



BEAT3

Benefit
Summary
2020

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 997 - Principal member
 R2 130 - Adult dependant
 R1 157 - Child dependant
 R2 697 - Principal member (Network option)
 R1 918 - Adult dependant (Network option)
 R1 043 - 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
medicine**

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.

Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs, this will not affect your savings.

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.
- 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 R11 309 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 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 R30 760 per beneficiary.
Subject to network facilities.

Consultations and procedures

100% Scheme tariff.
DSP specialist network applicable if the network option is chosen.

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

MEDICAL EVENT	SCHEME BENEFIT
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 R12 327 per family.
Dental and oral surgery	Limited to R7 690 per family.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R75 884 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 435 Pacemaker (dual chamber) R40 939 Vascular R30 082 Endovascular and catheter-based procedures - no benefit Spinal R30 082 Artificial disc - no benefit Drug-eluting stents - PMBs and DSP products only Mesh R10 573 Gynaecology/Urology R8 732 Lens implants R6 559 per lens per eye
Prosthesis – External	No benefit (PMBs only).
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 R31 779 Knee replacement R39 322 Minor joints R12 101

MEDICAL EVENT	SCHEME BENEFIT
Orthopaedic and medical appliances	100% Scheme tariff.
Pathology	100% Scheme tariff.
Basic radiology	100% Scheme tariff.
Specialised diagnostic imaging	100% Scheme tariff. Subject to co-payments.
Oncology	PMBs only at DSPs.
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.
Confinements (Birthing)	100% Scheme tariff.
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R7 916 per eye.
HIV / AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Midwife-assisted births	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
Emergency evacuation	Services rendered by ER24.
International travel cover	Up to R10 million and a maximum of 90 days. Services rendered by Bryte Insurance and managed by ER24.
Co-payments	Co-payment of R3 619 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-authorisation, 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 an Family Practitioner (FP) or Specialist, are paid from your 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 savings account, these funds will be transferred into your savings account at the beginning of the following financial year.
- Members choosing the Network option are required to make use of Scheme-contracted service providers.

MEDICAL EVENT

SCHEME BENEFIT

FP and specialist consultations

Savings account. FP and specialist consultations only at Bestmed DSPs at network tariffs.

Diabetes primary care consultation

100% of Scheme tariff subject to registration with HaloCare. 2 primary care consultations at Dis-Chem Pharmacies limited to R341.90 per consultation.

Basic and specialised dentistry

Basic: Preventative benefit or savings account.
Specialised: Savings account.
Orthodontic: Subject to pre-authorisation.

Medical aids, apparatus and appliances

Savings account.

Supplementary services

Savings account.

MEDICAL EVENT

Wound care benefit (incl. dressings, negative pressure wound therapy treatment and related nursing services - out-of-hospital)

Optometry benefit (PPN capitation provider)

SCHEME BENEFIT

100% Scheme tariff.
Limited to R3 359 per family.

Benefits available every 24 months from date of service.

Network Provider (PPN)

- Consultation - 1 per beneficiary.
- Frame = R868 covered **AND**
- 100% of cost of standard lenses (single vision **OR** bifocal **OR** multifocal) **OR**
- Contact lenses = R1 510

OR

Non-network Provider

- Consultation - R316 fee at non-network provider
- Frame = R579 **AND**
- Single vision lenses = R184 **OR**
- Bifocal lenses = R431 **OR**
- Multifocal lenses = R747 **OR**
- Contact lenses = R1 510

Basic radiology and pathology

Savings account.

Specialised diagnostic imaging (Excluding PET scans)

100% Scheme tariff.
Limited to R10 688 per family.

HIV / AIDS

100% Scheme tariff. Subject to pre-authorisation and DSPs.

Oncology

Oncology programme (PMBs only).

Peritoneal dialysis and haemodialysis

PMBs only at DSPs.

Rehabilitation services after trauma

Savings account.



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 Network option are required to make use of Scheme-contracted pharmacies to obtain their medicine.

BENEFIT DESCRIPTION

SCHEME BENEFIT

CDL and PMB chronic medicine*

100% Scheme tariff.
Co-payment of 40% for non-formulary medicine.

