



Beat3

Benefit  
summary  
2018

**bestMed**  
personally yours

## Beat3

BEAT3 OPTION	HOSPITAL PLAN (WITH SAVINGS)
<b>Recommended for?</b>	Beat3 is Bestmed's value-for-money prime option for new and young families. This option offers generous maternity benefits, extensive in-hospital cover at private hospitals and chronic benefits. Some preventative care benefits are also available to ensure you and your little ones are well taken care of.
<b>Contribution range (Network choice available)</b>	R2 558 - Principal member (Standard option) R1 817 - Adult dependant (Standard option) R987 - Child dependant (Standard option) R2 301 - Principal member (Network option) R1 636 - Adult dependant (Network option) R889 - Child dependant (Network option)
<b>Savings account / Day-to-day benefits</b>	Savings account available. Day-to-day benefits are available.
<b>Value benefits</b>	Preventative care benefits. Optometry. Preventative dentistry. Maternity benefits.
<b>Over-the-counter medicine</b>	Savings account.
<b>Not recommended for?</b>	Older individuals and families requiring more comprehensive 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 Beat3 option in-hospital services are paid from Scheme risk. Some day-to-day services are paid from the Scheme risk and other services will be paid from the savings account. Some preventative care services are available from the Scheme risk benefit.



The Beat range offers flexible hospital benefits with limited savings to pay for out-of-hospital expenses on some options.

## 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 to the voluntary use of a non-designated service provider.

MEDICAL EVENT	SCHEME BENEFIT
<b>Accommodation (hospital stay) and theatre fees</b>	100% Scheme tariff. DSP specialist network applicable if the discounted network option is chosen.
<b>Take-home medicine</b>	100% Scheme tariff. Limited to 7 days' medicine.
<b>Treatment in mental health clinics</b>	100% Scheme tariff. Limited to 21 days per beneficiary.
<b>Treatment of chemical and substance abuse</b>	100% Scheme tariff. Limited to 21 days or R27 200 per beneficiary. Subject to network facilities.
<b>Consultations and procedures</b>	100% Scheme tariff. DSP specialist network applicable if the discounted network option is chosen.
<b>Surgical procedures and anaesthetics</b>	100% Scheme tariff.
<b>Organ transplants</b>	100% Scheme tariff. (Only PMBs).
<b>Major medical maxillo-facial surgery strictly related to certain conditions</b>	100% Scheme tariff. Limited to R10 900 per family.
<b>Dental and oral surgery</b>	Limited to R6 800 per family.
<b>Prosthesis</b> (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R67 100 per family.

## In-hospital benefits

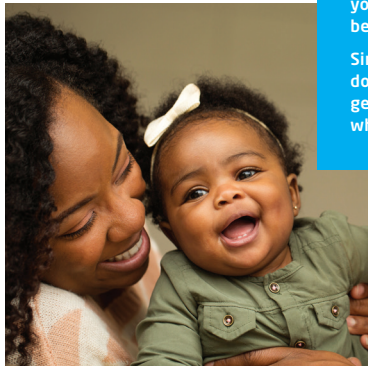
MEDICAL EVENT	SCHEME BENEFIT
<b>Prosthesis - Internal</b> Note: Sub-limit subject to the prosthesis limit.  *Functional: Item utilised towards treating or supporting a bodily function.	Sub-limits per beneficiary: <ul style="list-style-type: none"> <li>• *Functional limited to R11 880</li> <li>• Pacemaker (dual chamber) R36 200</li> <li>• Vascular R26 600</li> <li>• Endovascular and catheter-based procedures - no benefit</li> <li>• Spinal R26 600</li> <li>• Artificial disk - no benefit</li> <li>• Drug-eluting stents - no benefit</li> <li>• Mesh R9 350</li> <li>• Gynaecology/Urology R7 720</li> <li>• Lens implants R5 800 per lens</li> </ul>
<b>Prosthesis - External</b>	No benefit.
<b>Exclusions</b> 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"> <li>• Hip replacement and other major joints R28 100</li> <li>• Knee replacement R34 770</li> <li>• Minor joints R10 700</li> </ul>
<b>Orthopaedic and medical appliances</b>	100% Scheme tariff.
<b>Pathology</b>	100% Scheme tariff.
<b>Diagnostic imaging</b>	100% Scheme tariff.
<b>Specialised diagnostic imaging</b>	100% Scheme tariff.
<b>Oncology</b>	PMBs only (DSP: State hospitals where available).
<b>Peritoneal dialysis and haemodialysis</b>	PMBs only at DSPs.
<b>Confinements</b>	100% Scheme tariff.
<b>Refractive surgery</b>	100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R7 000 per eye.
<b>Midwife-assisted births</b>	100% Scheme tariff.
<b>Supplementary services</b>	100% Scheme tariff.
<b>Alternatives to hospitalisation</b>	100% Scheme tariff.
<b>Emergency evacuation</b>	100% Scheme tariff. Pre-authorized and rendered by ER24.
<b>Co-payments</b>	Co-payment of R3 200 on all endoscopic investigations if done in a private hospital. Any other facility, no co-payment.

