



BEAT4

**Benefit
Summary
2019**



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	R4 302 - Principal member R3 553 - Adult dependant R1 064 - Child dependant
Savings account/ Day-to-day benefits	Savings account available. Day-to-day benefits are available.
Value benefits	No automatic self-payment gaps. Preventative care benefits. FP and specialist consultations. Optometry. Dentistry. Maternity benefits.
Over-the-counter medicine	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.

In-hospital benefits

Note:

- All in-hospital benefits referred to in the section below require pre-authorization. Please contact 080 022 0106 to obtain a pre-authorization 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 R29 240 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)

MEDICAL EVENT	SCHEME BENEFIT
Major medical maxillo-facial surgery strictly related to certain conditions	100% Scheme tariff. Limited to R11 933 per family.
Dental and oral surgery	Limited to R9 138 per family.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R88 050 per family.

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

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 R15 373
- Pacemaker (dual chamber) R50 955
- Vascular R30 423
- Endovascular and catheter-based procedures - no benefit
- Spinal R30 423
- Artificial disc - no benefit
- Drug-eluting stents R17 093
- Mesh R11 288
- Gynaecology/Urology R8 278
- Lens implants R6 450 per lens

Prosthesis – External

Limited to R21 178 per family.

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 R31 283
- Knee replacement R41 560
- Minor joints R12 770

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 at DSPs.

Peritoneal dialysis and haemodialysis

100% Scheme tariff.
Subject to pre-authorisation.

Confinements

100% Scheme tariff.

MEDICAL EVENT**SCHEME BENEFIT**

Refractive surgery and all types of procedures to improve or stabilise vision except for cataracts

100% Scheme tariff.
Subject to pre-authorisation and protocols. Limited to R8 493 per eye.

Midwife-assisted births

100% Scheme tariff.

Supplementary services

100% Scheme tariff.

Alternatives to hospitalisation

100% Scheme tariff.

Emergency evacuation

Services rendered by ER24.



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.
- If you have a treatment plan for a registered Chronic Disease List (CDL) and/or Prescribed Minimum Benefit (PMB) condition/s, the services in the treatment plan will pay from the applicable day-to-day limit first. Once the limit is depleted, claims will continue to be paid from Scheme risk, up to the maximum quantity specified in the treatment plan.

MEDICAL EVENT SCHEME BENEFIT

Overall day-to-day limit M = R11 160, M1+ = R23 220.

FP and specialist consultations Savings first.
Limited to M = R2 956, M1+ = R5 268
(Subject to overall day-to-day limit)

Basic and specialised dentistry Savings first.
Orthodontics are subject to pre-authorization.
Limited to M = R5 115, M1+ = R10 274.
(Subject to overall day-to-day limit)

Medical aids, apparatus and appliances Savings first.
100% Scheme tariff.
Limited to R10 428 per family.
(Subject to overall day-to-day limit)

Supplementary services Savings first.
Limited to M = R4 515, M1+ = R9 170.
(Subject to overall day-to-day limit)

Wound care benefit (incl. dressings, negative pressure wound therapy treatment and related nursing services-out-of-hospital) Savings first.
100% Scheme tariff.
Limited to R4 515 per family.
(Subject to overall day-to-day limit)

Optometry benefit (PPN capitation provider) Benefits available every 24 months from date of service.
Network Provider (PPN)

- Consultation - 1 free per beneficiary.
- Frame = R825 covered **AND**
- 100% of cost of standard lenses (single vision/ bifocal/multifocal/contact lenses).

OR
Non-network Provider

- Consultation - R300 fee at non-network provider
- Frame = R550 **AND**
- Single vision lenses = R175 **OR**
- Bifocal lenses = R410 **OR**
- Multifocal lenses = R710 **OR**
- Contact lenses = R1 435

Diagnostic imaging and Pathology Savings first.
Limited to M = R2 956, M1+ = R6020.
(Subject to overall day-to-day limit)

Specialised diagnostic imaging 100% Scheme tariff.
Limited to R15 373 per family.

Oncology PMBs only at DSPs.

Peritoneal dialysis and haemodialysis 100% Scheme tariff.
Subject to pre-authorization.

Maternity benefits 100% Scheme tariff.

- 9 x antenatal consultations at either FP/ Gynaecologist/Midwife.
- 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at Gynaecologist.
- 1x 2D ultrasound scan at 20-24 weeks at Gynaecologist.
- 1x 2D ultrasound scan first trimester at radiologist.
- 1x 2D ultrasound scan second trimester at radiologist.
- Antenatal iron supplements (9 fills).
- Antenatal folic acid (9 fills).
- Please ensure that tests you undergo are covered. Tests, including urine dipstick tests, and other tests are covered.
- 1x post-natal consultation at FP/ Gynaecologist/Midwife.

Rehabilitation services after trauma Vested savings.



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 and PMB chronic medicine*	100% Scheme tariff. Co-payment of 30% for non-formulary medicine.
Non-CDL chronic medicine*	9 conditions. 85% Scheme tariff. Limited to M = R6 848, M1+ = R13 696. Co-payment of 30% for non-formulary medicine.
Biologicals and other high-cost medicine	No benefit.
Acute medicine	Savings first. Limited to M = R2 612, M1 + = R5 278 (Subject to overall day-to-day limit)
Over-the-counter (OTC) medicine See benefit option rules	*Member choice: 1. R550 OTC limit OR 2. Access to full PMSA for OTC purchases (after R550 limit) = self-payment gap accumulation.

