



Beat3

Benefit
Summary
2017

bestMed

personally yours

Beat3

BEAT3 OPTION

HOSPITAL PLAN (WITH SAVINGS)

Recommended for?

Beat3 is Bestmed's value-for-money prime option for new and young families. This option offers generous maternity benefits, extensive in-hospital cover at private hospitals and chronic benefits. Some preventative care benefits are also available to ensure you and your little ones are well taken care of.

Contribution range (Network choice available)

R2 359 - Principal member (Standard option)
R1 676 - Adult dependant (Standard option)
R911 - Child dependant (Standard option)
R2 123 - Principal member (Network option)
R1 509 - Adult dependant (Network option)
R820 - Child dependant (Network option)

Savings Account / Day-to-day Benefits

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

Value Benefits

Preventative care benefits
Optometry
Preventative dentistry
Maternity benefits

Over-the-counter

Savings account

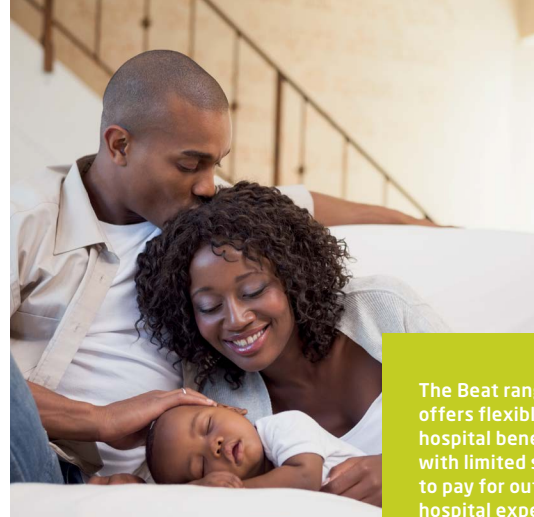
Not recommended for?

Older individuals and families requiring more comprehensive 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 Beat3 option in-hospital services are paid from Scheme risk. Some day-to-day services are paid from the Scheme risk and other services will be paid from the savings account. Some preventative care services are available from the Scheme risk benefit.



The Beat range offers flexible hospital benefits with limited savings to pay for out-of-hospital expenses on some options.



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 discounted 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 100% Scheme tariff.
Limited to R10 100 per family.

Dental and oral surgery Limited to R6 300 per family. (This limit applies to both in- and out-of-hospital benefits).

Prosthesis 100% Scheme tariff.
(Subject to preferred provider, otherwise limits and co-payments apply)
Limited to R62 200 per family.

In-hospital benefits

MEDICAL EVENT

SCHEME BENEFIT

Prosthesis - Internal

Note: Sub-limit subject to the prosthesis limit.

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

Sub-limits per beneficiary:

- *Functional limited to R11 000
- Pacemaker (dual chamber) R33 550
- Vascular R24 700
- Endovascular and catheter base procedures - no benefit
- Spinal R24 700
- Artificial disk - no benefit
- Drug-eluting stents - no benefit
- Mesh R8 650
- Gynaecology/Urology R7 150
- 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 R26 050
- Knee replacement R32 200
- 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.

Oncology

PMBs Only (DSP: State hospitals where available)

Peritoneal dialysis and haemodialysis

PMBs only at DSP.

Confinements

100% Scheme tariff.

Refractive surgery

100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R6 500 per eye.

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 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.
- Some out-of-hospital benefits are paid for by the Scheme at 100% Scheme tariff.
- 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.

Out-of-hospital Benefits

MEDICAL EVENT

Optometry benefit
(PPN capitation provider)

SCHEME BENEFIT

Optometry services are obtained from and paid by PPN at 100% of cost per beneficiary every 24 months.*

For services rendered by a non-network provider, the following maximum amounts per beneficiary apply every 24 months:

- Consultation R350
- Frame R550
 - Single-vision lenses R165 OR
 - Bifocal lenses R360 OR
 - Multifocal lenses R660
- Contact lenses R1 000**

Diagnostic imaging and Pathology

Savings account.

Specialised diagnostic imaging

100% Scheme tariff.
Limited to R8 750 per family.

Oncology

PMBs only.

Peritoneal dialysis and haemodialysis

PMBs only at DSPs.

Maternity benefits

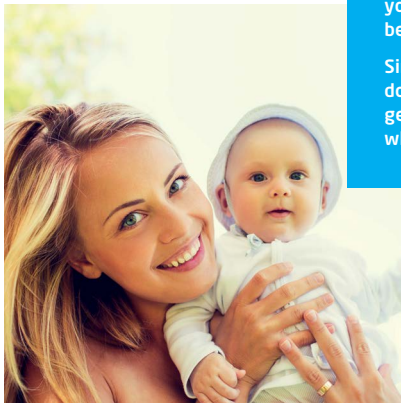
100% Scheme tariff. 2 sonars and up to 12 antenatal consultations.

