

Pace2



# Benefit Summary 2017

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## Pace2

### PACE2 OPTION

### COMPREHENSIVE COVER (IN AND OUT-OF-HOSPITAL)

#### Recommended for?

You are an established family in need of extensive day-to-day cover with freedom of choice when it comes to hospitals, doctors and specialists. You can enjoy peace of mind that the Pace2 option will take great care of you and your family's healthcare needs.

#### Contribution range

R4 315 (Principal member)  
R4 231 (Adult dependant)  
R951 (Child dependant)

#### Savings Account /

Savings account available.

#### Day-to-day Benefits

Day-to-day benefits are available.

#### Value Benefits

No co-payment or self-payment gaps  
FP and Specialist consultations  
Optometry  
Dentistry  
Maternity benefits

#### Over-the-counter

Available

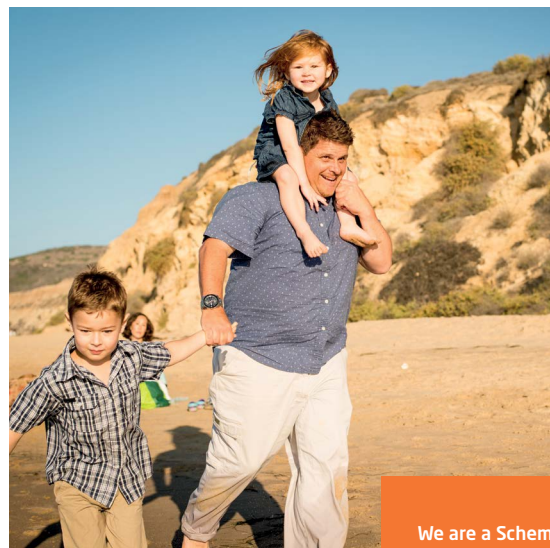
#### Not recommended for?

Families looking for more comprehensive and speciality cover. Pace3 and 4 are the ideal options for you.



## Method of benefit payment

On the Pace2 option, in-hospital services are paid from 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 services are available from the Scheme risk benefit.



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

## 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.

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.
Major medical maxillo-facial surgery strictly related to certain conditions	100% Scheme tariff.
Dental and oral surgery	Limited to R10 500 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 R90 400 per family.
Prosthesis - Internal Note: Sub-limit subject to the above prosthesis limit. *Functional: Items utilised towards treating or supporting a bodily function.	Sub-limits per beneficiary: <ul style="list-style-type: none"> <li>*Functional limited to R13 750</li> <li>Vascular R33 900</li> <li>Pacemaker (dual chamber) R48 850</li> <li>Spinal R33 900</li> <li>Artificial disk R14 850</li> <li>Drug-eluting stents R14 850</li> <li>Mesh R14 850</li> <li>Gynaecology/Urology R11 100</li> <li>Lens implants R9 500 per lens</li> <li>Joint replacements:               <ul style="list-style-type: none"> <li>- Hip replacement and other major joints R40 700</li> <li>- Knee replacement R47 250</li> <li>- Minor joints R17 550</li> </ul> </li> </ul>

## In-hospital benefits

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis - External	Limited to R21 300 per family.
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.
Confinements	100% Scheme tariff.
Refractive surgery	100% Scheme tariff. 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 always strive to exceed your expectations.



## Out-of-hospital benefits

### Note:

- Some indicated benefits are paid from the annual savings at 100% Scheme tariff.
- Once the annual savings account is depleted, benefits will be paid from Scheme risk at 100% Scheme tariff (limits apply).
- Should you not use all of the funds available in your medical savings account, these funds will be transferred into a vested medical savings account at the beginning of the following financial year.
- Any vested credit in your vested medical savings account may be used for out-of-hospital expenses that are not covered by the Scheme, or should you, for instance, have reached your out-of-hospital or day-to-day overall annual limit or the sub-limits as indicated in your benefit guide.
- Unused funds in your vested medical savings account at the end of the financial year will be carried over to the credit of your vested medical savings account for the next year.
- Clinical funding protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.

