Comparative Guide 2023

bestMed

personally yours

Contents

Why do more than 200 000 beneficiaries choose Bestmed?

Bestmed is Personally Yours

- **Excellent preventative care benefits** on all options, including pneumonia and flu vaccines, female contraceptives, paediatric immunisations, a back and neck preventative programme in lieu of hospitalisation, HPV vaccinations for females 9 to 26 years old, and a mammogram every 24 months for females older than 40.
- Children qualify for **child dependant rates up to the age of 24** and **students up to the age of 26 years.**
- Families pay for up to three child beneficiaries and the **rest are covered at no cost (All options except Rhythm1).**
- **Extensive maternity benefits,** including a maternity care programme.
- **Nine Managed Healthcare Programmes,** including Diabetes, Back and neck preventative programme, Oncology care, HIV/AIDS care, Dialysis care, Alcohol and Substance Abuse care, Wound care, Stoma care and Maternity care.
- Bestmed is the **largest self-administered scheme** which means that administration costs are less than our competitors.
- Bestmed is the **fourth largest open medical scheme** in the country.
- Ranked at the **forefront of customer experience** in the medical schemes industry in the **2020 and 2021 South African Customer Satisfaction Index (SA-csi).**
- **More than 17 500 network provider** agreements.
- **Country-wide geographical healthcare network coverage.**

Free wellness programme, Bestmed Tempo

- An established network of healthcare professionals supporting your physical and mental wellbeing.
- Fully funded fitness journey consultations at Bestmed Tempo partner biokineticists.
- Fully funded nutritional journey consultations at Bestmed Tempo partner dietitians.
- Professional mental health support and resources by means of the Tempo Emotional Wellness Journey.
- Free health assessments at our nationwide pharmacy network.

Be 'appy'

- Access to a digital version of your membership card.
- Find a service provider.
- Submit a claim.
- Check your available benefits.
- Email your membership card to service providers.
- Check your Health Assessment results.
- Update contact details for dependants 18 years and older.
- Submit your chronic application/prescription.
- Download the Bestmed App from the following providers:

Google Play Store
Android devices

App Store
iOS devices

AppGallery
Huawei devices

All you need to know about Tempo

WHAT IS TEMPO?

Tempo is our health and wellness programme that assists members in leading a healthier lifestyle and living their best lives.

WHY SHOULD I ACTIVATE TEMPO?

As a member, you and your family already have access to the Tempo benefits at no additional costs. The wellness programme is available to all members, regardless of your selected benefit option. By simply activating Tempo, you will automatically have access to over a thousand healthcare professionals who are trained and motivated to help you improve your lifestyle and become the best version of yourself.

HOW DO I ACTIVATE THE PROGRAMME?

All you need to do is complete the Tempo Health Assessment (HA) at any one of our nationwide network of pharmacy clinics, or at your company's wellness day. The assessment will not only give you an important view of your health status, but it will also unlock all of the health benefits of Bestmed's Tempo wellness programme.

WHAT ARE THE BENEFITS OF THE TEMPO WELLNESS PROGRAMME?

The 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:

- **Tempo Health Assessment (HA) for adults (beneficiaries 16 years and older) which includes:**
  - The Tempo lifestyle questionnaire
  - Blood pressure check
  - Cholesterol check
  - Glucose check
  - Height, weight and waist circumference

- **Tempo Fitness and Nutrition programmes (beneficiaries 16 and older):**

  Fitness:

  - 1 x **(face-to-face)** fitness assessment at a Tempo partner biokineticist
  - 1 x follow-up **(virtual or face-to-face)** consult to obtain your personalised fitness/exercise plan from the Tempo partner biokineticist

  These fitness benefits are intended to assist you on your Tempo **Get Active Journey**.

  Nutrition:

  - 1 x **(face-to-face)** nutrition assessment at a Tempo partner dietitian
  - 1 x follow-up **(virtual or face-to-face)** consult to obtain your personlised healthy-eating plan from the Tempo partner dietitian

  These nutrition benefits are intended to assist you on your Tempo **Nutritional Health Journey**.

WHAT'S NEW IN 2023?

Track your fitness and nutritional progress online

Designed with each of our members in mind, we will provide members with access to their **Get Active Journey** (Fitness) and **Nutritional Health Journey** online via both the Bestmed App and the member portal on the Bestmed website. Once you have completed your HA and your initial fitness and/or nutritional assessments (and obtained your personalised plans from the Tempo provider), you can switch to online to where the app/member portal will provide you with the platform to:

- set personal goals.
- track your exercise (by syncing with your fitness device).
- make dietary changes as advised by the Tempo dietitian.

You will not be required to make use of the Tempo dietitian or biokineticist to gain access to your online journeys. You can follow your own progress without consulting any of the Tempo providers. It would, however, be advised that you complete your Health Assessment (HA) before you commence with your respective online Tempo journeys.

Your Emotional Wellbeing Journey

In addition to the Get Active Journey (Fitness) and Nutritional Health Journey, that are now available online, you will have access to your **Emotional Wellbeing Journey**. This journey was developed by qualified psychologists and healthcare providers, and will assist you to identify the difference between feeling a bit "down" and when what you are feeling requires professional assistance from a qualified psychologist. The Emotional Wellness Journey provides you with access to:

- lifestyle related information that will help you deal with life's changes and curve balls.
- practical challenges that will enable you to practice the new skills you have to acquire to progress from your current emotional and mental state to your desired state.

Emotional Wellbeing Journey (via the Bestmed App and website):

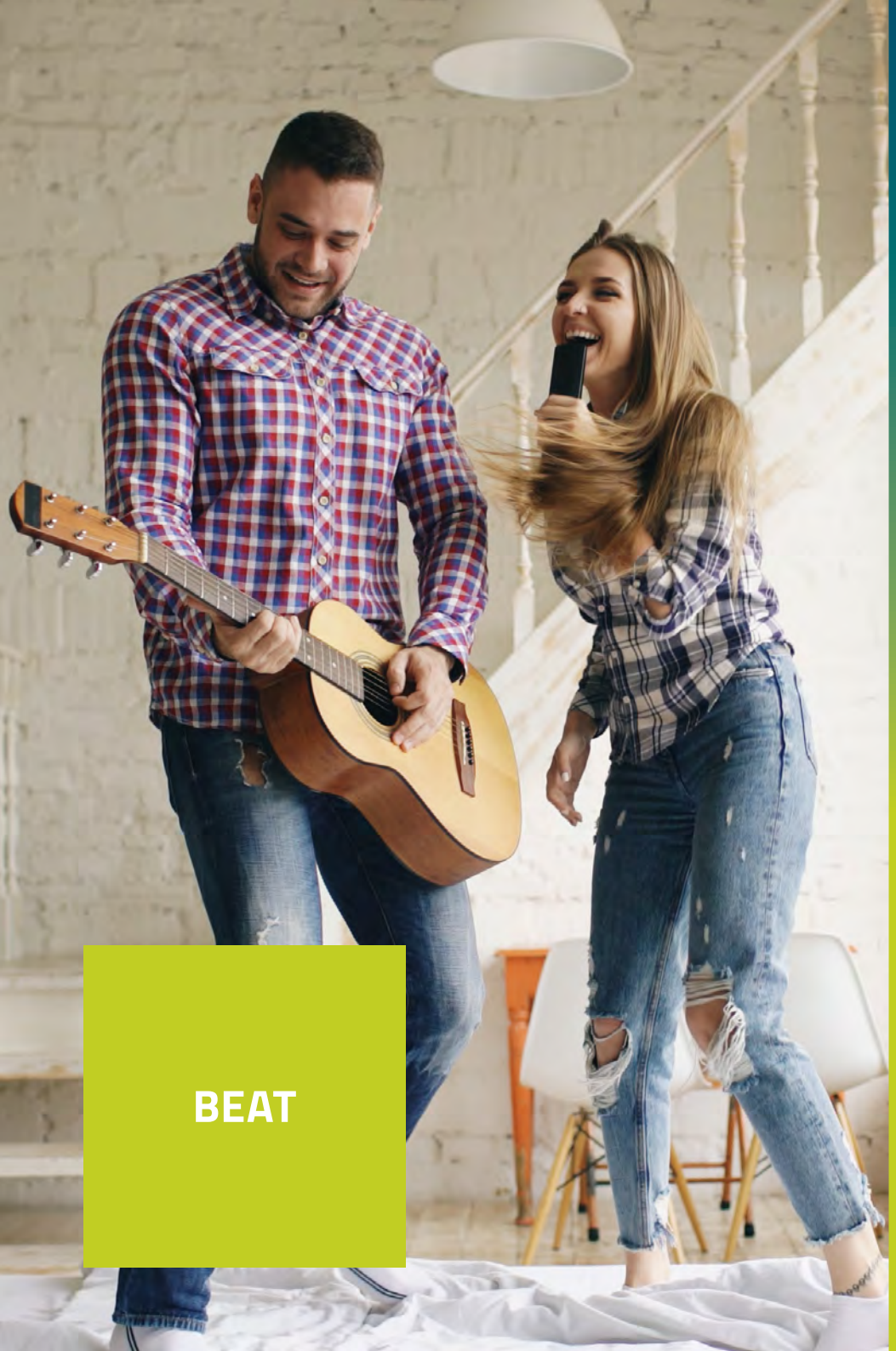
- Two questionnaires that assess whether the participant experiences symptoms of depression and/or anxiety (for beneficiaries 21 years and older).
- Access to the educational information, challenges, recordings, videos, and support group details (for beneficiaries 16 years and older).

