

Beat4



Benefit
Summary
2017

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Beat4

BEAT4 OPTION

HOSPITAL PLAN (WITH SAVINGS AND DAY-TO-DAY BENEFITS)

Recommended for? Beat4 is Bestmed's superior hybrid option for young to middle-aged families with specific healthcare needs. It offers comprehensive in-hospital benefits at private hospitals. There is a generous amount of day-to-day medical cover for consultations, dentistry, chronic medications and a range of preventative care benefits.

Contribution range R3 618 (Principal member)
R2 988 (Adult dependant)
R895 (Child dependant)

Savings Account / Day-to-day Benefits Savings account available.
Day-to-day benefits are available.

Value Benefits No self-payment gaps
Preventative care benefits
FP and Specialist consultations
Optometry
Dentistry
Maternity benefits

Over-the-counter Available

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 Beat4 option in-hospital services are paid from the Scheme risk. Some out-of-hospital services are paid from the annual savings first and, once depleted, will be paid from the day-to-day benefit. Once the day-to-day benefit is depleted, services can be paid from the available vested savings. Some preventative care is 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.



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.

In-hospital benefits

MEDICAL EVENT	SCHEME BENEFIT
Accommodation (hospital stay) and theatre fees	100% Scheme tariff.
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.
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 300 per family.
Dental and oral surgery	Limited to R7 900 per family. (This limit applies to both in- and out-of-hospital benefits).
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R75 900 per family.
Prosthesis - Internal Note: Sub-limit subject to the 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 R13 200 Pacemaker (dual chamber) R43 900 Vascular R26 200 Endovascular and catheter base procedures - no benefit Spinal R26 200 Artificial disk - no benefit Drug-eluting stents R14 750 Mesh R9 700 Gynaecology/Urology R7 150 Lens implants R5 550 per lens
Prosthesis - External	Limited to R18 250 per family.
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 R26 950 Knee replacement R35 800 Other minor joints R11 000

MEDICAL EVENT	SCHEME BENEFIT
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. 100% Scheme tariff.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorization.
Confinements	100% Scheme tariff.
Refractive surgery	100% Scheme tariff. Subject to pre-authorization and protocols. Limited to R7 350 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.

We perceive trust as a fundamental requirement of life which originates from a commitment to approach all relationships with honesty and integrity.



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).

- Some indicated benefits are paid from the annual savings account first at 100% of the Scheme tariff.
- Once the annual savings account is depleted, benefits will be paid from Scheme's day-to-day benefits (limits apply).
- All unused funds in the annual savings account at the end of the year will be carried over to the Vested Medical Savings Account of the following financial year and will remain your property and also accumulate to your credit.
- Funds in the Vested Medical Savings Account will only be utilised when both the annual savings account and the Scheme risk benefits are depleted.

Out-of-hospital benefits

MEDICAL EVENT

SCHEME BENEFIT

Overall day-to-day limit

M = R10 000, M1+ = R20 000.

FP and specialist consultations

Savings first.
Limited to M = R2 550, M1+ = R4 550
(Subject to overall day-to-day limit)

Basic and specialised dentistry

Savings first.
Orthodontics are subject to pre-authorisation.
Limited to M = R4 300, M1+ = R8 650.
(Subject to overall day-to-day limit)

Medical aids, apparatus and appliances

Savings first. 100% Scheme tariff.
Limited to R9 000 per family.
(Subject to overall day-to-day limit)

Supplementary services

Savings first.
Limited to M = R3 900, M1+ = R7 900.
(Subject to overall day-to-day limit)

Wound care benefit

(incl. dressings and negative pressure wound therapy (NPWT) treatment and related nursing services - out-of-hospital)

Savings first. 100% Scheme tariff.
Limited to R3 900 per family.
(Subject to overall day-to-day limit)

Optometry benefit

(PPN capitation provider)

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 210**

MEDICAL EVENT

SCHEME BENEFIT

Diagnostic imaging and Pathology

Savings first.
Limited to M = R2 550, M1+ = R5 200.
(Subject to overall day-to-day limit)

Specialised diagnostic imaging

100% Scheme tariff.
Limited to R13 200 per family.

Oncology

Oncology programme.
100% Scheme tariff.

Peritoneal dialysis and haemodialysis

100% Scheme tariff. Subject to pre-authorisation.

Maternity benefits

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

Rehabilitation services after trauma

Vested savings.

*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 210 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.



We are a Scheme managed by members for members and will never compromise on quality service to you.



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).

*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 30% for non-formulary medicine.
Non-CDL chronic medicine*	8 conditions. 85% Scheme tariff. Limited to M = R5 900, M1+ = R11 800. Co-payment of 30% for non-formulary medicine.
Biologicals and other high-cost medicine	No benefit.
Acute medicine	Savings first. Limited to M = R2 250, M1 + = R4 550 (Subject to overall day-to-day limit)
Over-the-counter (OTC) medicine	Paid from savings. Limited to R525.

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
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
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-authorisation, 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.		
Haemophilus influenzae Type B vaccine (HIB)	Children 5 years and younger.	1 vaccine at 6, 10 and 14 weeks after birth. 1 booster vaccine between 15-18 months.	If the booster vaccine was not administered timeously, the maximum age to which it will be allowed is 5 years.
Mammogram	Females 40 years and older.	Once every 24 months.	Scheme tariff is applicable.
HPV vaccinations	Females of 9-26 years old.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
PSA screening	Males 50 years and older.	Once every 24 months.	
Biometric screening (Health Check): Glucose test (finger-prick test) <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/consultation benefit.
Dietician counselling session	All ages.	1 per family per year.	Educational.

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

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. 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.

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Contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	R3 075	R2 540	R761
Savings amount	R543	R448	R134
Total monthly contribution	R3 618	R2 988	R895

* 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; HPV = Human Papilloma Virus; M = Member; M1+ = Member and family; MRP = Mediscor Reference Price; NPWT = Negative Pressure Wound Therapy; PMB = Prescribed Minimum Benefits; PPN = Preferred Provider Negotiators.

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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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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