



RHYTHM

2

## Benefit Summary

# 2024

**bestMed**  
personally yours



## RHYTHM2

### RHYTHM2 OPTION

#### Recommended for?

#### Contributions

#### Total contribution income R0 - R5 500 p.m.

#### Total contribution income R5 501 - R8 500 p.m.

#### Total contribution income >R8 501 p.m.

### RHYTHM2 IS A NETWORK OPTION

You are looking for a benefit option that is suited to your income, you are comfortable to make use of a network of designated service providers and value a range of preventative care benefits and unlimited family practitioner visits.

Principal member

Adult dependant

Child dependant

R2 100

R1 996

R1 264

R2 523

R2 397

R1 514

R3 027

R2 725

R1 514

\* 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.**

## RHYHM2 OPTION

## RHYTHM2 IS A NETWORK OPTION

### Savings account/ Day-to-day benefits

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

## Method of benefit payment

On the Bestmed Rhythm network option in-hospital benefits are paid from Scheme risk benefit. The Bestmed Rhythm network covers most out-of-hospital services. However, members will still be required to go to a DSP. Some preventative care benefits are available from Scheme risk benefit.

Rhythm2 members must make use of the Rhythm FP and Hospital networks.

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

## In-hospital benefits

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

All members must obtain pre-authorization for planned procedures at least 14 (fourteen) days before the event. However, in the case of an emergency, you, your representative or the hospital must notify Bestmed of your hospitalisation as soon as possible or on the first working day after admission to hospital.

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

Please refer to the Bestmed website at [www.bestmed.co.za](http://www.bestmed.co.za) for a list of the DSP hospitals.

### Process for hospital authorisation:

- All members on the Rhythm2 option must make use of the Bestmed Rhythm Family Practitioners (FPs).
- The Bestmed Rhythm FP will refer the member to a Rhythm Specialist DSP should a specialist consultation be required.
- Should the Rhythm Specialist DSP indicate that hospitalisation is required the member needs to contact Bestmed on 080 022 0106 for pre-authorization. Bestmed will only authorise admissions to contracted DSP hospitals.

### Emergency admittance in a non-DSP hospital:

- Should a member be admitted for an emergency condition to a non-DSP hospital, Bestmed will require the patient to be stabilised in that non-DSP hospital.
- As soon as the patient is stabilised he/she will be transferred to the closest DSP hospital by Netcare 911.
- All hospital benefits below may be subject to pre-authorization, clinical protocols, funding guidelines and designated hospital networks.
- Voluntary use of a non-DSP hospital (except in the case of an emergency) will result in a co-payment of up to R13 732.

### MEDICAL EVENT

### SCHEME BENEFIT

#### Accommodation (hospital stay) and theatre fees

100% Scheme tariff at a designated service provider (DSP) hospital.

#### Take-home medicine

100% Scheme tariff.  
Limited to 3 days' medicine.

#### Biological medicine during hospitalisation

Limited to R16 648 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 per annum.

MEDICAL EVENT	SCHEME BENEFIT
<b>Treatment of chemical and substance abuse</b>	100% Scheme tariff (only PMBs). Limited to 21 days per beneficiary per annum. Subject to network facilities.
<b>Consultations and procedures</b>	100% Scheme tariff.
<b>Surgical procedures and anaesthetics</b>	100% Scheme tariff. Excluded from benefits: functional nasal surgery, surgery for medical conditions, e.g. Epilepsy, Parkinson's disease, etc., and procedures where stimulators are used.
<b>Organ transplants</b>	100% Scheme tariff (PMBs only).
<b>Stem cell transplants</b>	100% Scheme tariff. (PMBs only)
<b>Major maxillofacial surgery, strictly related to certain conditions</b>	Approved PMBs at DSPs.
<b>Dental and oral surgery (in or out of hospital)</b>	Approved PMBs at DSPs.
<b>Prosthesis (subject to preferred provider, otherwise limits and co-payments apply)</b>	100% Scheme tariff. Limited to R61 384 per family annum.
<b>Prosthesis – Internal</b>	Sub-limits per beneficiary per annum: <ul style="list-style-type: none"> <li>*Functional R32 550.</li> <li>Vascular R52 500.</li> <li>Pacemaker (dual chamber) R49 711.</li> <li>Endovascular and catheter-based procedures – no benefit.</li> <li>Spinal including artificial disc R30 416.</li> <li>Drug-eluting stents – PMBs and DSPs apply.</li> <li>Mesh R11 124.</li> <li>Gynaecology/urology R9 188.</li> <li>Lens implants R6 387 a lens per eye.</li> </ul>
<b>Note: Sub-limits subject to availability of overall prosthesis limit.</b>	
<b>*Functional: Items used to replace or augment an impaired bodily function.</b>	

