



Better living. Better life.



Corporate Clients Year-end Revision

October/ November 2013



BestMed Mutual Scheme is an Authorized Provider of Services Provider (PSP) no. 44026

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BestMed Mutual Scheme is an Authorized Provider of Services Provider (PSP) no. 44026



Performance Indicators – Overview

Item	2012	2013 (unaudited as at 31 Jul)
Administrator	Self-administered (01/07/2012)	Self-administered
Reserves (000)	R777 413	R969 505
Solvency	30.22%	26.80%
Number of Principal Members	73 715	81 888
Number of Lives	154 222	172 443
Dependant Ratio	1:1.09	1:1.1
Average Age (Principal Members)	48.97	48.86
Average Age (All Beneficiaries)	37.4	37.66
Percentage of Members older than 65	17.8%	17.97%
Average Increases	8.99% (2013)	9.29% (2014)
Claims Ratio	86.75%	88.41%
Average Contribution per Member per Month	R2 668	R2 841
Average Claim per Member per Month	R2 314	R2 721
Administration Fees (% of contributions)	11.5%	10.3%
Managed Care Fees (% of contributions)	1.83%	1.75%

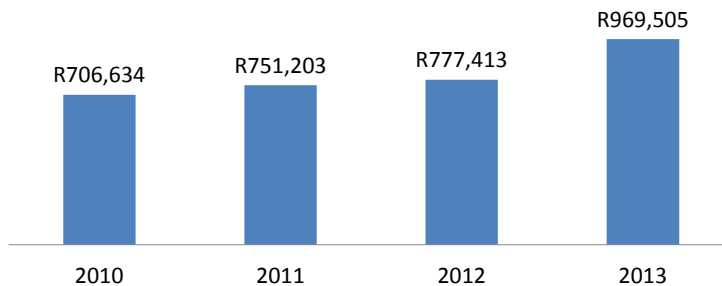


BestMed Medical Scheme is an Authorized Financial Services Provider (FP) no. 41026

Performance Indicators – Reserves (2010-2013)

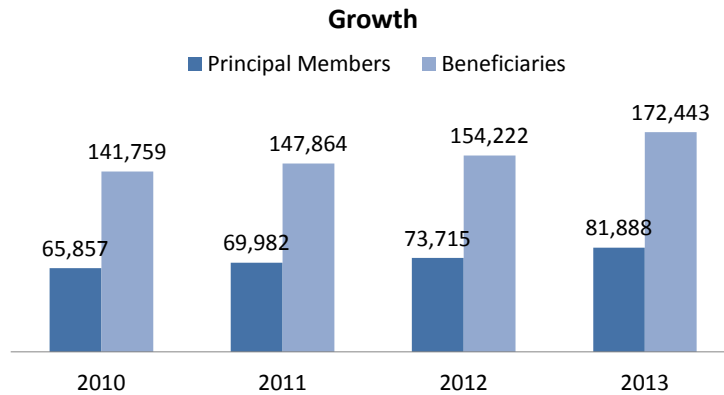
Reserves

■ Reserves (000)



BestMed Medical Scheme is an Authorized Financial Services Provider (FP) no. 41026

Performance Indicators – Growth (2010-2013)



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Performance Indicators – Admin Cost (2010-2013)

Item	2010	2011	2012	2013 (unaudited as at 31 Jul)
Administrator	Sanlam Healthcare	Sanlam Healthcare	Self- administered (01/07/2012)	Self- administered
Solvency	32.41%	30.22%	30.22%	26.80%
Average Increases	11.41% (2011)	9.81% (2012)	8.99% (2013)	9.29% (2014)
Claims Ratio	85.46%	85.19%	86.75%	88.41%
Average Contribution per Member per Month	R2 455	R2 612	R2 668	R2 841
Average Claim per Member per Month	R2 098	R2 225	R2 314	R2 721
Administration Fees (% of contributions)	9.89%	10.05%	11.5%	10.3%
Managed Care Fees (% of contributions)	2.00%	1.91%	1.83%	1.75%

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Amalgamations

Bestmed's growth strategy consist of 2 ways in which we grow membership –

- Organic growth (via brokers, direct sales, word of mouth marketing - member by member (no addition to reserve)
- Growth via amalgamations – merging with another scheme (addition to reserve)

CRITERIA USED FOR CONSIDERING AN AMALGAMATION PARTNER

Financial stability

- Bestmed will not consider amalgamation partners that will negatively affect the current solvency ratio.

Self-administration vs Outsourced administration

- Bestmed is a self-administered medical scheme and have made a decision not to outsource any administration function.

Demographics of the Scheme

- Bestmed will not consider an amalgamation partner that will heavily negatively affect the current membership demographic. Average age of membership is a huge consideration.

Name change

- Bestmed will like to retain the brand in which we are building.



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Amalgamations – Pre and Post Sappi

DEMOGRAPHICS OF AMALGAMATED SCHEME

	Bestmed	Sappi	Amalgamated Scheme
Number of Principal Members	76 749	3 529	80 278
Average Age	48.71	52.93	48.89
Number of Beneficiaries	160 830	7 780	168 610
Average Age	37.65	39.97	37.76

Amalgamations – Pre and Post Minemed

DEMOGRAPHICS OF AMALGAMATED SCHEME

	Bestmed	Minemed	Amalgamated Scheme
Number of Principal Members	81 297	5 642	86 939
Average Age	48.91	51.52	49.08
Number of Beneficiaries	170 899	11 836	182 735
Average Age	37.74	39.72	37.86



Bestmed Medical Scheme is an Authorized Medical Services Provider (PPO No. 44026)

Benefit Changes – 2014



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Overall Benefit and Subscription Changes

- Limits increased by contributions % increase, rounded off to the nearest hundred on all options.
- Addition of the HPV vaccine (for preventions of Cervical cancers) as a Preventative Care benefit on the Beat4, Pace1, Pace2, Pace3 and Pace4 options. Subject to protocol.
- Introduce and implement a competitive negotiated fee for Midwife Assisted Births on all Bestmed options.
- Modify the Wound Care benefit to include related private Nursing Services.



