BEAT3

Benefit Summary 2023

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BEAT3

BEAT3 OPTION	HOSPITAL PLAN (WITH SAVINGS AND SELECTED RISK BENEFITS)			
Recommended for?	Beat3 is recommended for members looking for generous maternity benefits, extensive in-hospital cover and cover for chronic conditions. The option also offers various preventative care benefits.			
Contributions	Non-network/ network	Principal member	Adult dependant	Child dependant
Risk amount	NN	R2 890	R2 061	R1 020
	N	R2 601	R1 855	R918
Medical savings account	NN	R510	R364	R180
	N	R459	R328	R162
Total monthly contribution	**NN**	**R3 400**	**R2 425**	**R1 200**
	N	**R3 060**	**R2 183**	**R1 080**

*You pay for a maximum of three children. Any additional children can join as beneficiaries of the Scheme at no additional cost.

Children under the age of 24 and registered students up to the age of 26 years qualify for child dependant rates.

BEAT3 OPTION	HOSPITAL PLAN (WITH SAVINGS AND SELECTED RISK BENEFITS)
Savings Account/ Day-to-day Benefits	Savings account available. Day-to-day benefits are available.
Over-the-counter medicine	Savings account.

Method of benefit payment

On the Beat3 option in-hospital benefits are paid from Scheme risk. Some day-to-day benefits are paid from the Scheme risk and other services will be paid from the savings account. Some preventative care benefits are available from the Scheme risk benefit.

Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs. This will not affect your savings.

Network option

- Beat1, 2 and 3 also offer you the option to lower your monthly contribution in the form of a network option.
- You are required to use specific network hospitals if you have selected the Beat3 network option. In turn, your monthly contribution is lower.
- 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 for more information regarding the monthly contributions.

In-hospital benefits

Note:

- Members are required to obtain pre-authorisation for all planned procedures at least 14 (fourteen) days before the event. However, in the case of an emergency, the member, their representative or the hospital must notify Bestmed of the member's hospitalisation as soon as possible or on the first working day after admission to hospital.
- 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 R13 078 shall 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.
Biological medicine during hospitalisation	Limited to R21 140 per family per annum. Subject to pre-authorisation and funding guidelines.
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 R35 573 per beneficiary. Subject to network facilities.
Consultations and procedures	100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
Organ transplants	100% Scheme tariff. (PMBs only)
Major medical maxillo-facial surgery strictly related to certain conditions	100% Scheme tariff. Limited to R14 256 per family.
Dental and oral surgery (In- or out of hospital)	Limited to R8 893 per family.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R87 757 per family.
Prosthesis – Internal **Note: Sub-limit subject to the overall annual prosthesis limit.** ***Functional: Item utilised towards treating or supporting a bodily function.**	Sub-limits per beneficiary: ▪ *Functional limited to R32 000. ▪ Pacemaker (dual chamber) R47 344. ▪ Vascular R60 000. ▪ Endovascular and catheter-based procedures - no benefit. ▪ Spinal including artificial disc R34 789. ▪ Drug-eluting stents - PMBs and DSP products only. ▪ Mesh R12 227. ▪ Gynaecology/Urology R10 098. ▪ Lens implants R7 585 a lens per eye.
Prosthesis – External	No benefit (PMBs only).
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 R36 751. ▪ Knee replacement R45 474. ▪ Other minor joints R13 995.
Orthopaedic and medical appliances	100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
Pathology	100% Scheme tariff.
Basic radiology	100% Scheme tariff.
Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies).	100% Scheme tariff.
Oncology	100% Scheme tariff. Subject to pre-authorisation and DSP.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Confinements (Birthing)	100% Scheme tariff.
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R9 155 per eye.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Midwife-assisted births	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
Palliative and home-based care in lieu of hospitalisation	100% Scheme tariff, limited to R63 420 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.
Day procedures at a day-hospital facility	Day procedures at DSPs and/or day-hospitals will be funded at 100% network or Scheme tariffs. Voluntary use of non-DSP specialists and acute hospitals will result in a co-payment of R2 500.

MEDICAL EVENT	SCHEME BENEFIT
International travel cover	▪ Leisure Travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 90 days, with R3 million for a family i.e. member and dependants. ▪ Business Travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 45 days, with R3 million for a family i.e. member and dependants.
Co-payments	Co-payment for voluntary use of non-network hospital R13 078 for network option.