MEDICAL EVENT	SCHEME BENEFIT
<b>Exclusions (Prosthesis sub-limit subject to preferred provider, otherwise limits and co-payments apply)</b>	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: <ul style="list-style-type: none"> <li>Hip replacement and other major joints R31 173.</li> <li>Knee replacement R39 413.</li> <li>Other minor joints R14 762.</li> </ul>
<b>Prosthesis – External</b>	Approved PMBs at DSPs.
<b>Breast surgery for cancer</b>	Treatment of the <b>unaffected (non-cancerous) breast</b> will be limited to PMB provisions and is subject to pre-authorisation and funding guidelines.
<b>Orthopaedic and medical appliances</b>	100% Scheme tariff. Limited to R7 554 per family.
<b>Pathology</b>	100% Scheme tariff.
<b>Basic radiology</b>	100% Scheme tariff.
<b>Specialised diagnostic imaging (including MRI scans, CT scans and isotope studies. Excluding PET scans).</b>	100% Scheme tariff. PMBs only
<b>Confinements (birthing)</b>	100% Scheme tariff.
<b>Midwife-assisted births (Protocols apply)</b>	100% Scheme tariff. Subject to pre-authorisation, DSPs, protocols and funding guidelines.
<b>Oncology</b>	Oncology programme. 100% of Scheme tariff. Subject to pre-authorisation. DSPs apply.
<b>Peritoneal dialysis and haemodialysis</b>	100% Scheme tariff. Subject to pre-authorisation and DSPs.
<b>Refractive surgery and other procedures done to improve or stabilise vision (except cataracts)</b>	Approved PMBs at DSPs.

MEDICAL EVENT	SCHEME BENEFIT
<b>HIV/AIDS</b>	100% Scheme tariff. Subject to pre-authorisation and DSPs.
<b>Supplementary services</b>	100% Scheme tariff.
<b>Alternative to hospitalisation (i.e. procedures done in the doctor's rooms)</b>	100% Scheme tariff.
<b>Advanced illness benefit</b>	100% Scheme tariff, limited to R66 591 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.
<b>Day procedures</b>	Day procedures performed in a day hospital by a DSP provider will be funded at 100% network or Scheme tariff. A co-payment of R2 625 will be incurred per event if a day procedure is done by a non-DSP provider, or if the procedure is voluntarily done in an acute hospital that is not a day hospital. If the provider is a DSP and does not work in a day hospital, the procedure will be paid in full if it is done in an acute hospital.
<b>International medical travel cover</b>	<ul style="list-style-type: none"> <li>▪ Holiday 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 per family, i.e. member and dependants.</li> <li>▪ 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 per family, i.e. member and dependants.</li> </ul>
<b>Co-payments</b>	Co-payment of up to R13 732 per event for voluntary use of a non-DSP hospital.





## Out-of-hospital benefits

Out-of-hospital benefits are paid at 100% Scheme tariff and are subject to the Bestmed Rhythm2 tariff protocols unless otherwise stated.

**Note:** Granting of benefits under the primary care services and the Scheme benefits shall be subject to treatment protocols, preferred providers (PPs), Designated Service Providers (DSPs), dental procedure codes, pathology and basic 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.

### What are the benefits covered by Bestmed Rhythm Family Practitioners (FPs)?

- As many consultations as are medically necessary to get you healthy.
- Selected minor trauma treatment such as stitching of wounds.
- Medicine for acute ailments, subject to the Bestmed Rhythm formulary.