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2014 Subscriptions Increases Overview

Factors impacting on Increases:

- Inflation
- Ageing
- Technology
- Medicine pricing
- Hospitalisation
- Administration costs
- Solvency
- PMBs

 Overall Increase (risk) – all options = 8.72%

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Increases (Risk) per Benefit Option

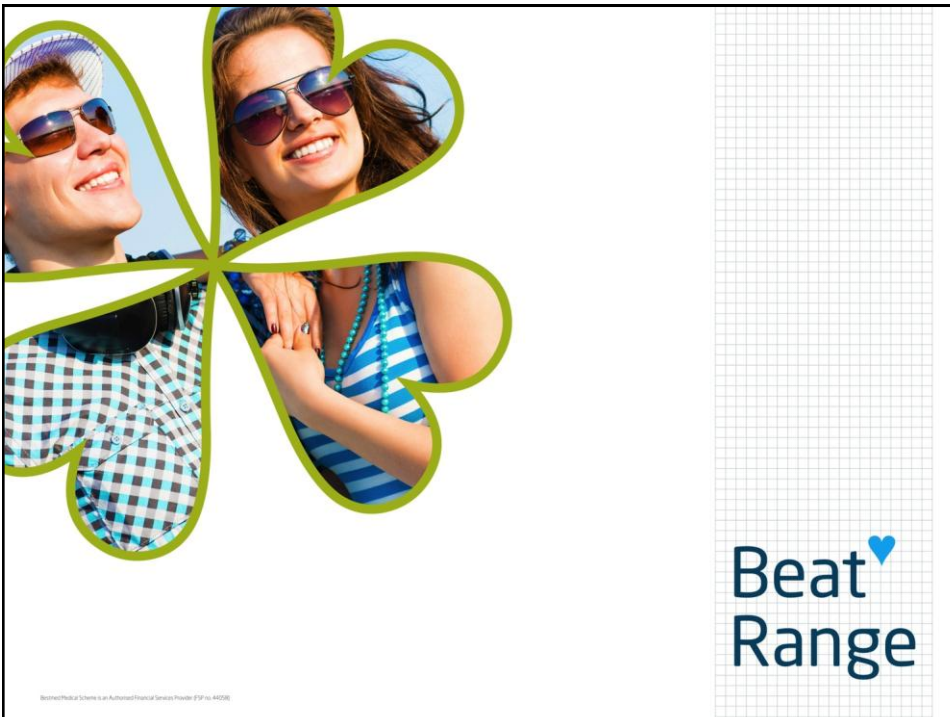
Benefit Option	2013	2014
Beat1	8.70%	9.50%
Beat2	8.70%	9.50%
Beat3	8.70%	9.50%
Beat4	NA	9.50%
Pace1	8.85%	10.0%
Pace2	9.50%	10.0%
Pace3	8.90%	9.50%
Pace4	8.50%	7.50%
Pulse1	8.85%	0%
Pulse2	9.50%	3.0%
Average	8.99%	8.72%

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Benefit Option Range

Benefit Option	Hospital	Chronic	MSA	Day-to-Day Scheme Benefits	Contributions
Pace4	√	CDL (27 PMBs) + 45 Conditions	3%	M R24 700 M1+ R39 800	PM R4 408 AD R4 408 CD R1 033
Pace3	√	CDL (27 PMBs) + 31 Conditions	18%	Limited scheme benefits Annual Savings first utilised then scheme benefits	Income bands based – lowest to highest PM R3 166 – R3 804 AD R2 534 – R3 034 CD R587 – R637
Pace2	√	CDL (27 PMBs) + 31 Conditions	15%	M R10 500 M1+ R21 500 Bonus Account Optical Benefits – PPN	PM R3 238 AD R3 173 CC R713
Pace1	√	CDL (27 PMBs) + 10 Conditions	22%	M R7 600 M1+ R15 200 Bonus Account Optical Benefits – PPN	PM R2 378 AD R1 669 CD R600
Beat4	√	CDL (27 PMBs) + 16 Conditions	20%	M R8 800 M1+ R17 500 Optical Benefits – PPN Maternity 12 ANC & 2 ULS;	PM R2 655 AD R2 193 CD R657
Beat3	√	CDL (27 PMBs) + 5 Conditions	17%	Optical – PPN; Maternity 12 ANC & 2 ULS; Specialised Radiology	PM R1 793 AD R1 273 CD R692
Beat2	√	CDL (27 PMBs)	17%	Savings Account	PM R1 151 AD R894 CD R484
Beat1	√	CDL (27 PMBs)	x	Savings Account	PM R955 AD R742 CD R402
Pulse2	√	CDL (27 PMBs) + 25 Conditions	x	M R10 000 M1+ R20 000 Subject to Network Provider protocols: Onecare	PM R3 243 AD R3 243 CD R771
Pulse1	√	CDL (27 PMBs)	x	Carecross	Income bands based – lowest to highest PM R940 – R1 354 AD R893 – R1 218 CD R564 – R677



BeateMedical Scheme is an Authorized Provider of Services Provider (PPO No. 4026)

Beat
Range

Beat Benefit Changes

- Monthly contributions increased:
 Beat1 – 9.50%
 Beat2 – 9.50%
 Beat3 – 9.50%
 Beat4 – 9.50%
- Limits increased by with contribution % increase, rounded off to the nearest 100.
- R2 200 co payment on Endoscopic procedures done in hospital (increased co-payment amount from 2014).



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Benefit Changes – Beat1 and Beat2

Beat1

- Introduce and implement a competitive negotiated fee for Midwife Assisted Births.
- Modify the Wound Care benefit to include certain Nursing Services.
- Beat1 remains the most competitive, best-priced and comprehensive hospital plan in the industry.
- Increased maxima with the proportionate contribution increases.

Beat2

- Introduce and implement a competitive negotiated fee for Midwife Assisted Births.
- **Increase savings percentage from 15% to 17%.**
- Increased maxima with the proportionate contribution increases.



