

A photograph of a man and a woman standing on a mountain peak at sunset. They are both wearing backpacks and have their arms raised in celebration, holding hands. The woman is on the left, wearing a white crop top and brown pants. The man is on the right, wearing a brown shirt and light blue jeans. The background shows a vast landscape with mountains and a bright sunset sky.

Benefit
Summary
2021

PULSE1



PULSE1 OPTION

NETWORK ONLY OPTION

Recommended for?

You are an individual looking for medical cover that is adaptable to your income and will not shy away from having to visit a set network of designated service providers (DSPs). Primary healthcare services and private hospital cover is what you need with the addition of some preventative care benefits.

Contributions	Principal member	Adult dependant	Child dependant
Total contribution income R0 - R5 500 p.m.	R1 694	R1 610	R1 019
Total contribution income R5 501 - R8 500 p.m.	R2 035	R1 934	R1 221
Total contribution income >R8 501 p.m.	R2 442	R2 198	R1 221

Children under the age of 21 and registered students up to the age of 26 years qualify for child dependant rates. Child dependant contributions are applicable to each child dependant.

PULSE1 OPTION

NETWORK ONLY OPTION

Savings account/Day-to-day benefits

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

Value benefits

Preventative care.
Family Practitioner (FP) and specialist consultations.
Optometry.
Basic dentistry.

Over-the-counter medicine

Available.

Method of benefit payment

On the Pulse1 option in-hospital services are paid from Scheme risk benefit. The Bestmed Pulse1 network covers most out-of-hospital services. However, members will still be required to go to a DSP. Some preventative care services are available from Scheme risk benefit.

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

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 Pulse Specialist DSPs and DSP hospitals. Hospital costs will be covered unlimited at the Scheme negotiated tariff at Pulse network hospital as listed on the website.

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.

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 Pulse1 option must make use of the Bestmed Pulse1 Family Practitioners (FPs).
- The Bestmed Pulse1 FP will refer the member to a Pulse Specialist DSP should a specialist consultation be required.
- Should the Pulse Specialist DSP indicate that hospitalisation is required the member needs to contact Bestmed on 080 022 0106 for pre-authorisation. Bestmed will only authorise admissions to contracted DSP hospitals.

Emergency admittance in a non-DSP hospital:

- Should a member be admitted for an emergency condition 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-authorisation, 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 R11 874 for the member's account.

MEDICAL EVENT

SCHEME BENEFIT

Accommodation (hospital stay) and theatre fees

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

Take-home medicine

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

Treatment in mental health clinics

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

MEDICAL EVENT	SCHEME BENEFIT
Treatment of chemical and substance abuse	100% Scheme tariff (only PMBs). Limited to 21 days per beneficiary subject to network facilities.
Consultations and procedures	100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff. Excluded from benefits: functional nasal surgery, surgery for medical conditions, e.g. Epilepsy, Parkinson's disease, etc., and procedures where stimulators are used.
Organ transplants	100% Scheme tariff (PMBs only).
Major medical maxillo-facial surgery strictly related to certain conditions	No benefit.
Dental and oral surgery (In- or out of hospital)	No benefit.
Prosthesis (subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R53 079 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 R11 281 Vascular R26 302 Pacemaker (dual chamber) R42 986 Endovascular and catheter-based procedures - no benefit Spinal R26 302 Artificial disc - no benefit Drug-eluting stents - PMBs and DSP products only Mesh R9 619 Gynaecology/Urology R7 944 Lens implants R5 523 a lens per eye
*Functional: Items utilised towards treating or supporting a bodily function	

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis - External	No benefit (PMBs only).
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 R26 956. Knee replacement R34 080. Minor joints R12 765.
Orthopaedic and medical appliances	100% Scheme tariff. Limited to R6 531 per family.
Pathology	100% Scheme tariff.
Basic radiology	100% Scheme tariff.
Specialised diagnostic imaging (Including MRI scans, CT scans, isotope studies and PET scans)	100% Scheme tariff.
Confinements (Birthing)	100% Scheme tariff.
Oncology	Oncology programme. 100% of Scheme tariff. DSP applies.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Mammary surgery on the unaffected (non-cancerous) breast of a breast cancer patient	No benefit for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) on the unaffected (non-cancerous) breast of a breast cancer patient.
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	No benefit (PMBs only).
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.

MEDICAL EVENT

SCHEME BENEFIT

Midwife-assisted births
(Protocols apply)

100% Scheme tariff.