### MEDICAL EVENT

### SCHEME BENEFIT

#### Overall day-to-day limit

M = R12 000, M1+ = R24 000.

#### FP and specialist consultations

Savings first.  
Limited to M = R3 450, M1+ = R6 950.  
(Subject to overall day-to-day limit)

#### Basic and specialised dentistry

Savings first.  
**Basic:** preventative benefit or savings account. Limit once savings exceeded.  
**Specialised:** Savings account then limit.  
**Orthodontic:** Subject to pre-authorization.  
Limited to M = R5 300, M1+ = R10 600.  
(Subject to overall day-to-day limit)

#### Medical aids, apparatus and appliances including wheelchairs and hearing aids

Savings first.  
Limited to R8 150 per family.  
(Subject to overall day-to-day limit)  
Limit on wheelchairs of R11 050 per family per 48 months.  
Limit on hearing aids of R22 450 per beneficiary per 24 months.

#### Supplementary services

Savings first.  
Limited to M = R4 300, M1+ = R8 650.  
(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.  
Limited to R5 400 per family.  
(Subject to overall day-to-day limit)



## Out-of-hospital benefits

### MEDICAL EVENT

### SCHEME BENEFIT

#### 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 AND
  - Single-vision lenses R165 OR
  - Bifocal lenses R360 OR
  - Multifocal lenses R660
- Contact lenses R1 210\*\*

#### Diagnostic imaging and pathology

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

#### Maternity benefits

2 sonars and up to 12 antenatal consultations.

#### Specialised diagnostic imaging

MRI/CT scans: Maximum of 3 scans per beneficiary.  
PET scan: 1 scan per beneficiary.

#### Rehabilitation services after trauma

100% Scheme tariff.

#### Oncology

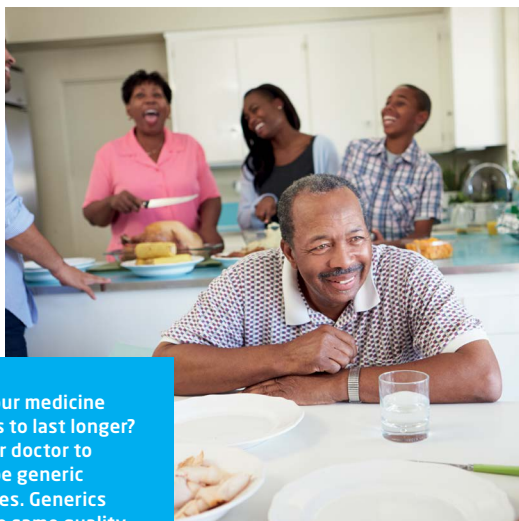
Oncology programme.  
100% Scheme tariff.

#### Peritoneal dialysis and haemodialysis

Subject to pre-authorization and DSPs.

\*This means that 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.



Want your medicine benefits to last longer? Ask your doctor to prescribe generic medicines. Generics have the same quality, safety and efficacy as the original brand medicine.



## Medicine

### Note:

- All benefits below may be subject to pre-authorisation, clinical protocols, formularies, funding guidelines and the Mediscor Reference Price (MRP).

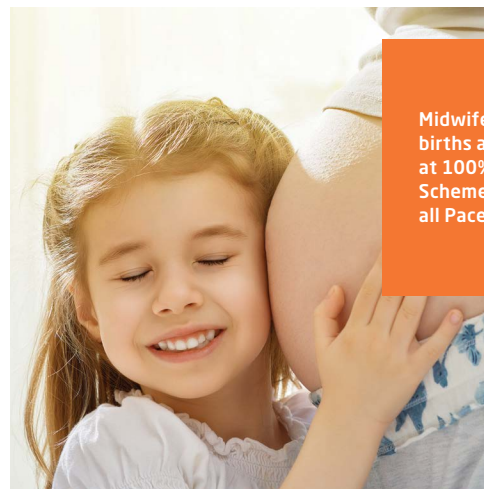
\* Please note that approved CDL, PMB and non-CDL chronic medicine costs will be paid from the non-CDL limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk.

