



Benefit
Summary
2022

Personally yours, because people are different.



BEAT4

BEAT4



BEAT4 OPTION

HOSPITAL PLAN (WITH SAVINGS AND DAY-TO-DAY BENEFITS)

Recommended for?

Beat4 is Bestmed's superior hybrid option for those 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.

Contributions

Principal member

Adult dependant

Child dependant

Risk amount

R4 353

R3 596

R1 076

Medical savings account

R709

R585

R175

Total monthly contribution

R5 062

R4 181

R1 251

*You pay for a maximum of three children. Any additional children can join as beneficiaries of the Scheme at no additional cost.

Children under the age of 24 and registered students up to the age of 26 years qualify for child dependant rates.

BEAT4 OPTION	COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)
Savings account/ Day-to-day benefits	Savings account available. Day-to-day benefits are available.

Method of benefit payment

On the Beat4 option in-hospital benefits are paid from the Scheme risk. Some out-of-hospital benefits are paid from the savings first and, once depleted, will be paid from the day-to-day benefit. Once the day-to-day benefit is depleted claims can be paid from the available vested savings. Some preventative care benefits 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 (annual or vested).

In-hospital benefits

Note:

- Members are required to obtain pre-authorisation for all planned procedures at least 14 (fourteen) days before the event. However, in the case of an emergency, the member, their representative or the hospital must notify Bestmed of the member's hospitalisation as soon as possible or on the first working day after admission to hospital.
- 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.
Biological medicine during hospitalisation	Limited to R25 000 per family per annum. Subject to pre-authorisation and funding guidelines.
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 R33 655 per beneficiary. Subject to network facilities.
Consultations and procedures	100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff.
Organ transplants	100% Scheme tariff. (PMBs only)
Major medical maxillo-facial surgery strictly related to certain conditions	100% Scheme tariff. Limited to R13 735 per family.
Dental and oral surgery (In- or out of hospital)	Limited to R10 518 per family.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R101 345 per family.

MEDICAL EVENT	SCHEME BENEFIT
<p>Prosthesis – Internal</p> <p>Note: Sub-limit subject to the overall annual prosthesis limit.</p> <p>*Functional: Item utilised towards treating or supporting a bodily function.</p>	<p>Sub-limits per beneficiary:</p> <ul style="list-style-type: none"> *Functional limited to R17 694. Pacemaker (dual chamber) R58 649. Vascular R35 017. Endovascular and catheter-based procedures - no benefit. Spinal R35 017. Artificial disc - no benefit. Drug-eluting stents R19 674. Mesh R12 992. Gynaecology/Urology R9 528. Lens implants R7 424 a lens per eye.
Prosthesis – External	Limited to R24 376 per family. DSPs apply. Includes artificial limbs limited to one (1) limb every 60 months.
Exclusions, limits and co-payments applicable. Preferred provider network available.	<p>Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits:</p> <ul style="list-style-type: none"> Hip replacement and other major joints R36 007. Knee replacement R47 835. Minor joints R14 698.
Orthopaedic and medical appliances	100% Scheme tariff.
Pathology	100% Scheme tariff.
Basic radiology	100% Scheme tariff.
Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies).	100% Scheme tariff.
Oncology	100% Scheme tariff. Subject to pre-authorisation and DSP.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.

MEDICAL EVENT	SCHEME BENEFIT
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 R9 775 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.
Palliative and home-based care in lieu of hospitalisation	100% Scheme tariff, limited to R90 000 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.
Day procedures at a day-hospital facility	Day procedures at a day-hospital facility funded at 100% Scheme tariff. Subject to pre-authorisation. DSPs apply for PMBs
International travel cover	<ul style="list-style-type: none"> Leisure Travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 90 days, with R5 million for one member and R10 million for principal member and dependants. Business Travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 45 days, with R5 million for one member and R10 million for principal member and dependants.



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).
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- 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 savings account after 5 months and will remain your property.
- Funds in the vested 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 specified in the treatment plan.