Non-CDL chronic medicine*

5 conditions. 80% Scheme tariff.
Limited to M = R3 280, M1+ = R6 673.
Co-payment of 35% for non-formulary medicine.

Biologicals and other high-cost medicine

PMBs only as per funding protocol.
Subject to pre-approval.

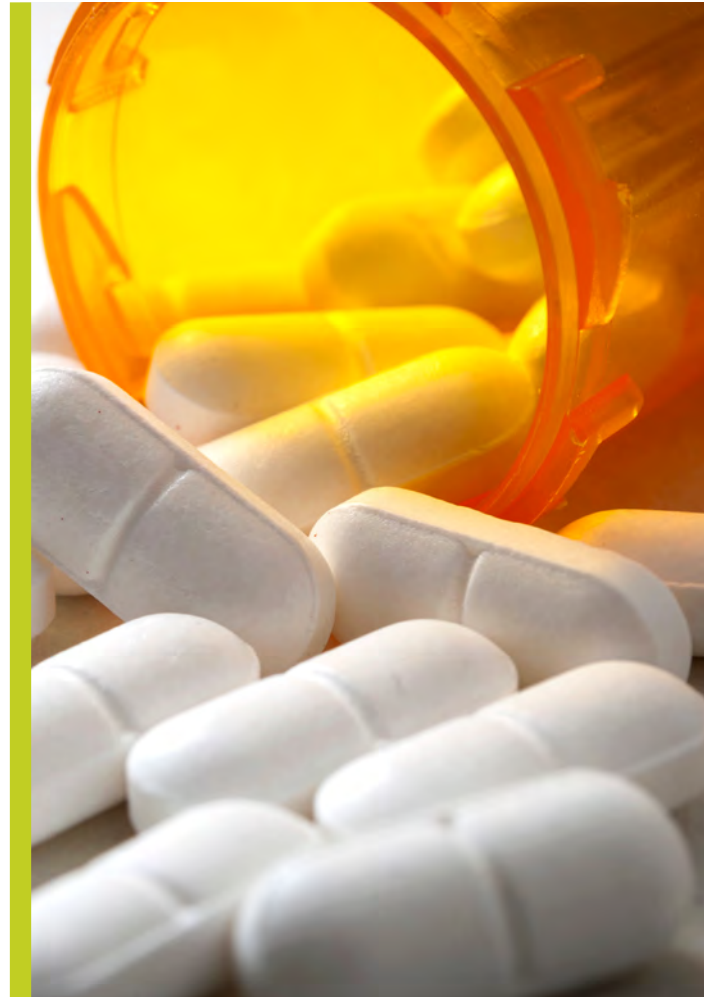
Acute medicine

Savings account.

Over-the-counter (OTC) medicine

Savings account.
Includes sunscreen, vitamins and minerals with nappi codes on Scheme formulary.
Subject to the available savings.

*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.



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 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

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

PMB 8 Fibrosing alveolitis

PMB 9 Graves' disease

PMB 10 Hyperthyroidism

PMB 11 Hypophyseal adenoma

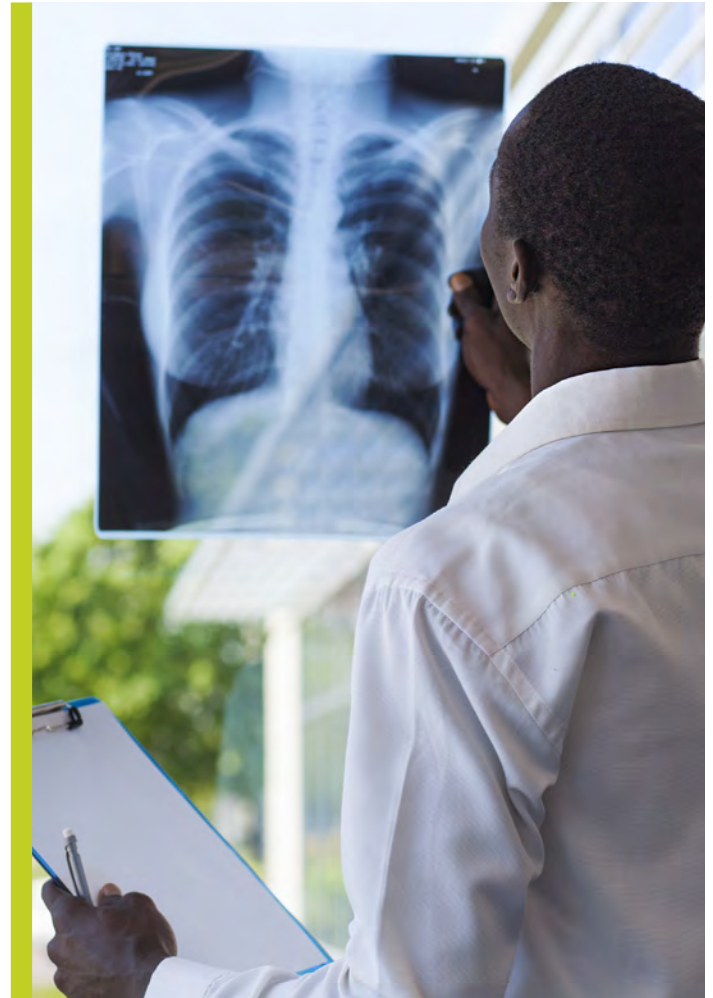
PMB 12 Idiopathic thrombocytopenic purpura

