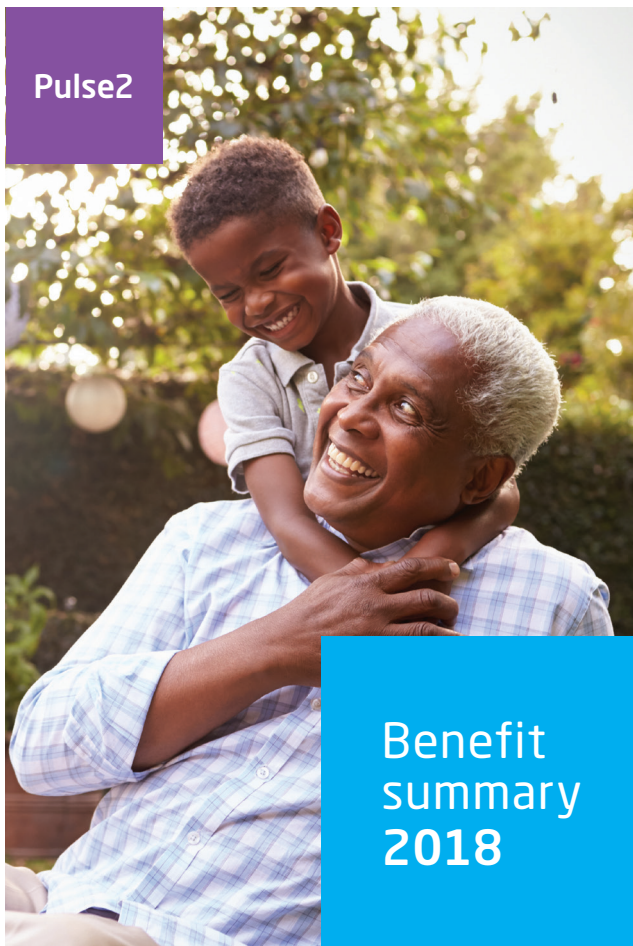


Pulse2



Benefit
summary
2018

bestMed
personally yours

Pulse2

PULSE2 OPTION	NETWORK ONLY OPTION
Recommended for?	<p>Pulse2 is a comprehensive network option for mature families with advanced healthcare needs. It provides unlimited cover for hospitalisation at a network of hospitals (mainly Netcare) and primary care services at a network of providers.</p> <p>For chronic treatment and day-to-day benefits you first have to consult a network family practitioner (FP) for referral.</p>
Contribution range	<p>R4 732 - Principal member. R4 732 - Adult dependant. R1 124 - Child dependant.</p>
Day-to-day benefits/ Savings account	<p>Day-to-day benefits are available. No savings account available.</p>
Value benefits	<p>Preventative care. FP and Specialist consultations. Optometry. Dentistry.</p>
Over-the-counter medicine	<p>Available.</p>
Not recommended for?	<p>Young individuals or young couples with families. They will find more value on the Beat and Pace ranges.</p>



Method of benefit payment

On the Pulse2 option in-hospital services are paid from Scheme risk benefit. The Bestmed Pulse2 network covers most out-of-hospital services. Some day-to-day services and preventative care services are available from the Scheme risk benefit.

Pulse 2 members must make use of the Pulse Specialist DSP network.

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



In-hospital benefits

Please familiarise yourself with the Designated Service Providers (DSPs) and networks for this option. This includes Pulse DSP specialist network and DSP hospitals. Hospital costs will be covered unlimited at the Scheme negotiated tariff at the Bestmed Pulse hospital network as listed on the website.

The DSP hospital network consists of all Netcare hospitals in South Africa. In areas where there are no Netcare hospitals, other hospitals are contracted as DSPs.

Please refer to the Bestmed website on www.bestmed.co.za for a list of the DSP hospitals.

Voluntary use of a non-DSP hospital (except in the case of an emergency) will result in a co-payment of up to R10 000 for the member's account.

In-hospital benefits

Process for hospital authorisation

- All members on the Pulse2 option must make use of Bestmed family practitioners (FPs).
- The Bestmed network FP will refer the member to a Bestmed DSP specialist should a specialist consultation be required.
- Should the Bestmed 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 contracted DSP hospitals.

Emergency admittance in a non-DSP hospital

- Should a member be admitted for an emergency condition in 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 ER24.
- All in-hospital benefits referred to in the section below require pre-authorisation from Bestmed.
- Bestmed clinical funding protocols and limits may apply.

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. 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.
Dental and oral surgery	100% Scheme tariff.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R89 500 per family.

