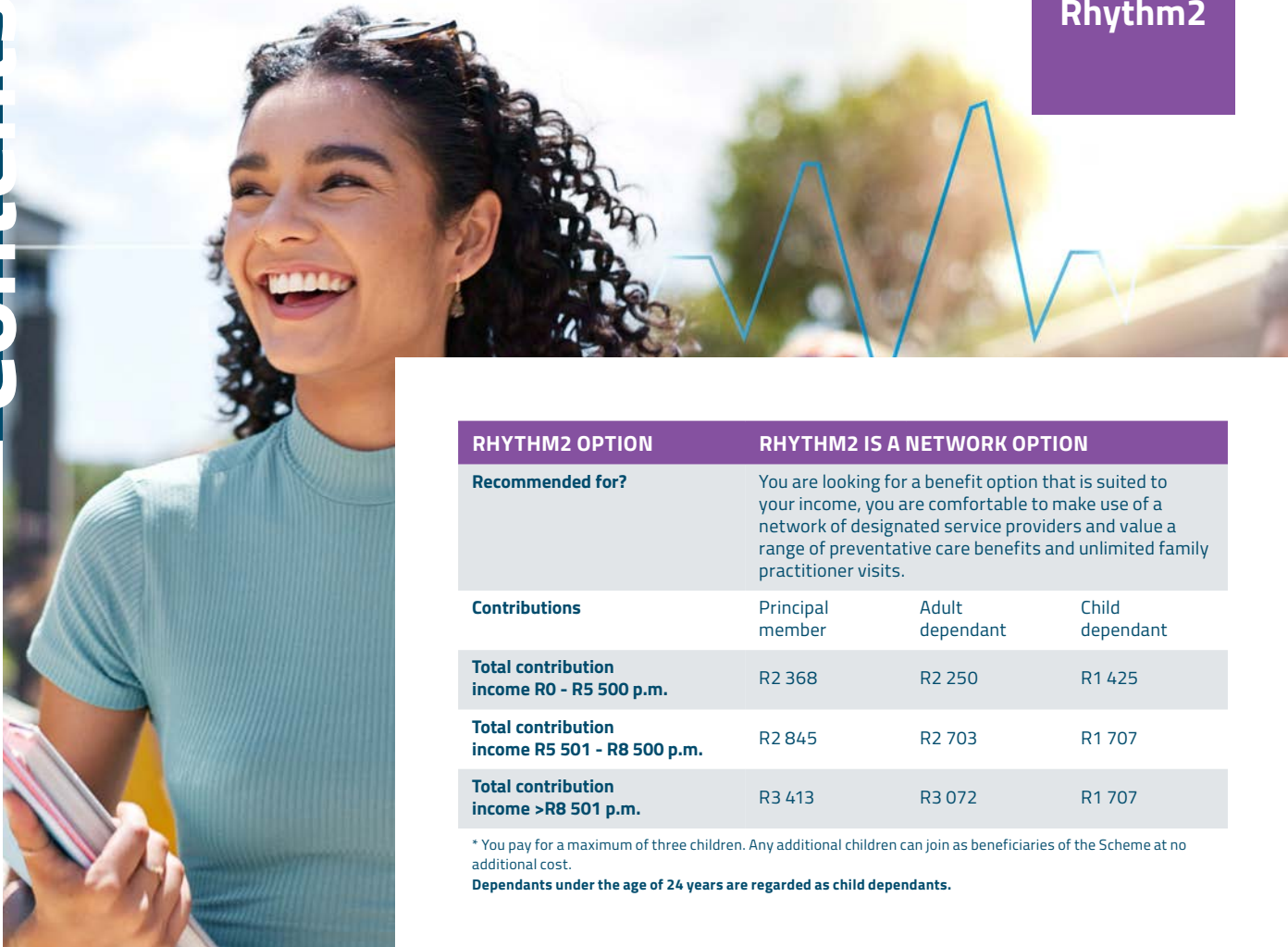


2025



## Benefit Summary

**bestMed**  
personally yours



### RHYTHM2 OPTION

### RHYTHM2 IS A NETWORK OPTION

#### Recommended for?

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.