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Beat1 Benefits

Day-to-day Benefit

Only Preventative Care Benefits

Chronic Disease Benefit

CDL chronic conditions (PMBs)

- > 100% of Bestmed Tariff Unlimited
- > 35% co-payment for non-formulary medicine

Non-CDL chronic conditions

- > No Benefit

Hospital Benefit

100% of Bestmed tariff:
Unlimited – Any Private Hospital

R2 200 Co-payment: Endoscopic Investigations

Exclusions: Joint replacements (only paid in the event of PMB)

Unlimited benefits on Orthopaedic & Medical Appliances
Unlimited benefits on alternatives to hospitalisation

Emergencies – ER24/ International Travel Insurance

Preventative Care	
Flu Vaccine	1 per beneficiary
Pneumonia Programme	Protocol applies
Paediatric Immunisations	Protocol applies
Back Rehabilitation Programme (DBC)	Protocol applies
Female Contraceptives	Up to R1 400 PF
Biometric screenings: Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	From selected Clicks, Script Savers or Dis-Chem Pharmacies

Contributions	
Principal Member	R955
Adult Dependant	R742
Child Dependant	R402

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Beat2 Benefits

Day-to-day Benefit

Subject to funds available in MSA

PM – R2 352
AD – R1 824
CD – R984

> **Basic Dentistry part of preventative care or paid from MSA**

Chronic Disease Benefit

CDL chronic conditions (PMBs)

- > 100% of Bestmed tariff Unlimited
- > 35% co-payment for non-formulary medicine

Non-CDL chronic conditions

- > Subject to funds available in Savings Account

Hospital Benefit

100% of Bestmed tariff:
Unlimited – Any Private Hospital

R2 200 Co-payment : Endoscopic Investigations

Unlimited benefits on Orthopaedic & Medical Appliances
Unlimited benefits on alternatives to hospitalisation
Exclusions: Joint replacements (only paid in the event of PMB)

Emergencies – ER24/ International Travel Insurance

Preventative Care	
Flu Vaccine	1 per beneficiary
Pneumonia Programme	Protocol applies
Paediatric Immunisations	Protocol applies
Back Rehabilitation Programme (DBC)	Protocol applies
Female Contraceptives	Up to R1 400 PF
Preventative Dentistry	Protocol applies
Biometric screenings: Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	From selected Clicks, Dis-Chem or Script Savers Pharmacies

Contributions	
Principal Member	R1 151
Adult Dependant	R894
Child Dependant	R484

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Beat3[♥] Benefit Changes

- Introduce and implement a competitive negotiated fee for Midwife Assisted Births.
- Add Pap smear (pathology test to detect cervical cancer) as a preventative care benefit.
- Increased maxima with the proportionate contribution increases.



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Beat3[♥] Benefits

Day-to-day Benefit

Subject to funds available in MSA
 PM – R3 660
 AD – R2 592
 CD – R1 416

Chronic Disease Benefit

CDL chronic conditions (PMBs)
 > 100% of Bestmed tariff Unlimited
 > 35% co-payment: Non-formulary

Non-CDL chronic conditions
 > 5 conditions covered at 85% of Bestmed tariff
 > Limited to **M = R2 400, M1+ = R4 800**

Hospital Benefit

100% of Bestmed tariff:
Unlimited – Any Private Hospital

Sub-limits : Specific Benefits

R2 200 Co-payment : Endoscopic Investigations

Exclusions : Joint replacements (only paid in the event of PMB)

Emergencies – ER24/ International Travel Insurance

Bestmed Medical Scheme is an Authorised Financial Services Provider (FSP No. 40056)

Scheme Benefits

Dentistry	Preventative Dentistry – according to Bestmed protocol
Maternity	Two sonars Up to 12 antenatal consultations
Specialised Radiology	100% of Bestmed tariff, limited to R7 400 per family

Preventative Care

Flu Vaccine	1 per beneficiary
Pneumonia Programme	Protocol applies
Paediatric Immunisations	Protocol applies
Back Rehabilitation Programme (DBC)	Protocol applies
Contraceptives	Up to R1 400 PF
Preventative Dentistry	Protocol applies
PAP smear	Protocol applies
Biometric Screenings	From selected Clicks, Dis-Chem and Script Savers Pharmacies

Contributions

Principal Member	R1 793
Adult Dependant	R1 273
Child Dependant	R692



Beat3♥ Non-CDL Conditions

CDL chronic conditions (PMBs)

- > 100% of Bestmed tariff Unlimited
- > 35% co-payment: Non-formulary

Non-CDL chronic conditions

- > 5 conditions covered at 85% of Bestmed tariff
- > Limited to **M = R2 400, M1+ = R4 800**

	Non-CDL Conditions
1	ADD / ADHD
2	Acne- severe
3	Eczema
4	Allergic Rhinitis
5	Migraine Prophylaxis



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Beat4♥ Benefit Changes

- Introduce and implement a competitive negotiated fee for Midwife Assisted Births.
- **Add an Appliance benefit – subject to overall day-to-day limit.**
- Reduce non-formulary medicine co-payment from 35% to 30%.
- **Remove the Joint Replacement exclusion and covered within Scheme limits.**
- Addition of the HPV vaccine (for prevention of cervical cancers) as a Preventative care benefit. Subject to protocol.
- Increased maxima with the proportionate contribution increases.



