

Benefit  
Summary  
**2022**

*Personally yours, because people are different.*



BEAT1

## BEAT1

### BEAT1 OPTION

### HOSPITAL PLAN

Recommended for?

You are an individual that is looking for a hospital plan that offers good value for money and extensive hospital cover.

Contributions	Non-network /network	Principal member	Adult dependant	Child dependant
Risk amount	NN	R1 746	R1 354	R734
	N	R1 570	R1 220	R661
Medical savings account	NN	N/A	N/A	N/A
	N	N/A	N/A	N/A
Total monthly contribution	NN	R1 746	R1 354	R734
	N	R1 570	R1 220	R661

\* 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.**

## BEAT1 OPTION

## HOSPITAL PLAN

In-hospital cover only.

### Method of benefit payment

On the Beat1 option in-hospital benefits are paid from Scheme risk and general ad hoc out-of-hospital services are for the member's own account. Some preventative care benefits are available from the Scheme risk benefit.

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

### Network option

- Beat 1, 2 and 3 also offer you the option to lower your monthly contribution in the form of a network option.
- The network option provides you with a list of designated hospitals for you to use and also saves on your monthly contribution.
- The non-network option provides you with access to any hospital of your choice. This is the standard option.
- Please refer to the contributions table for more information regarding the monthly contributions..

## In-hospital benefits

### Note:

- Members are required to obtain pre-authorization 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 (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- Should a member voluntarily choose not to make use of a hospital forming part of a hospital network for the Beat Network benefit option, a maximum co-payment of R12 373 shall 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 R10 000 per family per annum. Subject to pre-authorization 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)

MEDICAL EVENT	SCHEME BENEFIT
Major medical maxillo-facial surgery strictly related to certain conditions	PMBs only at DSP day hospitals.
Dental and oral surgery (In- or out of hospital)	PMBs only at DSP day hospitals.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R82 158 per family.
Prosthesis – Internal Note: Sub-limit subject to the overall annual prosthesis limit.	Sub-limits per beneficiary: <ul style="list-style-type: none"> <li>*Functional limited to R14 698.</li> <li>▪ Pacemaker (dual chamber) R44 791.</li> <li>▪ Vascular R32 792.</li> <li>▪ Endovascular and catheter-based procedures - no benefit.</li> <li>▪ Spinal R32 792.</li> <li>▪ Artificial disc - no benefit.</li> <li>▪ Drug-eluting stents - PMBs and DSP products only.</li> <li>▪ Mesh R11 508.</li> <li>▪ Gynaecology/Urology R9 404.</li> <li>▪ Lens implants R7 176 a lens per eye.</li> </ul>
*Functional: Item utilised towards treating or supporting a bodily function.	
Prosthesis – External	No benefit. (PMBs only).
Exclusions, limits and co-payments apply. Preferred provider network available.	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: <ul style="list-style-type: none"> <li>▪ Hip replacement and other major joints R34 522.</li> <li>▪ Knee replacement R42 564.</li> <li>▪ Minor joints R13 240.</li> </ul>
Orthopaedic and medical appliances	100% Scheme tariff.
Pathology	100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
Basic radiology	100% Scheme tariff.
Specialised diagnostic (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.
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 R60 000 per beneficiary per annum. Subject to available benefit, pre- authorisation and treatment plan.
Day procedures at a day-hospital facility	Day procedures at a day-hospital facility funded at 100% Scheme tariff. Subject to pre- authorisation. DSPs apply for PMBs.

## MEDICAL EVENT

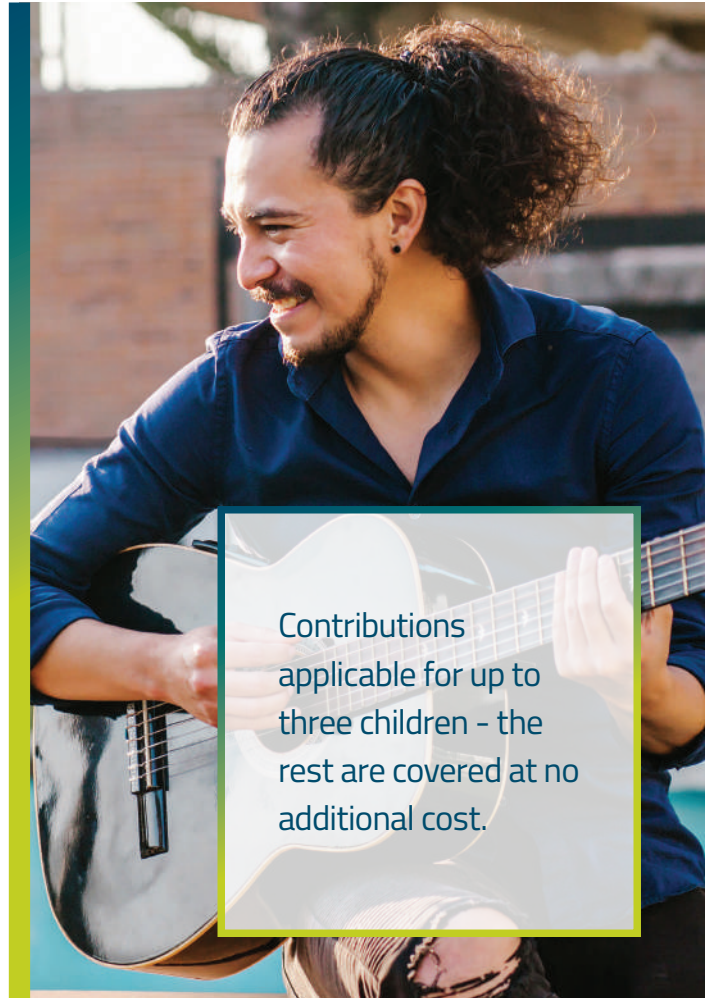
International travel cover

## SCHEME BENEFIT

- 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.

