Pace1

Benefit summary 2018

Pace1

PACE1 OPTION	COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)
Recommended for?	You are a healthy, growing family and require excellent hospital benefits with extensive day-to-day cover. Pace1 is perfect for families who want quality benefits at affordable prices.
Contribution range	R3 312 (Principal member) R2 325 (Adult dependant) R836 (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?	Families looking for more comprehensive and speciality cover. Pace3 and 4 are the ideal options for you.

Method of benefit payment

On the Pace1 option, in-hospital services are paid from the Scheme risk. Some out-of-hospital services are paid from the annual 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 services are available from the Scheme risk benefit.

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 (only PMBs).
Major medical maxillo-facial surgery strictly related to certain conditions	100% Scheme tariff. Limited to R11 000 per family.
Dental and oral surgery	Limited to R6 800 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 R76 000 per family.
Prosthesis - Internal Note: Sub-limit subject to the above prosthesis limit. *Functional: Items utilised towards treating or supporting a bodily function.	Sub-limits per beneficiary: • *Functional limited to R13 650 • Vascular R27 700 • Pacemaker (dual chamber) R47 300 • Endovascular and catheter-based procedures - no benefit • Spinal R27 700 • Artificial disk - no benefit • Drug-eluting stents - no benefit • Mesh R10 400 • Gynaecology/Urology R7 500 • Lens implants R5 700 per lens
Prosthesis - External	Limited to R19 300 per family.

In-hospital benefits

MEDICAL EVENT	SCHEME BENEFIT
Exclusions Limits and co-payments applicable. Preferred provider network available.	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: • Hip replacement and other major joints R28 200 • Knee replacement R37 500 • Minor joints R11 650
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. PMBs only at DSPs.
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.
Confinements	100% Scheme tariff.
Refractive surgery	100% Scheme tariff. Limited to R7 560 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-authorised and rendered by ER24.

We always strive to exceed your expectations.

Out-of-hospital benefits

Note:

- Some indicated benefits are paid from the annual savings at 100% Scheme tariff.
- Once the annual savings account is depleted, benefits will be paid from Scheme risk at 100% Scheme tariff (limits apply).
- Should you not use all of the funds available in your medical savings account, these funds will be transferred into a vested medical savings account at the beginning of the following financial year.
- Any vested credit in your vested medical savings account may be used for out-of-hospital expenses that are not covered by the Scheme, or should you, for instance, have reached your out-of-hospital/day-to-day overall annual limit or the sub-limits as indicated in your benefit guide.
- Unused funds in your vested medical savings account at the end of the financial year will be carried over to the credit of your vested medical savings account for the next 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 = R9 180, M1+ = R18 360.
FP and specialist consultations	Savings first. Limited to M = R1 890, M1+ = R3 800. (Subject to overall day-to-day limit)
Basic and specialised dentistry	Savings first. **Basic:** Preventative benefit or savings account. Limit once savings exceeded. **Specialised:** Savings account then limit. **Orthodontic:** Subject to pre-authorisation. Limited to M = R3 400, M1+ = R6 900. (Subject to overall day-to-day limit)
Medical aids, apparatus and appliances including wheelchairs and hearing aids	100% Scheme tariff. Savings first. Limited to R9 700 per family. (Subject to overall day-to-day limit)
Supplementary services	Savings first. Limited to M = R3 700, M1+ = R7 700. (Subject to overall day-to-day limit)
Wound care benefit (incl. dressings, negative pressure wound therapy treatment and related nursing services - out-of-hospital)	100% Scheme tariff. Savings first. Limited to R3 050 per family. (Subject to overall day-to-day limit)

Out-of-hospital benefits

MEDICAL EVENT	SCHEME BENEFIT
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: • Consultation R365 • Frame R550 **AND** – Single-vision lenses R175 **OR** – Bifocal lenses R380 **OR** – Multifocal lenses R695 • Contact lenses R1 420**
Diagnostic imaging and pathology	100% Scheme tariff. Savings first. Limited to M = R2 750, M1+ = R5 500. (Subject to overall day-to-day limit)
Maternity benefits	100% Scheme tariff. 2 sonars and up to 12 antenatal consultations.
Specialised diagnostic imaging	100% Scheme tariff. Limited to R12 300 per family.
Rehabilitation services after trauma	Vested savings.
Oncology	Oncology programme. PMB only.
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 420 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.

Medicine

Note:

- Benefits below may be subject to pre-authorisation, clinical protocols, formularies, funding guidelines and the Mediscor Reference Price (MRP).

*Please note that the 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 35% for non-formulary medicine.
Non-CDL chronic medicine*	7 conditions. 85% Scheme tariff. Limited to M = R5 600, M1+ = R11 200. Co-payment of 35% for non-formulary medicine.
Biologicals and other high-cost medicine	No benefit.
Acute medicine	Savings first. Limited to M = R1 980, M1 + = R4 100. (Subject to overall day-to-day limit)
Over-the-counter (OTC) medicine *See benefit option rules*	*Member choice: 1. R550 OTC limit **OR** 2. Access to full PMSA for OTC purchases (after R550 limit) = self-payment gap accumulation.

*The default OTC choice is 1. R550 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 - 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
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

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.
HPV vaccinations	Females of 9-26 years old.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
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 **Note: Biometric screening activates the other assessment benefits.**	• 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) • 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 details.

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.

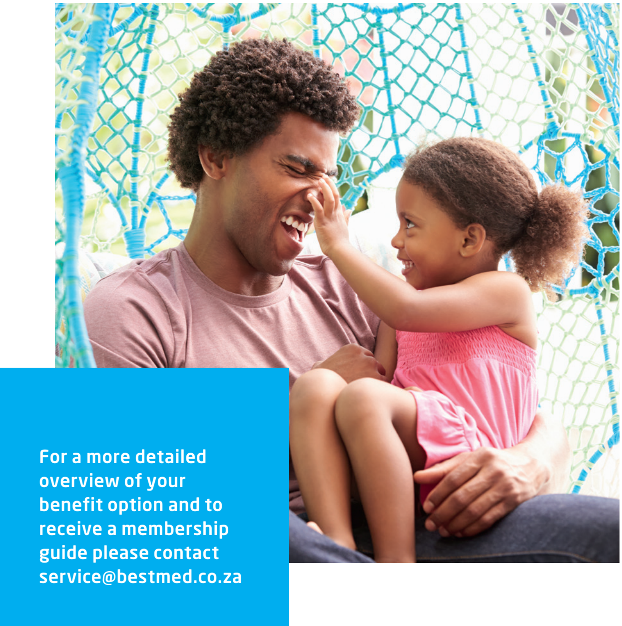
Registering on this programme will give you the following support and benefits:

- 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.

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



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-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)	Above 12 years. Under 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	R2 650	R1 860	R669
Savings amount	R662	R465	R167
Total monthly contribution	**R3 312**	**R2 325**	**R836**

* 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; M = Member; M1+ = Member and family; MRP = Mediscor Reference Price; NPWT = Negative Pressure Wound Therapy; PMSA = Personal Medical Savings Account PMB = Prescribed Minimum Benefits; PPN = Preferred Provider Negotiators.

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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