#### Contributions

Principal member	Adult dependant	Child dependant
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#### Total contribution income R0 - R5 500 p.m.

R2 368	R2 250	R1 425
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#### Total contribution income R5 501 - R8 500 p.m.

R2 845	R2 703	R1 707
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#### Total contribution income >R8 501 p.m.

R3 413	R3 072	R1 707
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\* You pay for a maximum of three children. Any additional children can join as beneficiaries of the Scheme at no additional cost.

**Dependants under the age of 24 years are regarded as child dependants.**

**RHYTHM2 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

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On Rhythm2, a network based-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.

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

## In-hospital benefits

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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-authorisation 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.

Clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.

The DSP hospital network consists of National Hospital Network (NHN) and Mediclinic (MC) hospitals. In areas where there are no NHN or MC 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 Rhythm General

Practitioners (GPs).

- The Bestmed Rhythm GP 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-authorisation. Bestmed will only authorise admissions to 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-authorisation, 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 R14 364.

**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 if claimed on the day of discharge. Limited to:

- A maximum of 7 days treatment if claimed as part of the hospital account, or
- R150 if claimed from a retail pharmacy on the date of discharge.

No benefit if not claimed on the date of discharge.

**Biological medicine during hospitalisation**

Limited to R17 414 per family per annum. Subject to pre-authorisation and funding guidelines.

MEDICAL EVENT	SCHEME BENEFIT
<b>Treatment in mental health clinics</b>	Approved PMBs at DSPs. Limited to a maximum of 21 days per beneficiary per financial year in hospital including inpatient electroconvulsive therapy and inpatient psychotherapy, OR 15 contact sessions for out-patient psychotherapy per beneficiary per financial year. Subject to pre-authorisation.
<b>Treatment of chemical and substance abuse</b>	Benefits shall be limited to the treatment of PMB conditions and subject to the following: <ul style="list-style-type: none"> <li>Pre-authorisation</li> <li>DSPs</li> <li>21 days' stay for in-hospital management per beneficiary per annum.</li> </ul>
<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>Overall annual prosthesis limit (subject to preferred provider, otherwise limits and co-payments apply)</b>	100% Scheme tariff. Limited to R64 208 per family per annum.

MEDICAL EVENT	SCHEME BENEFIT
<b>Prosthesis – Internal</b>	Sub-limits per beneficiary per annum: <ul style="list-style-type: none"> <li>*Functional R34 047.</li> <li>Vascular R54 915.</li> <li>Pacemaker (singular and dual chamber) R51 998.</li> <li>Spinal including artificial disc R31 815.</li> <li>Drug-eluting stents – subject to Vascular prosthesis limit. DSPs apply.</li> <li>Mesh R11 636.</li> <li>Gynaecology/urology R9 611.</li> <li>Lens implants R6 681 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>	
<b>Exclusions (Prosthesis sub-limits form part of overall Internal prosthesis 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 R32 607.</li> <li>Knee replacement R41 226.</li> <li>Other minor joints R15 441.</li> </ul> Functional nasal surgery and surgical procedures where CNS stimulators are used (e.g. epilepsy, Parkinson disease, etc.) will be excluded from benefits, except for PMB conditions.
<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 901 per family per annum.
<b>Note: Appliances directly relating to the hospital admission and/or procedure</b>	
<b>Pathology</b>	100% Scheme tariff.
<b>Basic radiology</b>	100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
<b>Specialised diagnostic imaging - in- and/or out-of-hospital (including MRI scans, CT scans and nuclear/isotope studies). PET scans are excluded, not applicable to PMBs.</b>	100% Scheme tariff. Limited to a combined in- and out-of-hospital benefit of R18 000 per family per annum. Co-payment of R2 600 per scan, not applicable to PMBs. PET scans - PMB only. Subject to pre-authorization.
<b>Confinements (birthing)</b>	100% Scheme tariff.
<b>Midwife-assisted births (Protocols apply)</b>	100% Scheme tariff. Subject to pre-authorization, DSPs, protocols and funding guidelines.
<b>Oncology</b>	Oncology programme. 100% of Scheme tariff. Subject to pre-authorization, protocols and DSP.
<b>Peritoneal dialysis and haemodialysis</b>	100% Scheme tariff. Subject to pre-authorization, protocols and DSP.
<b>Refractive surgery and other procedures done to improve or stabilise vision (except cataracts)</b>	Approved PMBs at DSPs.
<b>HIV/AIDS</b>	Subject to pre-authorization, protocols and DSP.
<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 R69 654 per beneficiary per annum. Subject to available benefit, pre-authorization and treatment plan.
<b>Day procedures</b>	Day procedures performed in a day hospital by a DSP provider will be funded