Bestmed understands that mental healthcare is extremely important to our members. We will provide you with the contact details of the mental health practitioners within our network on this journey - should you wish to consult with one of them face-to-face or virtually. Please note that the cost of these consultations will be payable from your available savings account or your day-to-day benefits, should your option make provision for supplementary benefits.

DO THE FREE BENEFITS DIFFER FOR MEMBERS ON DIFFERENT HEALTHCARE OPTIONS?

No. The Bestmed Tempo benefits are exactly the same on all the options.

We hope you found the answer you were looking for. If not, please email us for more information: **tempo@bestmed.co.za**



BEAT

The Beat range offers flexible hospital benefits with savings on some options to pay for out-of-hospital expenses. Beat1, 2 and 3 also offer you the choice to lower your monthly contribution in the form of network options.

Method of Scheme benefit payment

BEAT1	BEAT2	BEAT3	BEAT4
▪ In-hospital benefits are paid from Scheme risk. ▪ Some preventative care benefits are available from Scheme risk. ▪ Out-of-hospital benefits are paid from your own pocket.	▪ In-hospital benefits are paid from Scheme risk. ▪ Some preventative care benefits are available from Scheme risk. ▪ Out-of-hospital benefits are paid from your medical savings account.	▪ In-hospital benefits are paid from Scheme risk. ▪ Some preventative care benefits are available from Scheme risk. ▪ Some out-of-hospital benefits are paid from Scheme risk and some from your medical savings account.	▪ In-hospital benefits are paid from Scheme risk. ▪ Some preventative care benefits are available from Scheme risk. ▪ Some out-of-hospital benefits are paid from your medical savings account first, once depleted, from your day-to-day 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) for applicable options.

BEAT NETWORK PLAN OPTION

- Bestmed offers members a choice of network hospitals for in-hospital benefits.
- If a member voluntarily chooses not to make use of a hospital within the Beat network, a maximum co-payment of R13 078 will apply.

In-hospital benefits

The non-network option provides you with access to any hospital of your choice. This is the standard option. The network option provides you with a list of designated hospitals for you to use and also saves on your monthly contribution.

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

Note: Benefits mentioned below are subject to pre-authorisation and clinical protocols.

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.

	BEAT1	BEAT2	BEAT3	BEAT4
Accommodation (hospital stay) and theatre fees	100% Scheme tariff.			
Take-home medicine	100% Scheme tariff. Medicine limited to 7 days.			
Biological medicine during hospitalisation	Limited to R10 570 per family per annum. Subject to pre-authorisation and funding guidelines.	Limited to R15 855 per family per annum. Subject to pre-authorisation and funding guidelines.	Limited to R21 140 per family per annum. Subject to pre-authorisation and funding guidelines.	Limited to R26 425 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 R35 573 per beneficiary. Subject to network facilities.			
Consultations and procedures	100% Scheme tariff.			
Surgical procedures and anaesthetics	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.
Organ transplants	100% Scheme tariff (PMBs only).			
Major medical maxillofacial surgery strictly related to certain conditions	No benefit. (PMBs only at DSP day hospitals).		100% Scheme tariff. Limited to R14 256 per family.	100% Scheme tariff. Limited to R14 518 per family.
Dental and oral surgery **(In- or out of hospital)**	PMBs only at DSP day hospitals.	PMBs only at DSP day hospitals. **Beneficiaries 7 years and younger** Limited to R5 782 per family. **Beneficiaries over 7 years** Dental surgical procedures paid from savings for procedures performed in the doctor's rooms only.	Limited to R8 893 per family.	Limited to R11 117 per family.
Prosthesis (subject to preferred providers and DSPs, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R86 841 per family.		100% Scheme tariff. Limited to R87 757 per family.	100% Scheme tariff. Limited to R107 122 per family.

	BEAT1	BEAT2	BEAT3	BEAT4
Prosthesis – External	No benefit (PMBs only).			Limited to R25 765 per family. Includes artificial limbs, limited to one (1) limb every 60 months.
Prosthesis – Internal **Note: Sub-limit subject to overall annual prosthesis limit.** ***Functional: Items utilised towards treating or supporting a bodily function.**	Sub-limits per beneficiary: ▪ *Functional limited to R31 000. ▪ Vascular R50 000. ▪ Pacemaker (dual chamber) R47 344. ▪ Endovascular and catheter-based procedures – no benefit. ▪ Spinal including artificial disc R34 661. ▪ Drug-eluting stents – PMBs and DSP products only. ▪ Mesh R12 164. ▪ Gynaecology/Urology R9 940. ▪ Lens implants R7 585 a lens per eye.		Sub-limits per beneficiary: ▪ *Functional limited to R32 000. ▪ Vascular R60 000. ▪ Pacemaker (dual chamber) R47 344. ▪ Endovascular and catheter-based procedures – no benefit. ▪ Spinal including artificial disc R34 789. ▪ Drug-eluting stents – PMBs and DSP products only. ▪ Mesh R12 227. ▪ Gynaecology/ Urology R10 098. ▪ Lens implants R7 585 a lens per eye.	Sub-limits per beneficiary: ▪ *Functional limited to R34 000. ▪ Vascular R65 000. ▪ Pacemaker (dual chamber) R61 992. ▪ Endovascular and catheter-based procedures – no benefit. ▪ Spinal including artificial disc R37 013. ▪ Drug-eluting stents R20 795 ▪ Mesh R13 733. ▪ Gynaecology/ Urology R10 071. ▪ Lens implants R7 847 a lens per eye.
Exclusions (Prosthesis sub-limit subject to preferred provider, otherwise limits and co-payments apply).	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: ▪ Hip replacement and other major joints R36 489. ▪ Knee replacement R44 990. ▪ Other minor joints R13 995.		Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: ▪ Hip replacement and other major joints R36 751. ▪ Knee replacement R45 474. ▪ Other minor joints R13 995.	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: ▪ Hip replacement and other major joints R38 059. ▪ Knee replacement R50 562. ▪ Other minor joints R15 536.
Orthopaedic and medical appliances	100% Scheme tariff.			

	BEAT1	BEAT2	BEAT3	BEAT4
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.			
Confinements (Birthing)	100% Scheme tariff.			
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.			
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	PMBs only.		100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R9 155 per eye.	100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R10 333 per eye.
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 R63 420 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.			100% Scheme tariff, limited to R95 130 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.
Day procedures at a day-hospital facility	Day procedures at DSPs and/or day-hospitals will be funded at 100% network or Scheme tariffs. Voluntary use of non-DSP specialists and acute hospitals will result in a co-payment of R2 500.			
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 R3 million for a family ie. 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 R3 million for a family ie. member and dependants.			
Co-payments	Co-payment for voluntary use of non-network hospital R13 078. For network options.			

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.

