



Pulse

UNIVERSITY  
OF PRETORIA  
Comparative  
Guide  
2015

bestMed

Better living. Better life.

# Pulse

## Why Choose Bestmed?

After achieving the benchmark of celebrating our 50th anniversary in 2014, Bestmed is still raising the bar in the medical aid industry to the point where we have grown our membership to reach the fifth overall position countrywide. Going forward Bestmed is also focused on serving our members with the legendary Bestmed touch.

As a self-administered scheme, Bestmed now has more than 92 000 principal members and provides healthcare benefits to more than 193 000 lives. With our extensive experience and exceptional expertise, we can negotiate with our service providers to offer our members benefits and services that are, Rand-for-Rand, the best value compared to other large open medical schemes.

## The Right Fit

Bestmed recognises that members' healthcare needs will vary depending on age, marital status and different responsibilities and priorities. To address our members' desire for choice and flexibility, we've designed ten healthcare options which are structured differently to suit various healthcare needs. So, whether you essentially want to cover hospital costs or require a more comprehensive offering, covering all healthcare requirements, we have an option for you.

Our Beat, Pace and Pulse product offerings have been designed based on engagements and conversations with members over our many years of experience. After listening intently to their concerns, our healthcare experts have translated these insights into benefit options that are easy to understand and cater for all needs.

## Focused on Wellness

Your continued health and wellbeing is our primary concern. That is why we encourage all of our members to live a more preventive, meaningful and productive life through our wellness programme known as Health Check. We are here to assist you to become a better version of yourself through choosing a healthier lifestyle.

Our wellness philosophy is based on five basic pillars. We encourage our members to:

**Be Active:** Incorporate exercise as part of your daily routine to promote positive changes.

**Be Safe:** Make responsible lifestyle choices to prevent adverse consequences.

**Be Nutri-Wise:** Balanced nutrition is important to maintain a healthy body and mind.

**Be Happy:** Create and maintain a balance between work, life and home.

**Be Fin-Wise:** Making informed financial decisions in life will ensure financial independence.

## The Corporate Partnership

For Bestmed, healthcare is based on sound partnerships. So, the way we engage with our corporate clients aims to establish and maintain long-term personal relationships, built on mutual trust and integrity, provide affordable, excellent healthcare solutions, be accessible and provide personalised advice to all members and be flexible so processes are easy to follow.

In line with this vision, Bestmed has adopted a three-pronged approach in order to deliver on its promise, which includes Corporate Wellness, a Client Service Programme, as well as Administration. Bestmed advisors are responsible for implementing these service programmes at employer organisations. Today, Bestmed services over 140 employer organisations, including large corporate businesses, South Africa's biggest universities and a variety of parastatals.



# Method of Scheme Benefit Payment

## Pulse1

In-hospital services are paid from Scheme risk. The NP, CareCross, receives a capitation fee to pay all out-of-hospital services. Some preventative care available from Scheme risk. Out of Network visits with GP's must be paid by member up-front and then claimed back the available benefit with CareCross.

## Pulse2

In-hospital services are paid from Scheme risk. The NP, OneCare receives a capitation fee to pay most out-of-hospital services. Some preventative care is available from Scheme risk.

Bestmed can negotiate with service providers to offer members benefits and services that offer, on a Rand-for-Rand basis, the best value compared to other large open medical schemes.



The specialised dentistry benefit on Pulse2 is something to smile about.



## In-hospital Benefits

All benefits below may be subject to pre-authorisation and clinical protocols and designated hospital networks. Co-payments up to a maximum of R5 000 per event for voluntary use of a non-DSP hospital will be charged.

