



# Beat4<sup>♥</sup>

## BENEFIT SUMMARY

### 2013

**bestMed**

Better living. Better life.

## In-Hospital Benefits

- All in-hospital benefits referred to in the section below require pre-authorisation.
- Clinical funding protocols apply.
- Please contact 0800 22 0106 to obtain a pre-authorisation number.

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 R17 000 per beneficiary.
Consultations and procedures	100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff.
Organ transplants	100% Scheme tariff.
Dentistry: Maxillo-facial surgery strictly related to certain conditions	100% Scheme tariff. Limited to R8 100 per family.
Prosthesis - Internal	100% of cost. Overall limit R58 000 per family. Sub-limits per beneficiary: <ul style="list-style-type: none"> <li>• Vascular R19 100</li> <li>• Endovascular - no benefit</li> <li>• Spinal R19 100</li> <li>• Artificial disk, single-level based - no benefit</li> <li>• Drug-eluting stents - no benefits</li> <li>• Mesh R7 000</li> <li>• Gynaecology/Urology R5 200</li> <li>• Lens implants R4 000 per lens</li> </ul>

Medical event	Scheme benefit
Prosthesis - External	R14 000 per family.
Orthopaedic and medical appliances	100% Scheme tariff.
Pathology	100% Scheme tariff.
Diagnostic Imaging	100% Scheme tariff.
Specialised Diagnostic Imaging	100% Scheme tariff.
Oncology	Oncology Programme. 100% Scheme tariff.
Peritoneal Dialysis and Haemodialysis	100% Scheme tariff.
Confinements	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
Emergency Evacuation	100% of cost. Rendered and pre-authorised by ER24.
Exclusions (In-hospital)	Joint Replacement Surgery (except for PMBs). Prosthesis limits once approved: <ul style="list-style-type: none"> <li>• Hip prosthesis and other major joints R19 500</li> <li>• Knee replacement R26 000</li> <li>• Other minor joints R8 000</li> </ul>

## Out-of-Hospital Benefits

- Some indicated benefits are paid from the Annual Savings Account at 100% of cost.
- Once the Annual Savings Account is depleted, benefits will be paid from Scheme Risk (limits apply).
- Vested Savings account: All unused funds in the Annual Savings Account at the end of the year will be carried over to the Vested Savings Account of the following year and will remain your property and accumulates to your credit.
- Funds in the Vested Savings account will only be utilised for claims when both the Annual Savings Account and scheme Risk Benefits are depleted.

Medical event	Scheme benefit
Day-to-day limits	Day-to-day benefit. M = R8 000, M1 + = R16 000.
GP and Specialist consultations	Savings first. Once depleted, then limited to M= R2 000, M1 + = R3 500 (Subject to day-to-day overall limit).
Basic and Specialised Dentistry	Basic: Subject to savings account. Specialised Dentistry: savings first. Once depleted, then limited to M= R3 000, M1 + = R6 000 (Subject to day-to-day overall limit).
Medical Aids, Apparatuses and Appliances	Savings account.
Supplementary Services	Savings first. Once depleted, then limited to M = R3 000, M1 + = R6 000. (Subject to day-to-day overall limit).
Wound Care Treatment	Limited to R3 000 per family. (Subject to day-to-day overall limit).
Optical benefits	Pre-authorised and paid by PPN - 100% of cost*. If non-PPN provider is used, then limited to: <ul style="list-style-type: none"> <li>• Consultation R360</li> <li>• Frame R500</li> <li>• Single vision lenses R140 OR</li> <li>• Bifocal lenses R310 OR</li> <li>• Multifocal lenses R570</li> <li>• Contact lenses R1210</li> </ul> Benefit available every 24 months per beneficiary.
Diagnostic Imaging	Savings first. Once depleted, then limited to M = R2 000, M1 + = R4 000.
Pathology	(Subject to day-to-day overall limit)
Maternity benefits	2 sonars and up to 12 antenatal consultations.
Specialised Diagnostic Imaging	100% of Scheme tariff. Limited to R10 000 per family.
Rehabilitation services after trauma	Savings account.

\*This means that there will be no co-payment but limited to only those products and services negotiated by PPN and only those frames specified by PPN.



**You are a small family and require superior hospital benefits with extensive day-to-day cover. You are planning to expand your family and need maternity benefits. You also value good preventative care such as vaccinations and PAP smears. Chronic medicine cover is also of importance to you. Beat4♥ is the option for your family.**

## Medicine

- Obtain pre-authorisation for all prescribed chronic medicine by contacting 086 000 2378.
- Subject to Bestmed formulary and medicine reference price (MRP).