You will be liable for the payment of any services outside of the Bestmed Rhythm2 protocols.

DISCIPLINE	BENEFIT DESCRIPTION
<b>FP consultations</b>	Unlimited FP consultations. Subject to Bestmed Rhythm FP network. Applicable per family per annum.
<b>Specialist consultations</b>	Specialist consultations (this includes minor procedures done in specialist rooms and all consumables used), must be referred by a Rhythm Network Provider and approved by Bestmed. Limited to M = R1 665, M1+ = R2 775. Subject to Rhythm Specialist DSP network.



DISCIPLINE	BENEFIT DESCRIPTION
<b>Out-of-network and casualty visits</b>	<p>Out-of-network visits to an FP and casualty visits are limited to a maximum of R1 647 per family per year.</p> <p>Basic radiology and pathology that falls within formulary when received as a result of the casualty visit will be paid from the out-of-network and casualty visits limit.</p> <p>Once limit has been reached the costs will be for the member's own account.</p> <p>Emergency visits are unlimited at any State facility.</p> <ul style="list-style-type: none"> <li>You will be required to pay for all treatment received at the point of service. The cost of these services may be claimed back by completing an Out-of-network claim form which can be downloaded from the Bestmed website or obtained from Bestmed.</li> <li>Reimbursements are subject to Bestmed Rhythm2 protocols.</li> </ul>

**Medical aids, apparatus and appliances including wheelchairs and hearing aids**

Approved PMB services only.

DISCIPLINE	BENEFIT DESCRIPTION
<b>Supplementary services (services rendered by dietitians, chiropractors, homeopaths, orthoptists, acupuncturists, speech therapists, audiologists, occupational therapists, podiatrists, biokineticists, psychologists and social workers)</b>	Approved PMB services only.
<b>Wound care benefit (including dressings, negative pressure wound therapy (NPWT) treatment and related nursing services - out-of-hospital)</b>	Approved PMB services only.
<b>Specialised diagnostic imaging (including MRI scans, CT scans and isotope studies. Excluding PET scans).</b>	Approved PMB services only.
<b>Rehabilitation services after trauma</b>	PMBs only. Subject to pre-authorisation and DSPs.
<b>Managed Healthcare - Back and neck preventative programme</b>	Benefits payable at 100% of contracted fee. Subject to pre-authorisation, protocols and DSPs.
<b>HIV/AIDS</b>	100% Scheme tariff. Subject to pre-authorisation and DSPs.
<b>Oncology</b>	Oncology programme. 100% of Scheme tariff. Subject to pre-authorisation. DSPs apply.
<b>Peritoneal dialysis and haemodialysis</b>	100% Scheme tariff. Subject to pre-authorisation and DSPs.

## OPTOMETRY

### DISCIPLINE

### BENEFIT DESCRIPTION

#### Optometry

Benefits available every 24 months from date of service at provider only.

- One (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

### What are my dental benefits?

- Dental benefits are obtainable from a Bestmed Rhythm Dental Network Provider. The dental benefits are for basic dentistry only and are subject to clinical protocols and an approved tariff list.
- Crowns and other specialised dentistry are not covered.
- Please contact Bestmed to confirm which benefits are covered.

## DENTISTRY

### DISCIPLINE

### BENEFIT DESCRIPTION

#### Basic dentistry

Where clinically appropriate and subject to Bestmed Rhythm2 protocols, Bestmed Rhythm Dental Network Providers and Rhythm approved dental codes.

#### Dentures

Limited to a maximum of 2 removable acrylic dentures (i.e. 2 single denture plates) per family every 24 months.







## PATHOLOGY

DISCIPLINE	BENEFIT DESCRIPTION
<b>Pathology</b>	100% Scheme tariff. Basic blood tests as requested by a Bestmed Rhythm Network FP and subject to Bestmed Rhythm2 protocols and Rhythm approved pathology codes.

