

Beat1



Benefit
summary
2018

Beat1

BEAT1 OPTION

Recommended for?

HOSPITAL PLAN

You are a young, ambitious individual that likes to stay healthy and fit but would like the additional comfort of knowing you have extensive hospital cover. Perfectly suited for your dynamic lifestyle.

Contribution range (Network choice available)

R1 363 - Principal member (Standard option)
R1 058 - Adult dependant (Standard option)
R1 226 - Principal member (Network option)
R953 - Adult dependant (Network option)

Savings account / Day-to-day benefits

In-hospital cover only.

Value benefits

Preventative care benefits.
Contraceptive benefit.
Wound care benefit.
International travel cover.

Over-the-counter

Not 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 Beat1 option in-hospital services are paid from Scheme risk and out-of-hospital services will be for the member's own account. Some preventative care services are available from the Scheme risk benefit.



Network option

- Beat1, 2 and 3 also offer you the decision 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.



In-hospital benefits

Note:

- All in-hospital benefits referred to in the section below require pre-authorisation. Please contact 080 022 0106 to obtain a pre-authorisation number.
- Clinical protocols, preferred providers, 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 R10 000 shall apply for the voluntary use of a non-designated service provider.

MEDICAL EVENT

SCHEME BENEFIT

Accommodation (hospital stay) and theatre fees

100% Scheme tariff. DSP specialist network applicable if the network option is chosen.

Take-home medicine

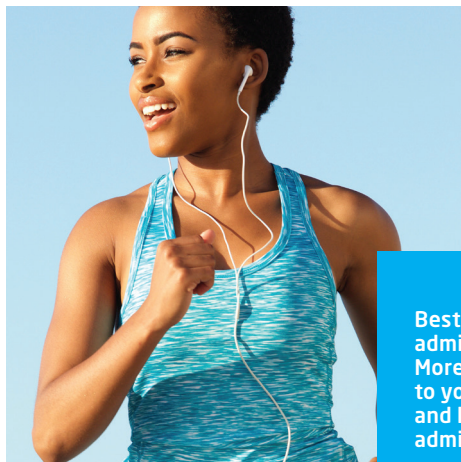
100% Scheme tariff.
Limited to 7 days' medicine.

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 R27 200 per beneficiary. Subject to network facilities.



Bestmed is self-administered. More money goes to your benefits and less to administration.

MEDICAL EVENT	SCHEME BENEFIT
Consultations and procedures	100% Scheme tariff. DSP specialist network applicable if the discounted network option is chosen.
Surgical procedures and anaesthetics	100% Scheme tariff.
Organ transplants	100% Scheme tariff. (Only PMBs)
Major medical maxillo-facial surgery strictly related to certain conditions	PMBs only at DSP day hospitals.
Dental and oral surgery	PMBs only at DSP day hospitals.
Prosthesis (Subject to preferred provider, other wise limits and co-payments apply)	100% Scheme tariff. Limited to R66 400 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 R11 880 Pacemaker (dual chamber) R36 200 Vascular R26 500 Endovascular and catheter-based procedures - no benefit Spinal R26 500 Artificial disk - no benefit Drug-eluting stents - no benefit Mesh R9 300 Gynaecology/Urology R7 600 Lens implants R5 800 per lens
Prosthesis - External	No benefit.
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 R27 900 Knee replacement R34 400 Minor joints R10 700
Orthopaedic and medical appliances	100% Scheme tariff.
Pathology	100% Scheme tariff.
Diagnostic imaging	100% Scheme tariff.
Specialised diagnostic imaging	100% Scheme tariff. Subject to co-payments.
Oncology	PMBs only (DSP: State hospitals where available).
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.
Confinements	100% Scheme tariff.
Refractive surgery	No benefit.
Midwife-assisted births	100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
Emergency evacuation	100% Scheme tariff. Pre-authorized and rendered by ER24.
Co-payments	Co-payment of R3 200 on all endoscopic investigations and specialised diagnostic imaging if done in a private hospital. Any other facility, no co-payment.

Out-of-hospital benefits

Note:

- Benefits below may be subject to pre-authorization, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Medisor Reference Price (MRP).
- Most out-of-hospital expenses, such as visits to a FP or Specialist, are paid in full by you directly to the service provider.
- Members choosing the efficiency discount option (Network option) are required to make use of Scheme-contracted service providers.
- The following out-of-hospital benefits are paid for by the Scheme:

MEDICAL EVENT	SCHEME BENEFIT
Wound care benefit (incl. dressings, negative pressure wound therapy treatment and related nursing services - out-of-hospital)	100% Scheme tariff. Limited to R2 970 per family.
Oncology	PMBs only at DSPs.
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.
Specialised diagnostic imaging	100% Scheme tariff. Limited to R4 500 per family.

