



RHYTHM2

Benefit Summary 2023

bestMed
personally yours



RHYTHM2

RHYTHM2 OPTION

Recommended for?

Contributions

Total contribution income R0 - R5 500 p.m.

Total contribution income R5 501 - R8 500 p.m.

Total contribution income >R8 501 p.m.

RHYTHM2 IS A NETWORK OPTION

You are looking for a benefit option that is suited to your income, you are comfortable to make use of a network of designated service providers and value a range of preventative care benefits and unlimited family practitioner visits.

Principal
member

Adult
dependant

Child
dependant

R1 917

R1 822

R1 154

R2 303

R2 188

R1 382

R2 763

R2 488

R1 382

* 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.

RHYHM2 OPTION

Savings account
Day-to-day benefits

RHYTHM2 IS A NETWORK OPTION

No savings account available.
Day-to-day benefits are available.

Method of benefit payment

On the Bestmed Rhythm network option in-hospital benefits are paid from Scheme risk benefit. The Bestmed Rhythm network covers most out-of-hospital services. However, members will still be required to go to a DSP. Some preventative care benefits are available from Scheme risk benefit.

Rhythm2 members must make use of the Rhythm FP and Hospital networks.

Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs.

In-hospital benefits

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

Members are required to obtain pre-authorization 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.

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 at www.bestmed.co.za for a list of the DSP hospitals.

Process for hospital authorisation:

- All members on the Rhythm2 option must make use of the Bestmed Rhythm Family Practitioners (FPs).
- The Bestmed Rhythm FP will refer the member to a Rhythm Specialist DSP should a specialist consultation be required.
- Should the Rhythm Specialist DSP indicate that hospitalisation is required the member needs to contact Bestmed on 080 022 0106 for pre-authorization. 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 to 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 hospital benefits below may be subject to pre-authorization, clinical protocols, funding guidelines and designated hospital networks.
- Voluntary use of a non-DSP hospital (except in the case of an emergency) will result in a co-payment of up to R13 078.

MEDICAL EVENT

Accommodation (hospital stay) and theatre fees

Take-home medicine

Biological medicine during hospitalisation

Treatment in mental health clinics

Treatment of chemical and substance abuse

SCHEME BENEFIT

100% Scheme tariff at a designated service provider (DSP) hospital.

100% Scheme tariff.
Limited to 3 days' medicine.

Limited to R15 855 per family per annum. Subject to pre-authorization and funding guidelines.

100% Scheme tariff.
Limited to 21 days per beneficiary.

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

MEDICAL EVENT	SCHEME BENEFIT
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 (PMBs only).
Major medical maxillo-facial surgery strictly related to certain conditions	Approved PMBs at DSPs.
Dental and oral surgery (In- or out of hospital)	Approved PMBs at DSPs.
Prosthesis (subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R58 461 per family.
Prosthesis – Internal Note: Sub-limit subject to the overall annual prosthesis limit.	Sub-limits per beneficiary: <ul style="list-style-type: none"> *Functional R31 000. Vascular R50 000. Pacemaker (dual chamber) R47 344. Endovascular and catheter-based procedures – no benefit. Spinal including artificial disc R28 968. Drug-eluting stents – PMBs and DSP products only. Mesh R10 594. Gynaecology/Urology R8 750. Lens implants R6 083 a lens per eye.
Prosthesis – External	Approved PMBs at DSPs.

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 R29 689. Knee replacement R37 536. Other minor joints R14 059.
Orthopaedic and medical appliances	100% Scheme tariff. Limited to R7 194 per family.
Pathology	100% Scheme tariff.
Basic radiology	100% Scheme tariff.
Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. Excluding PET scans).	100% Scheme tariff. Subject to pre-authorisation.
Confinements (Birthing)	100% Scheme tariff.
Oncology	Oncology programme. 100% of Scheme tariff. Subject to pre-authorisation. DSP applies.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	Approved PMBs at DSPs.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Midwife-assisted births (Protocols apply)	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.

MEDICAL EVENT

SCHEME BENEFIT

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 a day-hospital facility funded at 100% Scheme tariff. Subject to pre-authorisation. DSPs apply for PMBs. Co-payment of R2 500 if procedure is done in a private hospital.

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 of up to R13 078 per event for voluntary use of a non-DSP hospital.



Out-of-hospital benefits

Out-of-hospital benefits are paid at 100% Scheme tariff and are subject to the Bestmed Rhythm2 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, Designated Service Providers (DSPs), dental procedure codes, pathology and basic radiology lists of codes and medicine formularies, funding guidelines and the Mediscor Reference Price (MRP) as accepted by the Scheme.

Members are required to obtain pre-authorisation for all planned treatments and/or procedures.

What are the benefits covered by Bestmed Rhythm 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 Rhythm formulary.

You will be liable for the payment of any services outside of the Bestmed Rhythm2 protocols.

DISCIPLINE

BENEFIT DESCRIPTION

FP consultations

100% Scheme tariff.
Unlimited medically necessary consultations with a Bestmed Rhythm Network FP for basic primary care.

Diabetes primary care consultation

100% of Scheme tariff subject to registration with HaloCare.
2 primary care consultations at Dis-Chem Pharmacies.