## Out-of-hospital benefits

### Note:

- Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).
- Most out-of-hospital expenses, such as visits to a FP or Specialist, are paid from your medical savings account.
- Some out-of-hospital benefits are paid for by the Scheme at 100% Scheme tariff.
- 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.
- Members choosing the efficiency discount option (Network option) are required to make use of Scheme-contracted service providers.

MEDICAL EVENT	SCHEME BENEFIT
FP and specialist consultations	Savings account. FP and specialist consultations only at Bestmed DSPs at network tariffs.
Basic and specialised dentistry	<b>Basic:</b> Preventative benefit or savings account. <b>Specialised:</b> Savings account. <b>Orthodontic:</b> Subject to pre-authorisation.
Medical aids, apparatus and appliances	Savings account.
Supplementary services	Savings account.
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.



Did you know that you can make your benefits last longer?

Simply ask your doctor to prescribe generic medicines where possible.

## 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**

Savings account.

**Specialised diagnostic imaging**

100% Scheme tariff.  
Limited to R9 450 per family.

**Oncology**

PMBs only at DSPs.

**Peritoneal dialysis and haemodialysis**

PMBs only at DSPs.

**Maternity benefits**

100% Scheme tariff. 2 sonars and up to 12 antenatal consultations.

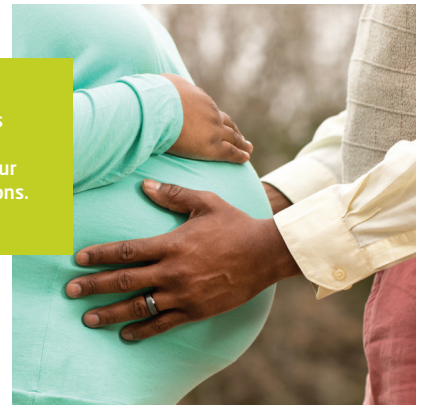
**Rehabilitation services after trauma**

Savings account.

\*This means 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.

We always strive to exceed your expectations.





# Medicine

## Note:

- Benefits below may be subject to pre-authorisation, 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.

\*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
<b>CDL &amp; PMB chronic medicine*</b>	100% Scheme tariff. Co-payment of 40% for non-formulary medicine.
<b>Non-CDL chronic medicine*</b>	5 conditions. 75% Scheme tariff. Limited to M = R2 900, M1+ = R5 900. Co-payment of 40% for non-formulary medicine.
<b>Biologicals and other high-cost medicine</b>	No benefit.
<b>Acute medicine</b>	Savings account.
<b>Over-the-counter (OTC) medicine</b>	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