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Beat4♥ Benefits

<p>Day-to-day Benefit</p> <p>Chronic Disease Benefit</p> <p>Hospital Benefit</p>	<p>Subject to Scheme Benefits & MSA</p> <p>MSA 20% of contributions Annual</p> <p>PM – R6 372 AD – R5 268 CD – R1 572</p> <p>CDL chronic conditions (PMBs) > 100% of Bestmed tariff unlimited > 30% co-payment: Non-formulary medicine</p> <p>Non-CDL chronic conditions > 16 conditions covered at 85% of Bestmed tariff > Limited to M = R6 500, M1+ = R12 900</p> <p>100% of Bestmed tariff: Unlimited – any private hospital</p> <p>No Co-payments</p> <p>No Exclusions</p> <p>Emergencies – ER24/ International Travel Insurance</p>	<table border="1" style="width: 100%; border-collapse: collapse; background-color: #f2f2f2;"> <thead> <tr> <th colspan="3" style="text-align: center; padding: 5px;">Scheme Benefits – Overall Annual Limit M = R8 800, M1+ = R17 500</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Acute Medicine</td> <td style="padding: 5px;">M</td> <td style="padding: 5px;">R2 000</td> </tr> <tr> <td></td> <td style="padding: 5px;">M1+</td> <td style="padding: 5px;">R4 000</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Subject to savings first, then to day-to-day</td> </tr> <tr> <td style="padding: 5px;">GP & Specialist Consultations</td> <td style="padding: 5px;">M</td> <td style="padding: 5px;">R2 200</td> </tr> <tr> <td></td> <td style="padding: 5px;">M1+</td> <td style="padding: 5px;">R3 800</td> </tr> <tr> <td style="padding: 5px;">Basic Dentistry</td> <td style="padding: 5px;">M</td> <td style="padding: 5px;">R3 300</td> </tr> <tr> <td style="padding: 5px;">Specialised Dentistry (Pre- authorisation)</td> <td style="padding: 5px;">M1+</td> <td style="padding: 5px;">R6 600</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Subject to day-to-day</td> </tr> <tr> <td style="padding: 5px;">Maternity</td> <td colspan="2" style="padding: 5px;">2 Sonars and up to 12 antenatal consultations</td> </tr> <tr> <td style="padding: 5px;">Radiology and Pathology</td> <td style="padding: 5px;">M</td> <td style="padding: 5px;">R2 200</td> </tr> <tr> <td></td> <td style="padding: 5px;">M1+</td> <td style="padding: 5px;">R4 400</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Subject to day-to-day</td> </tr> <tr> <td style="padding: 5px;">Medical aids, apparatus and appliances</td> <td colspan="2" style="padding: 5px;">R7 700 per family</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Subject to day-to-day</td> </tr> <tr> <td style="padding: 5px;">Specialised Radiology</td> <td colspan="2" style="padding: 5px;">R11 000 per family not subject to overall limit</td> </tr> <tr> <td style="padding: 5px;">Supplementary Services</td> <td style="padding: 5px;">M</td> <td style="padding: 5px;">R3 300</td> </tr> <tr> <td></td> <td style="padding: 5px;">M1+</td> <td style="padding: 5px;">R6 600</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Subject to day-to-day</td> </tr> </tbody> </table>	Scheme Benefits – Overall Annual Limit M = R8 800, M1+ = R17 500			Acute Medicine	M	R2 000		M1+	R4 000	Subject to savings first, then to day-to-day			GP & Specialist Consultations	M	R2 200		M1+	R3 800	Basic Dentistry	M	R3 300	Specialised Dentistry (Pre- authorisation)	M1+	R6 600	Subject to day-to-day			Maternity	2 Sonars and up to 12 antenatal consultations		Radiology and Pathology	M	R2 200		M1+	R4 400	Subject to day-to-day			Medical aids, apparatus and appliances	R7 700 per family		Subject to day-to-day			Specialised Radiology	R11 000 per family not subject to overall limit		Supplementary Services	M	R3 300		M1+	R6 600	Subject to day-to-day		
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Beat4♥ Benefits

Preventative Care	
HPV Vaccine	Protocol applies
Flu Vaccine	1 per beneficiary
Pneumonia Programme	Protocol applies
Paediatric Immunisations	Protocol applies
Back Rehabilitation Programme (DBC)	Protocol applies
Female Contraceptives	Up to R1 400 PF
Preventative Dentistry	Protocol applies
HIB Titre	Protocol applies
Mammogram	Protocol applies
PAP smear	Protocol applies
Biometric screenings: Glucose, Cholesterol, Blood Pressure measurement and Body Mass Index calculation.	From selected Clicks, Dis-Chem and Script Savers Pharmacies
Contributions	
Principal Member	R2 655
Adult Dependant	R2 193
Child Dependant	R657

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Beat4♥ Benefits

Annual Savings Account

Out-of-hospital benefits are paid from the Annual Savings Account at 100% of cost.

Once the Annual Savings Account is depleted, benefits will be paid from limited Scheme Risk in accordance with Bestmed tariff and protocols.

Vested Savings Account: All unused funds in the Annual savings Account at the end of a year will be carried over to the Vested Savings account of the following year and will remain your property and accumulates to your credit. Interest is paid on vested savings.

Funds in the Vested Savings Account will only be utilised for claims when both the Annual Savings Account and scheme Risk Benefits are depleted.

Bestmed Medical Scheme is an Authorised Financial Services Provider (FSP No. 40026)

Beat4♥ Non-CDL Conditions

CDL Chronic Conditions (PMBs)

100% Bestmed tariff unlimited
30% co-payment: Non-formulary medicine

Non-CDL Conditions

16 conditions covered at 85% of Bestmed tariff
Limited to **M = R6 500, M1+ = R12 900**

	Non-CDL Conditions		Non-CDL Conditions
1	ADD / ADHD	6	Gout Prophylaxis
2	Acne- severe	7	Endometriosis
3	Eczema	8	Major Depression
4	Allergic Rhinitis	9	Chronic Anaemia
5	Migraine Prophylaxis	10	Polycystic Ovarian Disease
		11	Graves Disease
		12	Obsessive Compulsive Disorder
		13	Stroke
		14	Paraplegic / Quadriplegia
		15	Pulmonary Embolism
		16	Female Menopause

Bestmed Medical Scheme is an Authorised Financial Services Provider (FSP No. 40026)



Pace Benefit Changes

- Contribution Increases

Pace1	10.0%
Pace2	10.0%
Pace3	9.50%
Pace4	7.50%
- Limits increased with contribution % increase, rounded off to the nearest 100.
- Addition of the HPV vaccine (for prevention of cervical cancers) as a Preventative care benefit. Subject to protocol.
- Increased maxima with the proportionate contribution increases.

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BestMed Medical Services is an Authorized Provider of Services Provider (PPO) (No. 4025)

Pace1 Benefit Changes

- Introduce and implement a competitive negotiated fee for Midwife Assisted Births.
- **Appliance benefit now subject to overall day-to-day limit (previously not subject to day-to-day benefit)**
- **Added Maternity benefits (2 sonars and 12 antenatal consultations. Subject to day-to-day benefits.) – previously part of GP/Specialist visit benefit**
- **5 Non-CDL Conditions were removed.**
 - Graves disease
 - Obsessive compulsive disorder
 - Stroke
 - Paraplegia/Quadriplegia (meds to treat)
 - Pulmonary embolism
- **Addition of the HPV vaccine** (for prevention of cervical cancers) as a Preventative care benefit. Subject to protocol.
- Increased maxima with the proportionate contribution increases.