## BASIC RADIOLOGY

DISCIPLINE	BENEFIT DESCRIPTION
<b>Basic radiology</b>	100% Scheme tariff. Basic X-rays as requested by your Bestmed Rhythm Network FP and subject to Bestmed Rhythm2 protocols and Rhythm approved radiology codes.

You will be liable for the payment of any codes outside of the Bestmed Rhythm pathology and radiology formulary.

# 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.
- As this is a network option, members are required to make use of Scheme-contracted pharmacies to obtain their medicine.

BENEFIT DESCRIPTION	SCHEME BENEFIT
<b>CDL and PMB chronic medicine</b>	100% Scheme tariff. 30% co-payment on non-formulary medicine at a preferred provider network pharmacy.
<b>Biological medicine</b>	PMBs only. Subject to pre-authorisation.
<b>Other high-cost medicine</b>	PMBs only. Subject to pre-authorisation.
<b>Acute medicine</b>	100% Scheme tariff. Subject to Bestmed formulary only. As prescribed by network provider and obtained from DSP pharmacy.
<b>Over-the-counter (OTC) medicine</b>	Limited to R666 per family. Subject to preferred provider network pharmacy. Includes sunscreen, vitamins and minerals with NAPPI codes on Scheme formulary.



## Chronic conditions list

CDL	
CDL 1	Addison disease
CDL 2	Asthma
CDL 3	Bipolar 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 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 disease

CDL	
CDL 24	Rheumatoid arthritis
CDL 25	Schizophrenia
CDL 26	Systemic lupus erythematosus (SLE)
CDL 27	Ulcerative colitis
PMB	
PMB 1	Aplastic anaemia
PMB 2	Benign prostatic hyperplasia
PMB 3	Cerebral palsy
PMB 4	Chronic anaemia
PMB 5	COVID-19
PMB 6	Cushing 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 thrombocytopenic purpura
PMB 15	Paraplegia/quadriplegia
PMB 16	Polycystic ovarian syndrome
PMB 17	Pulmonary embolism
PMB 18	Stroke

## Preventative care benefits

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

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
<b>Flu vaccines</b>	All ages.	1 per beneficiary per year.	At a Bestmed Rhythm Network FP or preferred provider network pharmacy. Subject to Bestmed Rhythm2 protocols and where clinically necessary.
<b>Pneumonia vaccines</b>	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: Bestmed will identify certain high-risk individuals who will be advised to be immunised.
<b>Travel vaccines</b>	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.
<b>Female contraceptives</b>	All females of child-bearing age.	Quantity and frequency depending on product up to the maximum allowed amount.	Limited to R2 678 per beneficiary per year. Includes all items classified in the category of female contraceptives.
<b>Intrauterine device (IUD) insertion</b>	All females of child-bearing age.	1 device every 5 years.	Consultation and procedure by a network FP or gynaecologist.
<b>Mammogram</b>	Females 40 years and older.	Once every 24 months.	Must be referred by Bestmed Rhythm Network FP or Rhythm Specialist DSP.
<b>PSA screening</b>	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 consultation benefit.
<b>Pap smear</b>	Females 18 years and older.	Once every 24 months.	Can be done at a Rhythm Specialist DSP gynaecologist, Bestmed Rhythm Network FP or network pharmacy clinic. Consultation paid from the available consultation benefit.
<b>Paediatric immunisations</b>	Babies and children	Funding for all paediatric vaccines according to the state-recommended programme.	

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
<b>Baby growth and development assessments</b>	0-2 years.	3 assessments per year.	Assessments are done at a Bestmed Network Pharmacy Clinic.
<b>HPV vaccinations</b>	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.