PMB 13 Paraplegia/Quadriplegia

PMB 14 Polycystic ovarian syndrome

PMB 15 Pulmonary embolism

PMB 16 Stroke



Preventative Care benefits

Note:

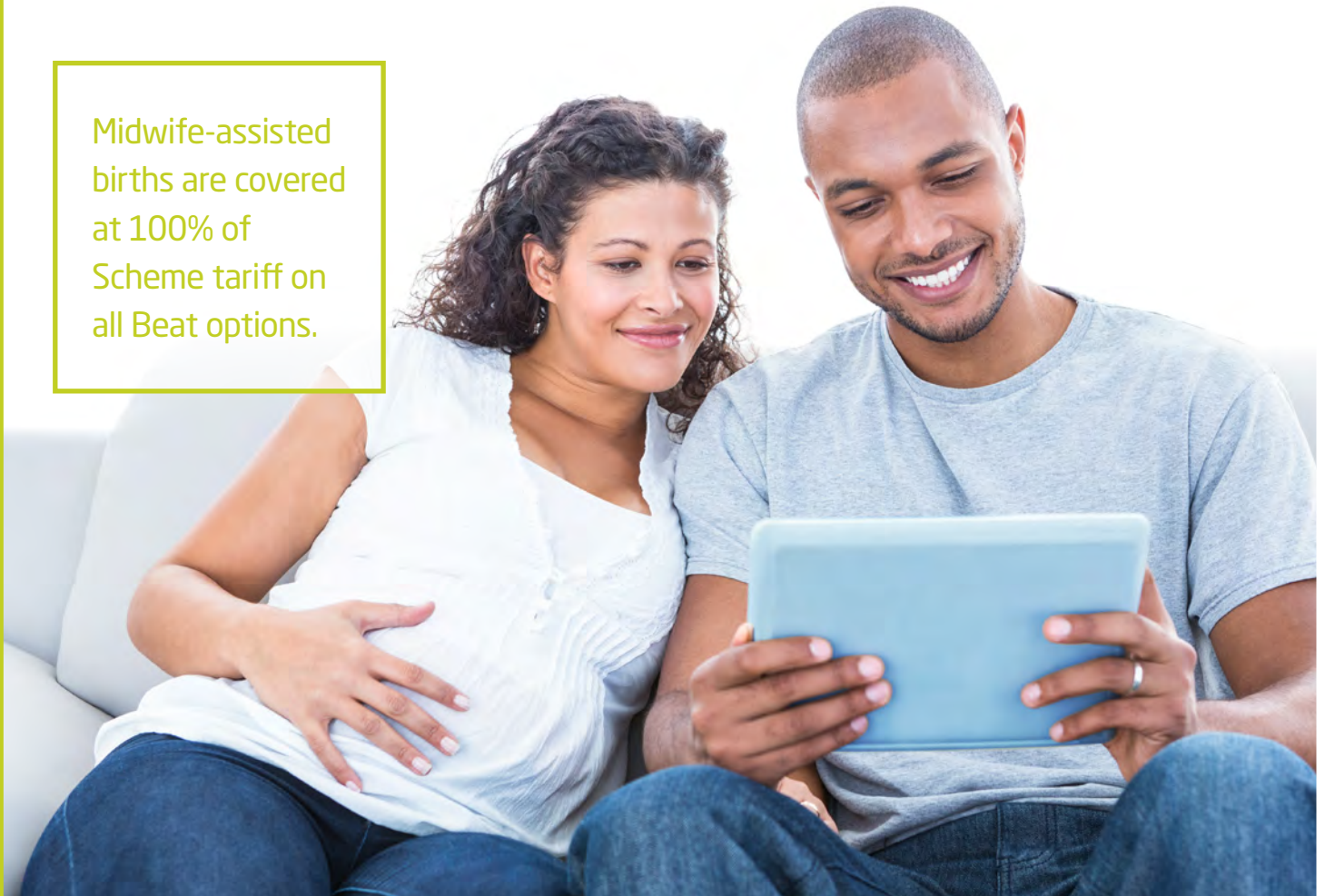
Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).

