



BEAT4

Benefit
Summary
2020

BEAT4 OPTION **HOSPITAL PLAN (WITH SAVINGS AND DAY-TO-DAY BENEFITS)**

Recommended for? Beat4 is Bestmed's superior hybrid option for young to middle-aged families with specific healthcare needs. It offers comprehensive in-hospital benefits at private hospitals. There is a generous amount of day-to-day medical cover for consultations, dentistry, chronic medications and a range of preventative care benefits.

Contribution range R4 685 - Principal member
R3 869 - Adult dependant
R1 158 - Child dependant

**Savings account/
Day-to-day benefits** Savings account available.
Day-to-day benefits are available.

Value benefits No automatic self-payment gaps.
Preventative care benefits.
Family Practitioner (FP) and specialist consultations.
Optometry.
Dentistry.
Maternity benefits.

**Over-the-counter
medicine** Available.

Not recommended for? Older individuals and families requiring more cover for day-to-day expenses and certain diseases. The Pace range will be more beneficial to suit your needs.

Method of benefit payment

On the Beat4 option in-hospital services are paid from the Scheme risk. Some out-of-hospital services are paid from the savings first and, once depleted, will be paid from the day-to-day benefit. Once the day-to-day benefit is depleted services can be paid from the available vested savings. Some preventative care is available from the Scheme risk 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).

In-hospital benefits

Note:

- All in-hospital benefits referred to in the section below require pre-authorisation.
- Clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.

MEDICAL EVENT

SCHEME BENEFIT

Accommodation (hospital stay) and theatre fees

100% Scheme tariff.

Take-home medicine

100% Scheme tariff.
Limited to 7 days' medicine.

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 R30 760 per beneficiary.
Subject to network facilities.

Consultations and procedures

100% Scheme tariff.

Surgical procedures and anaesthetics

100% Scheme tariff.

MEDICAL EVENT

SCHEME BENEFIT

Organ transplants

100% Scheme tariff. (Only PMBs)

Major medical maxillo-facial surgery strictly related to certain conditions

100% Scheme tariff.
Limited to R12 554 per family.

Dental and oral surgery

Limited to R9 613 per family.

We are a Scheme managed by members, for members and will never compromise on quality service to you.

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R92 629 per family.
Prosthesis - Internal Note: Sub-limit subject to the prosthesis limit. *Functional: Item utilised towards treating or supporting a bodily function.	Sub-limits per beneficiary: <ul style="list-style-type: none"> *Functional limited to R16 172 Pacemaker (dual chamber) R53 605 Vascular R32 005 Endovascular and catheter-based procedures - no benefit Spinal R32 005 Artificial disc - no benefit Drug-eluting stents R17 982 Mesh R11 875 Gynaecology/Urology R8 708 Lens implants R6 785 per lens per eye
Prosthesis - External	Limited to R22 279 per family.
Exclusions Limits and co-payments applicable. Preferred provider network available.	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: <ul style="list-style-type: none"> Hip replacement and other major joints R32 910 Knee replacement R43 721 Minor joints R13 434
Orthopaedic and medical appliances	100% Scheme tariff.
Pathology	100% Scheme tariff.
Basic radiology	100% Scheme tariff.
Specialised diagnostic imaging	100% Scheme tariff.
Oncology	PMBs only at DSPs.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation.
Confinements (Birthing)	100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
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 R8 935 per eye.
HIV / AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Midwife-assisted births	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
Emergency evacuation	Services rendered by ER24.
International travel cover	Up to R10 million and a maximum of 90 days. Services rendered by Bryte Insurance and managed by ER24.



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).
- Some indicated benefits are paid from the annual savings account first at 100% of the Scheme tariff.
- Once the annual savings account is depleted benefits will be paid from Scheme's day-to-day benefits (limits apply).
- All unused funds in the annual savings account at the end of the year will be carried over to the vested savings account after 5 months and will remain your property and also accumulate to your credit.
- Funds in the vested savings account will only be utilised when both the annual savings account and the Scheme risk benefits are depleted.
- If you have a treatment plan for a registered Chronic Disease List (CDL) and/or Prescribed Minimum Benefit (PMB) condition/s, the services in the treatment plan will pay from the applicable day-to-day limit first. Once the limit is depleted, claims will continue to be paid from Scheme risk, up to the maximum quantity specified in the treatment plan.

MEDICAL EVENT

SCHEME BENEFIT

Overall day-to-day limit

M = R12 214, M1+ = R24 427.