BestMed Medical Scheme is an Authorized Financial Services Provider (FPS) no. 40026

Communication process re removed chronic conditions

- Members affected by the removal of the 5 conditions will receive separate communication during November and will be advised to upgrade to Beat4.
- **5 Non-CDL Conditions were removed.**
 - Graves disease
 - Obsessive compulsive disorder
 - Stroke
 - Paraplegia/Quadriplegia (meds to treat)
 - Pulmonary embolism



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Pace1 Benefits

Day-to-day Benefit

Subject to funds available in monthly MSA then Scheme Benefit
 PM : R6 276 per annum / R523 per month
 AD : R4 404 per annum / R367 per month
 CD : R1 584 per annum / R132 per month

Day-to-day Benefit M = R7 600; M1+ = R15 200 (Sub-limits apply)

Chronic Disease Benefit

CDL chronic conditions (PMBs)
 > 100% of Bestmed tariff Unlimited
 > 35% co-payment: Non-formulary medicine

Non-CDL chronic conditions
 > 10 conditions covered at 85% of Bestmed tariff
 > Limited to M = R5 900, M1+ = R11 800

Hospital Benefit

100% of Bestmed tariff: Unlimited – Any Private Hospital

Sub-limits : Specific Benefits


No Co-payments

Exclusions: Joint replacements (only paid in the event of PMB)

Emergencies – ER24/ International Travel Insurance

**Overall Day-to-Day Limit M = R7 600, M1+ = R15 200
Sub-Limits – Benefits**

Acute Medicine	M : R1 700 M1+ : R3 400 Subject to day-to-day
GP & Specialist Consultations	M : R1 500 M1+ : R3 100 Subject to day-to-day
Basic & Specialised Dentistry	M : R2 500 M1+ : R5 000 Subject to day-to-day
Maternity	2 sonars and up to 12 antenatal consultations Subject to day-to-day
Specialised Radiology	100% of Bestmed tariff, limited to R9 900 per family
Radiology and Pathology	M : R2 200 M1+ : R4 400 Subject to day-to-day
Medical aids, apparatus and appliances	R7 700 per family Subject to day-to-day overall limit
Supplementary Services	M : R3 000 M1+ : R6 100 Subject to day-to-day




Bestmed Medical Scheme is an Approved Medical Scheme Provider (P/Prs. 44026)

Pace1 Benefits

Preventative Care	
HPV Vaccine	Protocol applies
Flu Vaccination	1 per beneficiary
Pneumonia Programme	Protocol applies
Paediatric Immunisations	Protocol applies
Back Rehabilitation Programme (DBC)	Protocol applies
Female Contraceptives	Up to R1 400 PF
Preventative Dentistry	Protocol applies
HIB Titre	Protocol applies
Mammogram	Protocol applies
Pap Smear	Protocol applies
Biometric screenings: Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	From selected Clicks, Script Savers or Dis-Chem Pharmacies

Contributions	
Principal Member	R2 378
Adult Dependiant	R1 669
Child Dependiant	R600



Bestmed Medical Scheme is an Approved Medical Scheme Provider (P/Prs. 44026)

Pace1 Non-CDL Conditions

CDL Chronic Conditions (PMBs)

100% Bestmed tariff unlimited

35% co-payment: Non-formulary medicine

Non-CDL Conditions

10 conditions covered at 85% of

Bestmed tariff

Limited to **M = R5 900, M1+ = R11 800**

	Non-CDL Conditions
1	ADD / ADHD
2	Acne - severe
3	Eczema
4	Allergic Rhinitis
5	Migraine Prophylaxis
6	Gout Prophylaxis
7	Endometriosis
8	Major Depression
9	Chronic Anemia
10	Polycystic Ovarian Disease



Bestmed Medical Scheme is an Authorized Financial Services Provider (FP) No. 40056

Pace2 Benefit Changes

- Introduce and implement a competitive negotiated fee for Midwife Assisted Births.
- Addition of the HPV vaccine (for prevention of cervical cancers) as a Preventative care benefit. Subject to protocol.
- Increased maxima with the proportionate contribution increases.



Bestmed Medical Scheme is an Authorized Financial Services Provider (FP) No. 40056

Pace2^Y Benefits

Day-to-day Benefit

Subject to funds available in monthly MSA then Scheme Benefit
 PM – R5 832 per annum / R486 per month
 AD – R5 712 per annum / R476 per month
 CD – R1 284 per annum / R107 per month

Day-to-day Benefit M = R10 500; M1+ = R21 500

(Sub-limits apply)

Chronic Disease Benefit

CDL chronic conditions (PMBs)
 > 100% of Bestmed tariff Unlimited
 > 30% co-payment: Non-formulary medicine

Non-CDL chronic conditions
 > 31 conditions covered at 85% of Bestmed tariff
 > Limited to M = R8 000, M1+ = R16 000

Hospital Benefit

100% of Bestmed tariff:
 Unlimited – Any Private Hospital

Sub-limits : Specific Benefits

No Co-payments

Emergencies – ER24/ International Travel Insurance

Overall Day-to-Day Limit M = R10 500, M1+ = R21 500 Sub-limits – Benefits

Acute Medicine	M : R3 400 M1+ : R6 800 Subject to day-to-day
GP & Specialist Consultations	M : R2 900 M1+ : R5 900 Subject to day-to-day
Basic & Specialised Dentistry (Pre-authorization)	M : R4 100 M1+ : R8 300 Subject to day-to-day
Radiology and Pathology	M : R2 200 M1+ : R4 400 Subject to day-to-day
Supplementary Services	M : R3 700 M1+ : R7 300 Subject to day-to-day

Bestmed Medical Scheme is an Authorised Financial Services Provider (FSP No. 40026)

Pace2^Y Benefits

Preventative Care

HPV Vaccine	Protocol applies
Flu Vaccine	1 per beneficiary
Pneumonia Programme	Protocol applies
Paediatric Immunisations	Protocol applies
Back Rehabilitation Programme (DBC)	Protocol applies
Female Contraceptives	Up to R1 400 PF
Preventative Dentistry	Protocol applies
HIB Titre	Protocol applies
Mammogram	Protocol applies
PAP Smear	Protocol applies
PSA	Protocol applies
Biometric screenings: Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	From selected Clicks, Script Savers/ Dis-Chem Pharmacies

Contributions

Principal Member	R3 238
Adult Dependant	R3 173
Child Dependant	R713

Bestmed Medical Scheme is an Authorised Financial Services Provider (FSP No. 40026)

Pace2[♥] Non-CDL Conditions

CDL Chronic Conditions (PMBs)

100% Bestmed tariff unlimited
30% co-payment: Non-formulary medicine

Non-CDL Conditions

31 conditions covered at 85% of Bestmed tariff
Limited to **M = R8 000**, **M1+ = R16 000**

	Non-CDL Conditions
1	ADD / ADHD
2	Acne- severe
3	Eczema
4	Allergic Rhinitis
5	Migraine Prophylaxis
6	Gout Prophylaxis
7	Endometriosis
8	Major Depression
9	Chronic Anemia
10	Polycystic Ovarian Disease
11	Graves Disease
12	Obsessive Compulsive Disorder
13	Stroke

