

Beat Pace Pulse

Comparative guide
for University of
Pretoria

bestMed

IN ASSOCIATION WITH THE  Sanlam GROUP

Why choose Bestmed

At Bestmed we pride ourselves on paying 99.2% of all claims within 15 days. That's just one of the reasons why we have been around for 47 years, offering you quality healthcare, flexibility and freedom of choice.

Our partnership with Sanlam ensures that you will have access to top class service, affirming our place as the trusted healthcare partner.

Rest assured your health is in stable hands, because our reserve ratio is 32.4%, well above the legal limit of 25%. At Bestmed we have you covered.



2012 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 145 000 members through our nine unique and flexible benefit options. With us you get the best when it comes to accessing quality healthcare.

Beat range offers full hospital benefits with limited savings to pay for out-of-hospital expenses. The options in this category are Beat2 and Beat3.

Pace range offers full hospital benefits, but with funds from the Scheme and more savings to cover extensive out-of-hospital expenses. The options in this category are Pace1 and Pace3.

Pulse range offers full hospital benefits with out-of-hospital benefits provided by designated network providers only. The options in this category are Pulse1. For complete information about these options, please refer to the combined product brochure or go to www.bestmed.co.za

	BEAT		PACE		PULSE
	Beat2▼	Beat3▼	Pace1▼	Pace3▼	Pulse1▼
IN-HOSPITAL BENEFITS (Subject to pre-authorization)					
Accommodation (hospital stay) and theatre fees	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.
Take home medicine	100% Bestmed tariff. Limited to 7 days' medicine.	100% Bestmed tariff. Limited to 7 days' medicine.	100% Bestmed tariff. Limited to 7 days' medicine.	100% Bestmed tariff. Limited to 7 days' medicine.	100% Bestmed tariff. Limited to 3 days' medicine.
Treatment in mental health clinics	100% Bestmed tariff. Limited to 21 days per beneficiary.	100% Bestmed tariff. Limited to 21 days per beneficiary.	100% Bestmed tariff. Limited to 21 days per beneficiary.	100% Bestmed tariff. Limited to 21 days per beneficiary.	100% Bestmed tariff. Limited to 21 days per beneficiary.
Treatment of chemical and substance abuse	100% Bestmed tariff. Limited to 21 days or R15 500 per beneficiary.	100% Bestmed tariff. Limited to 21 days or R15 500 per beneficiary.	100% Bestmed tariff. Limited to 21 days or R15 500 per beneficiary.	100% Bestmed tariff. Limited to 21 days or R16 500 per beneficiary.	100% Bestmed tariff. Limited to PMB conditions.
Consultations and procedures	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.
Surgical procedures and anaesthetics for surgical procedures and operations	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff. Excluded from benefits: functional nasal surgery, surgery for medical conditions e.g. Epilepsy, Parkinsonism etc, Procedures where stimulators are used
Organ transplants	100% Bestmed tariff. Subject to pre-authorization and protocols (only PMBs).	100% Bestmed tariff. Subject to pre-authorization and protocols (only PMBs).	100% Bestmed tariff. Subject to pre-authorization and protocols.	100% Bestmed tariff. Subject to pre-authorization and protocols.	100% Bestmed tariff. Subject to pre-authorization and protocols.
Dentistry-Maxillo-facial surgery strictly related to certain conditions	100% Bestmed tariff. Limited to R7 100 per family per year.	100% Bestmed tariff. Limited to R7 100 per family per year.	100% Bestmed tariff. Limited to R7 500 per family per year.	100% Bestmed tariff.	No benefit.
Prosthesis - Internal	100% of cost. Limited to R43 000 per family. Sub-limits per beneficiary: <ul style="list-style-type: none"> • Vascular R16 500 • Endovascular - no benefit • Spinal R16 500 • Artificial disk, single level based - no benefit • Drug eluting stents - no benefits • Mesh R5 900 • Gynaecology/Urology R4 800 • Lens implants R3 700 per lens 	100% of cost. Limited to R43 000 per family. Sub-limits per beneficiary: <ul style="list-style-type: none"> • Vascular R16 500 • Endovascular - no benefit • Spinal R16 500 • Artificial disk, single level based - no benefit • Drug eluting stents - no benefits • Mesh R5 900 • Gynaecology/Urology R4 800 • Lens implants R3 700 per lens 	100% of cost. Limited to R53 500 per family. Sub-limits per beneficiary: <ul style="list-style-type: none"> • Vascular R17 600 • Endovascular - no benefit • Spinal R17 600 • Artificial disk, single level based - no benefit • Drug eluting stents - no benefits • Mesh R6 400 • Gynaecology/Urology R4 800 • Lens implants R3 700 • per lens 	100% of cost. Limited to R65 000 per family. Sub-limits per beneficiary: <ul style="list-style-type: none"> • Vascular R23 000 • Spinal R23 000 • Artificial disk, single level based, R10 000 • Drug eluting stents R10 000 • Mesh R10 000 • Gynaecology/Urology R7 500 • Lens implants R6 500 per lens • Joint Replacements: Hip prosthesis and other major joints R27 000 Knee prosthesis R32 000 Other minor joints R12 000 	100% of cost. Limited to R32 000 per family. Sub-limits per beneficiary: <ul style="list-style-type: none"> • Vascular R15 000 • Endovascular - no benefit • Spinal R15 000 • Artificial disk, single level based - no benefit • Drug eluting stents - no benefits • Mesh R5 400 • Gynaecology/Urology R4 500 • Lens implants R3 200 per lens