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 R2 205 per beneficiary per year. Includes all items classified in the category of female contraceptives.
Back and neck preventative programme	All ages.	Subject to pre-authorisation.	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.
HPV vaccinations	Females 9-26 years old.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
Mammogram	Females 40 years and older.	Once every 24 months.	Scheme tariff is applicable.

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Preventative dentistry	Refer to Preventative Dentistry section for details.		
PSA screening	Males 50 years and older.	Once every 24 months.	Can be done at a urologist or FP. Consultation paid from the available savings account.
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.
<p>Tempo Programme (Wellness)</p> <p>Note: Completing your Health Risk Assessment (HRA) unlocks the other Tempo benefits.</p> <p>One parent must complete their HRA in order to unlock assessments for beneficiaries younger than 18.</p>	<p>Individual Health Risk Assessments (Adults aged 18 and older) – Biometric screening and lifestyle questionnaire to be completed at a network pharmacy or onsite at selected employers (1 per year).</p> <p>Child dependant assessments</p> <ul style="list-style-type: none"> • Ages 13-17 years: Assessment done by a contracted biokineticist (wellness network provider) – 1 per beneficiary per year. • Ages 3-12 years: Assessment done by a contracted occupational therapist (wellness network provider) – 1 per beneficiary per year. • Ages 0-2 years: Baby growth and development assessments done at a contracted pharmacy clinic – 3 assessments per year. <p>Family assessments - nutrition</p> <ul style="list-style-type: none"> • Family nutritional assessment done at a contracted dietician (wellness network provider) – 1 per family per year. <p>Fitness and nutritional interventions (beneficiaries 18 and older, pre-approval required)</p> <ul style="list-style-type: none"> • 3 individualised consultations per year at a contracted biokineticist (wellness provider network). • 3 individualised consultations per year at a contracted dietician (wellness provider network). 		
Maternity benefits	<p>100% Scheme tariff. Subject to the following benefits:</p> <p>Consultations:</p> <ul style="list-style-type: none"> • 9 antenatal consultations at a FP OR gynaecologist OR midwife. • 1 post-natal consultation at a FP OR gynaecologist OR midwife. <p>Ultrasounds:</p> <ul style="list-style-type: none"> • 1 x 2D ultrasound scan at 1st trimester (between 10 to 12 weeks) at a FP OR gynaecologist OR radiologist. • 1 x 2D ultrasound scan at 2nd trimester (between 20 to 24 weeks) at a FP OR gynaecologist OR radiologist. <p>Supplements:</p> <ul style="list-style-type: none"> • Antenatal iron supplements - 9 fills subject to formulary. • Antenatal folic acid – 9 fills subject to formulary. 		

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

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



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); FP = Family Practitioner or Doctor; HPV = Human Papilloma Virus; M = Member; M1+ = Member and family; MRP = Mediscor 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.

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

	NON-NETWORK/ NETWORK	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	NN	R2 518	R1 789	R972
	N	R2 266	R1 611	R876
Savings amount	NN	R479	R341	R185
	N	R431	R307	R167
Total monthly contribution	NN	R2 997	R2 130	R1 157
	N	R2 697	R1 918	R1 043

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



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HOSPITAL AUTHORISATION

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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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