	BEAT1	BEAT2	BEAT3	BEAT4
Overall day-to-day limit	Not applicable.			M = R14 125, M1+ = R28 249.
Family Practitioner (FP) and specialist consultations	No benefit.	Savings account.		Savings first. Limited to M = R3 597, M1+ = R6 408. (Subject to overall day-to-day limit)
Diabetes primary care consultation	100% of Scheme tariff subject to registration with HaloCare. 2 primary care consultations at Dis-Chem Pharmacies. Beat4 option: Paid first from the "FP and specialist consultations" day-to-day benefit, thereafter Scheme risk.			
Basic and specialised dentistry	No benefit.	**Basic:** Preventative benefit or savings account. **Specialised:** Savings account. **Orthodontic:** Subject to pre authorisation.	**Basic:** Preventative benefit or savings account. **Specialised:** Savings account. **Orthodontic:** Subject to pre authorisation.	Savings first. Limited to M = R6 223, M1+ = R12 499. (Subject to overall day-to-day limit). Orthodontics are subject to pre-authorisation.
Medical aids, apparatus and appliances including wheelchairs	No benefit.	Savings account.		Limited to R12 687 per family. 100% Scheme tariff.
Hearing aids are subject to pre-authorisation	No benefit.	Savings account.		Limited to R11 627 per family every 24 months. 100% Scheme tariff. Subject to quotation, motivation and audiogram.

	BEAT1	BEAT2	BEAT3	BEAT4
Supplementary services	No benefit.	Savings account.		Savings first. Limited to M = R5 493, M1+ = R11 156. (Subject to overall day-to-day limit)
Wound care benefit (incl. dressings, negative pressure wound therapy -NPWT- treatment and related nursing services -out-of-hospital)	100% Scheme tariff. Limited to R3 885 per family.			Savings first. 100% Scheme tariff. Limited to R5 493 per family. (Subject to overall day-to-day limit)
Basic radiology and pathology	No benefit.	Savings account.		Savings first. Limited to M = R3 596, M1+ = R7 324. (Subject to overall day-to-day limit)
Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. PET scans only included as indicated per option)	100% Scheme tariff. Limited to R5 885 per family, (excluding PET scans).		100% Scheme tariff. Limited to R12 361 per family (excluding PET scans).	100% Scheme tariff. Limited to R18 703 per family.
Oncology	Oncology programme at 100% of Scheme tariff. Subject to pre-authorisation and DSP.			
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.			
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.			
Rehabilitation services after trauma	PMBs only. Subject to pre-authorisation and DSPs.			100% Scheme tariff.

	BEAT1	BEAT2	BEAT3	BEAT4
Optometry benefit (PPN capitation provider)	No benefit.	Savings account.	Savings account.	Benefits available every 24 months from date of service. **Network Provider (PPN)** Consultation - 1 per beneficiary. Frame = R1 000 covered AND 100% of cost of standard lenses (single vision OR bifocal OR multifocal) OR Contact lenses = R1 840 OR **Non-network Provider** Consultation - R365 fee at non-network provider Frame = R750 AND Single vision lenses = R215 OR Bifocal lenses = R460 OR Multifocal lenses = R982.50 In lieu of glasses members can opt for contact lenses, limited to R1 840

Medicine

Note: Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers, formularies, funding guidelines, the Mediscor Reference Price (MRP), and the exclusions referred to in Annexure C of the registered Rules. Approved CDL, PMB and non-CDL chronic medicine costs will be paid from the non-CDL chronic medicine limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk.

Members will not incur co-payments for PMB medications that are on the formulary for which there is no generic alternative.

Note: Refer to the Chronic Conditions List at the back of the Comparative Guide.

	BEAT1	BEAT2	BEAT3	BEAT4
CDL & PMB chronic medicine*	100% Scheme tariff. Co-payment of 30% for non-formulary medicine.			100% Scheme tariff. Co-payment of 20% for non-formulary medicine.
Non-CDL chronic medicine	No benefit.		5 conditions. 80% Scheme tariff. Limited to M = R3 793, M1+ = R7 716	9 conditions. 90% Scheme tariff. Limited to M = R8 331, M1+ = R16 663. Co-payment of 20% for non-formulary medicine.
Biologicals and other high-cost medicine	PMBs only as per funding protocol. Subject to pre-authorisation.			Subject to pre-authorisation. 100% Scheme tariff.
Acute medicine	No benefit.	Savings account.		Savings first. Limited to M = R3 178, M1+ = R6 421. (Subject to overall day-to-day limit)
Over-the-counter (OTC) medicine **Includes sunscreen, vitamins and minerals with NAPPI codes on Scheme formulary**	No benefit.	Savings account.		**Member choice: R1 057 OTC limit per family OR Access to full savings for OTC purchases (after R1 057 limit) = self-payment gap accumulation. Subject to available savings.

*For Beat3 and Beat4, approved medicines for the following conditions are not subject to the non-CDL limit: organ transplant, chronic renal failure, multiple sclerosis, haemophilia. Medicine claims will be paid directly from Scheme risk.
**The default OTC choice is 1. R1 057 OTC limit. Members wishing to choose the other option are welcome to contact Bestmed.

Preventative care benefits

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

	BEAT1	BEAT2	BEAT3	BEAT4
Preventative care benefits **Note: Refer to Scheme rules for funding criteria applicable to each preventative care benefit.**	▪ Flu vaccines. ▪ Pneumonia vaccines. ▪ Three baby growth and development assessments per year for children 0-2 years. ▪ Female contraceptives – R2 550 per beneficiary per year. ▪ Back and neck preventative programme - use of this programme is in lieu of surgery. ▪ Pap smear – ages 18 and above, every 24 months. ▪ HPV vaccinations. ▪ Mammogram – females ages 40 and above, every 24 months.	▪ Flu vaccines. ▪ Pneumonia vaccines. ▪ Travel vaccines. ▪ Paediatric immunisations. ▪ Three baby growth and development assessments per year for children 0-2 years. ▪ Female contraceptives – R2 550 per beneficiary per year. ▪ Back and neck preventative programme - use of this programme is in lieu of surgery. ▪ Preventative dentistry. ▪ Pap smear – ages 18 and above, every 24 months. ▪ HPV vaccinations. ▪ Mammogram – females ages 40 and above, every 24 months. ▪ PSA Screening – ages 50 years and above, every 24 months		▪ Flu vaccines. ▪ Pneumonia vaccines. ▪ Travel vaccines. ▪ Paediatric immunisations. ▪ Three baby growth and development assessments per year for children 0-2 years. ▪ Female contraceptives – R2 550 per beneficiary per year. ▪ Intrauterine device (IUD) insertion (consultation and procedure) by a FP or gynaecologist. Once every 5 years. ▪ Back and neck preventative programme - use of this programme is in lieu of surgery. ▪ Preventative dentistry. ▪ Mammogram.– females ages 40 and above, every 24 months. ▪ HPV vaccinations. ▪ PSA Screening – ages 50 years and above, every 24 months. ▪ Pap smear – ages 18 and above, every 24 months.

	BEAT1	BEAT2	BEAT3	BEAT4
PREVENTATIVE DENTISTRY				
General full-mouth examination by a general dentist (incl. gloves and use of sterile equipment)	No benefit	Once a year for members 12 years and above. Twice a year for members under 12 years.		
Full-mouth intra-oral radiographs	No benefit	Once every 36 months for all ages.		
Intra-oral radiograph	No benefit	Two (2) photos per year for all ages.		
Scaling and/or polishing	No benefit	Twice per year for all ages.		
Fluoride treatment	No benefit	Twice per year for all ages.		
Fissure sealing	No benefit	Up to and including 21 years. Frequency must be in accordance with accepted protocol.		
Space maintainers	No benefit	Once per space during the primary and mixed denture stage.		
MATERNITY BENEFITS				
	100% Scheme tariff. Subject to the following benefits: **Consultations:** ▪ 6 antenatal consultations 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.	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:** ▪ Any item categorised as a maternity supplement can be claimed up to a maximum of R127 per claim, once a month, for a maximum of 9 months.	

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

Contributions

		BEAT1		BEAT2		BEAT3		BEAT4
Non-network (NN) / network (N)		**NN**	**N**	**NN**	**N**	**NN**	**N**	**NN**
Medical Savings Account		**N/A**		**16%**		**15%**		**14%**
Principal Member	Risk	R1 901	R1 710	R1 952	R1 756	R2 890	R2 601	R4 741
	Savings	R0	R0	R371	R334	R510	R459	R772
	Total	**R1 901**	**R1 710**	**R2 323**	**R2 090**	**R3 400**	**R3 060**	**R5 513**
Adult Dependant	Risk	R1 475	R1 329	R1 515	R1 364	R2 061	R1 855	R3 916
	Savings	R0	R0	R289	R260	R364	R328	R637
	Total	**R1 475**	**R1 329**	**R1 804**	**R1 624**	**R2 425**	**R2 183**	**R4 553**
Child Dependant	Risk	R799	R720	R821	R739	R1 020	R918	R1 172
	Savings	R0	R0	R157	R140	R180	R162	R190
	Total	**R799**	**R720**	**R978**	**R879**	**R1 200**	**R1 080**	**R1 362**
Maximum contribution child dependants*		3						
Recognition of a child dependant		Child dependants under the age of 24 years and registered students up to the age of 26 years, in accordance with the Rules, are regarded as child dependants.						