MEDICAL EVENT	SCHEME BENEFIT
<b>Day procedures</b>	at 100% network or Scheme tariff subject to pre-authorization, protocols, funding guidelines and DSPs. A co-payment of R2 746 will be incurred per event if a day procedure is done in an acute hospital that is not a day hospital. If a DSP is used and the DSP does not work in a day hospital, the procedure shall be paid in full if it is done in an acute hospital, if it is arranged with the Scheme before the time.
<b>International medical travel cover</b>	<ul style="list-style-type: none"> <li>Holiday travel: Limited to 90 days and R5 000 000 per family, i.e. members and dependants. Limited to R1 000 000 per family for travel to the USA.</li> <li>Business travel: Limited to 60 days and R5 000 000 per family, i.e. members and dependants. Limited to R1 000 000 per family for travel to the USA.</li> </ul>
<b>Co-payments</b>	<p><b>Non-DSP hospital co-payment:</b> Co-payment of R14 364 per event for voluntary use of a non-DSP hospital.</p> <p><b>Procedure-specific co-payments:</b> The co-payment shall not apply to PMB conditions:</p> <ul style="list-style-type: none"> <li>Arthroscopic procedures R3 660.</li> <li>Back and neck surgery R3 660.</li> <li>Laparoscopic procedures R3 660.</li> <li>Colonoscopies R2 000.</li> <li>Cystoscopies R2 000.</li> <li>Gastroscopies R2 000.</li> <li>Hysteroscopies R2 000.</li> <li>Sigmoidoscopies R2 000.</li> </ul> <p>A R2 746 co-payment, as described in the Day procedures benefit, will be incurred per event if a day procedure is done in an acute hospital that is not a day hospital.</p>

## Out-of-hospital benefits

Out-of-hospital benefits are paid at 100% Scheme tariff and are subject to the 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 Rhythm General Practitioners (GPs)?

- 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 Rhythm formulary.

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

#### DISCIPLINE

#### BENEFIT DESCRIPTION

##### GP consultations

Unlimited GP consultations.  
Subject to Rhythm GP network.  
Applicable per family per annum.

##### Specialist consultations

Specialist consultations (this includes minor procedures done in specialist rooms and all consumables used), must be referred by a Rhythm Network Provider.  
Limited to M = R1 742, M1+ = R2 903.  
Subject to Rhythm Specialist DSP network.





DISCIPLINE	BENEFIT DESCRIPTION
<b>Out-of-network and casualty visits</b>	<p>Out-of-network visits to a GP and casualty visits are limited to a maximum of R1 723 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> <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>
<b>Medical aids, apparatus and appliances including wheelchairs and hearing aids</b>	Approved PMB services only.
<b>Supplementary services (services rendered by dieticians, chiropractors, homeopaths, orthoptists, acupuncturists, speech therapists, audiologists, occupational therapists, podiatrists, biokineticists, psychologists and social workers)</b>	Approved PMB services only.