FP and specialist consultations

Savings first.
Limited to M = R3 110, M1+ = R5 541
(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 limited to R341.90 per consultation.
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. Orthodontics are subject to pre-authorisation. Limited to M = R5 381, M1+ = R10 808.
(Subject to overall day-to-day limit)

Medical aids, apparatus and appliances including wheelchairs and hearing aids

Savings first. 100% Scheme tariff. Limited to R10 970 per family.
(Subject to overall day-to-day limit). Hearing aid every 24 months, subject to pre-authorisation.

Supplementary services

Savings first.
Limited to M = R4 750, M1+ = R9 647.
(Subject to overall day-to-day limit)

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

Savings first.
100% Scheme tariff. Limited to R4 750 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 = R868 covered **AND**
- 100% of cost of standard lenses (single vision **OR** bifocal **OR** multifocal) **OR**
- Contact lenses = R1 510

OR

Non-network Provider

- Consultation - R316 fee at non-network provider
- Frame = R579 **AND**
- Single vision lenses = R184 **OR**
- Bifocal lenses = R431 **OR**
- Multifocal lenses = R747 **OR**
- Contact lenses = R1 510

Basic radiology and pathology

Savings first.
Limited to M = R3 110, M1+ = R6 333.
(Subject to overall day-to-day limit)

Specialised diagnostic imaging

100% Scheme tariff.
Limited to R16 172 per family.

HIV / AIDS

100% Scheme tariff. Subject to pre-authorization and DSPs.

Oncology

PMBs only at DSPs.

Peritoneal dialysis and haemodialysis

100% Scheme tariff.
Subject to pre-authorization.

Rehabilitation services after trauma

Vested savings.



Note:

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

*Please note that approved CDL, PMB and non-CDL chronic medicine costs will be paid from the non-CDL limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk.

BENEFIT DESCRIPTION

SCHEME BENEFIT

CDL and PMB chronic medicine*

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

Non-CDL chronic medicine*

9 conditions. 90% Scheme tariff. Limited to M = R7 204, M1+ = R14 408. Co-payment of 25% for non-formulary medicine.

Biologicals and other high-cost medicine

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

Acute medicine

Savings first. Limited to M = R2 748, M1 + = R5 552 (Subject to overall day-to-day limit)

Over-the-counter (OTC) medicine

Member choice: 1. R650 OTC limit **OR 2. Access to full savings for OTC purchases (after R650 limit) = self-payment gap accumulation. Includes sunscreen, vitamins and minerals with nappi codes on Scheme formulary. Subject to the available savings.

**The default OTC choice is 1. R650 OTC limit. Members wishing to choose the other option are welcome to contact Bestmed.



Chronic Conditions List

CDL

CDL 1 Addison's disease

CDL 2 Asthma

CDL 3 Bipolar mood disorder

CDL 4 Bronchiectasis

CDL 5 Cardiomyopathy

CDL 6 Chronic renal disease

CDL 7 Chronic obstructive pulmonary disease (COPD)

CDL 8 Cardiac failure

CDL 9 Coronary artery disease

CDL 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

CDL 22 Parkinson's disease

CDL 23 Rheumatoid arthritis

CDL 24 Schizophrenia

CDL 25 Systemic lupus erythematosus (SLE)

CDL 26 Ulcerative colitis

NON-CDL

Non-CDL 1 Acne - severe

Non-CDL 2 Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)

Non-CDL 3 Allergic rhinitis

Non-CDL 4 Eczema - severe

Non-CDL 5 Migraine prophylaxis

Non-CDL 6 Gout prophylaxis

Non-CDL 7 Major depression

Non-CDL 8 Obsessive compulsive disorder

Non-CDL 9 Gastro oesophageal reflux disease (GORD)

PMB

PMB 1 Aplastic anaemia

PMB 2 Chronic anaemia

PMB 3 Benign prostatic hypertrophy

PMB 4 Cushing's disease

PMB

PMB 5	Cystic fibrosis
PMB 6	Endometriosis
PMB 7	Female menopause
PMB 8	Fibrosing alveolitis
PMB 9	Graves' disease
PMB 10	Hyperthyroidism
PMB 11	Hypophyseal adenoma
PMB 12	Idiopathic thrombocytopenic purpura
PMB 13	Paraplegia/Quadriplegia
PMB 14	Polycystic ovarian syndrome
PMB 15	Pulmonary embolism
PMB 16	Stroke



Preventative Care benefits

Note:

Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers, 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.
Paediatric immunisations	Babies and children.	Funding for all paediatric vaccines according to the state-recommended programme.	
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 205 per beneficiary per year. Includes all items classified in the category of female contraceptives.
Back and neck preventative programme	All ages.	Subject to pre-authorisation.	Preferred providers (DBC/Workability Clinics). For serious spinal and/or back problems that may require 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.
Preventative dentistry	Refer to Preventative Dentistry section for details.		