Benefit description	Scheme benefit
<b>Non-CDL medicine</b> Please note that CDL and non-CDL chronic medication costs will be paid from the non-CDL limit first. Thereafter, CDL chronic medication costs continue being paid by the Scheme.	16 non-CDL conditions are covered at 85% of the Scheme tariff. Limited to M = R5 900, M1 + = R11 800 for a family. Co-payment of 30% for non-formulary medicines.
<b>CDL medicine</b> Please note that CDL and non-CDL chronic medication costs will be paid from the non-CDL limit first. Thereafter, CDL chronic medication costs continue being paid by the Scheme.	100% Scheme tariff. Co-payment of 30% for non-formulary medicines.
<b>Acute medicine</b>	Savings first. Once depleted, then limited to M = R2 000, M1 + = R4 000. (Subject to day-to-day overall limit).
<b>Over-the-counter medicine</b>	Savings account

## Preventative Care Benefits

Preventative care benefit	Gender and age group	Quantity and frequency	Benefit criteria
<b>Influenza Vaccine</b>	All ages.	One per beneficiary per year.	Applicable to all active members and beneficiaries.
<b>Pneumonia Programme</b>	Children < 2 yrs. High-risk adult group.	Once in 5 years.	<b>Funding for children &lt; 2 yrs:</b> Parents to contact the Scheme in advance to pre-arrange funding prior to obtaining the vaccine. <b>Funding for adults:</b> The Scheme will identify certain high-risk individuals who will be advised to be immunised.
<b>Paediatric Immunisations</b>	Paediatric vaccines according to the state-recommended programme for babies and children.		
<b>Female Contraceptives</b>	All females of child bearing age.	Quantity and frequency depending on product up to the maximum allowed amount. Mirena Device – one device in 5 years.	Limited to R1 300 per family per financial year. Includes all items classified in category of contraceptives.
<b>Back rehabilitation programme</b> Provided by Document Based Care (DBC)	All ages.	Up to 6 weeks treatment plan as per approval.	Applicable to beneficiaries who have serious spinal or back problems and may require surgery. The Scheme identifies appropriate participants for evaluation at the DBC Centre. Based on the outcomes of the evaluation, a rehabilitation treatment plan is drawn up and initiated which lasts approximately 6 weeks.
<b>HIB Titre Immunisation</b>	Children 5 years and younger.	One vaccine at 6, 10 and 14 weeks after birth. 1 booster vaccine between 15-18 months.	If the booster vaccine was not administered timeously, the maximum age to which it will be allowed is 5 years.
<b>Mammogram</b>	Females 40 years and older.	Once every 2 years.	Must be pre-authorised by the Scheme.
<b>PAP Smear</b>	Females 40 years and older.	Once per year.	Can be done at a Gynaecologist or GP. Consultation paid from the consultation benefit.
<b>Biometric Screening:</b> <ul style="list-style-type: none"> <li>• Glucose test (finger prick test)</li> <li>• Cholesterol test (finger prick test)</li> <li>• Blood Pressure</li> <li>• Body Mass Index (BMI)</li> </ul>	All beneficiaries, 10 years and older.	One per beneficiary per year.	All beneficiaries, 10 years and older, have access to one Biometric benefit package from selected Dis-Chem and Script Savers pharmacies. This will be reimbursed from the Scheme risk benefit and will not impact your day-to-day benefits.

## Preventative Dentistry

Description of service	Age	Frequency
<b>General full mouth examination by a general Dentist</b> (incl. gloves and use of sterile equipment for this visit)	Above 12 years. Under 12 years.	Once a year. Twice a year.
<b>Full mouth intra-oral Radiographs</b>	All ages.	Once every 3 years.
<b>Intra-oral Radiograph</b>	All ages.	2 x photos per year.
<b>Scaling and/or Polishing</b>	All ages.	Twice a year.
<b>Fluoride Treatment</b>	All ages.	Twice a year.
<b>Fissure Sealing</b>	Up to and including 21 years.	In accordance with accepted protocol.
<b>Space Maintainers</b>	During primary and mixed denture stage.	Once per space.

## Contributions

	Risk amount	Savings amount	Total monthly contribution	Annual savings account
Principal member	R1 940	R485	R2 425	R5 820
Adult dependant	R1 602	R400	R2 002	R4 800
Child dependant*	R480	R120	R600	R1 440

\* You only pay for a maximum of four children. All other children can join as beneficiaries on the Scheme free of charge.

Abbreviations: CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); GP = General Practitioner or Doctor; M = Member; M1+ = Member and family; MRP = Medicor Reference Price; PMB = Prescribed Minimum Benefits; PPN = Preferred Provider Negotiator

**Disclaimer:** Whilst Bestmed has taken all reasonable care in compiling this membership guide, we cannot accept liability for any errors or omissions contained herein. Please note that should a dispute arise, the registered Rules of Bestmed as approved by the Registrar of Medical Schemes shall prevail.

Please visit [www.bestmed.co.za](http://www.bestmed.co.za) for the complete liability and responsibility disclaimer for Bestmed Medical Scheme as well as our terms and conditions.

**www.bestmed.co.za**  
**Bestmed is a Registered Medical Scheme (reg. no. 1252) and is an Authorised Financial Services Provider (FSP no. 44058)**