DISCIPLINE	BENEFIT DESCRIPTION
<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 - in- and/or out-of-hospital (including MRI scans, CT scans and nuclear/isotope studies). PET scans are excluded, not applicable to PMBs.</b>	100% Scheme tariff. Limited to a combined in- and out-of-hospital benefit of R18 000 per family per annum. Co-payment of R2 600 per scan, not applicable to PMBs. PET scans - PMB only. Subject to pre-authorisation
<b>Rehabilitation services after trauma</b>	PMBs only. Subject to pre-authorisation and DSPs.
<b>Back and neck preventative programme</b>	Benefits payable at 100% of contracted fee. Subject to pre-authorisation, protocols and DSPs.
<b>HIV/AIDS</b>	Subject to pre-authorisation, protocols and DSP.
<b>Oncology</b>	Subject to pre-authorisation, protocols and DSP.
<b>Peritoneal dialysis and haemodialysis</b>	Subject to pre-authorisation, protocols and DSP.





## OPTOMETRY

DISCIPLINE	BENEFIT DESCRIPTION
<b>Optometry</b>	<p>Benefits available every 24 months from date of service.</p> <p><b>Network Provider (PPN)</b></p> <ul style="list-style-type: none"> <li>One (1) consultation per beneficiary.</li> <li>Spectacle frames or lens enhancements limited to R295 AND</li> <li>Standard lenses (i.e. one pair of single vision OR one pair of flat top bifocal lenses inclusive of the charges for extra-large lenses and prismatic correction) at 100% of cost.</li> <li>In lieu of glasses members can opt for contact lenses, limited to R770.</li> </ul>

### What are my dental benefits?

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

## DENTISTRY

DISCIPLINE	BENEFIT DESCRIPTION
<b>Basic dentistry</b>	Where clinically appropriate and subject to Rhythm2 protocols, Rhythm Dental Network Providers and Rhythm approved dental codes.
<b>Dentures</b>	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>	<p>100% Scheme tariff.</p> <p>Basic blood tests as requested by a Rhythm Network GP and subject to Rhythm2 protocols and Rhythm approved pathology codes.</p>

## BASIC RADIOLOGY

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

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



## Medicine benefits

### Note:

- Benefits below may be subject to pre-authorization, 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 approved 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 for non-formulary medicine at a preferred provider network pharmacy.
<b>Biological medicine</b>	PMBs only.
<b>Other high-cost medicine</b>	PMBs only.
<b>Acute medicine</b>	100% Scheme tariff. Subject to Bestmed formulary only. As prescribed by Rhythm Network Provider and obtained from preferred provider pharmacy network.
<b>Over-the-counter (OTC) medicine</b>	100% Scheme tariff. Limited to R350 per family per annum and to R120 per event.



## Chronic conditions list

CDL	
<b>CDL 1</b>	Addison disease
<b>CDL 2</b>	Asthma
<b>CDL 3</b>	Bipolar disorder
<b>CDL 4</b>	Bronchiectasis
<b>CDL 5</b>	Cardiac failure
<b>CDL 6</b>	Cardiomyopathy
<b>CDL 7</b>	Chronic obstructive pulmonary disease (COPD)
<b>CDL 8</b>	Chronic renal disease
<b>CDL 9</b>	Coronary artery disease
<b>CDL 10</b>	Crohn disease
<b>CDL 11</b>	Diabetes insipidus
<b>CDL 12</b>	Diabetes mellitus type 1
<b>CDL 13</b>	Diabetes mellitus type 2
<b>CDL 14</b>	Dysrhythmias
<b>CDL 15</b>	Epilepsy
<b>CDL 16</b>	Glaucoma
<b>CDL 17</b>	Haemophilia
<b>CDL 18</b>	HIV/AIDS
<b>CDL 19</b>	Hyperlipidaemia
<b>CDL 20</b>	Hypertension
<b>CDL 21</b>	Hypothyroidism
<b>CDL 22</b>	Multiple sclerosis
<b>CDL 23</b>	Parkinson disease