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

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; PMB = Prescribed Minimum Benefit; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen.

PACE

The Pace range offers comprehensive in-hospital and out-of-hospital benefits. These options all have additional day-to-day benefits to cover extensive out-of-hospital expenses. This range is ideal for those seeking comprehensive cover.

Method of Scheme benefit payment

PACE1	PACE2	PACE3	PACE4
▪ In-hospital benefits are paid from Scheme risk benefit. 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, benefits can be paid from the available vested savings. Some preventative care benefits are available from Scheme risk benefit.			▪ In-hospital benefits, out-of-hospital benefits and preventative care benefits are paid from Scheme risk. ▪ Once out-of-hospital risk benefits are depleted, further claims will be paid from savings.

▪ 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: All benefits mentioned below are subject to pre-authorisation, clinical protocols and funding guidelines.

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.

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

	PACE1	PACE2	PACE3	PACE4
Accommodation (hospital stay) and theatre fees	100% Scheme tariff.			
Take-home medicine	100% Scheme tariff. Medicine limited to 7 days.			
Biological medicine during hospitalisation	Limited to R31 710 per family per annum. Subject to pre-authorisation and funding guidelines.	Please refer to the Biological and other high-cost medicine benefit under Medicine on p.16 of this guide.		
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 R35 573 per beneficiary. Subject to network facilities.			

	PACE1	PACE2	PACE3	PACE4
Consultations and procedures	100% Scheme tariff.			
Surgical procedures and anaesthetics	100% Scheme tariff.			
Organ transplants	100% Scheme tariff. (PMBs only)			
Major medical maxillofacial surgery strictly related to certain conditions	100% Scheme tariff. Limited to R14 386 per family.	100% Scheme tariff.		
Dental and oral surgery (In- or out of hospital)	Limited to R8 893 per family.	Limited to R14 779 per family.	Limited to R18 571 per family.	Limited to R22 233 per family.
Overall annual prosthesis limit (subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R99 396 per family.	100% Scheme tariff. Limited to R127 646 per family.	100% Scheme tariff. Limited to R128 300 per family.	100% Scheme tariff. Limited to R148 048 per family.
Prosthesis – External	Limited to R25 242 per family.	Limited to R30 080 per family.	Limited to R30 212 per family.	Limited to R34 135 per family.
Exclusions (Prosthesis sub-limit subject to preferred provider, otherwise limits and co-payments apply)	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: ▪ Hip replacement and other major joints R36 881. ▪ Knee replacement R49 045. ▪ Other minor joints R15 237.	Not applicable.		

	PACE1	PACE2	PACE3	PACE4
Prosthesis – Internal **Note: Sub-limit subject to overall annual prosthesis limit.** ***Functional: Items utilised towards treating or supporting a bodily function**	Sub-limits per beneficiary: ▪ *Functional limited to R34 000. ▪ Vascular R65 000. ▪ Pacemaker (dual chamber) R61 862. ▪ Endovascular and catheter-based procedures – no benefit. ▪ Spinal including artificial disc R36 227. ▪ Drug-eluting stents – PMBs and DSP products only ▪ Mesh R13 602. ▪ Gynaecology/ Urology R9 809. ▪ Lens implants R7 455 a lens per eye.	Sub-limits per beneficiary: ▪ *Functional limited to R36 000. ▪ Vascular R65 000. ▪ Pacemaker (dual chamber) R68 989. ▪ Spinal including artificial disc R63 993. ▪ Drug-eluting stents R20 926. ▪ Mesh R20 926. ▪ Gynaecology/ Urology R15 628. ▪ Lens implants R13 419 a lens per eye. ▪ Joint replacements: - Hip replacement and other major joints R57 479. - Knee replacement R66 700. - Other minor joints R24 783.	Sub-limits per beneficiary: ▪ *Functional limited to R36 000. ▪ Vascular R69 000. ▪ Pacemaker (dual chamber) R68 989. ▪ Spinal including artificial disc R64 115. ▪ Drug-eluting stents R20 926. ▪ Mesh R20 926. ▪ Gynaecology/ Urology R15 694. ▪ Lens implants R13 419 a lens per eye. ▪ Joint replacements: - Hip replacement and other major joints R57 545. - Knee replacement R67 027. - Other minor joints R24 783.	Sub-limits per beneficiary: ▪ *Functional limited to R40 000. ▪ Vascular R69 000. ▪ Pacemaker (dual chamber) R68 989. ▪ Spinal including artificial disc R74 030. ▪ Drug-eluting stents R24 653. ▪ Mesh R21 710. ▪ Gynaecology/ Urology R17 918. ▪ Lens implants R19 840. a lens per eye. ▪ Joint replacements: - Hip replacement and other major joints R66 243. - Knee replacement R76 705. - Other minor joints R24 653.
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% of Scheme tariff. Subject to pre-authorisation and DSP.		Oncology programme. 100% of Scheme tariff. Subject to pre-authorisation and DSP. Access to extended protocols.	

	PACE1	PACE2	PACE3	PACE4
Mammary surgery (Breast cancer)	No benefit for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) on the unaffected (non-cancerous) breast of a breast cancer patient.	100% Scheme tariff for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) **on the unaffected (non-cancerous) breast** of a breast cancer patient. The benefit is limited to R40 476 and is subject to pre-authorisation.		
Medically necessary breast reduction surgery (Including fees for the surgeon and anaesthetist)	No benefit			100% Scheme tariff. R52 850 per family per annum. Theatre and hospital cost will be funded from Scheme risk. Subject to funding protocols, pre-authorisation.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.			
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and 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 R9 887 per eye.	100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R10 331 per eye.	100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R11 117 per eye.	
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 R79 275 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.	100% Scheme tariff, limited to R126 840 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.		

	PACE1	PACE2	PACE3	PACE4
Day procedures at a day-hospital facility	Day procedures at DSPs and/or day-hospitals will be funded at 100% network or Scheme tariffs. Voluntary use of non-DSP specialists and acute hospitals will result in a co-payment of R2 500.			
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 R3 million for a family ie. 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 R3 million for a family ie. 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. Approved PMBs will be paid from scheme risk.

	PACE1	PACE2	PACE3	PACE4
Overall day-to-day limit	M = R12 007, M1+ = R24 012.	M = R15 000, M1+ = R30 000.	M = R20 045, M1+ = R41 425.	M = R39 497, M1+ = R63 693.
FP and specialist consultations	Savings first. Limited to M = R2 472, M1+ = R4 970. (Subject to overall day-to-day limit)	Savings first. Limited to M = R4 579, M1+ = R9 280. (Subject to overall day-to-day limit)	Savings first. Limited to M = R4 840, M1+ = R9 809. (Subject to overall day-to-day limit)	Limited to M = R6 212, M1+ = R10 071. (Subject to overall day-to-day limit)
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 first. **Basic:** Preventative benefit or savings account. Limit once savings exceeded. **Specialised:** Savings account then limit. **Orthodontic:** Subject to pre-authorisation. Limited to M = R4 550, M1+ = R9 234. (Subject to overall day-to-day limit)	Savings first. **Basic:** Preventative benefit or savings account. Limit once savings exceeded. **Specialised:** Savings account then limit. **Orthodontic:** Subject to pre-authorisation. Beneficiaries over 18 years of age. Limited to M = R7 628, M1+ = R15 256. (Subject to overall day-to-day limit)	Savings first. **Basic:** Preventative benefit or savings account. Limit once savings exceeded. **Specialised:** Savings account then limit. **Orthodontic:** Subject to pre-authorisation. Beneficiaries over 18 years of age. Limited to M = R8 219, M1+ = R15 323. (Subject to overall day-to-day limit)	Limited to M = R13 717, M1+ = R23 152. (Subject to overall day-to-day limit) **Orthodontic:** Subject to pre-authorisation. Beneficiaries over 18 years of age.

