

Pace4



Benefit
summary
2018

bestMed
personally yours



Method of benefit payment

On the Pace4 option in-hospital services, out-of-hospital services and preventative care are paid from Scheme risk. Once out-of-hospital risk benefits are depleted, further claims will be paid from savings.

PACE4 OPTION

COMPREHENSIVE COVER (IN AND OUT-OF-HOSPITAL)

Recommended for?

You are a discerning family who may have above average medical costs or would like the maximum cover available. You need the comfort of extensive benefits and cover for hospital expenses. In addition, there is an individual medical savings account, which offers further payment flexibility. With the exclusivity that Pace4 offers, you have the greatest cover with complete peace of mind.

Contribution range

R6 608 (Principal member)
R6 608 (Adult dependant)
R1 548 (Child dependant)

Savings account / Day-to-day benefits

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

Value benefits

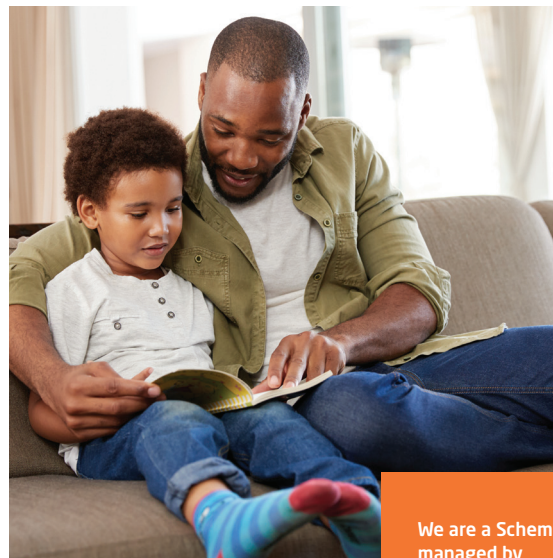
No co-payment or automatic self-payment gaps.
FP and Specialist consultations.
Optometry.
Dentistry.
Maternity benefits.

Over-the-counter medicine

Available.

Not recommended for?

Young individuals or couples without families will find more value on the Beat range. Also young families needing below the norm cover will find value on Beat3, Pace1, Beat4 and Pace2.



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

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.

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 R27 200 per beneficiary. Subject to network facilities.
Consultations and procedures	100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff.
Organ transplants	100% Scheme tariff.
Major medical maxillo-facial surgery strictly related to certain conditions	100% Scheme tariff.
Dental and oral surgery	Limited to R17 000 per family. (This limit applies to both in- and out-of-hospital benefits.)
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R113 200 per family.
Prosthesis - Internal	Sub-limits per beneficiary: <ul style="list-style-type: none"> *Functional limited to R16 600 Vascular R42 000 Pacemaker (dual chamber) R52 750 Spinal R42 000 Artificial disk R18 850 Drug-eluting stents R18 850 Mesh R16 600 Gynaecology/Urology R13 700 Lens implants R15 170 per lens Joint replacements: <ul style="list-style-type: none"> Hip replacement and other major joints R50 650 Knee replacement R58 650 Minor joints R18 850
Note: Sub-limit subject to the above prosthesis limit. *Functional: Items utilised towards treating or supporting a bodily function.	

In-hospital benefits

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis - External	Limited to R26 100 per family.
Orthopaedic and medical appliances	100% Scheme tariff.
Pathology	100% Scheme tariff.
Diagnostic imaging	100% Scheme tariff.
Specialised diagnostic imaging	100% Scheme tariff.
Oncology	Oncology programme. 100% Scheme tariff.
Peritoneal dialysis and haemodialysis	100% Scheme tariff.
Confinements	100% Scheme tariff.
Refractive surgery	100% Scheme tariff. Limited to R8 500 per eye.
Midwife-assisted births	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
Emergency evacuation	100% Scheme tariff. Pre-authorized and rendered by ER24.



We always strive to exceed your expectations.

Out-of-hospital benefits

Note:

- Out-of-hospital benefits are paid at 100% Scheme tariff.
- Subject to sub-limits and benefits available in the day-to-day overall limit.
- Once the overall day-to-day limit is depleted, the member may request payment from the individual medical savings account (IMSA).
- Should you not use all of the funds available in your medical savings account, these funds will be transferred into your savings account at the beginning of the following financial year.
- Clinical funding protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.

MEDICAL EVENT	SCHEME BENEFIT
Overall day-to-day limit	M = R30 200, M1+ = R48 700.
FP and specialist consultations	Limited to M = R4 750, M1+ = R7 700. (Subject to overall day-to-day limit)
Basic and specialised dentistry	Limited to M = R10 250, M1+ = R17 300. (Subject to overall day-to-day limit) Orthodontics are subject to pre-authorisation.
Medical aids, apparatus and appliances including wheelchairs and hearing aids	Limited to R8 800 per family. (Subject to overall day-to-day limit). Limit on wheelchairs of R11 900 per family per 48 months. Limit on hearing aids of R30 400 per beneficiary per 24 months.
Supplementary services	Limited to M = R4 750, M1+ = R9 350. (Subject to day-to-day overall limit)
Wound care benefit (incl. dressings, negative pressure wound therapy treatment and related nursing services - out-of-hospital)	Limited to R11 600 per family. (Subject to overall day-to-day limit)
Optometry benefit (PPN capitation provider)	Optometry services are obtained from and paid by PPN at 100% of cost per beneficiary every 24 months.* For services rendered by a non-network provider, the following maximum amounts per beneficiary apply every 24 months: <ul style="list-style-type: none"> • Consultation R365 • Frame R550 AND <ul style="list-style-type: none"> – Single-vision lenses R175 OR – Bifocal lenses R380 OR – Multifocal lenses R695 • Contact lenses R1 710**