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis - Internal Note: Sub-limit subject to the prosthesis limit *Functional: Items utilised towards treating or supporting a bodily function	Sub-limits per beneficiary: <ul style="list-style-type: none"> • *Functional R14 850 • Vascular R34 600 • Pacemaker (dual chamber) R46 900 • Endovascular - no benefit • Spinal R34 600 • Artificial disk R15 200 • Drug-eluting stents R15 200 • Mesh R15 200 • Gynaecology/Urology R11 300 • Lens implants R9 700 per lens • Joint replacements: <ol style="list-style-type: none"> 1. Hip replacement and other major joints R41 400 2. Knee replacement R48 350 3. Minor joints R18 000
Prosthesis - External	Limit of R21 600 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	100% Scheme tariff. Oncology Programme and Designated Service Provider (DSP). MRP applies to medicine claims where applicable. The Designated Service Provider is ICON.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Only DSPs. Subject to pre-authorisation.
Confinements	100% Scheme tariff.
Refractive surgery	100% Scheme tariff. Limited to R7 950 per eye.
Midwife-assisted births (Protocols apply)	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.
Co-payments	Co-payment of up to R10 000 per event for voluntary use of a non-DSP hospital.



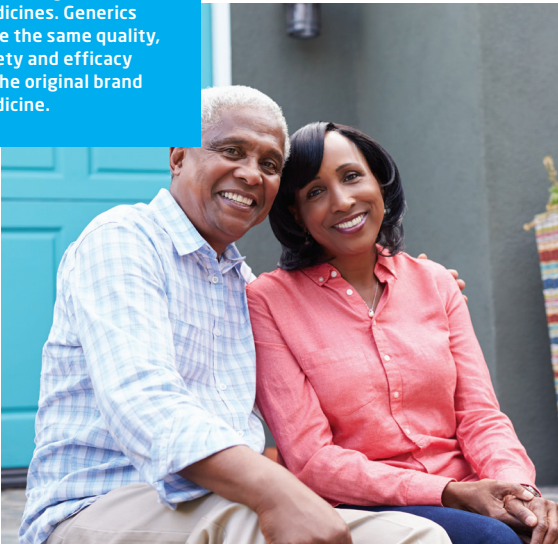
Out-of-hospital benefits

- Most out-of-hospital benefits are paid through Bestmed at the 100% negotiated contract tariff.
- The Bestmed FP and Pulse dental networks are conveniently located across South Africa.
- Members on Pulse2 are required to make use of the Bestmed FP provider network for primary healthcare services.
- For a comprehensive list of Bestmed providers, please go to www.bestmed.co.za

Bestmed Pulse specialist DSP Network

- All members must use the Bestmed Pulse specialist DSP Network as the contracted Designated Service Provider (DSP).
- The list of providers can be obtained by logging onto the secure website via www.bestmed.co.za
- Alternatively, members can contact Bestmed to obtain the contact information of the closest specialist.

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.



Out-of-hospital benefits

MEDICAL EVENT

SCHEME BENEFIT

Overall day-to-day limit

M = R12 250, M1+ = R24 350.

FP consultations

Unlimited, FP visits at a Bestmed FP network provider.

Out-of-network:

- FP visits (subject to overall day-to-day limit)
- Limited to maximum 2 casualty visits per family up to a maximum of R1 300 per visit.
- Member to pay for the visit up front and then claim back from Bestmed Medicines and all associated costs relating to the visit are also paid from the R1 300 limit.

Specialist consultations

100% Scheme tariff.

Limited to M = R2 700, M1+ = R5 200.

(Subject to overall day-to-day limit)

Referral by the network FP is required for specialist consultations.

Subject to Bestmed Pulse Specialist DSP.

Minor procedures performed in the provider's rooms must be pre-approved by Bestmed.

Basic and specialised dentistry

Basic dentistry:

100% Scheme tariff.

Subject to the Bestmed Pulse2 approved tariff list.

Specialised dentistry:

100% Scheme tariff.

(Subject to overall day-to-day limit)

Limited to M = R6 150, M1+ = R7 800.

Exclusions apply:

Orthodontic therapy above 21 years. Complications with removable dentures.

MRI and CT scans for any dento-alveolar procedures.

Dentures

Limited to a maximum of two removable acrylic dentures (i.e. two single denture plates) per family every 24 months.

At Bestmed Pulse network dental provider and accredited dental laboratories and in accordance with the Pulse2 list of approved codes only.