	PACE1	PACE2	PACE3	PACE4
Orthodontic dentistry	Per the benefits specified for Pace1 under Basic and specialised dentistry.	Savings first. 100% Scheme tariff. Subject to pre-authorisation. Limited to R7 399 per event for beneficiaries up to 18 years of age. (Subject to overall day-to-day limit)	Savings first. 100% Scheme tariff. Subject to pre-authorisation. Limited to R9 513 per event for beneficiaries up to 18 years of age. (Subject to overall day-to-day limit)	100% Scheme tariff. Subject to pre-authorisation. Limited to R11 627 per event for beneficiaries up to 18 years of age. (Subject to overall day-to-day limit)
Medical aids, apparatus and appliances	Savings first. 100% Scheme tariff. Limited to R12 687 per family. (Subject to overall day-to-day limit).	Savings first. Limited to R11 509 per family. Includes repairs to artificial limbs. (Subject to overall day-to-day limit).		Limited to R11 509 per family. Includes repairs to artificial limbs. (Subject to overall day-to-day limit).
Wheel chairs	Subject to medical apparatus and appliance limits.	Limit on wheelchairs of R15 564 per family per 48 months.		
Hearing aids are subject to pre-authorisation	Limited to R8 811 per family every 24 months. 100% Scheme tariff. Subject to quotation, motivation and audiogram.	Limit of R31 716 per beneficiary every 24 months. Subject to quotation, motivation and audiogram.	Limit of R35 705 per beneficiary every 24 months. Subject to quotation, motivation and audiogram.	Limit of R39 758 per beneficiary every 24 months. Subject to quotation, motivation and audiogram.
Insulin pump (excluding consumables)	No benefit.			100% Scheme tariff. Limited to R46 259 per beneficiary every 24 months. Subject to pre-authorisation.
Continuous/Flash Glucose Monitoring (CGM/FGM)	Refer to medical aids, apparatus and appliances limit listed above.		100% Scheme tariff. Limited to R21 140 per family per annum. Subject to pre-authorisation.	100% Scheme tariff. Limited to R26 425 per family per annum. Subject to pre-authorisation.
Supplementary services	Savings first. Limited to M = R4 852, M1+ = R10 071. (Subject to overall day-to-day limit)	Savings first. Limited to M = R3 500, M1+ = R7 000. (Subject to overall day-to-day limit)	Savings first. Limited to M = R2 956, M1+ = R6 212. (Subject to overall day-to-day limit)	Limited to M = R6 212, M1+ = R12 228. (Subject to overall day-to-day limit)

	PACE1	PACE2	PACE3	PACE4
Wound care benefit (incl. dressings, negative pressure wound therapy -NPWT- treatment and related nursing services – out-of-hospital)	Savings first. 100% Scheme tariff. Limited to R3 989 per family. (Subject to overall day-to-day limit)	Savings first. 100% Scheme tariff. Limited to R7 176 per family. (Subject to overall day-to-day limit)	Savings first. 100% Scheme tariff. Limited to R10 000 per family. (Subject to overall day-to-day limit)	Limited to R15 171 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 per beneficiary. Frame = R1 000 covered AND 100% of cost of standard lenses (single vision OR bifocal OR multifocal) OR Contact lenses = R1 840 OR **Non-network Provider** Consultation - R365 fee at non-network provider Frame = R750 AND Single vision lenses = R215 OR Bifocal lenses = R460 OR Multifocal lenses = R982.50 In lieu of glasses members can opt for contact lenses, limited to R1 840	Benefits available every 24 months from date of service. **Network Provider (PPN)** Consultation - 1 per beneficiary. Frame = R1 040 covered AND 100% of cost of standard lenses (single vision OR bifocal OR multifocal) AND Lens enhancement = R750 covered OR Contact lenses = R2 010 OR **Non-network Provider** Consultation - R365 fee at non-network provider Frame = R780 AND Single vision lenses = R215 OR Bifocal lenses = R460 OR Multifocal lenses = R982.50 Lens enhancement = R750 covered In lieu of glasses members can opt for contact lenses, limited to R2 010		Benefits available every 24 months from date of service. **Network Provider (PPN)** Consultation - 1 per beneficiary. Frame = R1 040 covered AND 100% of cost of standard lenses (single vision OR bifocal OR multifocal) AND Lens enhancement = R750 covered OR Contact lenses = R2 375 OR **Non-network Provider** Consultation - R365 fee at non-network provider Frame = R780 AND Single vision lenses = R215 OR Bifocal lenses = R460 OR Multifocal lenses = R982.50 Lens enhancement = R750 covered In lieu of glasses members can opt for contact lenses, limited to R2 375
Basic radiology and pathology	Savings first. 100% Scheme tariff. Limited to M = R3 596, M1+ = R7 194. (Subject to overall day-to-day limit)		Savings first. 100% Scheme tariff. Limited to M = R3 924, M1+ = R7 781. (Subject to overall day-to-day limit)	100% Scheme tariff. Limited to M = R6 212, M1+ = R12 228. (Subject to overall day-to-day limit)

	PACE1	PACE2	PACE3	PACE4
Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. PET scans only included as indicated per option)	100% Scheme tariff. Limited to R16 087 per family.	MRI/CT scans: Maximum of 3 scans per beneficiary. PET scan: 1 scan per beneficiary. 100% Scheme tariff.		
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.		100% of Scheme tariff. Subject to pre-authorisation and DSP. Access to extended protocols.	
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.			

Medicine

Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers, formularies, funding guidelines, the Mediscor Reference Price (MRP) and the exclusions referred to in Annexure C of the registered Rules.

Note: Approved CDL, PMB and non-CDL chronic medicine costs will be paid from the non-CDL chronic medicine limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk.Members will not incur co-payments for PMB medications that are on the formulary for which there is no generic alternative.

Note: 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.

	PACE1	PACE2	PACE3	PACE4
CDL & PMB chronic medicine*	100% Scheme tariff. Co-payment of 25% for non-formulary medicine.	100% Scheme tariff. Co-payment of 20% for non-formulary medicine.	100% Scheme tariff. Co-payment of 15% for non-formulary medicine.	100% Scheme tariff. Co-payment of 10% for non-formulary medicine.
Non-CDL chronic medicine	7 conditions. 90% Scheme tariff. Limited to M = R7 324, M1+ = R14 648. Co-payment of 25% for non-formulary medicine.	20 conditions. 90% Scheme tariff. Limited to M = R10 000, M1+ = R20 000. Co-payment of 20% for non-formulary medicine.	20 conditions. 90% Scheme tariff. Limited to M = R15 368, M1+ = R30 735. Co-payment of 15% for non-formulary medicine.	29 conditions. 100% Scheme tariff.Limited to M = R21 905, M1+ = R44 009. Co-payment of 10% for non-formulary medicine.
Biologicals and other high cost medicine	PMBs only as per funding protocol. Subject to pre-authorisation. 100% Scheme tariff.	Subject to pre-authorisation. 100% Scheme tariff. Limited to R182 977 per beneficiary per year.	Subject to pre-authorisation. 100% Scheme tariff. Limited to R366 197 per beneficiary per year.	Subject to pre-authorisation. 100% Scheme tariff. Limited to R541 971 per beneficiary per year.
Acute medicine	Savings first. Limited to M = R2 591, M1+ = R5 363. (Subject to overall day-to-day limit).	Savings first. Limited to M = R3 000, M1+ = R6 000. (Subject to overall day-to-day limit).	Savings first. Limited to M = R2 000, M1+ = R4 500. (Subject to overall day-to-day limit).	Limited to M = R9 809, M1+ = R15 237. (10% co-payment) (Subject to overall day-to-day limit).
Over-the-counter (OTC) medicine Includes sunscreen, vitamins and minerals with NAPPI codes on Scheme formulary	**Member choice: 1. R1 057 OTC limit per family OR 2. Access to full savings for OTC purchases (after R1 057 limit) = self-payment gap accumulation. Subject to available savings.			Savings account.

*For all Pace options, approved medicines for the following conditions are not subject to the non-CDL limit: organ transplant, chronic renal failure, multiple sclerosis, haemophilia. Medicine claims will be paid directly from Scheme risk.
**The default OTC choice is 1. R1 057 OTC limit. Members wishing to choose the other option are welcome to contact Bestmed.

ABBREVIATIONS

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; MRI/CT scans = Magnetic Resonance Imaging/Computed Tomography scans; MRP = Mediscor Reference Price; NP = Network Provider; PET scan = Positron Emission Tomography scan; PMB = Prescribed Minimum Benefits; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen.