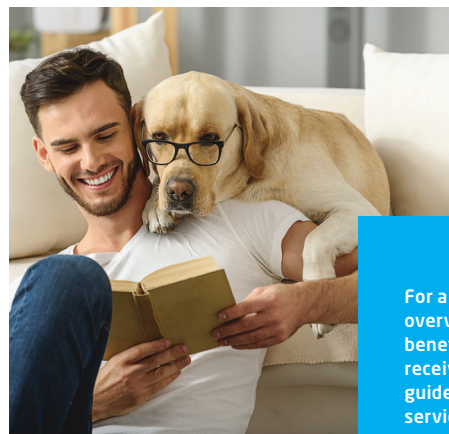


We are a Scheme managed by members for members and will never compromise on quality service to you.

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 22	Parkinson's disease
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



For a more detailed overview of your benefit option and to receive a membership guide please contact service@bestmed.co.za



Medicine

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).
- Members choosing the efficiency discount option (Network option) are required to make use of Scheme-contracted pharmacies to obtain their medicine.

BENEFIT DESCRIPTION	SCHEME BENEFIT
CDL & PMB chronic medicine	100% Scheme tariff. Co-payment of 40% for non-formulary medicine.
Non-CDL chronic medicine	No benefit.
Biologicals and other high-cost medicine	No benefit.
Acute medicine	No benefit.
Over-the-counter (OTC) medicine	No benefit.



Preventative care benefits

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).

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.
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 R1 950 per family per year. Includes all items classified in the category of female contraceptives.
Spinal/back treatment programme (DBC)	All ages.	6 weeks, once per year.	Applicable to beneficiaries who have serious spinal and/or back problems and may require surgery. The Scheme may identify appropriate participants for evaluation at a DBC clinic. Based on the evaluation done by a DBC clinic, a rehabilitation treatment plan is drawn up and initiated which lasts 6 weeks, consecutively.
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist or FP. Consultation will be for member's own account.
BetterMe wellness benefits		<ul style="list-style-type: none"> Health risk assessment (biometric screening) at contracted pharmacy or on-site at employer. Fitness assessment at a contracted BASA biokineticist - 1 per beneficiary per year (ages older than 13 years) <ul style="list-style-type: none"> Nutritional assessment - 1 per family per year Occupational therapy assessment - 1 per beneficiary per year (ages 3-12 years) Baby growth assessment at a contracted pharmacy clinic - 3 per beneficiary per year (ages 0-35 months) 	

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

With us you get the best when it comes to accessing quality healthcare.



We always strive to exceed your expectations.



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

Maternity Care programme

With so many things to juggle, the Maternity Care programme is here to help moms and dads through their entire pregnancy and the first two years with a new little one in the home. At Bestmed, we want you to enjoy this entire experience and feel comfortable knowing that we are here for you.

Registering on this programme will give you the following support and benefits:

- A 24-hour professional medical advice line you can call with any queries, no matter how small.
- Weekly e-mails packed with convenient information about your pregnancy, your baby's development, how to deal with unpleasant pregnancy symptoms and useful hints.
- Dads won't be left out as they will also receive e-mails every second week to inform them about the baby's development and Mom's progress.
- To make sure your pregnancy starts right, you will receive a welcome pack containing an informative pregnancy book to guide you through the stages as well as discount vouchers for various baby items.
- In your second month after registration, we will send you a useful baby bag packed with products to use after your baby's birth.

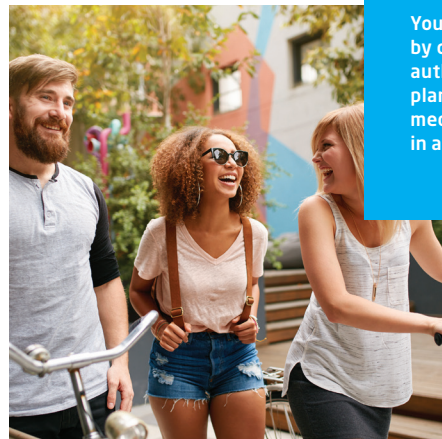
You are able to register on the Maternity Care programme simply by sending an e-mail to info@babyhealth.co.za or you can call us on 086 111 1936.

Please note that you may only register after the 12th week of pregnancy.

Contributions

	Non-network/ Network	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	NN	R1 363	R1 058	R573
	N	R1 226	R953	R516
Savings amount	NN	N/A	N/A	N/A
	N	N/A	N/A	N/A
Total monthly contribution	NN	R1 363	R1 058	R573
	N	R1 226	R953	R516

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



You can save money by obtaining pre-authorisation for planned, in-hospital medical procedures in advance.

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.

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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For the most recent version please visit our website at www.bestmed.co.za



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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.

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