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Haemophilus influenzae Type B vaccine (HIB)	Children 5 years and younger.	1 vaccine at 6, 10 and 14 weeks after birth. 1 booster vaccine between 15 and 18 months.	If the booster vaccine was not administered timeously, the maximum age to which it will be allowed is 5 years.
Mammogram	Females 40 years and older.	Once every 24 months.	Scheme tariff is applicable.
HPV vaccinations	Females 9-26 years old.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
PSA screening	Males 50 years and older.	Once every 24 months.	Can be done at a urologist or FP. Consultation paid from the available savings/consultation benefit.
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist or FP. Consultation paid from the available savings/consultation benefit.

Tempo Programme (Wellness)

Note: Completing your Health Risk Assessment (HRA) unlocks the other Tempo benefits.

One parent must complete their HRA in order to unlock assessments for beneficiaries younger than 18.

Individual Health Risk Assessments (Adults aged 18 and older) – Biometric screening and lifestyle questionnaire to be completed at a network pharmacy or onsite at selected employers (1 per year).

Child dependent assessments

- **Ages 13-17 years:** Assessment done by a contracted **biokineticist** (wellness network provider) – 1 per beneficiary per year.
- **Ages 3-12 years:** Assessment done by a contracted **occupational therapist** (wellness network provider) – 1 per beneficiary per year.
- **Ages 0-2 years:** Baby growth and development assessments done at a **contracted pharmacy clinic** – 3 assessments per year.

Family assessments - nutrition

- Family nutritional assessment done at a contracted **dietician** (wellness network provider) – 1 per family per year.
- Fitness and nutritional interventions (beneficiaries 18 and older, pre-approval required)**
- 3 individualised consultations per year at a contracted **biokineticist** (wellness provider network).
 - 3 individualised consultations per year at a contracted **dietician** (wellness provider network).

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:

- Antenatal iron supplements - 9 fills subject to formulary.
- Antenatal folic acid – 9 fills subject to formulary.

Disclaimer: General and option specific exclusions apply. Please refer to 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.

After registering on this programme and going for a Health Risk Assessment (HRA) you will receive:

- A welcome pack containing an informative pregnancy book about the stages of pregnancy.
- Discount vouchers.
- A beautiful baby bag. (Sent by month 5 of your pregnancy. You will receive an SMS.)
- Various baby items.
- Access to a 24-hour medical advice line.
- Benefits through each phase of your pregnancy.

How to register:

Send an e-mail to maternity@bestmed.co.za or call us on 012 472 6243. Please include your contact details (postal/delivery addresses), your medical scheme number and your expected delivery date in the e-mail. Go for a Health Risk Assessment (HRA) at any network pharmacy to finalise your registration.

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

Preventative dentistry

Note:

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

DESCRIPTION OF SERVICE	AGE	FREQUENCY
General full-mouth examination by a general dentist (incl. gloves and use of sterile equipment for the visit)	Older than 12 years. Younger than 12 years.	Once a year. Twice a year.
Full-mouth intra-oral radiographs	All ages.	Once every 36 months.
Intra-oral radiograph	All ages.	2 photos per year.
Scaling and/or polishing	All ages.	Twice a year.
Fluoride treatment	All ages.	Twice a year.
Fissure sealing	Up to and including 21 years.	In accordance with accepted protocol.
Space maintainers	During primary and mixed denture stage.	Once per space.

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

Contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	R4 029	R3 328	R996
Savings amount	R656	R541	R162
Total monthly contribution	R4 685	R3 869	R1 158

*You only pay for a maximum of four children. All other children can join as beneficiaries of the Scheme free of charge.

Students are eligible for child dependent rates up to 26 years of age.



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MATERNITY CARE

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WALK-IN FACILITY

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ER24

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INTERNATIONAL TRAVEL INSURANCE (BRYTE INSURANCE)

Tel: 0860 329 329 (RSA only) during
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Claims: travelclaims@brytesa.com

BESTMED HOTLINE, OPERATED BY KPMG

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

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

Hotfax: 080 020 0796

Hotmail: fraud@kpmg.co.za

Postal: KPMG Hotpost, at BNT 371,
PO Box 14671, Sinoville,
0129, South Africa

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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