Preventative care benefits

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

	PACE1	PACE2	PACE3	PACE4
Preventative care **Note: Refer to Scheme rules for funding criteria applicable to each preventative care benefit.**	▪ Flu vaccines. ▪ Pneumonia vaccines. ▪ Travel vaccines. ▪ Paediatric immunisations. ▪ Three baby growth and development assessments per year for children 0-2 years. ▪ Female contraceptives – R2 550 per beneficiary per year. ▪ Intrauterine device (IUD) insertion (consultation and procedure) by a FP or gynaecologist. Once every 5 years. ▪ Back and neck preventative programme - use of this programme is in lieu of surgery. ▪ Preventative dentistry. ▪ Mammogram – females ages 40 and above, once every 24 months. ▪ HPV vaccinations. ▪ Pap smear – age 18 and above, every 24 months. ▪ PSA screening – ages 50 and above, every 24 months.	▪ Flu vaccines. ▪ Pneumonia vaccines. ▪ Travel vaccines. ▪ Paediatric immunisations. ▪ Three baby growth and development assessments per year for children 0-2 years. ▪ Female contraceptives – R2 550 per beneficiary per year. ▪ Intrauterine device (IUD) insertion (consultation and procedure) by a FP or gynaecologist. Once every 5 years. ▪ Back and neck preventative programme - use of this programme is in lieu of surgery. ▪ Preventative dentistry. ▪ Mammogram – females ages 40 and above, once every 24 months. ▪ PSA screening – ages 50 and above, every 24 months. ▪ HPV vaccinations. ▪ Bone densitometry. ▪ Pap smear – ages 18 and above, every 24 months.		

PREVENTATIVE DENTISTRY

General full-mouth examination by a general dentist (incl. gloves and use of sterile equipment)	Once a year for members 12 years and above. Twice a year for members under 12 years.
Full-mouth intra-oral radiographs	Once every 36 months for all ages.
Intra-oral radiograph	Two (2) photos per year for all ages.
Scaling and/or polishing	Twice per year for all ages.
Fluoride treatment	Twice per year for all ages.
Fissure sealing	Up to and including 21 years. Frequency must be in accordance with accepted protocol.
Space maintainers	Once per space during the primary and mixed denture stage.

	PACE1	PACE2	PACE3	PACE4
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:** ▪ Any item categorised as a maternity supplement can be claimed up to a maximum of R127 per claim, once a month, for a maximum of 9 months.			

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

Contributions

		PACE1	PACE2	PACE3	PACE4
Medical Savings Account		19%	14%	14%	3%
Principal Member	Risk	R3 742	R5 643	R6 479	R9 129
	Savings	R878	R919	R1 055	R282
	Total	**R4 620**	**R6 562**	**R7 534**	**R9 411**
Adult Dependant	Risk	R2 629	R5 534	R5 216	R9 129
	Savings	R616	R901	R849	R282
	Total	**R3 245**	**R6 435**	**R6 065**	**R9 411**
Child Dependant	Risk	R944	R1 245	R1 114	R2 139
	Savings	R222	R202	R182	R66
	Total	**R1 166**	**R1 447**	**R1 296**	**R2 205**
Maximum contribution child dependant*		3			
Recognition of a child dependant		Child dependants under the age of 24 years and registered students up to the age of 26 years, in accordance with the Rules, are regarded as child dependants.			

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

RHYTHM IS IDEALLY SUITABLE FOR YOU IF:

- You are seeking a plan option that is based on your income.
- You are comfortable with making use of designated service providers (DSPs) within our Rhythm network.
- You are looking for unlimited comprehensive cover for hospitalisation and the added benefit of preventative care.

Method of Scheme benefit payment

RHYTHM1 AND RHYTHM2

- In-hospital benefits are paid from Scheme risk.
- Some preventative care benefits are available from Scheme risk.
- Some out-of-hospital benefits are paid from Scheme risk.
- Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs.

In-hospital benefits

All benefits below are subject to pre-authorisation, clinical protocols, funding guidelines and designated hospital networks.

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.

	RHYTHM1	RHYTHM2
Accommodation (hospital stay) and theatre fees	Approved PMBs at DSPs.	100% Scheme tariff at a DSP hospital.
Take-home medicine	100% Scheme tariff. Medicine for 3 days.	100% Scheme tariff. Medicine for 3 days.
Biological medicine during hospitalisation	Approved PMBs at DSPs.	Limited to R15 855 per family per annum. Subject to pre-authorisation and funding guidelines.
Treatment in mental health clinics	Approved PMBs at DSPs. Limited to 21 days per beneficiary.	100% Scheme tariff. Subject to pre-authorisation. Limited to 21 days per beneficiary.
Treatment of chemical and substance abuse	100% Scheme tariff (only PMBs). Limited to 21 days per beneficiary. Subject to pre-authorisation and DSP network.	
Consultations and procedures	Approved PMBs at DSPs. Subject to pre-authorisation.	100% Scheme tariff. Subject to pre-authorisation and DSP network.
Surgical procedures and anaesthetics	Approved PMBs at DSPs. Subject to pre-authorisation.	100% Scheme tariff. Subject to pre-authorisation and DSP network.

	RHYTHM1	RHYTHM2
Organ transplants	100% Scheme tariff (only PMBs).	
Major medical maxillofacial surgery strictly related to certain conditions	Approved PMBs at DSPs.	
Dental and oral surgery (In- or out of hospital)	Approved PMBs at DSPs.	
Prosthesis	100% Scheme tariff. Limited to R58 461 per family. Subject to PMBs at DSP network.	100% Scheme tariff. Limited to R58 461 per family. Subject to preferred providers or DSPs.
Prosthesis – Internal **Note: Sub-limit subject to overall annual prosthesis limit** ***Functional: Items utilised towards treating or supporting a bodily function**	Sub-limits per beneficiary: ▪ *Functional R31 000. ▪ Vascular R50 000. ▪ Pacemaker (dual chamber) R47 344. ▪ Endovascular and catheter-based procedures – no benefit. ▪ Spinal including artificial disc R28 968. ▪ Drug-eluting stents – PMBs and DSP products only. ▪ Mesh R10 594. ▪ Gynaecology/Urology R8 750. ▪ Lens implants R6 083 a lens per eye.	
Prosthesis – External	Approved PMBs at DSPs.	
Exclusions (Prosthesis sub-limit subject to preferred provider, otherwise limits and co-payments apply)	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: ▪ Hip replacement and other major joints R29 689. ▪ Knee replacement R37 536. ▪ Minor joints R14 059.	
Orthopaedic and medical appliances	Approved PMBs at DSPs.	100% Scheme tariff. Limited to R7 194 per family.
Basic radiology and pathology	Approved PMBs at DSPs.	100% Scheme tariff.
Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. Excluding PET scans).	Approved PMBs at DSPs.	100% Scheme tariff. Subject to pre-authorisation.
Oncology	Approved PMBs at DSPs.	Oncology programme. 100% Scheme tariff. Subject to pre-authorisation and DSPs or preferred providers.
Peritoneal dialysis and haemodialysis	Approved PMBs at DSPs.	100% Scheme tariff. Subject to pre-authorisation and DSPs or preferred providers.
Confinements (Birthing)	Approved PMBs at DSPs.	100% Scheme tariff.

	RHYTHM1	RHYTHM2
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	Approved PMBs at DSPs.	
Midwife-assisted births	100% Scheme tariff.	
Supplementary services	Approved PMBs at DSPs.	100% Scheme tariff.
HIV/AIDS	Approved PMBs at DSPs.	100% Scheme tariff. Subject to pre-authorisation and DSPs or preferred providers.
Alternatives to hospitalisation	Approved PMBs at DSPs.	100% Scheme tariff. Subject to pre-authorisation and DSPs or preferred providers.
Palliative and home-based care in lieu of hospitalisation	Approved PMBs at DSPs.	100% Scheme tariff. Limited to R63 420 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.
Day procedures at a day-hospital facility	**PMBs in network day-hospitals:** Approved PMBs at DSPs. Subject to pre-authorisation. **Non-PMBs in network day-hospitals:** 100% Scheme tariff. Subject to approved DSPs and pre-authorisation. Limited to R50 000 per family per annum for the 9 non-PMB day procedures. Voluntary use of a non-network hospital will result in a co-payment of R2 500. The nine non-PMB conditions covered are: ▪ Breast biopsy - lumpectomy ▪ Circumcision ▪ Colonoscopy ▪ Dilatation and curettage (D & C) ▪ Female sterilisation ▪ Gastroscopy ▪ Grommet insertion and myringotomy ▪ Male sterilisation ▪ Tonsillectomy Subject to the Managed Healthcare (MHC) protocols and funding guidelines.	**PMBs in network day-hospitals:** 100% Scheme tariff. Subject to pre-authorisation. DSPs apply for PMBs.