### Pulse1

### Pulse2

Pulse1		Pulse2
<b>Accommodation (hospital stay) and theatre fees</b>	100% Scheme tariff at a Netcare DSP hospital.	
<b>Take-home medicine</b>	100% Scheme tariff. Limited to 3 days medicine.	100% Scheme tariff. Limited to 7 days medicine.
<b>Treatment in mental health clinics</b>	100% Scheme tariff. Limited to 21 days per beneficiary.	
<b>Treatment of chemical and substance abuse</b>	100% Scheme tariff. (Only PMBs).	100% Scheme tariff. Limited to 21 days or R19 200 per beneficiary.
<b>Consultations and procedures</b>	100% Scheme tariff.	
<b>Surgical procedures and anaesthetics</b>	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.	100% Scheme tariff.
<b>Organ transplants</b>	100% Scheme tariff.	
<b>Dentistry: Maxillo-facial surgery strictly related to certain conditions</b>	No benefit.	100% Scheme tariff.
<b>Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)</b>	100% Scheme tariff. Limited to R38 300 per family.	100% Scheme tariff. Limited to R76 700 per family.
<b>Prosthesis - Internal</b>	<ul style="list-style-type: none"> <li>Sub-limits per beneficiary:</li> <li>Vascular R18 100</li> <li>Pacemaker (dual chamber) R29 600</li> <li>Endovascular - no benefit</li> <li>Spinal R18 100</li> <li>Artificial disk - no benefit</li> <li>Drug-eluting stents - no benefit</li> <li>Mesh R6 600</li> <li>Gynaecology / Urology R5 500</li> <li>Lens implants R3 800 per lens</li> </ul>	<ul style="list-style-type: none"> <li>Sub-limits per beneficiary:</li> <li>Vascular R28 300</li> <li>Pacemaker (dual chamber) R38 300</li> <li>Spinal R28 300</li> <li>Artificial disk R12 400</li> <li>Drug-eluting stents R12 400</li> <li>Mesh R12 400</li> <li>Gynaecology / Urology R9 200</li> <li>Lens implants R7 900 per lens</li> <li>Joint replacements: <ul style="list-style-type: none"> <li>Hip replacement and other major joints R33 800</li> <li>Knee prosthesis R39 500</li> <li>Minor joints R14 700</li> </ul> </li> </ul>
<b>Prosthesis - External</b>	No benefit.	Sub-limit of R18 600 per family.
<b>Exclusions (Prosthesis limit subject to preferred provider, otherwise limits and co-payments apply)</b>	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: <ul style="list-style-type: none"> <li>Hip replacement and other major joints R18 600</li> <li>Knee replacement R23 500</li> <li>Minor joints R8 800</li> </ul>	Not available.
<b>Orthopaedic and medical appliances</b>	100% Scheme tariff. Limited to R4 700 per family.	100% Scheme tariff.

## In-hospital Benefits (continued)

	Pulse1	Pulse2
Pathology		100% Scheme tariff.
Diagnostic imaging		100% Scheme tariff.
Specialised diagnostic imaging		100% Scheme tariff.
Oncology	DSP: State Facilities. Oncology Programme. 100% Scheme tariff.	Oncology Programme. 100% Scheme tariff.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. National Renal Care. (NRC)	100% Scheme tariff. National Renal Care. (NRC)
Confinements		100% Scheme tariff.
Midwife-assisted births		100% Scheme tariff.
Supplementary services		100% Scheme tariff.
Alternatives to hospitalisation		100% Scheme tariff.
Emergency evacuation		100% Scheme tariff. Rendered and pre-authorised by ER24.
Co-payments	Co-payment where procedure has been clinically approved: <ul style="list-style-type: none"> <li>▪ R2 700 on all laparoscopic procedures,</li> <li>▪ R2 700 on prostate procedures,</li> <li>▪ R2 700 on procedures for prolapse/incontinence,</li> <li>▪ R2 700 on arthroscopy other than acute trauma,</li> <li>▪ R2 200 on endoscopy investigations done primarily in hospital,</li> <li>▪ Co-payment of up to R5 000 per event for voluntary use of a non-DSP hospital.</li> </ul>	Co-payment of up to R5 000 per event for voluntary use of a non-DSP hospital.

## Out-of-hospital Benefits

Note: Granting of benefits under the primary care services and the Scheme benefits shall be subject to treatment protocols, preferred providers, DSPs, dental procedure codes, pathology and radiology lists of codes and medicine formularies as accepted by the Scheme.

