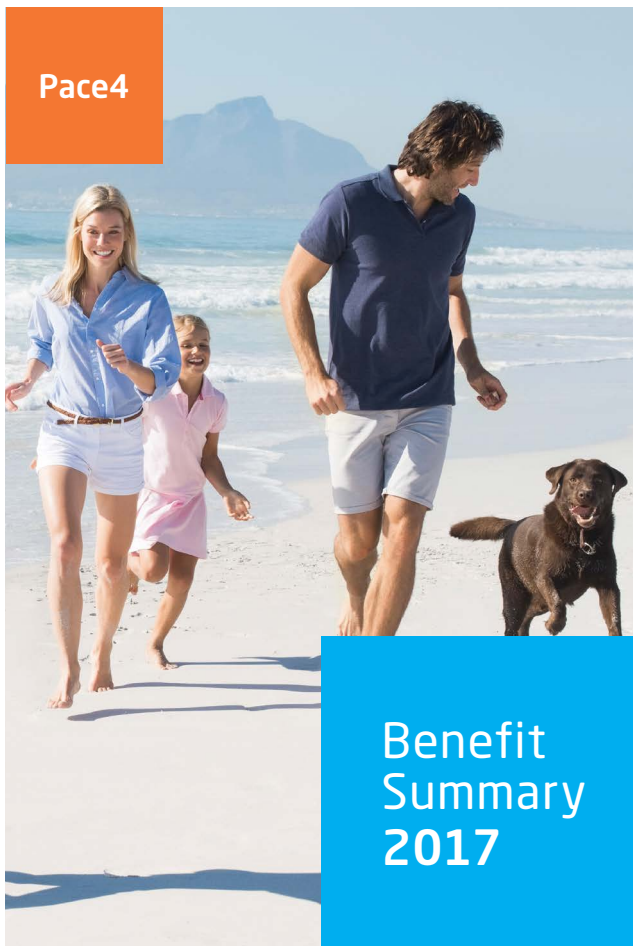


Pace4



Benefit Summary 2017

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PACE4 OPTION

COMPREHENSIVE COVER (IN AND OUT-OF-HOSPITAL)

Recommended for? You are a discerning family who may have above average medical costs or would like the maximum cover available. You need the comfort of extensive benefits and hospital expenses. In addition, an individual medical savings account, which offers further payment flexibility. With the exclusivity that Pace4 offers, you have the greatest cover with complete peace of mind.

Contribution range R6 096 (Principal member)
R6 096 (Adult dependant)
R1 428 (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

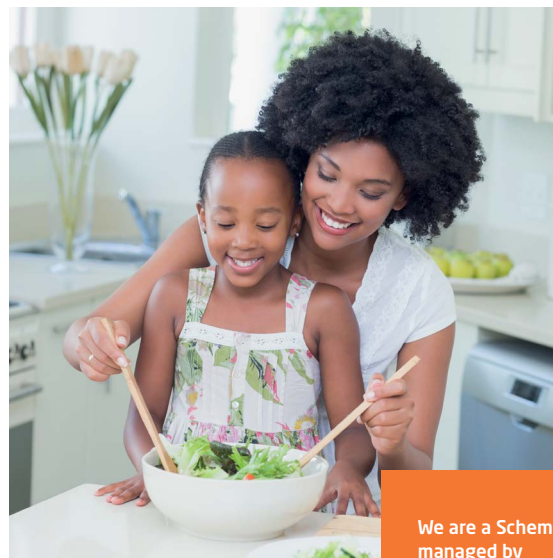
Over-the-counter Available

Not recommended for? Young individuals or couples without families will find more value on the Beat range. Also young families needing below the norm cover will find value on Beat3, Pace1, Beat4 and Pace2.



Method of benefit payment

On the Pace4 option in-hospital services, out-of-hospital services and preventative care are paid from Scheme risk. Once out-of-hospital risk benefits are depleted, further claims will be paid from savings.



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 R15 750 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 R104 900 per family. |
| Prosthesis - Internal | Sub-limits per beneficiary: <ul style="list-style-type: none"> *Functional limited to R15 400 Vascular R38 900 Pacemaker (dual chamber) R48 850 Spinal R38 900 Artificial disk R17 450 Drug-eluting stents R17 450 Mesh R15 400 Gynaecology/Urology R12 700 Lens implants R14 050 per lens Joint replacements: <ul style="list-style-type: none"> Hip replacement and other major joints R46 900 Knee replacement R54 300 Minor joints R17 450 |
| Note: Sub-limit subject to the above prosthesis limit. *Functional: Items utilised towards treating or supporting a bodily function. | |

In-hospital benefits

| MEDICAL EVENT | SCHEME BENEFIT |
|---------------------------------------|--|
| Prosthesis - External | Limited to R24 200 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 900 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:

- Out-of-hospital benefits are paid at 100% Scheme tariff.
- Subject to sub-limits and benefits available in the day-to-day overall limit.
- Once the overall day-to-day limit is depleted, the member may request payment from the individual medical savings account (IMSA).
- 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.
- 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 = R28 000, M1+ = R45 100. |
| FP and specialist consultations | Limited to M = R4 400, M1+ = R7 150. (Subject to overall day-to-day limit) |
| Basic and specialised dentistry | Limited to M = R9 500, M1+ = R16 100. (Subject to overall day-to-day limit) Orthodontics are subject to pre-authorisation. |
| Medical aids, apparatus and appliances including wheelchairs and hearing aids | 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 R28 150 per beneficiary per 24 months. |
| Supplementary services | Limited to M = R4 400, M1+ = R8 650. (Subject to day-to-day overall limit) |
| Wound care benefit (incl. dressings and negative pressure wound therapy (NPWT) treatment and related nursing services - out-of-hospital) | Limited to R10 800 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: <ul style="list-style-type: none"> ■ Consultation R350 ■ Frame R550 AND <ul style="list-style-type: none"> – Single-vision lenses R165 OR – Bifocal lenses R360 OR – Multifocal lenses R660 ■ Contact lenses R1 710** |

Out-of-hospital benefits

| MEDICAL EVENT | SCHEME BENEFIT |
|--|--|
| Diagnostic imaging and pathology | Limited to M = R4 400 M1+ = R8 650. (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 three scans per beneficiary. PET scan: One scan per beneficiary. |
| Rehabilitation services after trauma | 100% Scheme tariff. |
| Oncology | Oncology programme. |
| Peritoneal dialysis and haemodialysis | Subject to pre-authorisation 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 710 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.

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



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 |
|---|--|
| CDL & PMB chronic medicine* | 100% Scheme tariff. Co-payment of 20% for non-formulary medicine. |
| Non-CDL chronic medicine* | 26 conditions. 85% Scheme tariff. Limited to M = R15 550, M1+ = R31 150. Co-payment of 20% for non-formulary medicine. |
| Biologicals and other high-cost medicine | Limited to R383 700 per beneficiary. |
| Acute medicine | Limited to M = R6 950, M1+ = R10 800. (10% co-payment) (Subject to overall day-to-day limit) |
| Over-the-counter (OTC) medicine | Savings account |

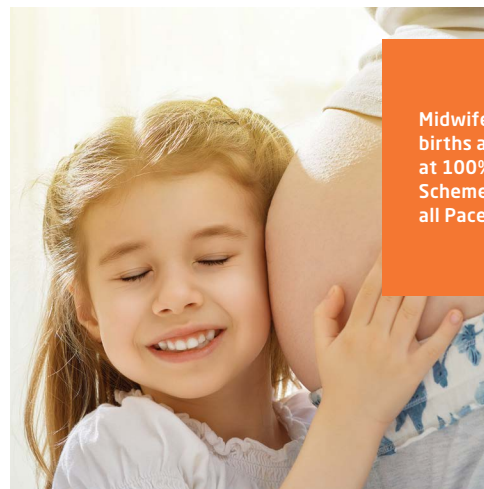
Chronic conditions list

| 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 | 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 | Hypopituitarism |
| non-CDL 16 | Osteoarthritis |
| non-CDL 17 | Alzheimer's disease |
| non-CDL 18 | Collagen diseases |
| non-CDL 19 | Dermatomyositis |
| non-CDL 20 | Motor neuron disease |
| non-CDL 21 | Neuropathy |
| non-CDL 22 | Polyarteritis nodosa |
| non-CDL 23 | Scleroderma |
| non-CDL 24 | Sjogren's disease |
| non-CDL 25 | Trigeminal neuralgia |
| non-CDL 26 | Psoriatic arthritis |

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 |



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 or you can call us on 086 111 1936

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

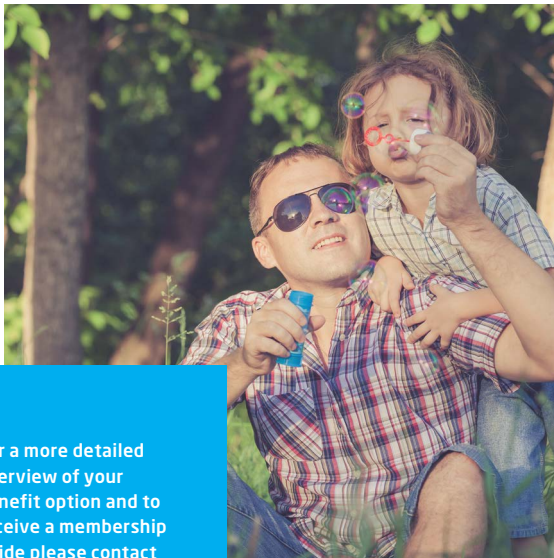


Preventative care benefits

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. | 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. |
| 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. |
| Bone densitometry | All beneficiaries 45 years and older. | Once every 24 months. | |
| Health Check (Biometric screenings): <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 session per family per year. | Educational. |

Disclaimer: General and option specific exclusions apply.
Please refer to 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



Preventative dentistry

Note: Services mentioned below may be subject to pre-authorization, 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 radiographs | All ages. | 2 x photos per year. |
| Scaling and/or polishing | All ages. | Twice a year. |
| Fluoride | 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. |

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



Contributions

| | PRINCIPAL MEMBER | ADULT DEPENDANT | CHILD DEPENDANT* |
|-----------------------------------|------------------|-----------------|------------------|
| Risk amount | R5 913 | R5 913 | R1 385 |
| Savings amount | R183 | R183 | R43 |
| Total monthly contribution | R6 096 | R6 096 | R1 428 |

* 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; IMSA = Individual medical savings account; M = Member; M1+ = Member and family; MRI/CT Scans = Magnetic Resonance Imaging/Computed Tomography Scans; MRP = Mediscor Reference Price; 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

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