CDL	
<b>CDL 24</b>	Rheumatoid arthritis
<b>CDL 25</b>	Schizophrenia
<b>CDL 26</b>	Systemic lupus erythematosus (SLE)
<b>CDL 27</b>	Ulcerative colitis
PMB	
<b>PMB 1</b>	Aplastic anaemia
<b>PMB 2</b>	Benign prostatic hyperplasia
<b>PMB 3</b>	Cerebral palsy
<b>PMB 4</b>	Chronic anaemia
<b>PMB 5</b>	COVID-19
<b>PMB 6</b>	Cushing disease
<b>PMB 7</b>	Endometriosis
<b>PMB 8</b>	Female menopause
<b>PMB 9</b>	Fibrosing alveolitis
<b>PMB 10</b>	Graves disease
<b>PMB 11</b>	Hyperthyroidism
<b>PMB 12</b>	Hypophyseal adenoma
<b>PMB 13</b>	Idiopathic thrombocytopenic purpura
<b>PMB 14</b>	Paraplegia/quadruplegia
<b>PMB 15</b>	Polycystic ovarian syndrome
<b>PMB 16</b>	Pulmonary embolism
<b>PMB 17</b>	Stroke

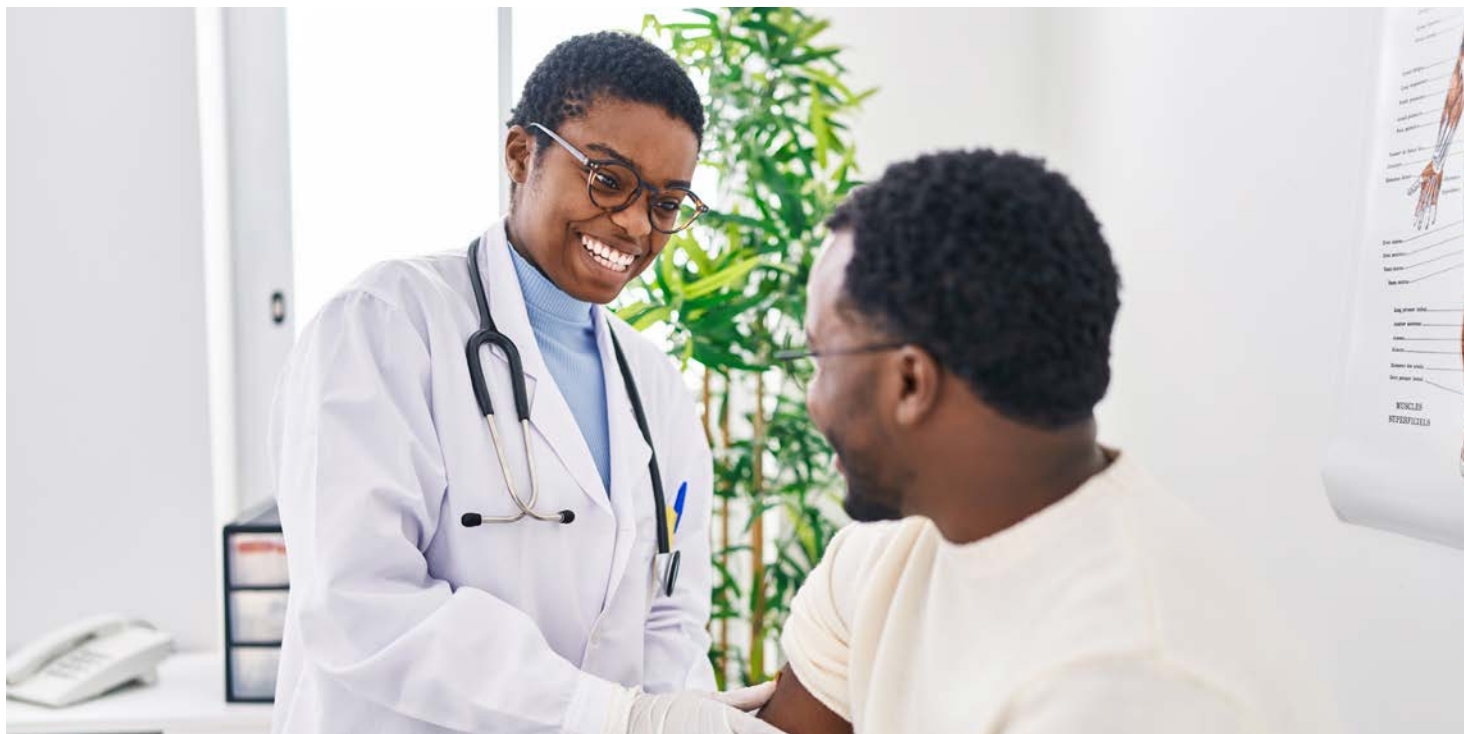
## Preventative care benefits

**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 Rhythm Network GP or preferred provider network pharmacy. Subject to 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 200 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 Rhythm Network GP or Rhythm Specialist DSP gynaecologist.
<b>Mammogram</b>	Females 40 years and older.	Once every 24 months.	Must be referred by Rhythm Network GP or Rhythm Specialist DSP.
<b>PSA screening</b>	Males 50 years and older.	Once every 24 months.	Can be done at a urologist, GP or network pharmacy clinic. Consultation paid from the available consultation benefit.
<b>Pap smear (pathology only)</b>	Females 18 years and older.	Once every 24 months.	Can be done at a Rhythm Specialist DSP gynaecologist, Rhythm Network GP or preferred provider network pharmacy clinic. Consultation paid from the available consultation benefit.

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
<b>Paediatric immunisations</b>	Babies and children	Funding for all paediatric vaccines according to the state-recommended programme.	
<b>Baby growth and development assessments</b>	0-2 years.	3 assessments per year.	Assessments are done at a preferred provider 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.



## Maternity benefits

### Note:

Benefits below may be subject to registration, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).

### 100% of Scheme tariff at network providers only for the following benefits:

#### Consultations:

- 9 antenatal consultations at a GP OR gynaecologist OR midwife.
- 1 post-natal consultation at a GP OR gynaecologist OR midwife.

#### Ultrasounds:

- 1 x 2D ultrasound scan at 1<sup>st</sup> trimester (between 10 to 12 weeks) at a GP OR gynaecologist OR radiologist.