	RHYTHM1	RHYTHM2
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 R3 million for a family ie. 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 R3 million for a family ie. member and dependants.	
Co-payments	Co-payment of up to R13 078 per event for voluntary use of a non-DSP hospital.	

Out-of-hospital benefits

Note: Benefits under the primary care services and the Scheme benefits shall be subject to treatment protocols, preferred providers, DSPs, dental procedure codes, pathology and radiology lists of codes and medicine formularies, funding guidelines and the Mediscor Reference Price (MRP) as accepted by the Scheme.

Members are required to obtain pre-authorisation for all planned treatments and/or procedures.

	RHYTHM1	RHYTHM2
Overall day-to-day limit	N/A	
FP consultations	Unlimited FP consultations. Subject to Bestmed Rhythm FP network. Pre-approval required after 10th visit.	Unlimited FP consultations. Subject to Bestmed Rhythm FP network.
Pharmacy clinic nurse consultations	100% of Scheme tariff. Unlimited primary care nurse consultations (NAPPI code 981078001) at network pharmacies.	No benefit
Diabetes primary care consultation	100% of Scheme tariff subject to registration with HaloCare. 2 primary care consultations at Dis-Chem Pharmacies.	
Casualty and out-of-network FP visits	PMBs only.	100% Scheme tariff. Limited to R1 569 per family.
Specialist consultations	Specialist consultations must be referred by a Rhythm Network Provider. 100% Scheme tariff. Limited to R2 325 per family per year. Subject to Rhythm Specialist Network.	Specialist consultations must be referred by a Rhythm Network Provider. Limited to M = R1 586, M1+ = R2 643. Subject to Rhythm Specialist Network.
Basic and specialised dentistry	Basic dentistry: Subject to Bestmed Rhythm Dental Network Providers. Specialised dentistry: No benefit.	
Medical aids, apparatus and appliances	PMB only.	
Wheelchairs	PMB only.	

	RHYTHM1	RHYTHM2
Hearing aids	Approved PMBs at DSPs.	
Supplementary services	PMB only.	
Wound care benefit (incl. dressings, negative pressure wound therapy treatment -NPWT- and related nursing services – out-of-hospital)	PMB only.	
Optometry benefit (PPN capitation provider)	Benefits available every 24 months from date of service. **Network Provider (PPN)** 1 Consultation per beneficiary No benefit for spectacle frames, lenses or contact lenses. Consultation fee of R365 at non-network provider.	Benefits available every 24 months from date of service. **Network Provider (PPN)** 1 Consultation per beneficiary Frame = R245 covered (Frame refund value after network discount R184) AND Standard lenses Single vision lenses = R215 OR Bifocal lenses = R460 OR Multifocal lenses = R460 In lieu of glasses members can opt for contact lenses, limited to R700. Consultation fee of R365 at non-network provider.
Basic radiology and pathology	100% Scheme tariff. Referral by Bestmed Rhythm Network FP or Rhythm Specialist DSP. Subject to Bestmed Rhythm protocols and approved radiology and pathology codes.	
Specialised diagnostic imaging (CT scans and isotope studies. Excluding PET scans).	PMB only.	
Rehabilitation services after trauma	PMBs only. Subject to pre-authorisation and DSPs.	
HIV/AIDS	Approved PMBs at DSPs.	100% Scheme tariff. Subject to pre-authorisation and DSPs or preferred providers.
Peritoneal dialysis and haemodialysis	Approved PMBs at DSPs.	100% Scheme tariff. Subject to pre-authorisation and DSPs or preferred providers.
Oncology	Approved PMBs at DSPs.	Oncology programme. 100% Scheme tariff. Subject to pre-authorisation and DSPs or preferred providers.

Medicine

Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers, 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.

	RHYTHM1	RHYTHM2
CDL & PMB chronic medicine	100% Scheme tariff. 30% co-payment on non-formulary medicine.	
Non-CDL chronic medicine	No benefit.	
Biologicals and other high cost medicine	PMBs only. Subject to pre-authorisation.	
Acute medicine	100% Scheme tariff. Subject to Bestmed formulary.	
Over-the-counter (OTC) medicine Includes sunscreen, vitamins and minerals with NAPPI codes on Scheme formulary	No benefit.	100% Scheme tariff. Limited to R634 per family. Subject to preferred provider pharmacy network.

Preventative care benefits

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

	RHYTHM1	RHYTHM2
Preventative care **Note: Refer to Scheme rules for funding criteria applicable to each preventative care benefit.**	▪ Flu vaccines. ▪ Pneumonia vaccines. ▪ Travel vaccines. ▪ Paediatric immunisations. ▪ Three baby growth and development assessments per year for children 0-2 years. ▪ Back and neck preventative programme - use of this programme is in lieu of surgery. ▪ Female contraceptives R2 550 per beneficiary per year.	▪ Flu vaccines. ▪ Pneumonia vaccines. ▪ Travel vaccines. ▪ Paediatric immunisations. ▪ Three baby growth and development assessments per year for children 0-2 years. ▪ Back and neck preventative programme - use of this programme is in lieu of surgery. ▪ Female contraceptives R2 550 per beneficiary per year. ▪ HPV vaccinations (Females 9-26 years). ▪ Mammogram (tariff code 34100) – females ages 40 and above, every 24 months. Must be referred by a Bestmed Rhythm Network FP or Rhythm Specialist DSP. ▪ PSA Screening – ages 50 years and above, every 24 months. ▪ Pap smear – ages 18 and above, every 24 months.

	RHYTHM1	RHYTHM2
MATERNITY BENEFITS		
	100% Scheme tariff at DSP network. Subject to the following benefits: **Consultations:** ▪ 6 antenatal consultations 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.	100% Scheme tariff at DSP network. Subject to the following benefits: **Consultations:** ▪ 9 antenatal consultations at either a FP OR gynaecologist OR midwife. ▪ 1 post-natal consultation at either 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:** ▪ Any item categorised as a maternity supplement can be claimed up to a maximum of R127 per claim, once a month, for a maximum of 9 months.

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

ABBREVIATIONS

DBC = Documentation Based Care (Back Rehabilitation Programme); DSP = Designated Service Provider; 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; PET scan = Positron Emission Tomography scan; PMB = Prescribed Minimum Benefits; PSA = Prostate Specific Antigen; Preferred Provider Negotiators = PPN.

Contributions

RHYTHM1				
Income level		R0 – R9 000 p.m.	R9 001 – R14 000 p.m.	> R14 001 p.m.
Medical Savings Account			**N/A**	
Principal Member	Risk	R1 307	R1 525	R2 723
	Savings	R0	R0	R0
	Total	**R1 307**	**R1 525**	**R2 723**
Adult Dependant	Risk	R1 307	R1 525	R2 723
	Savings	R0	R0	R0
	Total	**R1 307**	**R1 525**	**R2 723**
Child Dependant	Risk	R539	R648	R1 410
	Savings	R0	R0	R0
	Total	**R539**	**R648**	**R1 410**
Maximum contribution child dependant*		N/A	N/A	N/A
Recognition of a child dependant		Child dependants under the age of 24 years and registered students up to the age of 26 years, in accordance with the Rules, are regarded as child dependants.		

RHYTHM2				
Income level		R0 – R5 500 p.m.	R5 501 – R8 500 p.m.	> R8 501 p.m.
Medical Savings Account			**N/A**	
Principal Member	Risk	R1 917	R2 303	R2 763
	Savings	R0	R0	R0
	Total	**R1 917**	**R2 303**	**R2 763**
Adult Dependant	Risk	R1 822	R2 188	R2 488
	Savings	R0	R0	R0
	Total	**R1 822**	**R2 188**	**R2 488**
Child Dependant	Risk	R1 154	R1 382	R1 382
	Savings	R0	R0	R0
	Total	**R1 154**	**R1 382**	**R1 382**
Maximum contribution child dependant*		3		
Recognition of a child dependant		Child dependants under the age of 24 years and registered students up to the age of 26 years, in accordance with the Rules, are regarded as child dependants.		

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

When do co-payments apply?