Supplementary services

100% Scheme tariff.

Alternatives to hospitalisation

100% Scheme tariff.

Palliative care and Home-based
care in lieu of hospitalisation

100% Scheme tariff. Limited to R8 000 per month, over 3 months. Total benefit limited to R24 000. Subject to pre-authorisation and DSPs.

Emergency evacuation

Services rendered by ER24.

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

International travel cover

Up to R10 million and a maximum of 90 days. Services rendered by Bryte Insurance and managed by ER24.

Co-payments

Co-payment where procedure has been clinically approved:

- R3 800 on all laparoscopic procedures
- R3 800 on prostate procedures
- R3 800 on procedures for prolapse/incontinence
- R3 800 on arthroscopy other than acute trauma
- R3 800 on endoscopy investigations done primarily in hospital
- Co-payment of up to R11 874 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 Pulse1 tariff protocols unless otherwise stated.

Note:

Granting of benefits under the primary care services and the Scheme benefits shall be subject to treatment protocols, preferred providers, Designated Service Providers (DSPs), dental procedure codes, pathology and basic radiology lists of codes and medicine formularies 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 Pulse1 Family Practitioners (FPs)?

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

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

DISCIPLINE

BENEFIT DESCRIPTION

FP consultations

100% Scheme tariff.
Unlimited medically necessary consultations with a Bestmed Pulse1 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 limited to R359 per consultation.



DISCIPLINE	BENEFIT DESCRIPTION
Specialist consultations	Specialist consultations (this includes minor procedures done in specialist rooms and all consumables used), must be referred by a Pulse1 Network Provider and approved by Bestmed. Limited to M = R1 187; M1+ = R1 782. Subject to Pulse Specialist DSP network. R500 penalty for non-referral to specialists in PMB cases.
Out-of-network and casualty visits	<p>Out-of-network visits to an FP and casualty visits are limited to a maximum of R1 425 per family per year.</p> <p>Basic radiology and pathology that falls within formulary treatment received as a result of the casualty visit will be paid from the R1 425 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 from the Scheme by completing a reimbursement form which can be downloaded from www.bestmed.co.za or obtained from Bestmed. Reimbursement/refunds are subject to Bestmed Pulse1 protocols.
Medical aids, apparatus and appliances including wheelchairs and hearing aids and appliances	No benefit.

DISCIPLINE	BENEFIT DESCRIPTION
Supplementary services (services rendered by dieticians, 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)	No benefit.
Specialised diagnostic imaging (Including MRI scans, CT scans, isotope studies and PET scans)	No benefit.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Oncology	Oncology programme. 100% of Scheme tariff. 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">• Consultation - only PPN providers.• Frame = R225 covered AND Standard lenses• Single vision lenses = R210 OR• Bifocal lenses = R445• In lieu of glasses members can opt for contact lenses, limited to R630
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What are my dental benefits?

- Dental benefits are obtainable from a Bestmed Pulse1 network dentist.
- The dental benefits are for basic dentistry only and are subject to clinical protocols and an approved tariff list.
- 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	<p>Where clinically appropriate and subject to Bestmed Pulse1 protocols. Includes consultations, primary extractions, fillings, fluoride treatment, scaling and polishing. Limited to 2 consultations for a full mouth examination per beneficiary per year. Bestmed Pulse1 dental network providers and Bestmed Pulse1 list of approved dental codes.</p> <p>Dentures</p> <p>Limited to a maximum of 2 removable acrylic dentures (i.e. 2 single denture plates) per family every 24 months. Co-payment of 20% of total fee which the member must pay directly to the provider.</p>
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PATHOLOGY

DISCIPLINE	BENEFIT DESCRIPTION
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Pathology	100% Scheme tariff. Basic blood tests as requested by a Bestmed Pulse1 Network FP and subject to Bestmed Pulse1 Network protocols and approved pathology list of codes.
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Please ensure that your required pathology tests are covered under the Pulse1 benefits, as you will be liable for payment of tests not covered.

BASIC RADIOLOGY

DISCIPLINE	BENEFIT DESCRIPTION
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Basic radiology	100% Scheme tariff. Basic X-rays as requested by your Bestmed Pulse1 Network FP and subject to Bestmed Pulse1 Network protocols and approved basic radiology list of codes.
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Please ensure that your required radiology codes are covered under the Pulse1 benefits, as you will be liable for payment of codes not covered.