Rehabilitation services after trauma

Savings account.

*This means the benefit is limited to only those products and services negotiated by PPN and only those frames specified by PPN.

**Preferred Provider Negotiators (PPN) will pay a maximum amount of R1 000 towards the cost for contact lenses per beneficiary every 24 (twenty-four) months, irrespective of whether the beneficiary utilised the services of PPN or a non-network provider.



Did you know that you can make your benefits last longer?

Simply ask your doctor to prescribe generic medicines where possible.

We always strive to exceed your expectations.





Medicine

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).
- Members choosing the efficiency discount option (Network option) are required to make use of Scheme-contracted pharmacies to obtain their medicine.

*Please note that 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 & PMB chronic medicine*	100% Scheme tariff. Co-payment of 40% for non-formulary medicine.
Non-CDL chronic medicine*	5 conditions. 75% Scheme tariff. Limited to M = R2 700, M1+ = R5 450. Co-payment of 40% for non-formulary medicine.
Biologicals and other high-cost medicine	No benefit.
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	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

Chronic conditions list

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
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
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



Preventative care 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).

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.
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 R1 800 per family per year. Includes all items classified in the category of female contraceptives.
Spinal/back rehabilitation programme (DBC)	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.
Preventative dentistry (incl. gloves and sterile equipment)	Refer to Preventative Dentistry section for details.		
Biometric screening (Health Check): <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, Sparkport, ScriptSavers (Van Heerden/Klinicare pharmacies)).
Pap smear	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 for more detail.



Bestmed provides great healthcare benefits to more than 200 000 beneficiaries.

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

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:

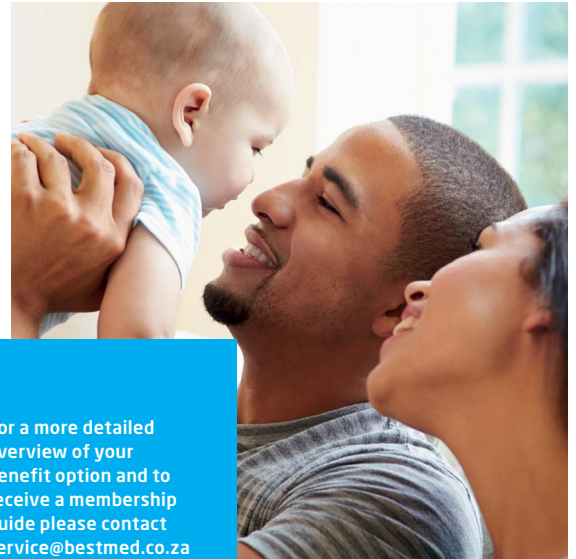
- A 24-hour professional medical advice line you can call with any queries, no matter how small.
- Weekly e-mails packed with convenient information about your pregnancy, your baby's development, how to deal with unpleasant pregnancy symptoms and useful hints.
- Dads won't be left out as they will also 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. Mom can also expect a pregnancy health pack within the first month of registration.
- In your second month after registration, we will send you a useful baby bag packed with products to use after your baby's birth. Moms-to-be can expect their bag to contain wonderful products.

You are able to register on the Maternity Care programme simply by sending an e-mail to 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.



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



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

Preventative dentistry

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

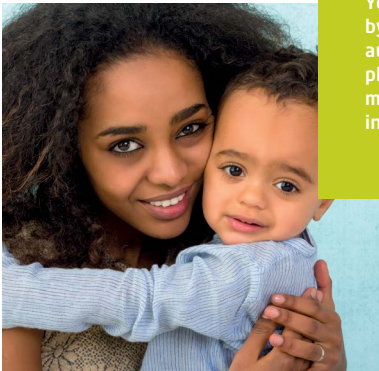
DESCRIPTION OF SERVICE	AGE	FREQUENCY
General full-mouth examination by a general dentist (incl. gloves and use of sterile equipment for the visit)	Above 12 years.	Once a year.
	Under 12 years.	Twice a year.
Full-mouth intra-oral radiographs	All ages.	Once every 36 months.
Intra-oral radiograph	All ages.	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.

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Contributions

	Non-network/ Network	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	NN	R1 958	R1 391	R756
	N	R1 762	R1 252	R681
Savings amount	NN	R401	R285	R155
	N	R361	R257	R139
Total monthly contribution	NN	R2 359	R1 676	R911
	N	R2 123	R1 509	R820

* 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-authorization 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 = Mediscor 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

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707231 Bestmed Beat3 Individual Brochure. This brochure was printed in October 2016.

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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.

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