MEDICAL EVENT	SCHEME BENEFIT
Overall day-to-day limit	M = R13 363, M1+ = R26 726.
FP and specialist consultations	Savings first. Limited to M = R3 403, M1+ = R6 063 (Subject to overall day-to-day limit)

MEDICAL EVENT	SCHEME BENEFIT
Diabetes primary care consultation	100% of Scheme tariff subject to registration with HaloCare. 2 primary care consultations at Dis-Chem Pharmacies. Paid first from the "FP and specialist consultations" day-to-day benefit, thereafter Scheme risk.
Basic and specialised dentistry	Savings and then from day-to-day limit. Orthodontics are subject to pre-authorisation. Limited to M = R5 887, M1+ = R11 825. (Subject to overall day-to-day limit)
Medical aids, apparatus and appliances including wheelchairs	Savings first. 100% Scheme tariff. Limited to R12 003 per family. Includes repairs to artificial limbs. (Subject to overall day-to-day limit).
Hearing aids	Subject to pre-authorisation Limited to R11 000 per family every 24 months. 100% Scheme tariff.
Supplementary services	Savings first. Limited to M = R5 197, M1+ = R10 555. (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 R5 197 per family. (Subject to overall day-to-day limit)

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 = R950 covered AND
- 100% of cost of standard lenses (single vision OR bifocal OR multifocal) OR
- Contact lenses = R1 720 OR

Non-network Provider

- Consultation - R350 fee at non-network provider
 - Frame = R598 AND
 - Single vision lenses = R210 OR
 - Bifocal lenses = R445 OR
 - Multifocal lenses = R1 000
- In lieu of glasses members can opt for contact lenses, limited to R1 720

Basic radiology and pathology

Savings first.
Limited to M = R3 402, M1+ = R6 929.
(Subject to overall day-to-day limit)

Specialised diagnostic imaging
(Including MRI scans, CT scans,
isotope studies and PET scans).

100% Scheme tariff.
Limited to R17 694 per family.

HIV/AIDS

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

Oncology

Oncology programme at 100% of Scheme
tariff. Subject to pre-authorization and
DSP.

Peritoneal dialysis and
haemodialysis

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

Rehabilitation services after
trauma

100% Scheme tariff.



Medicine

Note:

- Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines, the Mediscor Reference Price (MRP) and the exclusions referred to in Annexure C of the registered Rules.
- Members will not incur co-payments for PMB medications that are on the formulary for which there is no generic alternative.

*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 20% for non-formulary medicine.
Non-CDL chronic medicine*	9 conditions. 90% Scheme tariff. Limited to M = R7 882, M1+ = R15 764. Co-payment of 20% for non-formulary medicine.
Biologicals and other high-cost medicine	PMBs only as per funding protocol. Subject to pre-authorisation.
Acute medicine	Savings first. Limited to M = R3 006, M1 + = R6 075 (Subject to overall day-to-day limit)

BENEFIT DESCRIPTION

Over-the-counter (OTC) medicine

SCHEME BENEFIT

**Member choice: 1. R1 000 OTC limit per family OR
2. Access to full savings for OTC purchases (after R1 000 limit) = self-payment gap accumulation.
Includes sunscreen, vitamins and minerals with nappi codes on Scheme formulary. Subject to the available savings.

*Approved medicine for the following conditions are not subject to the Chronic medicine limit: organ transplant, chronic renal failure, multiple sclerosis and haemophilia. Medicine claims will be paid directly from Scheme risk.

**The default OTC choice is 1. R1 000 OTC limit. Members wishing to choose the other option are welcome to contact Bestmed.

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

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 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

Non-CDL 7 Major depression*

Non-CDL 8 Obsessive compulsive disorder

Non-CDL 9 Gastro oesophageal reflux disease (GORD)

*Approved medicine claims for major depression will continue to be paid from Scheme risk once the non-CDL limit is depleted.

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-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.
Travel vaccines	All ages.	Quantity and frequency depending on product up to the maximum allowed amount.	Mandatory travel vaccines for typhoid, yellow fever, tetanus, meningitis, hepatitis and cholera from Scheme risk benefits.
Paediatric immunisations	Babies and children.	Funding for all paediatric vaccines according to the state-recommended programme.	
Baby growth and development assessments	0-2 years.	3 assessments per year.	Assessments are done at a Bestmed Network Pharmacy Clinic.
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 412 per beneficiary 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). This is a preventative programme with the objective of preventing back and neck 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. Use of this programme is in lieu of surgery.

