



Beat2

Benefit  
Summary  
2017

**bestMed**  
personally yours

## Beat2

### BEAT2 OPTION

### HOSPITAL PLAN (WITH SAVINGS)

#### Recommended for?

You and/or your partner are young and starting to take on the world! You believe that prevention is better than cure. You also understand that life can be unpredictable. Even though extensive hospital cover (at private hospitals) is all you need, you could also do with savings account access for general day-to-day benefits.

#### Contribution range (Network choice available)

R1 554 - Principal member (Standard option)  
R1 207 - Adult dependant (Standard option)  
R1 399 - Principal member (Network option)  
R1 087 - Adult dependant (Network option)

#### Savings Account / Day-to-day Benefits

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

#### Value Benefits

Preventative care benefits  
Contraceptive benefit  
Wound care benefit  
Preventative dentistry

#### Over-the-counter

Savings account

#### Not recommended for?

Older individuals and families requiring more cover for day-to-day expenses and certain diseases. The Pace range will be more beneficial to suit your needs.



## Method of benefit payment

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



## Network option

Beat1, 2 and 3 also offer you the decision to lower your monthly contribution in the form of a Network option.

The **Network** option provides you with a list of designated hospitals for you to use and also saves on your monthly contribution.

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.



## In-hospital benefits

### Note:

- All in-hospital benefits referred to in the section below require pre-authorisation. Please contact 080 022 0106 to obtain a pre-authorisation number.
- Clinical protocols, preferred providers, 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 R10 000 shall apply to the voluntary use of a non-designated service provider.

### MEDICAL EVENT

### SCHEME BENEFIT

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

100% Scheme tariff. DSP specialist network applicable if the network option is chosen.

#### 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 R25 200  
per beneficiary.  
Subject to network facilities.

#### Consultations and procedures

100% Scheme tariff. DSP specialist network applicable if the discounted network option is chosen.

#### Surgical procedures and anaesthetics

100% Scheme tariff.

#### 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

PMBs only at DSP day hospitals

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

100% Scheme tariff.  
Limited to R61 550 per family.

## MEDICAL EVENT

### Prosthesis - Internal

Note: Sub-limit subject to the prosthesis limit.

\*Functional: Item utilised towards treating or supporting a bodily function.

## SCHEME BENEFIT

Sub-limits per beneficiary:

- \*Functional limited to R11 000
- Pacemaker (dual chamber) R33 550
- Vascular R24 500
- Endovascular and catheter base procedures - no benefit
- Spinal R24 500
- Artificial disk - no benefit
- Drug-eluting stents - no benefit
- Mesh R8 650
- Gynaecology/Urology R7 050
- Lens implants R5 350 per lens

### Prosthesis - External

No benefit.

### Exclusions

Limits and co-payments applicable  
Preferred provider network available

Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits:

- Hip replacement and other major joints R25 850
- Knee replacement R31 850
- Other minor joints R9 900

### Orthopaedic and medical appliances

100% Scheme tariff.

### Pathology

100% Scheme tariff.

### Diagnostic imaging

100% Scheme tariff.

### Specialised diagnostic imaging

100% Scheme tariff  
Subject to co-payments.

### Oncology

PMBs Only (DSP: State hospitals where available)

### Peritoneal dialysis and haemodialysis

PMBs only at DSP.

### Confinements

100% Scheme tariff.

### Refractive surgery

No benefit.

### Midwife-assisted births

100% Scheme tariff.

### Supplementary services

100% Scheme tariff.

### Alternatives to hospitalisation

100% Scheme tariff.

### Emergency evacuation

100% Scheme tariff. Pre-authorized and rendered by ER24.

### Co-payments

Co-payment of R3 000 on all endoscopic investigations and specialised diagnostic imaging if done in a private hospital. Any other facility, no co-payment.



## Out-of-hospital benefits

### Note:

- Benefits below may be subject to pre-authorization, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).
- Most out-of-hospital expenses, such as visits to a FP or Specialist, are paid from your medical savings account.
- Should you not use all of the funds available in your medical savings account, these funds will be transferred into your Savings account at the beginning of the following financial year.
- Members choosing the efficiency discount option (Network option) are required to make use of Scheme-contracted service providers.