Out-of-hospital benefits

MEDICAL EVENT	SCHEME BENEFIT
Diagnostic imaging and pathology	Limited to M = R4 750, M1+ = R9 350. (Subject to overall day-to-day limit)
Maternity benefits	100% Scheme tariff. 2 sonars and up to 12 antenatal consultations.
Specialised diagnostic imaging	MRI/CT scans: Maximum of 3 scans per beneficiary. PET scan: 1 scan per beneficiary.
Rehabilitation services after trauma	100% Scheme tariff.
Oncology	Oncology programme. 100% Scheme tariff.
Peritoneal dialysis and haemodialysis	Subject to pre-authorisation and DSPs.

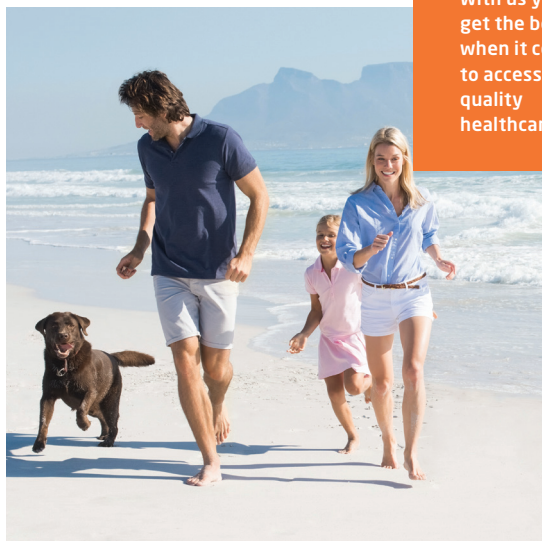
*This means that the benefit is limited to only those products and services negotiated by PPN and only those frames specified by PPN.

**Preferred Provider Negotiators (PPN) will pay a maximum amount of R1 710 towards the cost for contact lenses per beneficiary every 24 months, irrespective of whether the beneficiary utilised the services of PPN or a non-network provider.



Want your medicine benefits to last longer? Ask your doctor to prescribe generic medicines. Generics have the same quality, safety and efficacy as the original brand medicine.

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



Medicine

Note:

- All benefits below may be subject to pre-authorization, clinical protocols, 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 & PMB chronic medicine*	100% Scheme tariff. Co-payment of 20% for non-formulary medicine.
Non-CDL chronic medicine*	26 conditions. 85% Scheme tariff. Limited to M = R16 750, M1+ = R33 650. Co-payment of 20% for non-formulary medicine.
Biologicals and other high-cost medicine	Limited to R414 400 per beneficiary.
Acute medicine	Limited to M = R7 500, M1+ = R11 650. 10% co-payment. (Subject to overall day-to-day limit)
Over-the-counter (OTC) medicine	Savings account.

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 - severe
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
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	Osteoporosis
Non-CDL 10	Psoriasis
Non-CDL 11	Urinary incontinence

Non-CDL 12	Paget's disease
Non-CDL 13	Gastro oesophageal reflux disease (GORD)
Non-CDL 14	Ankylosing spondylitis
Non-CDL 15	Hypopituitarism
Non-CDL 16	Osteoarthritis
Non-CDL 17	Alzheimer's disease
Non-CDL 18	Collagen diseases
Non-CDL 19	Dermatomyositis
Non-CDL 20	Motor neuron disease
Non-CDL 21	Neuropathy
Non-CDL 22	Polyarteritis nodosa
Non-CDL 23	Scleroderma
Non-CDL 24	Sjögren's disease
Non-CDL 25	Trigeminal neuralgia
Non-CDL 26	Psoriatic arthritis
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



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



Preventative care benefits

Note: Benefits mentioned below may be subject to pre-authorisation, clinical protocols, 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 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.
Preventative dentistry (incl. gloves and sterile equipment)	Refer to Preventative dentistry section for details.		
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 15-18 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.
PSA screening	Males 50 years and older.	Once every 24 months.	
HPV vaccinations	Females of 9-26 years old.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
Bone densitometry	All beneficiaries 45 years and older.	Once every 24 months.	
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.
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) 	
Note: Biometric screening activates the other assessment benefits.			

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



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



Preventative dentistry

Note: Services mentioned below may be subject to pre-authorization, 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)	Above 12 years.	Once a year.
	Under 12 years.	Twice a year.
Full-mouth intra-oral radiographs	All ages.	Once every 36 months.
Intra-oral radiographs	All ages.	2 photos per year.
Scaling and/or polishing	All ages.	Twice a year.
Fluoride	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.

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Contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	R6 410	R6 410	R1 502
Savings amount	R198	R198	R46
Total monthly contribution	R6 608	R6 608	R1 548

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



Don't let co-payments leave you out-of-pocket. Negotiate your doctor's fees with him/her upfront if you know that their fees exceed the Scheme rate.

Abbreviations

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); FP = Family Practitioner or Doctor; HPV = Human Papilloma Virus; IMSA = Individual medical savings account; M = Member; M1+ = Member and family; MRI/CT Scans = Magnetic Resonance Imaging/Computed Tomography Scans; MRP = Mediscor Reference Price; NPWT = Negative Pressure Wound Therapy; PET scan = Positron Emission Tomography scan; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen.

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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BESTMED HOTLINE, OPERATED BY KPMG

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