Benefit Summary 2022

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PACE1

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PACE1

PACE1 OPTION	COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)		
Recommended for?	Those seeking comprehensive in-hospital and out-of-hospital benefits as well as extensive day-to-day benefits to cover extensive out-of-hospital expenses.		
Contributions	Principal member	Adult dependant	Child dependant
Risk amount	R3 436	R2 414	R868
Medical savings account	R806	R566	R203
Total monthly contribution	**R4 242**	**R2 980**	**R1 071**

* 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.

PACE1 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 Pace1 option in-hospital benefits are paid from the Scheme risk. Some out-of-hospital benefits 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, 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 Prescribed Minimum Benefits (PMBs) will be covered in full when using designated service providers (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 R30 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 610 per family.
Dental and oral surgery (In- or out of hospital)	Limited to R8 414 per family.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R94 036 per family.

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis – Internal Note: Sub-limit subject to the overall annual prosthesis limit. *Functional: Items utilised towards treating or supporting a bodily function.	Sub-limits per beneficiary: ▪ *Functional limited to R16 890. ▪ Vascular R34 273. ▪ Pacemaker (dual chamber) R58 526. ▪ Endovascular and catheter-based procedures – no benefit. ▪ Spinal R34 273. ▪ Artificial disc - no benefit. ▪ Drug-eluting stents - PMBs and DSP products only. ▪ Mesh R12 868. ▪ Gynaecology/Urology R9 280. ▪ Lens implants R7 053 a lens per eye.
Prosthesis – External	Limited to R23 881 per family. DSPs apply. Includes artificial limbs limited to 1 limb every 60 months.
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 R34 892. ▪ Knee replacement R46 400. ▪ Minor joints R14 415.
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	Oncology programme. 100% Scheme tariff. Subject to pre-authorisation and DSP.

MEDICAL EVENT	SCHEME BENEFIT
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Confinements (Birthing)	100% Scheme tariff.
Mammary surgery (Breast cancer)	No benefit.
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	100% Scheme tariff. Limited to R9 354 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 R75 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 and DSPs.
International travel cover	▪ 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:

- Some indicated benefits are paid from the annual savings at 100% Scheme tariff.
- Once the annual savings account is depleted benefits will be paid from Scheme risk at 100% Scheme tariff (limits apply).
- Should you not use all of the funds available in your savings account these funds will be transferred into a vested savings account after 5 months and will remain your property.
- Any vested credit in your vested savings account may be used for out-of-hospital expenses that are not covered by the Scheme, or should you, for instance, have reached your out-of-hospital/day-to-day overall annual limit or the sub-limits as indicated in your benefit guide.
- Clinical funding protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- 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 = R11 359, M1+ = R22 717.
FP and specialist consultations	Savings first. Limited to M = R2 339, M1+ = R4 702. (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 limits. Limited to M = R4 305, M1+ = R8 736. (Subject to overall day-to-day limit)
Orthodontic dentistry	100% Scheme tariff. Subject to pre-authorisation. Limited to R5 000 per event for beneficiaries up to 18 years of age.
Medical aids, apparatus and appliances	100% Scheme tariff. Savings first. Limited to R12 003 per family. Includes repairs to artificial limbs. (Subject to overall day-to-day limit)
Wheelchairs	Subject to medical apparatus and appliance limits.
Hearing aids	Limited to R8 336 per family every 24 months. 100% Scheme tariff. Subject to pre-authorisation
Supplementary services	Savings first. Limited to M = R4 590, M1+ = R9 528. (Subject to overall day-to-day limit)
Wound care benefit (incl. dressings, negative pressure wound therapy treatment and related nursing services - out-of-hospital)	100% Scheme tariff. Savings first. Limited to R3 774 per family. (Subject to overall day-to-day limit)

MEDICAL EVENT	SCHEME BENEFIT
Optometry benefit (PPN capitation provider)	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	100% Scheme tariff. Savings first. Limited to M = R3 402, M1+ = R6 806. (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 R15 220 per family.
Rehabilitation services after trauma	100% Scheme tariff.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Oncology	Oncology programme. 100% of Scheme tariff. Subject to pre-authorisation and DSP.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.