	Non-CDL Conditions
14	Paraplegia/ Quaraplegia
15	Pulmonary embolism
16	Benign Prostatic Hypertrophy
17	Female Menopause
18	Osteoporosis
19	Psoriasis
20	Urinary Incontinence
21	Pagets Disease
22	Gastro Oesophageal Disease
23	Ankylosing Spondylitis
24	Hypophyseal Adenoma
25	Osteoarthritis
26	Alzheimer's Disease
27	Aplastic Anaemia
28	Collagen Diseases
29	Cushings Disease
30	Cystic Fibrosis
31	Dermatomyositis

Bestmed Medical Scheme is an Authorized Medical Services Provider (PSP) no. 41006

Pace3[♥] Benefit Changes

- Introduce and implement a competitive negotiated fee for Midwife Assisted Births.
- Addition of the HPV vaccine (for prevention of cervical cancers) as a Preventative care benefit. Subject to protocol.
- Increased maxima with the proportionate contribution increases.

Bestmed Medical Scheme is an Authorized Medical Services Provider (PSP) no. 41006

Pace3 Benefits

Day-to-day Benefit

Subject to Scheme Benefits & MSA

MSA <R98 500	MSA >R98 501
PM – R6 840 pa	PM – R8 220 pa
AD – R5 472 pa	AD – R6 552 pa
CD – R1 272 pa	CD – R1 380 pa

Chronic Disease Benefit

- CDL chronic conditions (PMBs)**
- > 100% of Bestmed tariff Unlimited
 - > 25% co-payment: Non-formulary medicine
- Non-CDL chronic conditions**
- > 31 conditions covered at 85% of Bestmed tariff
 - > Limited to **M = R12 800, M1+ = R25 500**

Hospital Benefit

- 100% of Bestmed tariff: Unlimited – Any Private Hospital**
- No Co-payments**
- Emergencies – ER24/ International Travel Insurance**

Scheme Benefits – Sub-Limits

Acute Medicine	M : R880 M1+ : R 2 300
GP & Specialist Consultations	M : R2 400 M1+ : R7 000
Basic Dentistry	Subject to Medical Savings Account
Specialised Dentistry (Pre-authorization)	M : R4 400 M1+ : R7 600
Maternity	Combined GP and Specialists Consultations
Radiology and Pathology	M : R2 400 M1+ : R4 700
Specialised Radiology	MRI/CT Scans – Maximum of 3 Scans per beneficiary. Subject to pre-authorization PET Scan – 1 Scan per beneficiary
Supplementary Services	Paid from Medical Savings Account



Bestmed Medical Scheme is an Authorised Financial Services Provider (AFSP No. 40056)

Pace3 Benefits

Preventative Care

HPV Vaccine	Protocol applies
Flu Vaccine	1 per beneficiary
Pneumonia Programme	Protocol applies
Paediatric Immunisations	Protocol applies
Back Rehabilitation Programme (DBC)	Protocol applies
Female Contraceptives	Up to R1 400 PF
Preventative Dentistry	Protocol applies
HIB Titre	Protocol applies
Mammogram	Protocol applies
PAP smear	Protocol applies
PSA	Protocol applies
Bone Densitometry	Protocol applies
Biometric screenings: Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	From selected Clicks, Script Savers or Dis-Chem Pharmacies

Contributions	<R98 500	>R98 501
Principal Member	R3 166	R3 804
Adult Dependant	R2 534	R3 034
Child Dependant	R587	R637



Bestmed Medical Scheme is an Authorised Financial Services Provider (AFSP No. 40056)

Pace3[♥] Non-CDL Conditions

CDL Chronic Conditions (PMBs)

100% Bestmed tariff unlimited
25% co-payment: Non-formulary medicine

Non-CDL Conditions

31 conditions covered at 85% of Bestmed tariff
Limited to **M = R12 800, M1+ = R25 500**

	Non-CDL Conditions
1	ADD / ADHD
2	Acne- severe
3	Eczema
4	Allergic Rhinitis
5	Migraine Prophylaxis
6	Gout Prophylaxis
7	Endometriosis
8	Major Depression
9	Chronic Anemia
10	Polycystic Ovarian Disease
11	Graves Disease
12	Obsessive Compulsive Disorder
13	Stroke

	Non-CDL Conditions
14	Paraplegia/ Quaraplegia
15	Pulmonary embolism
16	Benign Prostatic Hypertrophy
17	Female Menopause
18	Osteoporosis
19	Psoriasis
20	Urinary Incontinence
21	Pagets Disease
22	Gastro Oesophageal Disease
23	Ankylosing Spondylitis
24	Hypophyseal Adenoma
25	Osteoarthritis
26	Alzheimer's Disease
27	Aplastic Anaemia
28	Collagen Diseases
29	Cushings Disease
30	Cystic Fibrosis
31	Dermatomyositis

Bestmed Medical Scheme is an Authorized Medical Services Provider (PSP No. 41026)

Pace4[♥] Benefit Changes

- Introduce and implement a competitive negotiated fee for Midwife Assisted Births.
- **Introduce a 3% savings plan (annual savings) and shift some Scheme risk benefits to savings to offer more flexibility on the option.**
- Addition of the HPV vaccine (for prevention or cervical cancers) as a Preventative care benefit. Subject to protocol.
- Increased maxima with the proportionate contribution increases.

Bestmed Medical Scheme is an Authorized Medical Services Provider (PSP No. 41026)

Pace4 Benefits

Day-to-day Benefit

Subject to Scheme Benefits & MSA 3%

MSA = PM – R1 584, AD – R1 584, CD – R372

Overall Annual Limits

M : R24 700
M1+ : R39 800

} **Sub-limits apply**

Chronic Disease Benefit

CDL chronic conditions (PMBs)

- > 100% of Bestmed tariff Unlimited
- > 20% co-payment: Non-formulary medicine

Non-CDL chronic conditions

- > 45 conditions covered at 85% of Bestmed tariff
- > Limited to **M = R17 200; M1+ = R34 400**

Hospital Benefit

100% of Bestmed tariff:

Unlimited – Any Private Hospital


No Co-payments applicable on procedures

Emergencies – ER24/ International Travel Insurance

Overall Day-to-Day Limit M = R24 700, M1+ = R39 800

Sub-limits – Benefit

Acute Medicine	M : R5 800 M1+ : R9 100 Paid at 90% of Cost Subject to day-to-day
GP & Specialist Consultations	M : R3 700 M1+ : R6 000 Subject to day-to-day
Basic & Specialised Dentistry	M : R7 300 M1+ : R12 400 Subject to day-to-day
Maternity	Combined limit – Included with GP & Specialist benefit
Radiology and Pathology	M : R3 700 M1+ : R7 300 Subject to day-to-day
Specialised Radiology	MRI/CT Scans – Maximum of 3 Scans per beneficiary. Subject to pre-authorisation. PET Scan – 1 Scan per beneficiary
Supplementary Services	M : R3 700 M1+ : R7 300 Subject to day-to-day




Bestmed Medical Scheme is an Authorised Financial Services Provider (FSP No. 40026)

Pace4 Benefits

Preventative Care		
HPV Vaccine		Protocol applies
Flu Vaccine		1 per beneficiary
Pneumonia programme		Protocol applies
Paediatric immunisations		Protocol applies
Back Rehabilitation Programme (DBC)		Protocol applies
Female Contraceptives		Up to R1 400 PF
Preventative dentistry		Protocol applies
HIB Titre		Protocol applies
Mammogram		Protocol applies
Pap smear		Protocol applies
Prostate Screening (PSA)		Protocol applies
Bone Densitometry		Protocol applies
Biometric screenings: Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	From selected Clicks, Script Savers or Dis-Chem Pharmacies	

Contributions	
Principal Member	R4 408
Adult Dependand	R4 408
Child Dependand	R1 033



Bestmed Medical Scheme is an Authorised Financial Services Provider (FSP No. 40026)

Pace4♥ Non-CDL Conditions

CDL Chronic Conditions (PMBs)

100% Bestmed tariff unlimited
20% co-payment: Non-formulary medicine

Non-CDL Conditions

45 conditions covered at 85% of Bestmed tariff
Limited to **M = R17 200**, **M1+ = R34 400**

	Non-CDL Conditions
1	ADD / ADHD
2	Acne- severe
3	Eczema
4	Allergic Rhinitis
5	Migraine Prophylaxis
6	Gout Prophylaxis
7	Endometriosis
8	Major Depression
9	Chronic Anemia
10	Polycystic Ovarian Disease
11	Graves Disease
12	Obsessive Compulsive Disorder
13	Stroke

	Non-CDL Conditions
14	Paraplegia/ Quaraplegia
15	Pulmonary embolism
16	Benign Prostatic Hypertrophy
17	Female Menopause
18	Osteoporosis
19	Psoriasis
20	Urinary Incontinence
21	Pagets Disease
22	Gastro Oesophageal Disease
23	Ankylosing Spondylitis
24	Hypophyseal Adenoma
25	Osteoarthritis
26	Alzheimer's Disease
27	Aplastic Anaemia
28	Collagen Diseases
29	Cushings Disease
30	Cystic Fibrosis
31	Dermatomyositis

Bestmed Medical Scheme is an Authorised Medical Services Provider (PSP No. 41026)

Pace4♥ Non-CDL Conditions

CDL Chronic Conditions (PMBs)

100% Bestmed tariff unlimited
20% co-payment: Non-formulary medicine

Non-CDL Conditions

45 conditions covered at 85% of Bestmed tariff
Limited to **M = R17 200**, **M1+ = R34 400**

	Non-CDL Conditions
32	Fibrosing Alveolitis
33	Hyperthyroidism
34	Hypopituitarism
35	Idiopathic thrombocytopenic pupura
36	Motor Neuron Disease
37	Muscular dystrophy and inherited myopathies
38	Neuropathy
39	Myasthenia Gravis
40	Polyarteritis nodosa
41	Pulmonary interstitial fibrosis
42	Scleroderma
43	Sjogren's disease
44	Trigeminal neuralgia
45	Psoriatic arthritis

Bestmed Medical Scheme is an Authorised Medical Services Provider (PSP No. 41026)



Pulse1♥ Benefit Changes

- Replace Prime Cure as GP preferred primary care network provider with **Carecross network**.
- **Changes re GP visits**
 - Unlimited GP visits per beneficiary at Carecross GP (previously limited to 7 consultations per annum)
 - No longer necessary to choose and register with 1 network GP. Patients can consult any GP on the Carecross network.
 - Out of network GP visits – limited to R1000 per annum – claim from Carecross (settle account and then claim back from Carecross)
- **Changes re Specialist visits**
 - 3 visits per family at specialist (R1000 per consultation)
 - Need pre-authorisation from Bestmed
 - Need to consult a **Carecross contracted specialist** (Carecross GP will refer patient to Carecross specialist and Bestmed will again confirm that when they do the authorisation)
 - Why – because of hospital network
 - Netcare hospitals only

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BestMed Medical Scheme is an Authorised Medical Services Provider (PSP No. 4025)

Pulse1 Benefit Changes

Changes re Hospital benefits

- Preferred provider network – Hospital – **Netcare Hospitals**
- List of all hospitals contracted as preferred network will be made available on the website and will be available at call centre, Carecross, authorisation centre and will be published in member guide.
- If city / town has no Netcare hospital – other hospital will be contracted with – please see lists published.
- Implement a co-payment for voluntary use of a non-Preferred Provider hospital of up to R5 000.

Other changes

- Subscription changes
- Changes made to income categories
 - Category A = R0 – R5 500 per month
 - Category B = R5 501 – R8 500 per month
 - Category C = >R8 501 per month



Bestmed Medical Scheme is an Authorised Financial Services Provider (FSP No. 4026)

Pulse1 Benefits

Day-to-day Benefit	GPs	Unlimited GP visits at preferred provider network (Carecross) Out-of-network GP visits, R1 000 per family per year
	Specialists	3 visits per family, R1 000 per visit (Bestmed approval and tariff)
	Basic Dentistry	Subject to use of Carecross
	Optometry	Subject to use of Carecross
	Acute medication	Subject to Carecross Formulary
Chronic Disease Benefit	CDL chronic conditions (PMBs)	> 100% of Bestmed tariff Unlimited > 35% co-payment non-formulary > Subject to Carecross formulary
	Non-CDL chronic conditions	> No benefit
Hospital Benefit	100% of Bestmed tariff:	Unlimited – Netcare Network (co-payment for voluntary use of a non-Preferred Provider hospital of up to R5 000.)
	Co-payments from R2 000 – R2 500 :	6 Procedures
		Emergencies – ER24/ International Travel Insurance