## Chronic conditions list

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
<b>Non-CDL</b>	
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
<b>PMB</b>	
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, 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.	<b>Adults:</b> 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 rehabilitation 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.		
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 account.
<b>BetterMe wellness benefits</b>		<ul style="list-style-type: none"> <li>Health risk assessment (biometric screening) at contracted pharmacy or on-site at employer.</li> </ul>	
<b>Note: Biometric screening activates the other assessment benefits</b>		<ul style="list-style-type: none"> <li>Fitness assessment at a contracted BASA biokineticist - 1 per beneficiary per year (ages older than 13 years) <ul style="list-style-type: none"> <li>Nutritional assessment - 1 per family per year</li> </ul> </li> <li>Occupational therapy assessment - 1 per beneficiary per year (ages 3-12 years)</li> <li>Baby growth assessment at a contracted pharmacy clinic - 3 per beneficiary per year (ages 0-35 months)</li> </ul>	

Disclaimer: General and option-specific exclusions apply. Please refer to [www.bestmed.co.za](http://www.bestmed.co.za) for more detail.



Bestmed provides great healthcare benefits to more than 200 000 beneficiaries.

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

## Maternity Care programme

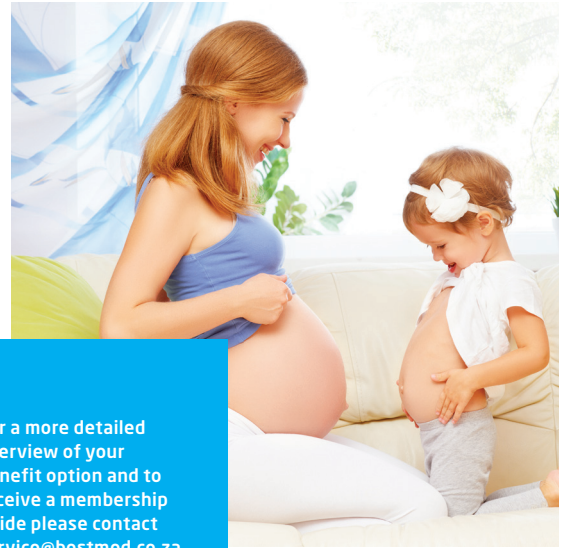
With so many things to juggle, the Maternity Care programme is here to help moms and dads through their entire pregnancy and the first two years with a new little one in the home. At Bestmed, we want you to enjoy this entire experience and feel comfortable knowing that we are here for you.

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](mailto: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.**



For a more detailed overview of your benefit option and to receive a membership guide please contact [service@bestmed.co.za](mailto: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.	Once a year.
	Under 12 years.	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.

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

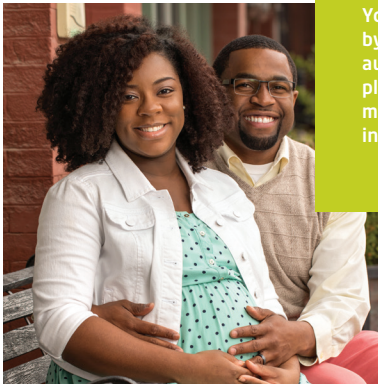


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# Contributions

	Non-network/ Network	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	NN	R2 123	R1 508	R819
	N	R1 909	R1 358	R738
Savings amount	NN	R435	R309	R168
	N	R392	R278	R151
Total monthly contribution	NN	<b>R2 558</b>	<b>R1 817</b>	<b>R987</b>
	N	<b>R2 301</b>	<b>R1 636</b>	<b>R889</b>

\* 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-authorization 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](mailto:service@bestmed.co.za)

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711153 Bestmed Beat3 Individual Brochure. This brochure was printed in October 2017.

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## CHRONIC MEDICINE

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## CLAIMS

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[claims@bestmed.co.za](mailto:claims@bestmed.co.za) (claim submissions)

## MATERNITY CARE

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E-mail: [info@babyhealth.co.za](mailto:info@babyhealth.co.za)

## 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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