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).
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- Most out-of-hospital expenses, such as visits to a Family Practitioner (FP) or Specialist, are paid from your 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 savings account, these funds will be transferred into your vested savings account at the beginning of the following financial year.
- Members choosing the network option are required to make use of Scheme-contracted service providers such as network hospitals.
- Non-network pharmacies and non-network DSP specialists will be reimbursed at Scheme tariff, including for treatment of PMBs.

MEDICAL EVENT	SCHEME BENEFIT
FP and specialist consultations	Savings account.
Diabetes primary care consultation	100% of Scheme tariff subject to registration with HaloCare. 2 primary care consultations at Dis-Chem Pharmacies.
Basic and specialised dentistry	Basic: Preventative benefit or savings account. Specialised: Savings account. Orthodontic: Subject to pre-authorisation.
Medical aids, apparatus and appliances including wheelchairs	Savings account.
Hearing aids	Subject to pre-authorisation 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 R3 885 per family.
Optometry benefit	Savings account.
Basic radiology and pathology	Savings account.
Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. Excluding PET scans)	100% Scheme tariff. Limited to R12 361 per family.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Oncology	Oncology programme at 100% of Scheme tariff. Subject to pre-authorisation and DSP.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Rehabilitation services after trauma	PMBs only. Subject to pre-authorisation and DSPs.

Medicine

Note:

- Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines, the Mediscor Reference Price (MRP) and the exclusions referred to in Annexure C of the registered Rules.
- Members will not incur co-payments for Prescribed Minimum Benefit (PMB) medications that are on the formulary for which there is no generic alternative.
- Members choosing the network option are required to make use of Scheme-contracted pharmacies to obtain their medicine.

BENEFIT DESCRIPTION	SCHEME BENEFIT
CDL and PMB chronic medicine*	100% Scheme tariff. Co-payment of 30% for non-formulary medicine.
Non-CDL chronic medicine*	5 conditions. 80% Scheme tariff. Limited to M = R3 793, M1+ = R7 716. Co-payment of 30% for non-formulary medicine.
Biological medicine	PMBs only as per funding protocol. Subject to pre-authorisation.
Other high-cost medicine	PMBs only as per funding protocol. Subject to pre-authorisation.
Acute medicine	Savings account.
Over-the-counter (OTC) medicine	Savings account.

*Please note that approved Chronic Disease List (CDL), Prescribed Minimum Benefit (PMB) and non-Chronic Disease List (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.
Approved medicine for the following conditions are not subject to the Chronic medicine limit: organ transplant, chronic renal failure, multiple sclerosis and haemophilia. Medicine claims will be paid directly from Scheme risk.

Chronic conditions list

CDL	
CDL 1	Addison's disease
CDL 2	Asthma
CDL 3	Bipolar mood disorder
CDL 4	Bronchiectasis
CDL 5	Cardiac failure
CDL 6	Cardiomyopathy
CDL 7	Chronic obstructive pulmonary disease (COPD)
CDL 8	Chronic renal disease
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
CDL 16	Glaucoma
CDL 17	Haemophilia
CDL 18	HIV/AIDS
CDL 19	Hyperlipidaemia
CDL 20	Hypertension
CDL 21	Hypothyroidism
CDL 22	Multiple sclerosis

CDL	
CDL 23	Parkinson's disease
CDL 24	Rheumatoid arthritis
CDL 25	Schizophrenia
CDL 26	Systemic lupus erythematosus (SLE)
CDL 27	Ulcerative colitis

NON-CDL	
Non-CDL 1	Acne - severe
Non-CDL 2	Allergic rhinitis
Non-CDL 3	Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)
Non-CDL 4	Eczema - severe
Non-CDL 5	Migraine prophylaxis

PMB	
PMB 1	Aplastic anaemia
PMB 2	Benign prostatic hypertrophy
PMB 3	Cerebral palsy
PMB 4	Chronic anaemia
PMB 5	COVID-19
PMB 6	Cushing's disease
PMB 7	Cystic fibrosis
PMB 8	Endometriosis