MEDICAL EVENT	SCHEME BENEFIT
Medical aids, apparatus and appliances including wheelchairs and hearing aids	100% Scheme tariff. Limited to R8 700 per family. Limit on wheelchairs of R11 200 per family per 48 months. Limit on hearing aids of R24 200 per beneficiary per 24 months at DSP. Subject to quotation, motivation and audiogram.
Supplementary services (Services rendered by dietitians, chiropractors, homeopaths, orthoptists, acupuncturists, speech therapists, audiologists, occupational therapists, chiropodists, biokineticists, psychologists and social workers)	100% Scheme tariff. Limited to M = R3 600, M1+ = R7 150. (Subject to overall day-to-day limit) Must be referred by a network provider only.
Maternity benefits	2 sonars and up to 12 antenatal consultations.
Wound care benefit (incl. dressings, negative pressure wound therapy (NPWT) treatment and related nursing services - out-of-hospital)	100% Scheme tariff. Limited to R8 400 per family.
Optometry PPN benefits (PPN capitation provider)	100% Scheme tariff. Consultation R365 Frame R550 AND Single vision lens R175 OR Bifocal lens R380 OR Multifocal lens R695 Contact lenses R1 420
Diagnostic imaging and pathology	100% Scheme tariff. Primary care pathology and radiology must be requested via the network FP according to the network approved Pulse2 protocols and tariff list. (Subject to overall day-to-day limit)
Specialised diagnostic imaging	100% Scheme tariff. Subject to pre-authorisation. MRI/CT scans: Maximum of 3 scans per beneficiary. PET scan: 1 scan per beneficiary.
Oncology	100% Scheme tariff. Oncology Programme and Designated Service Provider (DSP). MRP applies to medicine claims where applicable. The DSP is ICON.

MEDICAL EVENT	SCHEME BENEFIT
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs. National Renal Care (NRC).
Rehabilitation services after trauma	No benefit.

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	Severe 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

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	Osteoarthritis
Non-CDL 15	Alzheimer's disease
Non-CDL 16	Neuropathy
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



Medicine

Note:

All benefits below are subject to approval, pre-authorisation, 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 chronic limit. 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. Unlimited. Must be prescribed by a network provider and obtained from a network pharmacy. Co-payment of 25% for non-formulary medicine.
Non-CDL chronic medicine*	85% of Scheme tariff. 16 conditions. Limited to M = R5 800, M1+ = R11 600. Must be prescribed by a network provider and obtained from a network pharmacy. Co-payment of 25% for non-formulary medicine.
Biologicals and other high-cost medicine	100% Scheme tariff. Limited to R132 000 per beneficiary.
Acute medicine	100% Scheme tariff. Limited M = R3 850, M1+ = R7 800. (Subject to overall day-to-day limit) Must be prescribed by a network provider and obtained from a network pharmacy. No benefit for medicine not on the acute medicine formulary.
Over-the-counter (OTC) medicine	100% Scheme tariff. Limited to R550 per family. (Subject to acute medicine limit and available funds in the overall day-to-day limit) Subject to provider network formulary.



Preventative care benefits

Note:

100% Scheme tariff. Subject to Scheme protocols. Benefits below may be subject to 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.	Flu vaccine via Bestmed Network Pharmacy or FP.
Pneumonia vaccines	Children < 2 years. High-risk adult group.	Children: As per schedule of the 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 by the Scheme 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.

BetterMe wellness 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)

Note: Biometric screening activates the other assessment benefits.)

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.



The specialised dentistry benefit in Pulse2 is something to smile about.



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

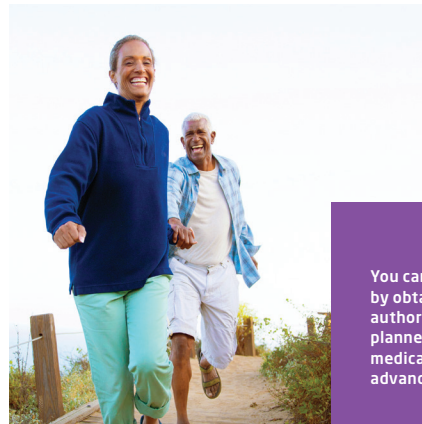
You are able to register on the Maternity Care programme simply by sending an e-mail to info@babyhealth.co.za or you can call us on 086 111 1936.

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

Contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	R4 732	R4 732	R1 124
Savings amount	R0	R0	R0
Total monthly contribution	R4 732	R4 732	R1 124

* 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

ADD/ADHD = Attention deficit disorder/attention deficit hyperactivity disorder; CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); DSP = Designated Service Provider; GORD = Gastro oesophageal reflux disease; FP = Family Practitioner or Doctor; M = Member; M1+ = Member and family; MRI/CT Scans = Magnetic Resonance Imaging/Computed Tomography scans; MRP = Mediscor Reference Price; NP = Network Provider; NPWT = Negative Pressure Wound Therapy; OCD = Obsessive compulsive disorder; PET Scan = Positron Emission Tomography scan.

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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