BENEFIT DESCRIPTION	SCHEME BENEFIT
<b>CDL &amp; PMB chronic medicine*</b>	100% Scheme tariff. Co-payment of 30% for non-formulary medicine.
<b>Non-CDL chronic medicine*</b>	18 conditions. 85% Scheme tariff. Limited to M = R7 150, M1+ = R14 300. Co-payment of 30% for non-formulary medicine.
<b>Biologicals and other high-cost medicine</b>	Limited to R129 700 per beneficiary.
<b>Acute medicine</b>	Savings first. Limited to M = R3 800, M1 + = R7 600. (Subject to overall day-to-day limit)
<b>Over-the-counter (OTC) medicine</b>	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	Severe 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
non-CDL 9	Osteoporosis
non-CDL 10	Psoriasis

non-CDL 11	Urinary incontinence
non-CDL 12	Paget's disease
non-CDL 13	Gastro oesophageal reflux disease (GORD)
non-CDL 14	Ankylosing spondylitis
non-CDL 15	Osteoarthritis
non-CDL 16	Alzheimer's disease
non-CDL 17	Collagen diseases
non-CDL 18	Dermatomyositis
<b>PMB</b>	
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



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

## 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](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.**

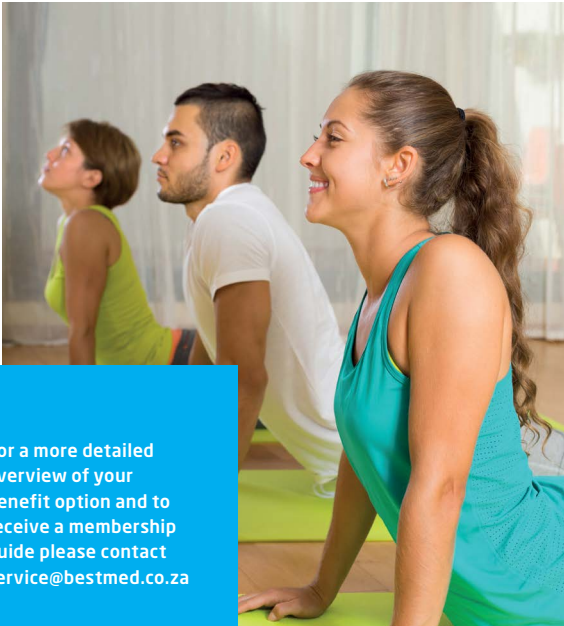


# Preventative care benefits

**Note:** Benefits mentioned below may be subject to pre-authorisation, clinical protocols, 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.	<b>Adults:</b> 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.
PSA screening	Males 50 years and older.	Once every 24 months.	
HPV vaccinations	Females of 9-26 years old.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
Health Check (Biometric screening) <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/Klinikare 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 session per family per year.	Educational.

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



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-authorization, 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</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.

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



## Contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
<b>Risk amount</b>	R3 668	R3 596	R808
<b>Savings amount</b>	R647	R635	R143
<b>Total monthly contribution</b>	<b>R4 315</b>	<b>R4 231</b>	<b>R951</b>

\* You only pay for a maximum of four children. All other children can join as beneficiaries of the Scheme free of charge.



Don't let co-payments leave you out-of-pocket. Negotiate your doctor's fees with him/her upfront if you know that their fees exceed the Scheme rate.

### Abbreviations

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); FP = Family Practitioner or Doctor; HPV = Human Papilloma Virus; M = Member; M1+ = Member and family; MRP = Medicor Reference Price; MRI/CT Scans = Magnetic Resonance Imaging/Computed Tomography Scans; NPWT = Negative Pressure Wound Therapy; PET scan = Positron Emission Tomography scan; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen.

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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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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