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





# Bestmed Tempo wellness programme

**Note:** Completing your Health Assessment (HA) 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:

## Tempo Health Assessment (HA) for adults (beneficiaries 16 years and older) which includes one of each of the following per year per adult beneficiary:

- The Tempo lifestyle questionnaire
- Blood pressure check
- Cholesterol check
- Glucose check
- 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):

### 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.

In addition, you also have access to the following via the online Get Active Journey on the Bestmed App or Member portal on the website:

- On-demand exercise classes wherever and whenever you choose
- challenges to which you can invite friends and family, who are Bestmed members, to join in

### 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 personalised healthy-eating plan from the Tempo partner dietitian

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

In addition, you also have access to the following via the online Nutritional Health Journey on the Bestmed App or Member portal on the website:

- a daily nutrition and water intake tracker
- nutrition and responsible drinking programmes

### Emotional Wellbeing Journey:

This journey was developed by qualified psychologists and healthcare providers, and will assist you to identify and manage your emotions and the affect they have on your mental health. This 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).

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

# Maternity benefits

## Note:

Services mentioned below may be subject to pre-authorisation, clinical protocols and funding guidelines.

### 100% of Scheme tariff at network providers only for 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 1<sup>st</sup> trimester (between 10 to 12 weeks) at a FP OR gynaecologist OR radiologist.
- 1 x 2D ultrasound scan at 2<sup>nd</sup> 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 R133 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](http://www.bestmed.co.za) for more details.

# Maternity care programme

Finding out you are pregnant comes with a whole lot of emotions, questions and information. Sometimes just knowing where to start and which information you can trust can be a challenge.

Pregnant members and dependants have access to the Maternity care programme. The programme provides comprehensive information and services and was designed with the needs of expectant parents and their support network in mind. We aim to give you support, education and advice through all stages of your pregnancy, the confinement and postnatal (after birth) period.

Members need to register on the Bestmed Maternity care programme as soon as they receive confirmation of their pregnancy by means of a pathology test and/or scan from your family practitioner or gynaecologist. After you complete your registration, a consultant will contact you. If your pregnancy is associated

with risks, the information will be forwarded to Bestmed's case managers who will contact you to help monitor your progress.

Please note that registering on the Maternity care programme does not confirm any other maternity benefits nor does it provide authorisation for the delivery as these benefits are subject to the Scheme's rules and underwriting. To enquire about these benefits please contact [service@bestmed.co.za](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 registration on the Maternity care programme, you will also receive the Bestmed Maternity care programme registration confirmation letter, indicating all necessary information as stated below:**

Our third-party service provider, DLA, will be in contact within the next two to three weeks via email, requesting you to complete a registration form. Keep an eye on your inbox (including the spam folder) for this email. Completing this form will ensure you are registered on their database to ensure you receive maternity information, additional support if the pregnancy is identified as a high-risk pregnancy and a gift on behalf of Bestmed after 14 weeks gestation. DLA will guide you through the process of selecting a gift.

The registration form and gift selection form must be returned to DLA directly. The maternity gift will only be sent after week 14 of your pregnancy.

Registration also provides you with access to a 24-hour medical advice line and benefits through each phase of your pregnancy.

## Abbreviations

CDL = Chronic Disease List; DSP = Designated Service Provider; FP = Family Practitioner or Doctor; MRP = Mediscor Reference Price; NP = Network Provider; OTC = Over-the-Counter; PMB = Prescribed Minimum Benefits.

📞 086 000 2378  
✉ service@bestmed.co.za  
📞 068 376 7212  
📠 012 472 6500  
🌐 www.bestmed.co.za  
✂ @BestmedScheme  
📘 www.facebook.com/  
BestmedMedicalScheme



#### 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

#### NETCARE 911

Tel: 082 911  
Email: [customer.service@netcare.co.za](mailto:customer.service@netcare.co.za) (queries)

#### INTERNATIONAL MEDICAL 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](mailto: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

#### CMS ESCALATIONS

Should an issue remain unresolved with the Scheme, members can escalate to the Council for Medical Schemes (CMS) Registrar's office:

Fax Complaints: 086 673 2466.

Email Complaints: [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za)

Postal Address:  
Private Bag X34, Hatfield, 0028

Physical Address:  
Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue,  
Eco Park, Centurion, 0157

**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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Please visit [www.bestmed.co.za](http://www.bestmed.co.za) for the complete liability and responsibility disclaimer for Bestmed Medical Scheme as well as the latest Scheme Rules.

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personally yours