Medicine

Note:

- Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), 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 Prescribed Minimum Benefit (PMB) medications that are on the formulary for which there is no generic alternative.

BENEFIT DESCRIPTION	SCHEME BENEFIT
CDL and PMB chronic medicine*	100% Scheme tariff. Co-payment of 25% for non-formulary medicine.
Non-CDL chronic medicine*	7 conditions. 90% Scheme tariff. Limited to M = R6 929, M1+ = R13 858. Co-payment of 25% for non-formulary medicine.
Biologicals and other high-cost medicine	PMBs only. Subject to pre-authorisation.
Acute medicine	Savings first. Limited to M = R2 451, M1 + = R5 074. (Subject to overall day-to-day limit)
Over-the-counter (OTC) medicine	**Member choice: 1. R1 000 OTC limit OR 2. Access to full savings for OTC purchases (after R1 000 limit) = self-payment gap accumulation. Includes suncreen, vitamins and minerals with nappi codes on Scheme formulary. Subject to the available savings.

*Please note that the approved Chronic Disease List (CDL), Prescribed Minimum Benefit (PMB) and non-Chronic Disease List (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.
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 per family. 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

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 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

Non-CDL 5	Migraine prophylaxis
Non-CDL 6	Gout prophylaxis
Non-CDL 7	Major depression*

*Approved medicine claims 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-authorisation, clinical protocols, preferred providers (PPs), 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-authorisation.	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 the preventative dentistry section p. 15 for details.		
Mammogram (tariff code 34100)	Females 40 years and older.	Once every 24 months.	100% Scheme tariff.
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.
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
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.
Bestmed Tempo wellness programme Note: Completing your Health Assessment (previously HRA) unlocks the other Bestmed Tempo benefits.	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: 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: ▪ The Bestmed Tempo lifestyle questionnaire ▪ Blood pressure check ▪ Cholesterol check ▪ Glucose check ▪ HIV screening ▪ Height, weight and waist circumference These assessments need to be done at a contracted pharmacy or on-site at participating employer groups. Bestmed Tempo Fitness and Nutrition programmes (beneficiaries 16 and older): ▪ 3 personalised journey with a Bestmed Tempo partner biokineticist ▪ 3 personalised journey with a Bestmed Tempo partner dietitian Bestmed Tempo Group Classes: ▪ 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.

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

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 detail.

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; NPWT = Negative Pressure Wound Therapy; PMB = Prescribed Minimum Benefits; PPN = Preferred Provider Negotiators.

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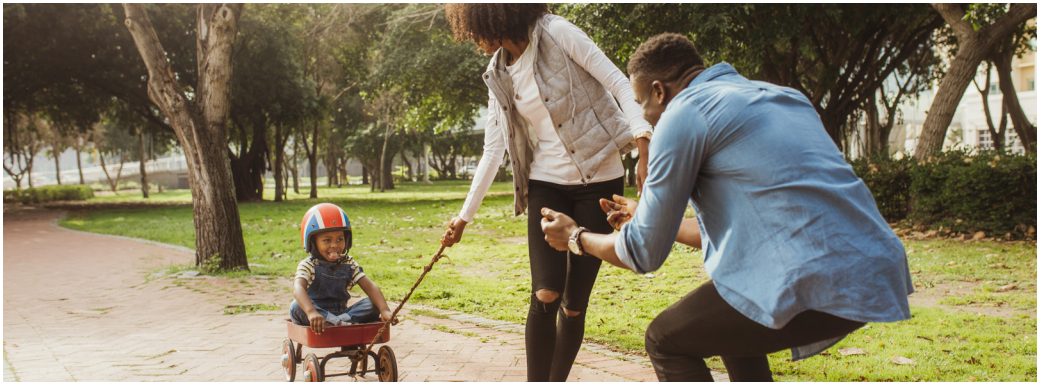

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BESTMED HOTLINE, OPERATED BY KPMG
Should you be aware of any fraudulent, corrupt or unethical practices involving Bestmed, members, service providers or employees, please report this anonymously to KPMG.

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.

Bestmed Medical Scheme is a registered medical scheme (Reg. no. 1252) and an Authorised Financial Services Provider (FSP no. 44058). ©Bestmed Medical Scheme 2021.
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