- 1 x 2D ultrasound scan at 2<sup>nd</sup> trimester (between 20 to 24 weeks) at a GP OR gynaecologist OR radiologist.

#### Supplements:

- Any item categorised as a maternity supplement can be claimed up to a maximum of R139 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; GP = General Practitioner or Doctor; MRP = Mediscor Reference Price; NP = Network Provider; OTC = Over-the-Counter; PMB = Prescribed Minimum Benefits.



# Tempo



## Bestmed Tempo wellness programme

**Note:** Completing your Tempo Lifestyle Screening 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 Lifestyle Screening 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 and weight measurement

These screenings need to be done at a contracted pharmacy, Tempo partner biokineticist, or on-site at participating employer groups.

**Bestmed Tempo physical wellbeing and nutrition benefits (beneficiaries 16 and older):**

### Physical wellbeing

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

### 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

In addition to the Tempo physical wellbeing and nutrition benefits, you will also have access to Tempo Wellness Webinars hosted monthly. The webinars are themed around mental health and various other wellness-related topics.

 086 000 2378  
 [service@bestmed.co.za](mailto:service@bestmed.co.za)  
 068 376 7212  
 012 472 6500  
 [www.bestmed.co.za](http://www.bestmed.co.za)  
 Bestmed Medical Scheme  
 Bestmed Medical Scheme



#### 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

#### COMPLAINTS

Tel: +27 (0)86 000 2378  
Email: [escalations@bestmed.co.za](mailto:escalations@bestmed.co.za)  
(Subject box: Manager, escalated query)  
Postal address: PO Box 2297, Pretoria, Gauteng, 0001

#### 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

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).

Disclaimer: All the 2025 product information appearing in this brochure is provided without a representation or warranty whatsoever, whether expressed or implied, and no liability pertaining thereto will attach to Bestmed Medical Scheme. All information regarding the 2025 benefit options and accompanying services including information in respect of the terms and conditions or any other matters is subject to prior approval of the Council for Medical Schemes (CMS) and may change without notice having due regard to the CMS's further advices. Please note that should a dispute arise, the registered Rules, as approved by the Registrar of Medical Schemes, shall prevail.

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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