



PULSE2

Benefit
Summary
2020



PULSE2

PULSE2 OPTION

NETWORK ONLY OPTION

Recommended for?

Pulse2 is a comprehensive network option for mature families with advanced healthcare needs. It provides unlimited cover for hospitalisation at a network of hospitals (mainly Netcare) and primary care services at a network of providers.

Contribution range

R5 770 - Principal member.
R5 770 - Adult dependant.
R1 371 - Child dependant.

Savings account/Day-to-day benefits

Day-to-day benefits are available.
No savings account available.

Value benefits

Preventative care.
Family Practitioner (FP) and Specialist consultations.
Optometry.
Dentistry.

Over-the-counter medicine

Available.

Not recommended for?

Young individuals or young couples with families. They will find more value on the Beat and Pace ranges.

Method of benefit payment

On the Pulse2 option in-hospital services are paid from Scheme risk benefit. The Bestmed Pulse2 network covers most out-of-hospital services. Some day-to-day services and preventative care services are available from the Scheme risk benefit.

Pulse2 members must make use of the Pulse Specialist DSP network.

Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs.

In-hospital benefits

Please familiarise yourself with the Designated Service Providers (DSPs) and networks for this option. This includes Pulse Specialist DSPs and DSP hospitals. Hospital costs will be covered unlimited at the Scheme negotiated tariff at the Bestmed Pulse hospital network as listed on the website, subject to pre-authorisation.

The DSP hospital network consists of all Netcare hospitals in South Africa. In areas where there are no Netcare hospitals other hospitals are contracted as DSPs.

Please refer to the Bestmed website on www.bestmed.co.za for a list of the DSP hospitals.

Voluntary use of a non-DSP hospital (except in the case of an emergency) will result in a co-payment of up to R11 309 for the member's account.

Process for hospital authorisation:

- The FP must refer the member to a Pulse Specialist DSP should a specialist consultation be required.
- Should the Pulse specialist DSP indicate that hospitalisation is required the member needs to contact Bestmed on 080 022 0106 for pre-authorisation. Bestmed will only authorise admissions to contracted DSP hospitals.

Emergency admittance in a non-DSP hospital:

- Should a member be admitted for an emergency condition to a non-DSP hospital, Bestmed will require the patient to be stabilised in that non-DSP hospital.

- As soon as the patient is stabilised he/she will be transferred to the closest DSP hospital by ER24.
- Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).

MEDICAL EVENT

SCHEME BENEFIT

Accommodation (hospital stay) and theatre fees

100% Scheme tariff at a Designated Service Provider (DSP) hospital.

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.

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.

Dental and oral surgery

100% Scheme tariff.

Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)

100% Scheme tariff. Limited to R101 216 per family.

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis - Internal Note: Sub-limit subject to the prosthesis limit *Functional: Items utilised towards treating or supporting a bodily function	Sub-limits per beneficiary: <ul style="list-style-type: none"> *Functional R16 794 Vascular R39 129 Pacemaker (dual chamber) R53 040 Endovascular - no benefit Spinal R39 129 Artificial disc R17 190 Drug-eluting stents R17 190 Mesh R17 190 Gynaecology/Urology R12 780 Lens implants R10 970 per lens per eye Joint replacements: <ul style="list-style-type: none"> Hip replacement and other major joints R46 819 Knee replacement R54 679 Minor joints R20 356
Prosthesis - External	Limit of R24 427 per family.
Orthopaedic and medical appliances	100% Scheme tariff.
Pathology	100% Scheme tariff.
Basic radiology	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-authorisation and DSPs.
Confinements (Birthing)	100% Scheme tariff.
Mammary surgery (Breast cancer patients)	100% Scheme tariff. Limited to R35 000 subject to pre-authorisation for symmetrising surgery on unaffected breast.

MEDICAL EVENT	SCHEME BENEFIT
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	100% Scheme tariff. Limited to R8 990 per eye.
HIV / AIDS	100% Scheme tariff. Subject to pre-authorisation and DSP.
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 up to R11 309 per event for voluntary use of a non-DSP hospital.



Out-of-hospital benefits

- Most out-of-hospital benefits are paid through Bestmed at the 100% Scheme tariff.

Bestmed Pulse Specialist DSP Network

- All members must use the Bestmed Pulse Specialist DSP Network as the contracted Designated Service Provider (DSP).
- The list of providers can be obtained by logging onto the secure website via www.bestmed.co.za. Alternatively members can contact Bestmed to obtain the contact information of the closest Pulse Specialist DSP.

MEDICAL EVENT

SCHEME BENEFIT

Overall day-to-day limit

M = R13 854, M1+ = R27 537.

FP consultations

Unlimited FP consultations.

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 subject to day-to-day limit.

Specialist consultations (includes minor procedures done in specialist rooms and all consumables used)

100% Scheme tariff.
Limited to M = R3 054, M1+ = R5 881.
(Subject to overall day-to-day limit.)
Referral by an FP is required for Specialist consultations. Protocol and clinical funding guidelines.

Subject to Bestmed Pulse Specialist DSP.

Casualty visits:

- Limited to R1 471 per family per year.
- Basic radiology and pathology that falls within formulary if received as a result of the casualty visit will be paid from this limit.
- Member to pay for the visit up front and then claim back from the Scheme by completing a reimbursement form.

Reimbursement/refunds are subject to Bestmed Pulse2 protocols.



