



Pulse1

Benefit
summary
2018

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personally yours

Pulse1

PULSE1 OPTION

NETWORK ONLY OPTION

Recommended for?

You are an individual looking for medical cover that is adaptable to your income and will not shy away from having to visit a set network of designated service providers.

Primary healthcare services and private hospital cover is what you need with the addition of some preventative care benefits.

Contribution range (Depending on income level)

R1 372 to R1 976 - Principal member.

R1 303 to R1 777 - Adult dependant.

R824 to R987 - Child dependant.

Savings account / Day-to-day benefits

No savings account available.

Day-to-day benefits are available.

Value benefits

Preventative care.

FP and Specialist consultations.

Optometry.

Basic dentistry.

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 is ideal for you.



Method of benefit payment

On the Pulse1 option in-hospital services are paid from Scheme risk benefit. The Bestmed Pulse1 network covers most out-of-hospital services, however, members will still be required to go to a DSP. Some preventative care services are available from Scheme risk benefit. (Emergency out-of-network visits with FPs must be paid by members upfront and then claimed back from the available out-of-network benefit with Bestmed).

Pulse1 members must make use of the Pulse specialist DSP network.



Bestmed provides great healthcare benefits to approximately 200 000 beneficiaries.



In-hospital benefits

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

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.

Process for hospital authorisation

- All members on the Pulse1 option must make use of the Bestmed Pulse1 family practitioners (FPs).
- The Bestmed Pulse1 FP will refer the member to a Bestmed Pulse DSP specialist should a specialist consultation be required.
- Should the Bestmed Pulse DSP specialist 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 benefits below may be subject to pre-authorisation and clinical protocols and designated hospital networks.
- Co-payments up to a maximum of R10 000 per event for voluntary use of a non-DSP hospital will be charged.

MEDICAL EVENT

SCHEME BENEFIT

Accommodation (hospital stay) and theatre fees

100% Scheme tariff at a Netcare DSP hospital.

Take-home medicine

100% Scheme tariff.
Limited to 3 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 (only PMBs).
Limited to 21 days per beneficiary subject to network facilities.

Consultations and procedures

100% Scheme tariff.

Surgical procedures and anaesthetics

100% Scheme tariff.
Excluded from benefits: functional nasal surgery, surgery for medical conditions e.g. Epilepsy, Parkinson's disease etc., and procedures where stimulators are used.

Organ transplants

100% Scheme tariff (only PMBs).

Major medical maxillo-facial surgery strictly related to certain conditions

No benefit.

Dental and oral surgery

No benefit.

Prosthesis

(Subject to preferred provider, otherwise limits and co-payments apply)

100% Scheme tariff.
Limited to R44 700 per family.

Prosthesis - Internal

Sub-limits per beneficiary:

Note: Sub-limit subject to the above prosthesis limit

- *Functional R9 500
- Vascular R22 150
- Pacemaker (dual chamber) R36 200
- Endovascular and catheter-based procedures - no benefit
- Spinal R22 150
- Artificial disk - no benefit
- Drug-eluting stents - no benefit
- Mesh R8 100
- Gynaecology/Urology R6 690
- Lens implants R4 650 per lens

*Functional: Items utilised towards treating or supporting a bodily function

Prosthesis - External

No benefit.

In-Hospital benefits

MEDICAL EVENT

SCHEME BENEFIT

Exclusions (Prosthesis sub-limit subject to preferred provider, otherwise limits and co-payments apply)	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: <ul style="list-style-type: none"> • Hip replacement and other major joints R22 700. • Knee replacement R28 700. • Minor joints R10 750.
Orthopaedic and medical appliances	100% Scheme tariff. Limited to R5 500 per family.
Pathology	100% Scheme tariff.
Diagnostic imaging	100% Scheme tariff.
Specialised diagnostic imaging	100% Scheme tariff.
Oncology	PMBs only at DSP state facilities where available.
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.
Confinements	100% Scheme tariff.
Refractive surgery	No benefit.
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.
Co-payments	Co-payment where procedure has been clinically approved: <ul style="list-style-type: none"> • R3 200 on all laparoscopic procedures, • R3 200 on prostate procedures, • R3 200 on procedures for prolapse/incontinence, • R3 200 on arthroscopy other than acute trauma, • R3 200 on endoscopy investigations done primarily in hospital.

Out-of-hospital benefits

Out-of-hospital benefits are paid at 100% of the Bestmed Pulse1 tariff and are subject to the Bestmed Pulse1 tariff protocols, unless otherwise stated.