Bestmed Medical Scheme is an Authorised Financial Services Provider (FSP No. 4026)

Pulse1[♥] Benefits

Preventative Care	
Flu vaccine	1 per beneficiary
Pneumonia Programme	Protocol applies
Paediatric Immunisations	Protocol applies
Biometric screenings: Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	From selected Clicks, Script Savers or Dis-Chem Pharmacies

Contributions			
	R0 – R5 500 pm (R0 – R66 000)	R5 501 – R8 500 pm (R66 001 – R102 000)	>R8 501 pm (>R102 001)
Principal Member	R940	R1 128	R1 354
Adult Dependant	R893	R1 072	R1 218
Child Dependant	R564	R677	R677

BestMed Medical Scheme is an Authorised Financial Services Provider (FSP No. 40056)

Pulse2[♥] Benefit Changes

- Implement a Specialist Preferred Provider network (Onecare).
- Implement a hospital Preferred Provider network (Netcare).
 - Implement a co-payment for the voluntary use of a non-Preferred Provider hospital of a maximum of up to R5 000.
- Reduce the day-to-day overall limit to:
 - M = R10 000
 - M1+ = R20 000
- Increased maxima with the proportionate contribution increases.
- This option now offer 25 Non-CDL Chronic Conditions instead of 45, but still retains most of its benefits and will offer superior value to the members. Chronic limit reduced to:

M = R6 000
M1+ = R12 000

BestMed Medical Scheme is an Authorised Financial Services Provider (FSP No. 40056)

Pulse2[™] Benefit Changes

- **Non-CDL Chronic Conditions removed:**

Ankylosing spondylitis
 Collagen diseases
 Cushing's disease
 Cystic fibrosis
 Dermatomyositis
 Fibrosing alveolitis
 Grave's disease
 Hyperthyroidism
 Hypopituitarism
 Idiopathic thrombocytopenic purpura
 Moto neuron disease
 Muscular dystrophy and other inherited myopathies
 Myasthenia gravis
 Medicines to treat paraplegia/quadruplegia
 Polyarthrits nodosa
 Psoriatic arthritis
 Pulmonary interstitial fibrosis
 Scleroderma
 Sjogren's disease
 Trigeminal neuralgia



BestMed Medical Scheme is an Authorized Financial Services Provider (FP) No. 44026

Communication process re removed chronic conditions

- Members affected by the removal of the 20 conditions will receive separate communication during November and will be advised to upgrade to Pace2, Pace3 or Pace4.



BestMed Medical Scheme is an Authorized Financial Services Provider (FP) No. 44026

Pulse2⁺ Benefits

Day-to-day Benefit

Overall day-to-day limits
M = R10 000; M1+ = R20 000

Chronic Disease Benefit

CDL chronic conditions (PMBs)

- > 100% of Bestmed tariff Unlimited
- > 25% co-payment non-formulary
- > Subject to Onecare formulary medicine

Non-CDL chronic conditions

- > 25 conditions, 100% of Scheme tariff applies, if prescribed by a NP. Limited to
- > **M = R6 000, M1 + = R12 000.** Limited to NP and formularies.


Hospital Benefit

100% of Bestmed tariff:
Unlimited – Preferred Network Provider (co-payment for voluntary use of a non-Preferred Provider hospital of up to R5 000.)

Emergencies – ER24/ International Travel Insurance

Overall Day-to-Day Limit M = R10 000, M1+ = R20 000
All services to be obtained from Network Provider (Onecare)

Acute Medicine	M : R3 200 M1+ : R6 400 Subject to day-to-day
GP Visits (Onecare network)	Subject to overall day-to-day limit (Onecare only)
Specialist Consultations	M : R2 000 M1+ : R4 000
Specialised Dentistry	M : R 4 400 M1+ : R 5 600
Optical Benefits	M : R2 800 M1+ : R4 400
Radiology and Pathology	Subject to overall day-to-day limits
Basic Dentistry	Subject to overall day-to-day limits
Supplementary Services	M : R2 800 M1+ : R5 600



Bestmed Medical Scheme is an Authorised Medical Services Provider (PPO No. 41026)


Pulse2⁺ Benefits

Preventative Care

Flu Vaccine	1 per beneficiary
Pneumonia Programme	Protocol applies
Paediatric Immunisations	Protocol applies
Back Rehabilitation Programme (DBC)	Protocol applies
Biometric screenings: Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	From selected Clicks, Script Savers or Dis-Chem Pharmacies

Contributions

Principal Member	R3 243
Adult Dependant	R3 243
Child Dependant	R771



Bestmed Medical Scheme is an Authorised Medical Services Provider (PPO No. 41026)

Pulse2[✓] Non-CDL Conditions

CDL Chronic Conditions (PMBs)

100% Bestmed tariff unlimited
25% co-payment: Non-formulary

Non-CDL Conditions

25 conditions covered at 100% of Bestmed tariff
Limited to **M = R6 000**, **M1+ = R12 000**

	Non-CDL Conditions
1	ADD / ADHD
2	Acne- severe
3	Eczema
4	Allergic Rhinitis
5	Migraine Prophylaxis
6	Gout Prophylaxis
7	Endometriosis
8	Major Depression
9	Chronic Anemia
10	Polycystic Ovarian Disease
11	Obsessive Compulsive Disorder

	Non-CDL Conditions
12	Stroke
13	Pulmonary embolism
14	Benign Prostatic Hypertrophy
15	Female Menopause
16	Osteoporosis
17	Psoriasis
18	Urinary Incontinence
19	Pagets Disease
20	Gastro Oesophageal Disease
21	Hypophyseal Adenoma
22	Osteoarthritis
23	Alzheimer's Disease
24	Aplastic Anaemia
25	Neuropathy



Bestmed Medical Scheme is an Authorized Financial Services Provider (FSP No. 40056)

How to Change Benefit Option?

- Access personal information (claims profile, benefit utilisation summary).
- Phone Bestmed Call Centre for personal assistance on 086 000 2378.
- Understand the implications of you changing options.
- Complete option change form.
- Submit option change form to your HR department before cut off date.



Bestmed Medical Scheme is an Authorized Financial Services Provider (FSP No. 40056)

Thank you for your support during the past 50 years!



BestMed Medical Scheme is an Authorized Financial Services Provider (FSP No. 40056)