Co-payments

Co-payment for voluntary use of non-network hospital R12 373 for network option.



Contributions applicable for up to three children - the rest are covered at no additional cost.



## Out-of-hospital benefits

### Note:

- Benefits 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).
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- Members choosing the network option are required to make use of Scheme-contracted service providers such as network hospitals.
- Non-network pharmacies and non-network DSP specialists will be reimbursed at Scheme tariff, including for treatment of PMBs.

### 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.

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

100% Scheme tariff. Limited to R3 675 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.

### MEDICAL EVENT

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

### SCHEME BENEFIT

100% Scheme tariff. Limited to R5 567 per family.

Rehabilitation services after trauma

PMBs only. Subject to pre-authorisation and DSPs.

## Medicine

### Note:

- Benefits 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 PMB medications that are on the formulary for which there is no generic alternative.
- Members choosing the network option are required to make use of Scheme-contracted pharmacies to obtain their medicine.

### BENEFIT DESCRIPTION

### SCHEME BENEFIT

CDL and PMB chronic medicine

100% Scheme tariff. Co-payment of 30% for non-formulary medicine.

Non-CDL chronic medicine

No benefit.

Biologicals and other high-cost medicine

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

Acute medicine

No benefit.

Over-the-counter (OTC) medicine

No benefit.

## Chronic conditions list

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### CDL

CDL 1 Addison's disease

CDL 2 Asthma

CDL 3 Bipolar mood disorder

CDL 4 Bronchiectasis

CDL 5 Cardiomyopathy

CDL 6 Chronic renal disease

CDL 7 Chronic obstructive pulmonary disease (COPD)

CDL 8 Cardiac failure

CDL 9 Coronary artery disease

CDL 10 Crohn's disease

CDL 11 Diabetes insipidus

CDL 12 Diabetes mellitus type 1

CDL 13 Diabetes mellitus type 2

CDL 14 Dysrhythmias

CDL 15 Epilepsy

CDL 16 Glaucoma

CDL 17 Haemophilia

CDL 18 Hyperlipidaemia

CDL 19 Hypertension

CDL 20 Hypothyroidism

CDL 21 Multiple sclerosis

CDL 22 Parkinson's disease

### CDL

CDL 23 Rheumatoid arthritis

CDL 24 Schizophrenia

CDL 25 Systemic lupus erythematosus (SLE)

CDL 26 Ulcerative colitis

### 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 below may be subject to pre-authorization, 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.
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.
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
Mammogram (tariff code 34100)	Females 40 years and older.	Once every 24 months.	100% Scheme tariff.
Back and neck preventative programme	All ages.	Subject to pre-authorization.	Preferred providers (DBC/Workability Clinics). This is a preventative programme with the objective of preventing back and neck surgery. The Scheme may identify appropriate participants. Based on the first assessment, a rehabilitation treatment plan is drawn up and initiated over an uninterrupted period that will be specified by the provider. Use of this programme is in lieu of surgery.
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist, FP or pharmacy clinic. Consultation will be for member's own account.



## PREVENTATIVE CARE 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 journeys with a Bestmed Tempo partner biokineticist
- 3 personalised journeys 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

### Maternity benefits

100% Scheme tariff. Subject to the following benefits:


Consultations:

- 6 antenatal consultations 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.

Disclaimer: General and option specific exclusions apply. Please refer to [www.bestmed.co.za](http://www.bestmed.co.za) for more details.



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

## Maternity care programme

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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](mailto:service@bestmed.co.za).

### **How to register:**

Send an email to [maternity@bestmed.co.za](mailto: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.

### **Abbreviations**

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); DSP = Designated Service Provider; FP = Family Practitioner or Doctor; MRP = Mediscor Reference Price; NPWT = Negative pressure wound therapy; PMB = Prescribed Minimum Benefit.



086 000 2378



service@bestmed.co.za



012 472 6500



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#### HOSPITAL AUTHORISATION

Tel: 080 022 0106

Email: [authorisations@bestmed.co.za](mailto:authorisations@bestmed.co.za)

#### CHRONIC MEDICINE

Tel: 086 000 2378

Email: [medicine@bestmed.co.za](mailto:medicine@bestmed.co.za)

Fax: 012 472 6760

#### CLAIMS

Tel: 086 000 2378

Email: [service@bestmed.co.za](mailto:service@bestmed.co.za) (queries)

[claims@bestmed.co.za](mailto:claims@bestmed.co.za) (claim submissions)

#### MATERNITY CARE

Tel: 012 472 6797

Email: [maternity@bestmed.co.za](mailto:maternity@bestmed.co.za)

#### WALK-IN FACILITY

Block A, Glenfield Office Park,  
361 Oberon Avenue, Faerie Glen,  
Pretoria, 0081, South Africa

#### POSTAL ADDRESS

PO Box 2297, Arcadia,  
Pretoria, 0001, South Africa

#### ER24

Tel: 084 124

#### INTERNATIONAL TRAVEL INSURANCE (EUROP ASSISTANCE)

Tel: 0861 838 333

Claims and emergencies: [assist@europassistance.co.za](mailto:assist@europassistance.co.za)

Travel registrations: [bestmed-assist@linkham.com](http://bestmed-assist@linkham.com)

#### PMB

Tel: 086 000 2378

Email: [pmb@bestmed.co.za](mailto:pmb@bestmed.co.za)

#### BESTMED HOTLINE, OPERATED BY KPMG

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

**Hotline:** 080 111 0210 toll-free from any Telkom line

**Hotfax:** 080 020 0796

**Hotmail:** [fraud@kpmg.co.za](mailto: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](mailto:service@bestmed.co.za).

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