- If medicine is prescribed/selected for the treatment of a CDL, PMB or non–CDL condition and is not listed on the formulary.
- If the prescribed/selected medicine costs more than the Mediscor Reference Price (MRP).
- A formulary co-payment on non-CDL conditions is applicable depending on the chosen plan option.
- When the provider charges a higher dispensing fee than what the Scheme reimburses.

Please note that according to the Council for Medical Schemes (CMS) co-payments may not be deducted from your savings account or vested savings account or reimbursed to you.

The co–payment percentage varies according to the different benefit options. The table below highlights the different co–payments applicable per Scheme option for the CDL, PMB and non–CDL conditions:

Benefit	Beat1 / Beat1 N	Beat2 / Beat2 N	Beat3 / Beat3 N	Beat4	Pace1	Pace2	Pace3	Pace4	Rhythm1	Rhythm2
Non-formulary co-payment for CDL and PMB conditions	30%	30%	30%	20%	25%	20%	15%	10%	30%	30%
Formulary co-payment for non-CDL conditions	No benefit	No benefit	20%	10%	10%	10%	10%	0%	No benefit	No benefit
Non-formulary co-payment for non-CDL conditions	No benefit	No benefit	30%	20%	25%	20%	15%	10%	No benefit	No benefit

Out-of-hospital radiology and ultrasounds per option

Benefit	Beat1 / Beat1 N	Beat2 / Beat2 N	Beat3 / Beat3 N	Beat4	Pace1	Pace2	Pace3	Pace4	Rhythm1	Rhythm2
Radiology	PMB only	√	√	√	√	√	√	√	√	√
MRI/CT/Nuclear	√	√	√	√	√	√	√	√	PMB only	PMB only
MRI/CT Scans	√	√	√	√	√	√	√	√	PMB only	PMB only
Maternity benefits - ultrasound scan	√	√	√	√	√	√	√	√	√	√
PET Scans	X	X	X	√	√	√	√	√	X	X

* √ Applicable X Not applicable

Please note: All in-hospital procedures are subject to pre-authorisation.

Chronic Disease List

The Chronic Disease List (CDL) provides cover for the 27 listed chronic conditions for which medical schemes must cover the diagnosis, medical management and medicines as published by the Council for Medical Schemes. An additional 18 conditions are covered as Prescribed Minimum Benefits (PMB), where the medical management and medicines are also covered from Scheme benefits. Non-CDL chronic conditions are those additional conditions that Bestmed provides chronic medicine cover for. Authorisation for CDL, PMB and non-CDL chronic medicines is subject to clinical funding guidelines and protocols, formularies and Designated Service Providers (DSPs) where applicable. Approved CDL and PMB chronic medicines are covered without an annual financial limit while non-CDL chronic medicines are subject to an annual financial limit. Below is the list of CDL, PMB and non-CDL conditions that Bestmed covers on the various benefit options.

	BEAT1	BEAT2	BEAT3	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1 & 2
Number of non-CDL conditions	0	0	5	9	7	20	20	29	0
Reimbursement for CDL & PMB	100% of Scheme tariff								
Reimbursement for non-CDL	N/A	N/A	80%	90%	90%	90%	90%	100%	N/A
Non-formulary co-payment for CDL and PMB conditions	30%	30%	30%	20%	25%	20%	15%	10%	30%
Formulary co-payment for non-CDL conditions	N/A	N/A	20%	10%	10%	10%	10%	0%	N/A
Non-formulary co-payment for non-CDL conditions	N/A	N/A	30%	20%	25%	20%	15%	10%	N/A

CDL									
CDL 1	Addison's disease	√	√	√	√	√	√	√	√	√
CDL 2	Asthma	√	√	√	√	√	√	√	√	√
CDL 3	Bipolar mood disorder	√	√	√	√	√	√	√	√	√
CDL 4	Bronchiectasis	√	√	√	√	√	√	√	√	√
CDL 5	Cardiac failure	√	√	√	√	√	√	√	√	√
CDL 6	Cardiomyopathy	√	√	√	√	√	√	√	√	√
CDL 7	Chronic obstructive pulmonary disease (COPD)	√	√	√	√	√	√	√	√	√
CDL 8	Chronic renal disease	√	√	√	√	√	√	√	√	√
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	HIV/AIDS	√	√	√	√	√	√	√	√	√
CDL 19	Hyperlipidaemia	√	√	√	√	√	√	√	√	√
CDL 20	Hypertension	√	√	√	√	√	√	√	√	√
CDL 21	Hypothyroidism	√	√	√	√	√	√	√	√	√
CDL 22	Multiple sclerosis	√	√	√	√	√	√	√	√	√
CDL 23	Parkinson's disease	√	√	√	√	√	√	√	√	√

		BEAT1	BEAT2	BEAT3	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1 & 2
CDL 24	Rheumatoid arthritis	√	√	√	√	√	√	√	√	√
CDL 25	Schizophrenia	√	√	√	√	√	√	√	√	√
CDL 26	Systemic lupus erythematosus (SLE)	√	√	√	√	√	√	√	√	√
CDL 27	Ulcerative colitis	√	√	√	√	√	√	√	√	√
NON-CDL										
non-CDL 1	Acne - severe			√	√	√	√	√	√	
non-CDL 2	Allergic rhinitis			√	√	√	√	√	√	
non-CDL 3	Alzheimer's disease						√	√	√	
non-CDL 4	Ankylosing spondylitis						√	√	√	
non-CDL 5	Attention deficit disorder/ Attention deficit hyperactivity disorder (ADD/ADHD)			√	√	√	√	√	√	
non-CDL 6	Autism						√	√	√	
non-CDL 7	Blepharospasm								√	
non-CDL 8	Collagen diseases						√	√	√	
non-CDL 9	Dermatomyositis						√	√	√	
non-CDL 10	Dystonia								√	
non-CDL 11	Eczema			√	√	√	√	√	√	
non-CDL 12	Gastro-oesophageal reflux disease (GORD)				√		√	√	√	
non-CDL 13	Gout prophylaxis				√	√	√	√	√	
non-CDL 14	Hypopituitarism								√	
non-CDL 15	Major depression*				√	√	√	√	√	
non-CDL 16	Migraine prophylaxis			√	√	√	√	√	√	
non-CDL 17	Motor neuron disease								√	
non-CDL 18	Neuropathy						√	√	√	
non-CDL 19	Obsessive compulsive disorder				√		√	√	√	
non-CDL 20	Osteoarthritis						√	√	√	
non-CDL 21	Osteoporosis						√	√	√	
non-CDL 22	Paget's disease						√	√	√	
non-CDL 23	Polyarteritis nodosa								√	
non-CDL 24	Psoriatic arthritis								√	
non-CDL 25	Psoriasis						√	√	√	
non-CDL 26	Urinary incontinence						√	√	√	
non-CDL 27	Scleroderma								√	
non-CDL 28	Sjogren's disease								√	
non-CDL 29	Trigeminal neuralgia								√	

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

		BEAT1	BEAT2	BEAT3	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1 & 2
PMB										
PMB 1	Aplastic anaemia	√	√	√	√	√	√	√	√	√
PMB 2	Benign prostatic hypertrophy	√	√	√	√	√	√	√	√	√
PMB 3	Cerebral palsy	√	√	√	√	√	√	√	√	√
PMB 4	Chronic anaemia	√	√	√	√	√	√	√	√	√
PMB 5	COVID-19	√	√	√	√	√	√	√	√	√
PMB 6	Cushing's disease	√	√	√	√	√	√	√	√	√
PMB 7	Cystic fibrosis	√	√	√	√	√	√	√	√	√
PMB 8	Endometriosis	√	√	√	√	√	√	√	√	√
PMB 9	Female menopause	√	√	√	√	√	√	√	√	√
PMB 10	Fibrosing alveolitis	√	√	√	√	√	√	√	√	√
PMB 11	Graves' disease	√	√	√	√	√	√	√	√	√
PMB 12	Hyperthyroidism	√	√	√	√	√	√	√	√	√
PMB 13	Hypophyseal adenoma	√	√	√	√	√	√	√	√	√
PMB 14	Idiopathic trombocytopenic purpura	√	√	√	√	√	√	√	√	√
PMB 15	Paraplegia/Quadriplegia	√	√	√	√	√	√	√	√	√
PMB 16	Polycystic ovarian syndrome	√	√	√	√	√	√	√	√	√
PMB 17	Pulmonary embolism	√	√	√	√	√	√	√	√	√
PMB 18	Stroke	√	√	√	√	√	√	√	√	√

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

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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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