	Pulse1	Pulse2
Day-to-day benefits	N/A	M = R11 000, M1+ = R21 900.
GP consultations	Subject to CareCross Provider Network. Unlimited GP visits. Out-of-network visits with a GP limited to R1 000 per family per year.	Subject to OneCare Provider Network. Unlimited GP visits. Two out of Network GP visits per family limited to R1 100 as approved by NP.
Specialist consultations	Three specialist visits, R1 000 per visit per family (Bestmed approval and tariff), pre-authorisation and referral by NP required.	Specialist consultations must be referred and approved by NP. Specialist limited M = R2 200, M1+ = R4 400. (Subject to day-to-day overall limit)
Basic and specialised dentistry	Basic dentistry: Subject to Provider Network. Specialised dentistry: No benefit.	Basic: According to NP tariff list (Subject to day-to-day overall limit). Specialised: 100% Scheme tariff, subject to pre-authorisation and day-to-day benefit. Limited to M = R5 300, M1+ = R6 700.
Medical aids, apparatus and appliances	No benefit.	Limited to R7 500 per family. Limit on wheelchairs = R9 600 per family. Limit on hearing aids = R20 800 per beneficiary per 24 months.
Supplementary services	No benefit.	Limited M = R3 100, M1+ = R6 100. (Subject to day-to-day overall limit)
Wound care benefit (incl. dressings and NPWT treatment/VAC therapy) and related nursing services - out of Hospital	No benefit.	Limited to R7 200 per family.
Optometry benefits	Subject to Provider Network. Protocols apply.	Subject to Optical Management Programme. Limited M = R3 100, M1+ = R4 800. (Subject to day-to-day overall limit)
Maternity benefits	Subject to Provider Network. Protocols apply.	2 sonars and up to 12 antenatal consultations.
Diagnostic imaging and pathology	Subject to Provider Network. Protocols and tariff list apply.	Subject to NP protocols and tariff list. Pre-authorisation required. (Subject to day-to-day overall limit)
Specialised diagnostic imaging	No benefit.	Subject to pre-authorisation. MRI/ CT scans: A maximum of 3 scans per beneficiary. PET scans: 1 scan per beneficiary.
Oncology	DSP: State Facilities. Oncology Programme. 100% Scheme tariff.	Oncology Programme. 100% Scheme tariff.
Rehabilitation services after trauma		No benefit.

## Medicine

Note: Benefits mentioned below may be subject to pre-authorisation, formularies, funding guidelines and MRP/MMAP. DSPs may apply.

	Pulse1	Pulse2
<b>CDL chronic medicine</b>	Unlimited. Subject to Provider Network Formulary and reference price. 100% Scheme tariff. 35% co-payment on non-formulary medicine prescribed by a specialist.	Unlimited. Subject to Provider Network Formulary and reference price. 100% Scheme tariff. 25% co-payment on non-formulary medicine prescribed by a specialist.
<b>Non-CDL chronic medicine</b>	No benefit.	25 conditions. 100% Scheme tariff if prescribed by a NP. Limited to M = R6 600, M1+ = R13 100. Co-payment of 25% for non-formulary medicine.
<b>Biologicals and other high-cost medicine</b>	No benefit.	Limited to R112 800 per beneficiary.
<b>Acute medicine</b>	Subject to Provider Network Formulary and reference price. 100% Scheme tariff.	Subject to Provider Network Formulary and reference price. Limited M = R3 500, M1+ = R7 000. 100% Scheme tariff. (Subject to day-to-day overall limit)
<b>Over-the-counter (OTC) medicine</b>	Can be obtained from preferred provider pharmacy subject to CareCross OTC formulary. This benefit is limited to 3 events per beneficiary or a maximum of 5 events per family per year.	Limited to R1 100 per family subject to acute medicine formulary and reference price. (Subject to day-to-day and overall acute medicine limit)

We perceive trust as a fundamental requirement of life which originates from a commitment to approach all relationships with honesty and integrity.



Additional Scheme benefits on the Pulse options include international travel cover and preventative care.

## Preventative Care Benefits

Note: Benefits mentioned below may be subject to pre-authorisation, formularies, funding guidelines and MRP/MMAP. DSP's may apply.

	Pulse1	Pulse2
<b>Preventative benefits</b>	<ul style="list-style-type: none"> <li>■ Pneumonia vaccines</li> <li>■ Paediatric immunisations</li> <li>■ Flu vaccines</li> <li>■ Biometric screenings</li> </ul>	<ul style="list-style-type: none"> <li>■ Flu vaccines</li> <li>■ Pneumonia vaccines</li> <li>■ Paediatric immunisations</li> <li>■ DBC Programme</li> <li>■ Biometric screenings</li> <li>■ Contraceptives R1 500 per family</li> </ul>

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

# Chronic Conditions List (CDL & non-CDL)

The Chronic Disease List (CDL) provides cover for the 27 listed chronic conditions for which medical schemes must cover the diagnosis, medical management and medicines as published by the Council for Medical Schemes. Non-CDL chronic conditions are those additional conditions that Bestmed provides chronic medicine cover for. Authorisation for CDL and non-CDL chronic medicines is subject to clinical

funding guidelines and protocols, formularies and Designated Service Providers (DSPs) where applicable. Below is the list of CDL and non-CDL conditions that Bestmed covers on the various benefit options.