## MEDICAL EVENT

## SCHEME BENEFIT

### FP and specialist consultations

Savings account.

### Basic and specialised dentistry

**Basic:** Preventative benefit or savings account.

**Specialised:** Savings account.

**Orthodontic:** Subject to pre-authorization.

### Medical aids, apparatus and appliances

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 R2 750 per family.

### Optometry benefit (PPN capitation provider)

Savings account.

### Diagnostic imaging and pathology

Savings account.

### Specialised diagnostic imaging

100% Scheme tariff.

Limited to R4 200 per family.

### Oncology

PMBs only.

### Peritoneal dialysis and haemodialysis

PMBs only at DSPs.

### Maternity benefits

Savings account.

### Rehabilitation services after trauma

Savings account.



# Medicine

## Note:

- Benefits below may be subject to pre-authorization, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).
- Members choosing the efficiency discount option (Network option) are required to make use of Scheme-contracted pharmacies to obtain their medicine.

BENEFIT DESCRIPTION	SCHEME BENEFIT
<b>CDL &amp; PMB chronic medicine</b>	100% Scheme tariff. Co-payment of 40% for non-formulary medicine.
<b>Non-CDL chronic medicine</b>	No benefit.
<b>Biologicals and other high-cost medicine</b>	No benefit.
<b>Acute medicine</b>	Savings account.
<b>Over-the-counter (OTC) medicine</b>	Savings account.

## 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	HIV/AIDS
CDL 19	Hyperlipidaemia

CDL 20	Hypertension
CDL 21	Hypothyroidism
CDL 22	Multiple sclerosis
CDL 23	Parkinson's disease
CDL 24	Rheumatoid arthritis
CDL 25	Schizophrenia
CDL 26	Systemic lupus erythematosus (SLE)
CDL 27	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	Grave's 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



## Maternity Care programme

With so many things to juggle, the Maternity Care programme is here to help moms and dads through their entire pregnancy and the first two years with a new little one in the home. At Bestmed, we want you to enjoy this entire experience and feel comfortable knowing that we are here for you.

Registering on this programme will give you the following support and benefits:

- A 24-hour professional medical advice line you can call with any queries, no matter how small.
- 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 as well as discount vouchers for various baby items.
- In your second month after registration, we will send you a useful baby bag packed with products to use after your baby's birth.

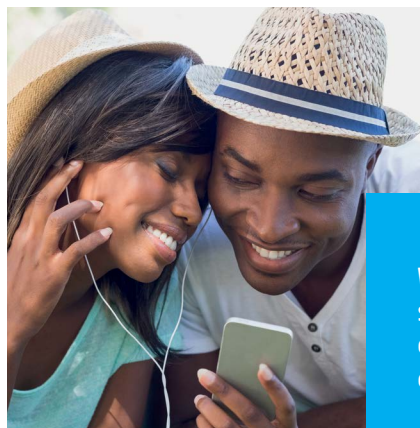
**You are able to register on the Maternity Care programme simply by sending an e-mail to [info@babyhealth.co.za](mailto:info@babyhealth.co.za) or you can call us on 086 111 1936.**

Please note that you may only register after the 12th week of pregnancy.