PMB	
PMB 9	Female menopause
PMB 10	Fibrosing alveolitis
PMB 11	Graves' disease
PMB 12	Hyperthyroidism
PMB 13	Hypophyseal adenoma
PMB 14	Idiopathic thrombocytopenic purpura
PMB 15	Paraplegia/Quadriplegia
PMB 16	Polycystic ovarian syndrome
PMB 17	Pulmonary embolism
PMB 18	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.	Adults: The Scheme will identify certain high-risk individuals who will be advised to be immunised.
Travel vaccines	All ages.	Quantity and frequency depending on product up to the maximum allowed amount.	Mandatory travel vaccines for typhoid, yellow fever, tetanus, meningitis, hepatitis and cholera from Scheme risk benefits.
Paediatric immunisations	Babies and children.	Funding for all paediatric vaccines according to the state-recommended programme.	
Baby growth and development assessments	0-2 years.	3 assessments per year.	Assessments are done at a Bestmed Network Pharmacy Clinic.
Female contraceptives	All females of child-bearing age.	Quantity and frequency depending on product up to the maximum allowed amount.	Limited to R2 550 per beneficiary per year. Includes all items classified in the category of female contraceptives.
Back and neck preventative programme	All ages.	Subject to pre-authorisation.	Preferred providers (DBC/Workability Clinics). This is a preventative programme with the objective of preventing back and neck surgery. The Scheme may identify appropriate participants. Based on the first assessment, a rehabilitation treatment plan is drawn up and initiated over an uninterrupted period that will be specified by the provider. Use of this programme is in lieu of surgery.
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Mammogram	Females 40 years and older.	Once every 24 months.	100% Scheme tariff.
Preventative dentistry	Refer to Preventative Dentistry section on p.15 for details.		
PSA screening	Males 50 years and older.	Once every 24 months.	Can be done at a urologist, FP or network pharmacy clinic. Consultation paid from the available savings account.
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist, FP or pharmacy clinic. Consultation paid from the available savings account.

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

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

BESTMED TEMPO WELLNESS PROGRAMME

Note: Completing your Health Assessment (HA) unlocks the other Bestmed Tempo benefits.

The Bestmed Tempo wellness programme is focused on supporting you on your path to improving your health and realising the rewards that come with it. To ensure you achieve this, you will have access to the following benefits:

Tempo Health Assessment (HA) for adults (beneficiaries 16 years and older) which includes one of each of the following per year per adult beneficiary:	▪ The Tempo lifestyle questionnaire ▪ Blood pressure check ▪ Cholesterol check ▪ Glucose check ▪ Height, weight and waist circumference These assessments need to be done at a contracted pharmacy or on-site at participating employer groups.
Bestmed Tempo Fitness and Nutrition programmes (beneficiaries 16 and older):	**Fitness** ▪ 1 x (face-to-face) fitness assessment at a Tempo partner biokineticist ▪ 1 x follow-up (virtual or face-to-face) consult to obtain your personalised fitness/exercise plan from the Tempo partner biokineticist These fitness benefits are intended to assist you on your Tempo Get Active Journey. **Nutrition** ▪ 1 x (face-to-face) nutrition assessment at a Tempo partner dietitian ▪ 1 x follow-up (virtual or face-to-face) consult to obtain your personalised healthy-eating plan from the Tempo partner dietitian These nutrition benefits are intended to assist you on your Tempo Nutritional Health Journey.
Emotional Wellbeing Journey:	This journey was developed by qualified psychologists and healthcare providers, and will assist you to identify and manage your emotions and the affect they have on your mental health. This Journey provides you with access to: ▪ lifestyle related information that will help you deal with life's changes and curve balls. ▪ practical challenges that will enable you to practice the new skills you have to acquire to progress from your current emotional and mental state to your desired state. **Emotional Wellbeing Journey (via the Bestmed App and website):** ▪ Two questionnaires that assess whether the participant experiences symptoms of depression and/or anxiety (for beneficiaries 21 years and older). ▪ Access to the educational information, challenges, recordings, videos, and support group details (for beneficiaries 16 years and older).

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

PREVENTATIVE CARE BENEFIT

Maternity benefits	100% Scheme tariff. Subject to the following benefits: **Consultations:** ▪ 9 antenatal consultations at a FP OR gynaecologist OR midwife. ▪ 1 post-natal consultation at a FP OR gynaecologist OR midwife. **Ultrasounds:** ▪ 1 x 2D ultrasound scan at 1st trimester (between 10 to 12 weeks) at a FP OR gynaecologist OR radiologist. ▪ 1 x 2D ultrasound scan at 2nd trimester (between 20 to 24 weeks) at a FP OR gynaecologist OR radiologist. **Supplements:** ▪ Any item categorised as a maternity supplement can be claimed up to a maximum of R127 per claim, once a month, for a maximum of 9 months.