Note: Granting of benefits under the primary care services and the Scheme benefits, shall be subject to treatment protocols, preferred providers, DSPs, dental procedure codes, pathology and radiology lists of codes and medicine formularies as accepted by the Scheme.

What are the benefits covered by the tariff for the Bestmed Pulse1 Family Practitioners (FPs)?

- As many consultations as are medically necessary to get you healthy.
- Selected minor trauma treatment, such as stitching of wounds.
- Medicine for acute ailments, subject to the Bestmed Pulse1 formulary.

You will be responsible for the payment of any services **outside** of the Bestmed Pulse1 protocols.

PULSE1 PRIMARY CARE BENEFITS

DISCIPLINE	BENEFIT DESCRIPTION
FP consultations	<ul style="list-style-type: none"> • Bestmed Pulse1 agreed tariff. • Unlimited medically necessary consultations with a Bestmed Pulse Network FP for basic primary care. • Pre- and postnatal care: <ol style="list-style-type: none"> 1. Supervision of uncomplicated pregnancy up to week 20. 2. Includes two 2D sonar scans per pregnancy during the 1st and 2nd trimesters . • Specified minor trauma treatment including: stitching of wounds, draining of absysss, removal of foreign body, limb cast.



Out-of-hospital benefits

What happens if I need a FP after hours or while on holiday?

- The Pulse1 benefit makes provision for after-hours emergency visits outside of the network.
- You will be required to pay for all treatment received at the point of service. The costs of these services may be claimed back from Bestmed by completing a reimbursement form which can be downloaded from www.bestmed.co.za or obtained from Bestmed. The reimbursement will be subject to Bestmed Pulse1 protocols.
- Refunds are subject to Bestmed Pulse1 protocols.

PULSE1 PRIMARY CARE BENEFITS

DISCIPLINE

BENEFIT DESCRIPTION

Out-of-network and casualty visits

Out-of-network visits to a FP are limited to a maximum of R1 200 per family per year.

Any radiology and pathology treatment received as a result of the casualty visit will be paid from the R1 200 out-of-network visit limit. Once limit has been reached, the costs will be for the member's own account.

Excludes services provided by FPs who are not registered with the Health Professionals Council of South Africa (HPCSA).

Emergency visits are unlimited at any State facility.

PULSE1 PRIMARY CARE BENEFITS - ACUTE MEDICINE

- Reference pricing is applied. If a product is prescribed that is more expensive than the reference price, the patient will need to pay the difference in price at the point of dispensing.
- Quantity limits apply to some items on this formulary. Quantities in excess of this limit will need to be funded by the member at the point of dispensing, unless an authorisation has been obtained for a greater quantity.
- Other generic products not specifically listed will be reimbursed in full if the price falls within the reference price range for that group.
- The formulary is subject to regular review. Bestmed reserves the right to update and change the formulary when new information becomes available, prices change or when new medicines are released.
- While every effort has been made to ensure that products listed are available on the market, it is possible that some products may be discontinued by the manufacturers during the course of the year.

DISCIPLINE

BENEFIT DESCRIPTION

Acute medicine

Bestmed agreed tariff.

Unlimited acute medicine as dispensed or prescribed by a Bestmed Pulse1 Network FP and dispensed at a preferred network pharmacy.

Subject to reference pricing and the Bestmed Pulse1 acute medicine formulary.



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

PULSE1 PRIMARY CARE BENEFITS - CHRONIC MEDICINE

- Chronic application forms must accompany all first-time applications. All applications MUST include valid ICD 10 codes.
- If the prescriber or patient insists on a non-formulary product, where a generic equivalent is available on the formulary, a co-payment will be levied at the point of dispensing.
- Reference pricing is applied. If a product is prescribed that is more expensive than the reference price, the patient will need to pay the difference in price at the point of dispensing.
- Other generic products not specifically listed will be reimbursed in full if the price falls within the reference price range for that group.
- A clinically relevant motivation is required when prescribing any product which does not appear on this list.

What if I have a chronic condition?