## Preventative care benefits

**Note:** Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).

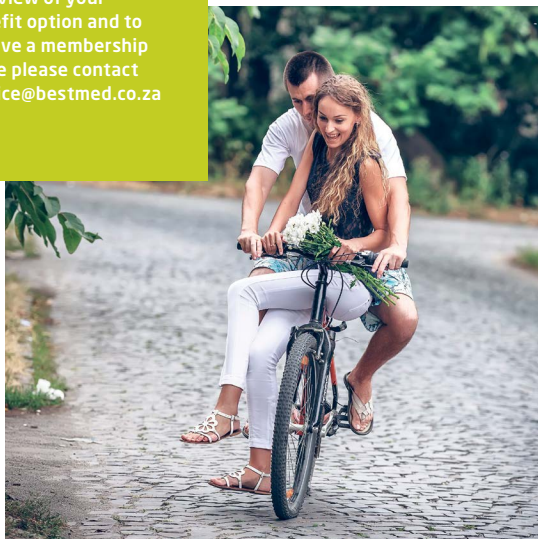


**We always strive to exceed your expectations.**

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
<b>Flu vaccines</b>	All ages.	1 per beneficiary per year.	Applicable to all active members and beneficiaries.
<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.	<b>Adults:</b> The Scheme will identify certain high-risk individuals who will be advised to be immunised.
<b>Female contraceptives</b>	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 800 per family per year. Includes all items classified in the category of female contraceptives.
<b>Spinal/back rehabilitation programme (DBC)</b>	All ages.	6 weeks, once per year.	Applicable to beneficiaries who have serious spinal and/or back problems and may require surgery. The Scheme may identify appropriate participants for evaluation at a DBC clinic. Based on the evaluation done by a DBC clinic, a rehabilitation treatment plan is drawn up and initiated which lasts 6 weeks, consecutively.
<b>Preventative dentistry</b> (incl. gloves and sterile equipment)	Refer to Preventative Dentistry section for details.		
<b>Health Check (Biometric screening):</b> <ul style="list-style-type: none"> <li>■ Glucose test (finger-prick test)</li> <li>■ Cholesterol test (finger-prick test)</li> <li>■ Blood Pressure</li> <li>■ Body Mass Index (BMI)</li> </ul>	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, Sparkport, ScriptSavers (Van Heerden/Klinicare pharmacies)).
<b>Pap smear</b>	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist or FP. Consultation paid from the available savings account.

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

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)



## Preventative dentistry

**Note:** Services mentioned below may be subject to pre-authorisation, clinical protocols and funding guidelines.

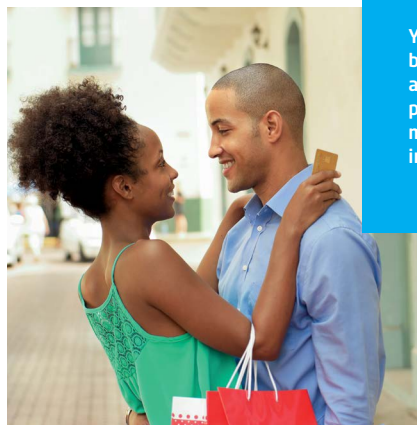
DESCRIPTION OF SERVICE	AGE	FREQUENCY
<b>General full-mouth examination by a general dentist</b> (incl. gloves and use of sterile equipment for the visit)	Above 12 years.	Once a year.
	Under 12 years.	Twice a year.
<b>Full-mouth intra-oral radiographs</b>	All ages.	Once every 36 months.
<b>Intra-oral radiograph</b>	All ages.	2 x photos per year.
<b>Scaling and/or polishing</b>	All ages.	Twice a year.
<b>Fluoride treatment</b>	All ages.	Twice a year.
<b>Fissure sealing</b>	Up to and including 21 years.	In accordance with accepted protocol.
<b>Space maintainers</b>	During primary and mixed denture stage.	Once per space.

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## Contributions

	Non-network/ Network	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
<b>Risk amount</b>	NN	R1 290	R1 003	R544
	N	R1 161	R902	R489
<b>Savings amount</b>	NN	R264	R205	R111
	N	R238	R185	R100
<b>Total monthly contribution</b>	NN	<b>R1 554</b>	<b>R1208</b>	<b>R655</b>
	N	<b>R1 399</b>	<b>R1087</b>	<b>R589</b>

\* 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

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); DSP = Designated Service Provider; FP = Family Practitioner or Doctor; MRP = Mediscore Reference Price; NPWT = Negative-pressure wound therapy; PMB = Prescribed Minimum Benefits.

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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Faerie Glen, Pretoria, 0081, South Africa

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## ER24 AND INTERNATIONAL TRAVEL COVER

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## HOSPITAL AUTHORISATION

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## CLAIMS

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[claims@bestmed.co.za](mailto:claims@bestmed.co.za) (claim submissions)

## MATERNITY CARE

Tel: 086 111 1936

E-mail: [info@babyhealth.co.za](mailto:info@babyhealth.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

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South Africa

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