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Preventative dentistry	Refer to preventative dentistry section on p.15 for details.		
Mammogram (tariff code 34100)	Females 40 years and older.	Once every 24 months.	100% Scheme tariff.
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
PSA screening	Males 50 years and older.	Once every 24 months.	Can be done at a urologist, FP or network pharmacy clinic. Consultation paid from the available savings/consultation benefit.
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist, FP or pharmacy clinic. Consultation paid from the available savings/consultation benefit.
<p>Bestmed Tempo wellness programme</p> <p>Note: Completing your Health Assessment (previously HRA) unlocks the other Bestmed Tempo benefits.</p>	<p>The Bestmed Tempo wellness programme is focused on supporting you on your path to improving your health and realising the rewards that come with it. To ensure you achieve this, you will have access to the following benefits:</p> <p>Bestmed Tempo Health Assessment (previously HRA) for adults (beneficiaries 16 and older) which includes one of each of the following per year per adult beneficiary:</p> <ul style="list-style-type: none"> ■ The Bestmed Tempo lifestyle questionnaire ■ Blood pressure check ■ Cholesterol check ■ Glucose check ■ HIV screening ■ Height, weight and waist circumference <p>These assessments need to be done at a contracted pharmacy or on-site at participating employer groups.</p> <p>Bestmed Tempo Fitness and Nutrition programmes (beneficiaries 16 and older):</p> <ul style="list-style-type: none"> ■ 3 personalised journeys with a Bestmed Tempo partner biokineticist ■ 3 personalised journeys with a Bestmed Tempo partner dietitian <p>Bestmed Tempo Group Classes:</p> <ul style="list-style-type: none"> ■ A range of group classes throughout the year to help encourage and support a healthier lifestyle regardless of your age or health status 		

PREVENTATIVE CARE BENEFIT

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.
- 1 lactation consultation with a registered nurse or lactation specialist.

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:

- Any item categorised as a maternity supplement can be claimed up to a maximum of R120 per claim, once a month, for a maximum of 9 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.

Members need to register on the Bestmed Maternity care programme as soon as they receive confirmation of their pregnancy by means of a pathology test and/or scan from your family practitioner or gynaecologist. After you complete your registration, a consultant will contact you. If your pregnancy is associated with risks, the information will be forwarded to Bestmed's case managers who will contact you to help monitor your progress.

Please note that registering on the Maternity care programme does not confirm any other maternity benefits nor does it provide authorisation for the delivery as these benefits are subject to the Scheme's rules and underwriting. To enquire about these benefits please contact service@bestmed.co.za.

How to register:

Send an email to maternity@bestmed.co.za or call us on 012 472 6797. Please include your medical scheme number and your expected delivery date in the email.

After registering on this programme you will receive:

- A welcome pack containing an informative pregnancy book about the stages of pregnancy.
- Maternity/baby gift. The selection form will be sent to you after the 12th week of your pregnancy.
- Access to a 24-hour medical advice line.
- Benefits through each phase of your pregnancy.





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)	12 years and above. 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 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.

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

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; PPN = Preferred Provider Negotiators.

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HOSPITAL AUTHORISATION

Tel: 080 022 0106
Email: authorisations@bestmed.co.za

CHRONIC MEDICINE

Tel: 086 000 2378
Email: medicine@bestmed.co.za
Fax: 012 472 6760

CLAIMS

Tel: 086 000 2378
Email: service@bestmed.co.za (queries)
claims@bestmed.co.za (claim submissions)

MATERNITY CARE

Tel: 012 472 6797
Email: 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 (EUROP ASSISTANCE)

Tel: 0861 838 333
Claims and emergencies: assist@europassistance.co.za
Travel registrations: bestmed-assist@linkham.com

PMB

Tel: 086 000 2378
Email: pmb@bestmed.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
Postal: KPMG Hotpost, at BNT 371,
PO Box 14671, Sinoville,
0129, South Africa

**INDIVIDUAL CLIENTS APPLYING FOR NEW MEMBERSHIP AFTER THE FINAL DEBIT ORDER CLOSING DATE, WILL BE SUBJECT TO REGISTRATION DATE CHANGE.
PLEASE CONSULT YOUR ADVISOR OR BESTMED FOR MORE INFORMATION.**

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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