- Please consult your Bestmed Pulse1 Network FP to confirm your diagnosis.
- Once confirmed, the Bestmed Pulse1 Network FP will complete a chronic application form to register you for chronic medicine benefits.
- This form will be forwarded to Bestmed by your FP for evaluation.
- You will be notified via SMS as soon as the chronic application has been processed.
- Approval of chronic medicine benefits is subject to the clinical protocols for the chronic conditions covered by Bestmed and a chronic medicine formulary.
- Should you have any enquiries in this regard, please contact the Bestmed Contact Centre on 086 000 2378.
- Note that most chronic medicines may only be collected once per month.
- It will be necessary for you to visit your Bestmed Pulse1 FP to renew your chronic repeat script every six months. If there is a change in medication or condition, a new application will need to be submitted.
- This script should be submitted to Bestmed for your chronic medicines authorisation to be updated.

DISCIPLINE

Chronic medicine

BENEFIT DESCRIPTION

100% contracted tariff and preferred network pharmacies.

Chronic medicine for CDL and PMB conditions only.

Unlimited chronic medicine subject to registration and approval from Bestmed and according to the Bestmed chronic medicine formulary only.

Chronic medicine prescribed by a specialist out-of-hospital will only be covered on registration and if approved by Bestmed according to the Bestmed chronic medicine formulary.

What is over-the-counter (OTC) medicine?

- Over-the-counter (OTC) medicine is available for self-diagnosis and treatment, for example, if you have a cold and you need to buy medicine without seeing your Bestmed Pulse1 FP.
- There is a R350 limit which is subject to Bestmed Pulse1 OTC medication formulary and medication being obtained at a preferred network pharmacy.



We perceive trust as a fundamental requirement of life which originates from a commitment to approach all relationships with honesty and integrity.



Out-of-hospital benefits

What are my dental benefits?

- Dental benefits are obtainable from a Bestmed Pulse1 network dentist.
- The dental benefits are for basic dentistry only and are subject to clinical protocols and an approved tariff list.
- Benefits are limited to primary extractions, fillings, scaling and polishing as well as emergency pain relief.
- Dentures: Limited to a maximum of two removeable acrylic dentures (i.e. two single denture plates) per family every 24 months. There is a co-payment of 20% of the total fees which the member must pay directly to the dentist.
- Crowns and other specialised dentistry are not covered.
- Please contact Bestmed to confirm which benefits are covered.

PULSE1 PRIMARY CARE BENEFITS

DISCIPLINE	BENEFIT DESCRIPTION
Basic dentistry	<p>When clinically appropriate and subject to Bestmed Pulse1 protocols; includes consultations, primary extractions, fillings, scaling and polishing.</p> <p>Limited to Bestmed Pulse1 dental network accredited providers and Bestmed Pulse1 list of approved dental codes.</p> <p>Two consultations for a full mouth examination per beneficiary per year subject to Bestmed Pulse1 list of dental codes.</p> <p>Preventative treatments cover scale and polish as well as fluoride treatment.</p>
Dentures	<p>Limited to a maximum of 2 removable acrylic dentures (i.e. 2 single denture plates) per family every 24 months.</p> <p>Covers beneficiaries over the age of 21 years.</p> <p>Co-payment of 20% of total fee at practice.</p> <p>At Bestmed Pulse1 network dental provider and accredited dental laboratories and in accordance with the Bestmed Pulse1 list of approved codes only.</p>

What cover do I have for optometry?

- To qualify for the optical benefits, you need to consult a PPN network optometrist.
- The Pulse1 benefit covers an optical test, a basic frame from a selected range of frames, with white standard mono- or bifocal lenses; or contact lenses to the value of R555. If you choose a frame outside of the selected range of frames, PPN will pay R150 towards this frame. You will have to pay the balance of the frame directly to the optometrist.
- Kindly note that any additional services such as accessories, tinting, enhancements, etc. are not covered under this benefit. You will have to pay these services yourself.
- The optical benefit is available per beneficiary, every 24 months.

DISCIPLINE	BENEFIT DESCRIPTION
Optometry	<p>Subject to PPN protocols.</p> <p>One pair of clear single vision or clear bi-focal lenses in a standard frame.</p> <p>OR Contact lenses to the value of R555 in lieu of spectacles.</p> <p>A benefit of R150 will be paid towards a frame selected outside of the standard range.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Tinted lenses • Accessories and enhancements • Acute medicine • Contact lens solutions, etc. <p>No benefit if a non-network provider is used.</p>



Out-of-hospital benefits

What about blood tests (pathology)?

- Basic blood tests are only covered if requested by your Bestmed Pulse1 Network FP according to an approved tariff list.
- Your Bestmed Pulse1 Network FP has a list of approved tests and will advise you if the required tests are covered by Bestmed.
- You will be responsible for payment of pathology tests not covered under the Pulse1 benefits.