MEDICAL EVENT

Basic and specialised dentistry (including Dentures)

SCHEME BENEFIT

100% Scheme tariff. Limited to a sub-limit of M = R6 955 and M1+ = R 8 821. (Subject to the day-to-day overall limit). Only at Bestmed Pulse dental network providers in accordance with the Pulse2 list of approved codes. Subject to Bestmed Pulse2 protocols.

Medical aids, apparatus and appliances

100% Scheme tariff. Limited to R9 839 per family.

Wheelchairs

Limited to R12 666 per family per 48 months.

Hearing aids

Limited to R27 368 per beneficiary per 24 months at DSP. Pre-approval required, Subject to quotation, motivation and audiogram.

Supplementary services (Services rendered by dietitians, chiropractors, homeopaths, orthoptists, acupuncturists, speech therapists, audiologists, occupational therapists, chiropodists, biokineticists, psychologists and social workers)

100% Scheme tariff. Limited to M = R4 071, M1+ = R8 086. (Subject to overall day-to-day limit) Referral required for these services.

*Basic radiology and pathology

In accordance with the Pulse2 network protocols and approved basic radiology and pathology codes/tests. (Subject to overall day-to-day limit).

Specialised diagnostic imaging

MRI/CT scans: Maximum of 3 scans per beneficiary. PET scan: 1 scan per beneficiary. Subject to pre-authorisation.

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

100% Scheme tariff. Limited to R9 500 per family.

MEDICAL EVENT

Optometry benefit (PPN capitation provider)

SCHEME BENEFIT

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

HIV / AIDS

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

Oncology

Oncology programme. 100% Scheme tariff.

Peritoneal dialysis and haemodialysis

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

Rehabilitation services after trauma

No benefit.

*Please ensure that your required radiology or pathology codes/tests are covered under the Pulse2 benefits, as you will be liable for payment of codes/tests not covered.



Note:

- All benefits below are subject to pre-authorisation, clinical protocols, formularies, funding guidelines and the Mediscor Reference Price (MRP).
- Approved PMB Biological and Non-PMB Biological medicine costs will be paid from the Biological limit first. Once the limit is depleted, only PMB Biological medicine costs will continue to be paid unlimited from Scheme risk.

*Please note that the 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. Unlimited.
Must be prescribed by a network provider and obtained from a network pharmacy.
Co-payment of 25% for non-formulary medicine.

Non-CDL chronic medicine*

90% of Scheme tariff.
16 conditions.
Limited to M = R6 559,
M1+ = R13 118.
Must be prescribed by a network provider and obtained from a network pharmacy.
Co-payment of 20% for non-formulary medicine.

Biologicals and other high-cost medicine

100% Scheme tariff.
Limited to R149 279 per beneficiary.

BENEFIT DESCRIPTION

SCHEME BENEFIT

Acute medicine

100% Scheme tariff.
Limited M = R4 354, M1+ = R8 821.
(Subject to overall day-to-day limit)
Must be prescribed by a network provider and obtained from a network pharmacy.

Over-the-counter (OTC) medicine

Limited to R579 per family.
Includes sunscreen, vitamins and minerals with nappi codes on Scheme formulary.

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 22	Parkinson's disease

CDL

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	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	Osteoarthritis
Non-CDL 15	Alzheimer's disease
Non-CDL 16	Neuropathy

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	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-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.	Flu vaccine via Bestmed Network Pharmacy or FP.
Pneumonia vaccines	Children <2 years. High-risk adult group.	Children: As per schedule of the Department of Health. Adults: Twice in a lifetime with booster above 65 years of age.	Adults: Bestmed will identify certain high-risk individuals who will be advised by the Scheme 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.
HPV vaccinations	Females 9-26 years old.	3 x vaccinations per beneficiary	Vaccinations will be funded at MRP.
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.

PREVENTATIVE CARE BENEFIT

Tempo Programme (Wellness)

Note: Completing your Health Risk Assessment (HRA) unlocks the other Tempo benefits.

One parent must complete their HRA in order to unlock assessments for beneficiaries younger than 18.

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).

Child dependant assessments

- **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.

Family assessments - nutrition

- Family nutritional assessment done at a contracted **dietician** (wellness network provider) – 1 per family per year.
- **Fitness and nutritional interventions (beneficiaries 18 and older, pre-approval required)**
- 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

100% Scheme tariff. Subject to the following benefits:

Consultations:

- 9 antenatal consultations at a FP **OR** gynaecologist **OR** midwife.
- 1 post-natal consultation at a FP **OR** gynaecologist **OR** midwife.

Ultrasounds:

- 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.

Supplements:

- 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% Scheme tariff on all Pulse 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 during your 5th month of 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.

Contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	R5 770	R5 770	R1 371
Savings amount	R0	R0	R0
Total monthly contribution	R5 770	R5 770	R1 371

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

Abbreviations

ADD/ADHD = Attention deficit disorder/Attention deficit hyperactivity disorder; CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); DSP = Designated Service Provider; GORD = Gastro oesophageal reflux disease; FP = Family Practitioner or Doctor; M = Member; M1+ = Member and family; MRI/CT Scans = Magnetic Resonance Imaging/Computed Tomography Scans; MRP = Mediscor Reference Price; NP = Network Provider; NPWT = Negative Pressure Wound Therapy; OCD = Obsessive compulsive disorder; PET Scan = Positron Emission Tomography Scan, PMB = Prescribed Minimum Benefits.



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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

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Pretoria, 0081, South Africa

POSTAL ADDRESS

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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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