DISCIPLINE	BENEFIT DESCRIPTION
Specialist consultations	Specialist consultations (this includes minor procedures done in specialist rooms and all consumables used), must be referred by a Rhythm Network Provider and approved by Bestmed. Limited to M = R1 586; M1+ = R2 643. Subject to Rhythm Specialist DSP network.
Out-of-network and casualty visits	<p>Out-of-network visits to an FP and casualty visits are limited to a maximum of R1 569 per family per year.</p> <p>Basic radiology and pathology that falls within formulary when received as a result of the casualty visit will be paid from the out-of-network and casualty visits limit.</p> <p>Once limit has been reached the costs will be for the member's own account.</p> <p>Emergency visits are unlimited at any State facility.</p> <ul style="list-style-type: none"> You will be required to pay for all treatment received at the point of service. The cost of these services may be claimed back by completing an Out-of-network claim form which can be downloaded from the Bestmed website or obtained from Bestmed. Reimbursements are subject to Bestmed Rhythm2 protocols.
Medical aids, apparatus and appliances including wheelchairs and hearing aids	Approved PMB services only.

DISCIPLINE	BENEFIT DESCRIPTION
Supplementary services (services rendered by dietitians, chiropractors, homeopaths, orthoptists, acupuncturists, speech therapists, audiologists, occupational therapists, podiatrists, biokineticists, psychologists and social workers)	Approved PMB services only.
Wound care benefit (incl. dressings, negative pressure wound therapy (NPWT) treatment and related nursing services - out-of-hospital)	Approved PMB services only.
Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. Excluding PET scans).	Approved PMB services only.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Rehabilitation services after trauma	PMBs only. Subject to pre-authorisation and DSPs.
Oncology	Oncology programme. 100% of Scheme tariff. Subject to pre-authorisation. DSP applies.

OPTOMETRY

DISCIPLINE	BENEFIT DESCRIPTION
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Optometry	<p>Benefits available every 24 months from date of service at PPN provider only.</p> <ul style="list-style-type: none">▪ 1 Consultation per beneficiary.▪ Frame = R245 covered (Frame refund value after network discount R184) AND Standard lenses▪ Single vision lenses = R215 OR▪ Bifocal lenses = R460 OR▪ Multifocal lenses = R460▪ In lieu of glasses members can opt for contact lenses, limited to R700 <p>Consultation fee of R365 at non-network provider.</p>
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What are my dental benefits?

- Dental benefits are obtainable from a Bestmed Rhythm Dental Network Provider. The dental benefits are for basic dentistry only and are subject to clinical protocols and an approved tariff list.
- Crowns and other specialised dentistry are not covered.
- Please contact Bestmed to confirm which benefits are covered.

DENTISTRY

DISCIPLINE	BENEFIT DESCRIPTION
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Basic dentistry	Where clinically appropriate and subject to Bestmed Rhythm2 protocols, Bestmed Rhythm Dental Network Providers and Rhythm approved dental codes.
Dentures	Limited to a maximum of 2 removable acrylic dentures (i.e. 2 single denture plates) per family every 24 months.





PATHOLOGY

DISCIPLINE	BENEFIT DESCRIPTION
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Pathology	100% Scheme tariff. Basic blood tests as requested by a Bestmed Rhythm Network FP and subject to Bestmed Rhythm2 protocols and Rhythm approved pathology codes.
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BASIC RADIOLOGY

DISCIPLINE	BENEFIT DESCRIPTION
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Basic radiology	100% Scheme tariff. Basic X-rays as requested by your Bestmed Rhythm Network FP and subject to Bestmed Rhythm2 protocols and Rhythm approved radiology codes.
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You will be liable for the payment of any codes outside of the Bestmed Rhythm pathology and radiology formulary.

Medicine

Note:

- Benefits 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.
- As this is a network option, members 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.
30% co-payment on non-formulary medicine at a preferred provider network pharmacy.

Biological medicine

PMBs only.
Subject to pre-authorisation.

Other high-cost medicine

PMBs only.
Subject to pre-authorisation.

Acute medicine

100% Scheme tariff. Subject to Bestmed formulary only. As prescribed by network provider and obtained from DSP pharmacy.

Over-the-counter (OTC) medicine

Limited to R634 per family.
Subject to preferred provider network pharmacy.
Includes sunscreen, vitamins and minerals with NAPPI codes on Scheme formulary.



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

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.	At a Bestmed Rhythm Network FP or preferred provider network pharmacy. Subject to Bestmed Rhythm2 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.
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.
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.
Mammogram	Females 40 years and older.	Once every 24 months.	Must be referred by Bestmed Rhythm Network FP or Rhythm Specialist DSP.
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 consultation benefit.

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a Rhythm Specialist DSP gynaecologist, Bestmed Rhythm Network FP or network pharmacy clinic. Consultation paid from the available consultation benefit.
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.
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.

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



Midwife-assisted births are covered at 100% Scheme tariff.

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% of Scheme tariff at network providers only for 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.

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.

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✉ service@bestmed.co.za
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📠 012 472 6500
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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

**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.

Disclaimer: All the 2023 product information appearing in this brochure is provided without a representation or warranty whatsoever, whether expressed or implied, and no liability pertaining thereto will attach to Bestmed Medical Scheme. All information regarding the 2023 benefit options and accompanying services including information in respect of the terms and conditions or any other matters is subject to prior approval of the Council for Medical Schemes (CMS) and may change without notice having due regard to the CMS's further advices. Please note that should a dispute arise, the registered Rules, as approved by the Registrar of Medical Schemes, shall prevail.

Please visit www.bestmed.co.za for the complete liability and responsibility disclaimer for Bestmed Medical Scheme as well as the latest Scheme Rules.

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WALK-IN FACILITY

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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

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