Note:

- Benefits 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).
- 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.
40% co-payment on non-formulary medicine at a preferred provider network pharmacy.

Non-CDL chronic medicine

No benefit.

Biologicals and other high-cost medicine

PMBs only - subject to pre-approval.

Acute medicine

100% Scheme tariff. Subject to Bestmed formulary only.

Over-the-counter (OTC) medicine

Limited to R387 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	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
CDL 16	Glaucoma
CDL 17	Haemophilia
CDL 18	Hyperlipidaemia
CDL 19	Hypertension
CDL 20	Hypothyroidism
CDL 21	Multiple sclerosis
CDL 22	Parkinson's disease
CDL 23	Rheumatoid arthritis
CDL 24	Schizophrenia
CDL 25	Systemic lupus erythematosus (SLE)
CDL 26	Ulcerative colitis

PMB

PMB 1	Aplastic anaemia
PMB 2	Chronic anaemia
PMB 3	Benign prostatic hypertrophy
PMB 4	Cushing's disease
PMB 5	Cystic fibrosis
PMB 6	Endometriosis
PMB 7	Female menopause
PMB 8	Fibrosing alveolitis
PMB 9	Graves' disease
PMB 10	Hyperthyroidism
PMB 11	Hypophyseal adenoma
PMB 12	Idiopathic thrombocytopenic purpura
PMB 13	Paraplegia/Quadriplegia
PMB 14	Polycystic ovarian syndrome
PMB 15	Pulmonary embolism
PMB 16	Stroke

Preventative care benefits

Note: Benefits 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 Pulse1 Network FP or network pharmacy only. Subject to Pulse1 protocols and where clinically necessary.
Pneumonia vaccines	Children <2 years. High-risk adult group.	Children: As per schedule of Department of Health. Adults: Twice in a lifetime with booster above 65 years of age.	Adults: Bestmed will identify certain high-risk individuals who will be advised to be immunised.
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. Mirena device - 1 device every 60 months.	Limited to R2 315 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.
Mammogram (tariff code 34100)	Beneficiaries (male and female) ages 40 and above.	Once every 24 months.	Must be referred by Bestmed Pulse1 Network FP or Pulse Specialist DSP.
Paediatric immunisations	Babies and children	Funding for all paediatric vaccines according to the state-recommended programme.	
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.

PREVENTATIVE CARE BENEFIT

Bestmed Tempo wellness programme

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

One parent must complete their Health Assessment (previously HRA) in order to unlock assessments for beneficiaries younger than 18.

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:

Bestmed Tempo Health Assessment (previously HRA) for adults (beneficiaries 18 and older) which includes one of each of the following per year per adult beneficiary:

- The Bestmed Tempo lifestyle questionnaire
- Blood pressure check
- Cholesterol check
- Glucose check
- HIV screening
- Height, weight and waist circumference

These assessments need to be done at a contracted pharmacy or on-site at participating employer groups.

Bestmed Tempo Child Health Assessments:

- Ages 13-17 years: Assessment performed by a Bestmed Tempo partner biokineticist (1 per beneficiary per year)
- Ages 3-12 years: Assessment performed by a Bestmed Tempo partner occupational therapist (1 per beneficiary per year)
- Ages 0-2 years: Baby growth and development assessments done at a Bestmed Tempo partner pharmacy clinic – 3 assessments per beneficiary per year

Bestmed Tempo Nutrition Assessment:

- Family nutritional assessment at a Bestmed Tempo partner dietitian (1 assessment per family per year).

Bestmed Tempo Fitness and Nutrition programmes (beneficiaries 18 and older):

- 3 personalised consultations with a Bestmed Tempo partner biokineticist
- 3 personalised consultations with a Bestmed Tempo partner dietitian

Bestmed Tempo Group Classes:

- A range of group classes throughout the year to help encourage and support a healthier lifestyle regardless of your age or health status

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 R100 per claim, once a month, for a maximum of 9 months.

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 registering on this programme you will receive:

- A welcome pack containing an informative pregnancy book about the stages of pregnancy.
- Maternity/baby gift. The selection form will be sent to you after the 12th week of your pregnancy.
- Access to a 24-hour medical advice line.
- Benefits through each phase of your pregnancy.

Abbreviations

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



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





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012 472 6500



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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 (BRYTE INSURANCE)

Tel: 0860 329 329 (RSA only) during
office hours / 084 124 after hours

Email: er24@brytesa.com

Claims: travelclaims@brytesa.com

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

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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