Note: Benefits mentioned below may be subject to pre-authorisation, formularies, funding guidelines and MRP/MMAP. DSP's may apply.

	Pulse1	Pulse2
Reimbursement for CDL	100% Scheme tariff	
Reimbursement for non-CDL	No benefit	100% Scheme tariff
Non-formulary co-payment	35% for non-formulary medicines prescribed by a specialist	25%
No. of non-CDL conditions covered	No benefit	25
CDL 1	Addison's Disease	
CDL 2	Asthma	
CDL 3	Bipolar Mood Disorder	
CDL 4	Bronchiectasis	
CDL 5	Cardiomyopathy	
CDL 6	Chronic Renal Failure	
CDL 7	Chronic Obstructive Pulmonary Disease (COPD)	
CDL 8	Congestive Heart 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	Dysrhythmia	
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 24	Rheumatoid Arthritis	
CDL 25	Schizophrenia	
CDL 26	Systemic Lupus Erythematosus (SLE)	
CDL 27	Ulcerative Colitis	

	Pulse1	Pulse2
non-CDL 1		Acne - Severe
non-CDL 2		Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder (ADD/ADHD)
non-CDL 3		Allergic Rhinitis
non-CDL 4		Eczema
non-CDL 5		Migraine Prophylaxis
non-CDL 6		Gout Prophylaxis
non-CDL 7		Endometriosis
non-CDL 8		Major Depression
non-CDL 9		Chronic Anaemia
non-CDL 10		Polycystic Ovarian Disease
non-CDL 11		Obsessive Compulsive Disorder
non-CDL 12		Stroke
non-CDL 13		Pulmonary Embolism
non-CDL 14		Female Menopause
non-CDL 15		Benign Prostatic Hypertrophy
non-CDL 16		Osteoporosis
non-CDL 17		Psoriasis
non-CDL 18		Urinary Incontinence
non-CDL 19		Paget's Disease
non-CDL 20		Gastro Oesophageal Reflux Disease (GORD)
non-CDL 21		Hypophyseal Adenoma
non-CDL 22		Osteoarthritis
non-CDL 23		Alzheimer's Disease
non-CDL 24		Aplastic Anaemia
non-CDL 25		Neuropathy

In the Pulse 2 range you only pay for a maximum of four children. All other children join as beneficiaries on the Scheme free of charge.



The treatment for the medical management of the 27 CDL conditions at primary care level will be covered according to the Designated Service Provider (DSP) protocols and approved tariff lists, if requested by the DSP. All other tests requested that are not on the DSP approved tariff list will not be covered by the DSP.

## BestBaby Programme

With so many things to juggle, the BestBaby programme is created to help moms and dads through the entire pregnancy without missing a beat. At Bestmed we want you to enjoy this entire experience.

Registering on this programme will give you the following support and benefits:

- A 24-hour professional medical advice line.
- Weekly e-mails packed with convenient information about your pregnancy, your baby's development, how to deal with unpleasant pregnancy symptoms and useful tips.
- Dads won't be left out as they will also receive e-mails every second week to inform them about the baby's development and Mom's progress.

- To make sure your pregnancy starts right you will receive a welcome pack containing an informative pregnancy book to guide you through the stages and discount vouchers for various baby items. Mom and Dad can also expect a pregnancy health pack, via Fastmail, within the first month of registration.
- In your second month after registration, we will send you a beautiful baby bag, to your door, packed with products to use after baby's birth. Moms-to-be can expect their bag to contain wonderful products.

\* Please note that you may only register in the programme after 12 weeks of pregnancy.

You can save money by obtaining pre-authorisation for planned, in-hospital medical procedures in advance.



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

## 2015 Healthcare Offering

We are a Scheme managed by members for members and will never compromise on quality service to you. We always strive to exceed your expectations.

Bestmed provides great healthcare benefits to more than 193 000 beneficiaries through our ten unique and flexible benefit options. With us you get the best when it comes to accessing quality healthcare.

The **Beat range**, offers flexible hospital benefits on all Beat options with limited savings to pay for out-of-hospital expenses on some options such as Beat2 and Beat3 but extensive out-of-hospital cover on Beat4.