*The default OTC choice is 1. R550 OTC limit. Members wishing to choose the other option are welcome to contact Bestmed.



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 - severe
CDL 16	Glaucoma
CDL 17	Haemophilia
CDL 18	Hyperlipidaemia
CDL 19	Hypertension
CDL 20	Hypothyroidism
CDL 21	Multiple sclerosis

CDL	
CDL 22	Parkinson's disease
CDL 23	Rheumatoid arthritis
CDL 24	Schizophrenia
CDL 25	Systemic lupus erythematosus (SLE)
CDL 26	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	Gastro oesophageal reflux disease (GORD)

PMB	
PMB 1	Aplastic anaemia
PMB 2	Chronic anaemia
PMB 3	Benign prostatic hypertrophy
PMB 4	Cushing's disease

PMB

PMB 5	Cystic fibrosis
PMB 6	Endometriosis
PMB 7	Female menopause
PMB 8	Fibrosing alveolitis
PMB 9	Graves' 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 mentioned 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 R2 096 per family per year. Includes all items classified in the category of female contraceptives.
Back and neck preventative programme	All ages.	Subject to pre-authorization.	Preferred providers (DBC/Workability Clinics). For serious spinal and/or back problems that may require surgery. The Scheme may identify appropriate participants. Based on the first assessment, a rehabilitation treatment plan is drawn up and initiated over an uninterrupted period that will be specified by the provider.
Preventative dentistry (incl. gloves and sterile equipment)	Refer to Preventative Dentistry section for details.		

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
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 and 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.	
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.
Bestmed Wellness Programme	Health Risk Assessment (biometric screening) at contracted pharmacy. 1 per beneficiary per year (age 21+).		
Note: Completing your Health Risk Assessment unlocks the other Wellness Programme benefits.	<ul style="list-style-type: none"> • Fitness assessment at a contracted biokineticist: 1 per beneficiary per year (age 13+), thereafter 3 biokineticist consultations per beneficiary per year. Pre-approval required. • Nutritional assessment: 1 per beneficiary per year (age 18+), thereafter 3 dietician consultations per beneficiary per year. Pre-approval required. • Occupational therapy assessment: 1 per beneficiary per year (ages 3-13 years). • Baby growth assessment: At a contracted pharmacy clinic, 3 per beneficiary per year (ages 0-35 months). 		

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



✎ Maternity Care programme

Finding out you are pregnant comes with a whole lot of emotions, questions and information. Sometimes just knowing where to start and which information you can trust can be a challenge.

Pregnant members and dependants have access to the Maternity Care programme. The programme provides comprehensive information and services and was designed with the needs of expectant parents and their support network in mind. We aim to give you support, education and advice through all stages of your pregnancy, the confinement and postnatal (after birth) period.

After registering on this programme and going for a Health Risk Assessment (HRA) you will receive:

- A welcome pack containing an informative pregnancy book about the stages of pregnancy.
- Discount vouchers.
- A beautiful baby bag. (Sent by month 5 of your pregnancy. You will receive an SMS.)
- Various baby items.
- Access to a 24-hour medical advice line.
- Benefits through each phase of your pregnancy.

How to register:

Send an e-mail to maternity@bestmed.co.za or call us on 012 472 6243. Please include your contact details (postal/delivery addresses), your medical scheme number and your expected delivery date in the e-mail. Go for a Health Risk Assessment (HRA) at any network pharmacy to finalise your registration.

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 Benefit; PMSA = Personal Medical Savings Account; PPN = Preferred Provider Negotiators.

🦷 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)	Older than 12 years. Younger than 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 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 700	R3 056	R915
Savings amount	R602	R497	R149
Total monthly contribution	R4 302	R3 553	R1 064

*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.





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012 472 6500



www.bestmed.co.za



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HOSPITAL AUTHORISATION

Tel: 080 022 0106

E-mail: authorisations@bestmed.co.za

CHRONIC MEDICINE

Tel: 086 000 2378

E-mail: medicine@bestmed.co.za

Fax: 012 472 6760

CLAIMS

Tel: 086 000 2378

E-mail: service@bestmed.co.za (queries)
claims@bestmed.co.za (claim submissions)

MATERNITY CARE

Tel: 012 472 6243

E-mail: maternity@bestmed.co.za

WALK-IN FACILITY

Block A, Glenfield Office Park,
361 Oberon Avenue, Faerie Glen,
Pretoria, 0081, South Africa

POSTAL ADDRESS

PO Box 2297, Arcadia,
Pretoria, 0001, South Africa

ER24

Tel: 084 124

INTERNATIONAL TRAVEL INSURANCE (BRYTE INSURANCE)

Tel: 0860 329 329 (RSA only) during
office hours / 084 124 after hours
E-mail: er24@brytesa.com
Claims: travelclaims@brytesa.com

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

Postal: KPMG Hotpost, at BNT 371,
PO Box 14671, Sinoville,
0129, South Africa

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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