PACE3

Benefit Summary 2023

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PACE3

PACE3 OPTION	COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)		
Recommended for?	Those seeking comprehensive in-hospital and out-of-hospital benefits as well as extensive day-to-day benefits to cover out-of-hospital expenses.		
Contributions	Principal member	Adult dependant	Child dependant
Risk amount	R6 479	R5 216	R1 114
Medical savings account	R1 055	R849	R182
Total monthly contribution	**R7 534**	**R6 065**	**R1 296**

*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.

PACE3 OPTION	COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)
Savings account/Day-to-day benefits	Savings account available. Day-to-day benefits are available.

Method of benefit payment

On the Pace3 option, in-hospital benefits are paid from the Scheme risk. Some out-of-hospital benefits 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, claims can be paid from the available vested savings. Some preventative care benefits are available from the Scheme risk benefit.

Benefits relating to conditions that meet the criteria for prescribed minimum benefits (PMBs) will be covered in full when using designated service providers (DSPs). This will not affect your savings (annual or vested).

In-hospital benefits

Note:

- All benefits mentioned below are subject to pre-authorisation, clinical protocols and funding guidelines.
- 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 (PPs), designated service proveders (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 R35 573 per beneficiary. Subject to network facilities.
Consultations and procedures	100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff.
Organ transplants	100% Scheme tariff. (PMBs only)
Major medical maxillo-facial surgery strictly related to certain conditions	100% Scheme tariff.
Dental and oral surgery (In- or out-of-hospital)	Limited to R18 571 per family.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R128 300 per family.

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis – Internal **Note: Sub-limit subject to the overall annual prosthesis limit.** ***Functional: Items utilised towards treating or supporting a bodily function.**	Sub-limits per beneficiary: ▪ *Functional limited to R36 000. ▪ Vascular R69 000. ▪ Pacemaker (dual chamber) R68 989. ▪ Spinal including artificial disc R64 115. ▪ Drug-eluting stents R20 926. ▪ Mesh R20 926. ▪ Gynaecology/Urology R15 694. ▪ Lens implants R13 419 a lens per eye. ▪ Joint replacements: - Hip replacement and other major joints R57 545. - Knee replacement R67 027. - Other minor joints R24 783.
Prosthesis – External	Limited to R30 212 per family. DSPs apply. Includes artificial limbs limited to 1 limb every 60 months.
Orthopaedic and medical appliances	100% Scheme tariff.
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. Access to extended protocols.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Confinements (Birthing)	100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
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 R11 117 per eye.
Mammary surgery on the unaffected (non-cancerous) breast of a breast cancer patient	100% Scheme tariff for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) on the unaffected (non-cancerous) breast of a breast cancer patient. The benefit is limited to R40 476 and is subject to pre-authorisation.
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 R126 840 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.
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.

MEDICAL EVENT	SCHEME BENEFIT
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.

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 savings account, these funds will be transferred into a vested savings account after 5 months. The savings will remain your property.
- Any credit in your vested 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 or day-to-day overall annual limit or the sub-limits as indicated in your benefit guide.
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- Clinical funding protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- If you have a treatment plan for a registered Chronic Disease List (CDL) and/or PMB condition/s, the services in the treatment plan will be paid from the applicable day-to-day limit first. Once the limit is depleted, claims will continue to be paid from Scheme risk, up to the maximum specified in the treatment plan.

MEDICAL EVENT	SCHEME BENEFIT
Overall day-to-day limit	M = R20 045, M1+ = R41 425.
FP and specialist consultations	Savings first. 100% Scheme tariff. M = R4 840, M1+ = R9 809. (Subject to overall day-to-day limit)