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

Maternity care programme

Finding out you are pregnant comes with a whole lot of emotions, questions and information. Sometimes just knowing where to start and which information you can trust can be a challenge.

Pregnant members and dependants have access to the Maternity care programme. The programme provides comprehensive information and services and was designed with the needs of expectant parents and their support network in mind. We aim to give you support, education and advice through all stages of your pregnancy, the confinement and postnatal (after birth) period.

Members need to register on the Bestmed Maternity care programme as soon as they receive confirmation of their pregnancy by means of a pathology test and/or scan from your family practitioner or gynaecologist. After you complete your registration, a consultant will contact you. If your pregnancy is associated with risks, the information will be forwarded to Bestmed's case managers who will contact you to help monitor your progress.

Please note that registering on the Maternity care programme does not confirm any other maternity benefits nor does it provide authorisation for the delivery as these benefits are subject to the Scheme's rules and underwriting. To enquire about these benefits please contact service@bestmed.co.za.

How to register:

Send an email to maternity@bestmed.co.za or call us on 012 472 6797. Please include your medical scheme number and your expected delivery date in the email.

After registration on the Maternity care programme, you will also receive the Bestmed Maternity care programme registration confirmation letter, indicating all necessary information as stated below:

Our third-party service provider, DLA, will be in contact within the next two to three weeks via email, requesting you to complete a registration form. Keep an eye on your inbox (including the spam folder) for this email. Completing this form will ensure you are registered on their database to ensure you receive maternity information, additional support if the pregnancy is identified as a high-risk pregnancy and a gift on behalf of Bestmed after 14 weeks gestation. DLA will guide you through the process of selecting a gift.

The registration form and gift selection form must be returned to DLA directly. The maternity gift will only be sent after week 14 of your pregnancy.

Registration also provides you with access to a 24-hour medical advice line and benefits through each phase of your pregnancy.

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)	12 years and above. 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 x 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.

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; MRI/CT Scans = Magnetic Resonance Imaging/Computed Tomography Scans; NPWT = Negative Pressure Wound Therapy; PET Scan = Positron Emission Tomography Scan; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen; PMB = Prescribed Minimum Benefit.

086 000 2378

service@bestmed.co.za

060 015 7696

012 472 6500

www.bestmed.co.za

@BestmedScheme

www.facebook.com/
BestmedMedicalScheme

HOSPITAL AUTHORISATION
Tel: 080 022 0106
Email: authorisations@bestmed.co.za

CHRONIC MEDICINE
Tel: 086 000 2378
Email: medicine@bestmed.co.za
Fax: 012 472 6760

CLAIMS
Tel: 086 000 2378
Email: service@bestmed.co.za (queries)
claims@bestmed.co.za (claim submissions)

MATERNITY CARE
Tel: 012 472 6797
Email: maternity@bestmed.co.za

WALK-IN FACILITY
Block A, Glenfield Office Park,
361 Oberon Avenue, Faerie Glen,
Pretoria, 0081, South Africa

POSTAL ADDRESS
PO Box 2297, Arcadia,
Pretoria, 0001, South Africa

ER24
Tel: 084 124

INTERNATIONAL TRAVEL INSURANCE (EUROP ASSISTANCE)
Tel: 0861 838 333
Claims and emergencies: assist@europassistance.co.za
Travel registrations: bestmed-assist@linkham.com

PMB
Tel: 086 000 2378
Email: pmb@bestmed.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.

Hotline:	080 111 0210 toll-free from any Telkom line
Hotfax:	080 020 0796
Hotmail:	fraud@kpmg.co.za
Postal:	KPMG Hotpost, at BNT 371, PO Box 14671, Sinoville, 0129, South Africa

INDIVIDUAL CLIENTS APPLYING FOR NEW MEMBERSHIP AFTER THE FINAL DEBIT ORDER CLOSING DATE, WILL BE SUBJECT TO REGISTRATION DATE CHANGE. PLEASE CONSULT YOUR ADVISOR OR BESTMED FOR MORE INFORMATION.

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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