsy
<b>PMB 4</b>	Chronic anaemia
<b>PMB 5</b>	COVID-19
<b>PMB 6</b>	Cushing's disease
<b>PMB 7</b>	Cystic fibrosis
<b>PMB 8</b>	Endometriosis
<b>PMB 9</b>	Female menopause
<b>PMB 10</b>	Fibrosing alveolitis
<b>PMB 11</b>	Graves' disease
<b>PMB 12</b>	Hyperthyroidism
<b>PMB 13</b>	Hypophyseal adenoma
<b>PMB 14</b>	Idiopathic thrombocytopenic purpura
<b>PMB 15</b>	Paraplegia/Quadriplegia
<b>PMB 16</b>	Polycystic ovarian syndrome
<b>PMB 17</b>	Pulmonary embolism
<b>PMB 18</b>	Stroke

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## Preventative care benefits

**Note:** Benefits mentioned 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
<b>Flu vaccines</b>	All ages.	1 per beneficiary per year.	At a Bestmed Rhythm Network FP or preferred provider network pharmacy. Subject to Bestmed Rhythm1 protocols and where clinically necessary.
<b>Pneumonia vaccines</b>	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.
<b>Travel vaccines</b>	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.
<b>Female contraceptives</b>	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.
<b>Back and neck preventative programme</b>	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.
<b>Paediatric immunisations</b>	Babies and children	Funding for all paediatric vaccines according to the state-recommended programme.	
<b>Baby growth and development assessments</b>	0-2 years.	3 assessments per year.	Assessments are done at a Bestmed Network Pharmacy Clinic or a registered nurse.

Disclaimer: General and option specific exclusions apply. Please refer to [www.bestmed.co.za](http://www.bestmed.co.za) for more details.

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## 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.

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Disclaimer: General and option specific exclusions apply. Please refer to [www.bestmed.co.za](http://www.bestmed.co.za) for more details.

## PREVENTATIVE CARE BENEFIT

### Maternity benefits

100% of Scheme tariff at network providers only for 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](http://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](mailto:service@bestmed.co.za).

### How to register:

Send an email to [maternity@bestmed.co.za](mailto: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.

### 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.

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



📞 086 000 2378  
✉️ [service@bestmed.co.za](mailto:service@bestmed.co.za)  
📞 060 015 7696  
📠 012 472 6500  
🌐 [www.bestmed.co.za](http://www.bestmed.co.za)  
🐦 @BestmedScheme  
📘 [www.facebook.com/BestmedMedicalScheme](http://www.facebook.com/BestmedMedicalScheme)



#### HOSPITAL AUTHORISATION

Tel: 080 022 0106  
Email: [authorisations@bestmed.co.za](mailto:authorisations@bestmed.co.za)

#### CHRONIC MEDICINE

Tel: 086 000 2378  
Email: [medicine@bestmed.co.za](mailto:medicine@bestmed.co.za)  
Fax: 012 472 6760

#### CLAIMS

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

#### MATERNITY CARE

Tel: 012 472 6797  
Email: [maternity@bestmed.co.za](mailto: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 (EUROP ASSISTANCE)

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

#### PMB

Tel: 086 000 2378  
Email: [pmb@bestmed.co.za](mailto: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](mailto: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](mailto:service@bestmed.co.za).

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personally yours