MEDICAL EVENT	SCHEME BENEFIT
Diabetes primary care consultation	100% of Scheme tariff subject to registration with HaloCare. 2 primary care consultations at Dis-Chem Pharmacies. Paid first from the "FP and specialist consultations" day-to-day benefit, thereafter Scheme risk.
Basic and specialised dentistry	Savings first and then from day-to-day limit. Limited to M = R8 219, M1+ = R15 323. (Subject to overall day-to-day limit)
Orthodontic dentistry	Savings first. 100% Scheme tariff. Subject to pre-authorisation. Limited to R9 513 per event for beneficiaries up to 18 years of age. Subject to overall day-to-day limit.
Medical aids, apparatus and appliances	Savings first. Limited to R11 509 per family. Includes repairs to artificial limbs. (Subject to overall day-to-day limit)
Wheelchairs	Limited to R15 564 per family every 48 months.
Hearing aids	Limited to R35 705 per beneficiary every 24 months subject to pre-authorisation.
Continuous/Flash Glucose Monitoring (CGM/FGM)	100% Scheme tariff. Limited to R21 140 per family per annum. Subject to pre-authorisation.
Supplementary services	Savings first. Limited to M = R2 956, M1+ = R6 212. (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 R10 000 per family. (Subject to overall day-to-day limit)

MEDICAL EVENT	SCHEME BENEFIT
Optometry benefit (PPN capitation provider)	Benefits available every 24 months from date of service. **Network Provider (PPN)** ▪ Consultation - 1 per beneficiary. ▪ Frame = R1 040 covered AND ▪ 100% of cost of standard lenses (single vision OR bifocal OR multifocal) AND Lens enhancement = R750 covered OR ▪ Contact lenses = R2 010 OR **Non-network Provider** ▪ Consultation - R365 fee at non-network provider ▪ Frame = R780 AND ▪ Single vision lenses = R215 OR ▪ Bifocal lenses = R460 OR ▪ Multifocal lenses = R982.50 ▪ Lens enhancement = R750 covered In lieu of glasses members can opt for contact lenses, limited to R2 010.
Basic radiology and pathology	Savings first. Limited to M = R3 924, M1+ = R7 781. (Subject to overall day-to-day limit)
Specialised diagnostic imaging (Including MRI scans, CT scans, isotope studies and PET scans).	MRI/CT scans: Maximum of 3 scans per beneficiary. PET scan: 1 scan per beneficiary. Subject to pre-authorisation.
Rehabilitation services after trauma	100% Scheme tariff.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Oncology	Oncology programme. 100% of Scheme tariff. Subject to pre-authorisation and DSP. Access to extended protocols.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.

Medicine

Note:

- Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), 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 PMB medications that are on the formulary for which there is no generic alternative.
- Approved PMB biological and non-PMB biological medicine costs will be paid from the biological limit first. Once the limit is depleted, only PMB biological medicine costs will continue to be paid unlimited from Scheme risk.

BENEFIT DESCRIPTION	SCHEME BENEFIT
CDL and PMB chronic medicine*	100% Scheme tariff. Co-payment of 15% for non-formulary medicine.
Non-CDL chronic medicine*	20 conditions. 90% Scheme tariff. Limited to M = R15 368, M1+ = R30 735. Co-payment of 15% for non-formulary medicine.
Biological medicine	Limited to R366 197 per beneficiary.
Other high-cost medicine	100% Scheme tariff.
Acute medicine	Savings first. Limited to M = R2 000, M1 + = R4 500. (Subject to overall day-to-day limit)
Over-the-counter (OTC) medicine	**Member choice: 1. R1 057 OTC limit per family OR 2. Access to full savings for OTC purchases (after R1 057 limit) = self-payment gap accumulation. Includes suncreen, vitamins and minerals with NAPPI codes on Scheme formulary. Subject to the available savings.

* 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. **The default OTC choice is 1. R1 057 OTC limit per family. 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	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 23	Parkinson's disease

CDL

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	Alzheimer's disease
Non-CDL 3	Ankylosing spondylitis
Non-CDL 4	Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)
Non-CDL 5	Allergic rhinitis
Non-CDL 6	Autism
Non-CDL 7	Collagen diseases
Non-CDL 8	Dermatomyositis
Non-CDL 9	Eczema - severe
Non-CDL 10	Gastro oesophageal reflux disease (GORD)
Non-CDL 11	Gout prophylaxis
Non-CDL 12	Major depression*
Non-CDL 13	Migraine prophylaxis
Non-CDL 14	Neuropathy
Non-CDL 15	Obsessive compulsive disorder
Non-CDL 16	Osteoarthritis
Non-CDL 17	Osteoporosis
Non-CDL 18	Paget's disease

NON-CDL

Non-CDL 19	Psoriasis
Non-CDL 20	Urinary incontinence

*Approved medicine claims will continue to be paid from Scheme risk once the non-CDL limit is depleted.