The **Pace range** offers more comprehensive hospital benefits, Scheme benefits and additional savings benefits to cover extensive out-of-hospital expenses. The options in this category are Pace1, Pace2, Pace3 and Pace4.

The **Pulse range**, which is covered in this comparative guide, offers full hospital benefits and out-of-hospital benefits which are both provided by designated network providers only. The options in this category are Pulse1 and Pulse2.

For complete information about all these options, please refer to the individual product leaflets or go to [www.bestmed.co.za](http://www.bestmed.co.za).

## Contributions

	Income Level	Pulse1			Pulse2
		R0 - R5 500 p.m.	R5 501 - R8 500 p.m.	> R8 501 p.m.	N/A
PRINCIPAL MEMBER	Risk	R1 029	R1 235	R1 483	R3 551
	Savings	R0	R0	R0	R0
	<b>Total</b>	<b>R1 029</b>	<b>R1 235</b>	<b>R1 483</b>	<b>R3 551</b>
ADULT DEPENDANT	Risk	R978	R1 174	R1 334	R3 551
	Savings	R0	R0	R0	R0
	<b>Total</b>	<b>R978</b>	<b>R1 174</b>	<b>R1 334</b>	<b>R3 551</b>
CHILD DEPENDANT	Risk	R618	R741	R741	R844
	Savings	R0	R0	R0	R0
	<b>Total</b>	<b>R618</b>	<b>R741</b>	<b>R741</b>	<b>R844</b>
<b>Maximum Contribution Child Dependant*</b>				4	
<b>Recognition of a Child Dependant</b>				Under 21, unless a registered student.	

\*You only pay for a maximum of four children. All other children join as beneficiaries on the Scheme free of charge. This is not applicable to Pulse1.

### Abbreviations

DBC = Documentation Based Care (Back Rehabilitation Programme); DSP = Designated Service Provider; GP = General Practitioner or Doctor; M = Member; M1+ = Member and family; MMAP = Maximum Medical Aid Price; MRI/CT scans = Magnetic Resonance Imaging/Computed Tomography scans; MRP = Mediscor Reference Price; NP = Network Provider; PET scan = Positron Emission Tomography scan; PMB = Prescribed Minimum Benefits; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen.

## Contact Details

 086 000 2378

 [service@bestmed.co.za](mailto:service@bestmed.co.za)

 012 472 6500

 [www.bestmed.co.za](http://www.bestmed.co.za)

 @BestmedSocial

 [www.facebook.com/  
BestmedMedicalScheme](http://www.facebook.com/BestmedMedicalScheme)

SMS  
'QUOTE' to  
**41631**  
and we'll call  
you back

### WALK-IN FACILITY

Block A, Glenfield Office Park  
361 Oberon Avenue  
Faerie Glen  
Pretoria  
0081

### POSTAL ADDRESS

P. O. Box 2297  
Arcadia  
Pretoria  
0001  
South Africa

### ER24 AND INTERNATIONAL TRAVEL COVER

Tel: 084 124

### HOSPITAL AUTHORISATION

Tel: 0800 22 0106  
E-mail: [authorisations@bestmed.co.za](mailto:authorisations@bestmed.co.za)

### CHRONIC MEDICINE

Tel: 0860 102 182  
E-mail: [chronic@carecross.co.za](mailto:chronic@carecross.co.za)  
Fax: 021 673 1815

### CLAIMS

Tel: 086 000 2378  
E-mail: [service@bestmed.co.za](mailto:service@bestmed.co.za) (queries)  
[claims@bestmed.co.za](mailto:claims@bestmed.co.za) (claim submissions)

### BESTBABY

Register by phoning 0861 111 936 or e-mail your medical aid number to [info@babyhealth.co.za](mailto:info@babyhealth.co.za)

### BESTMED HOTLINE, OPERATED BY KPMG

Should you be aware of any fraudulent, corrupt or unethical practices involving Bestmed members, service providers or employees, please report this anonymously to KPMG.

Hotline: 0801 11 02 10 toll-free from any Telkom line  
Hotfax: 0800 200 796  
Hotmail: [fraud@kpmg.co.za](mailto:fraud@kpmg.co.za)  
Postal: KPMG Hotpost at BNT 371  
P. O. Box 14671  
Sinoville  
0129

**bestMed**