PULSE1 PRIMARY CARE BENEFITS

DISCIPLINE	BENEFIT DESCRIPTION
Pathology	Bestmed Pulse1 agreed tariff. Basic blood tests as requested by a Bestmed Pulse1 Network FP and subject to Bestmed Pulse1 Network FP protocols and approved pathology list of codes.

Additional Scheme benefits on the Pulse options include international travel cover and preventative care.

What if I need X-rays (radiology)?

- The Pulse1 benefits cover a list of X-rays that may be performed by a radiologist, if referred by your Bestmed Pulse1 Network FP.
- Your Bestmed Pulse1 Network FP will advise you whether or not the required X-ray is covered.
- You will be responsible for payment of X-rays not covered under the Pulse1 benefits.
- Your FP will refer you to the closest radiology practice to have the X-ray performed.

PULSE1 PRIMARY CARE BENEFITS

DISCIPLINE	BENEFIT DESCRIPTION
Radiology	Bestmed agreed tariff. Basic X-rays as requested by your Bestmed Pulse1 Network FP and subject to Pulse1 protocols and approved radiology list of codes.



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.



Medicine

Note:

Benefits mentioned below may be subject to pre-authorisation, formularies, funding guidelines and Mediscor Reference Price (MRP). DSPs may apply.

* Approved CDL and PMB chronic medicine costs will be paid (unlimited) from Scheme risk.

BENEFIT DESCRIPTION	SCHEME BENEFIT
CDL & PMB chronic medicine	100% Scheme tariff. 40% co-payment on non-formulary medicine at a preferred provider network pharmacy.
Non-CDL chronic medicine	No benefit.
Biologicals and other high-cost medicine	No benefit.
Acute medicine	Subject to Provider Network Formulary. 100% Scheme tariff.
Over-the-counter (OTC) medicine	Limited to R350 per family. Subject to provider network formulary.

Chronic conditions list

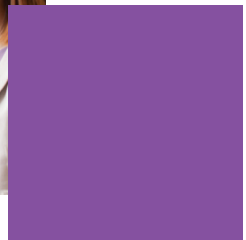
CDL

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

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 below may be subject to pre-authorisation, formularies, funding guidelines and Mediscor Reference Price (MRP). DSPs may apply.

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Flu vaccines	All ages.	1 per beneficiary per year.	At a Bestmed Pulse1 Network FP or network pharmacy only. Subject to Pulse1 protocols and where clinically necessary.
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: Bestmed 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.
Paediatric immunisations	Babies and children.	Funding for all paediatric vaccines according to the state-recommended programme.	
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.

We always strive to exceed your expectations.



Bestmed can negotiate with service providers to offer members benefits and services that offer, on a Rand-for-Rand basis, the best value compared to other large open medical schemes.



Other benefits

PULSE1 PRIMARY CARE BENEFITS

DISCIPLINE	BENEFIT DESCRIPTION
Specialist consultations	Specialist consultations must be referred by a Network Provider and approved by Bestmed. Limited to M = R1 000 M1+ = R 1 500. Subject to Pulse specialist DSP network. R500 penalty for non-referral to specialists in PMB cases.
Medical aids, apparatus and appliances including wheelchairs and hearing aids and appliances	No benefit.
Supplementary services (Services rendered by dieticians, chiropractors, homeopaths, orthoptists, acupuncturists, speech therapists, audiologists, occupational therapists, chiropodists, biokineticists, psychologists and social workers)	No benefit.
Wound care benefit (incl. dressings, negative pressure wound therapy (NPWT) treatment and related nursing services - out-of-hospital)	No benefit.
Specialised diagnostic imaging	No benefit.
Oncology	PMBs only, state facilities where available.
Peritoneal dialysis and haemodialysis	PMBs only at DSPs.
Rehabilitation services after trauma	No benefit.

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



Contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
Total contribution income R0 - R 5 500 p.m.	R1 372	R1 303	R824
Total contribution income R5 501 - R8 500 p.m.	R1 645	R1 565	R987
Total contribution income > R8 501 p.m.	R1 976	R1 777	R987

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





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

Abbreviations

CDL = Chronic Disease List; DSP = Designated Service Provider; FP = Family Practitioner or Doctor; MRP = Mediscor Reference Price; NP = Network Provider; OTC = Over the Counter; PMB = Prescribed Minimum Benefits.

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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