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 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

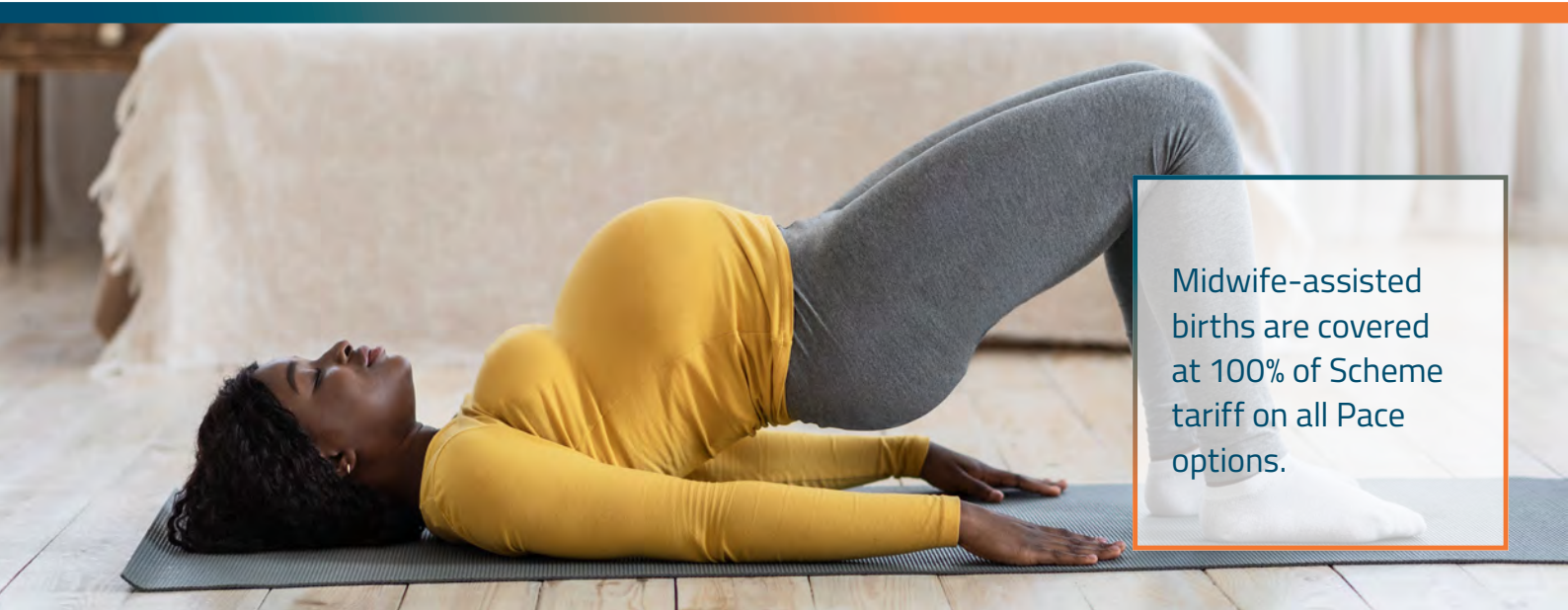
Preventative care benefits

Note: Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), 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.
Intrauterine device (IUD) insertion	All females of child-bearing age.	1 device every 5 years.	Consultation and procedure by a gynaecologist or FP.
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.

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.
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/consultation benefit.
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
Bone densitometry	All beneficiaries 45 years and older.	Once every 24 months.	
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/ consultation benefit.

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



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.

Remember that pre-authorisation is required for planned, in-hospital medical procedures.

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

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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