Abbreviations: PMB = Prescribed Minimum Benefit

	BEAT		PACE		PULSE
	Beat2▼	Beat3▼	Pace1▼	Pace3▼	Pulse1▼
IN-HOSPITAL BENEFITS CONT. (Subject to pre-authorisation)					
Prosthesis - External	Sub-limit of R10 700 per family.	Sub-limit of R10 700 per family.	Sub-limit of R13 000 per family.	Sub-limit of R15 000 per family.	No benefit.
Orthopaedic and medical appliances	Savings Account.	Savings Account.	As per out-of-hospital medical apparatus.	As per out-of-hospital medical apparatus.	100% of cost limited to R4 300 per family.
Pathology	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.
Diagnostic Imaging	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.
Specialised Diagnostic Imaging	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.
Oncology	Oncology Programme. 100% Bestmed tariff. Subject to pre-authorisation.	Oncology Programme. 100% Bestmed tariff. Subject to pre-authorisation.	Oncology Programme. 100% Bestmed tariff. Subject to pre-authorisation.	Oncology Programme. 100% Bestmed tariff. Subject to pre-authorisation.	Oncology Programme. 100% Bestmed tariff. Subject to pre-authorisation.
Peritoneal dialysis and haemodialysis	100% Bestmed tariff. Subject to pre-authorisation and protocols.	100% Bestmed tariff. Subject to pre-authorisation and protocols.	100% Bestmed tariff. Subject to pre-authorisation and protocols.	100% Bestmed tariff. Subject to pre-authorisation and protocols.	100% Bestmed tariff. Subject to pre-authorisation and protocols.
Confinements	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.	100% Bestmed tariff.
Breast Reduction	100% Bestmed tariff. Subject to pre-authorisation and protocols.	100% Bestmed tariff. Subject to pre-authorisation and protocols.	100% Bestmed tariff. Subject to pre-authorisation and protocols.	100% Bestmed tariff. Subject to pre-authorisation and protocols.	100% Bestmed tariff. Subject to pre-authorisation and protocols.
Refractive Surgery	100% Bestmed tariff. Subject to pre-authorisation and protocols.	100% Bestmed tariff. Subject to pre-authorisation and protocols.	100% Bestmed tariff. Subject to pre-authorisation and protocols.	100% Bestmed tariff. Subject to pre-authorisation and protocols.	100% Bestmed tariff. Subject to pre-authorisation and protocols.
Supplementary Services	100% of Bestmed tariff.	100% of Bestmed tariff.	Physiotherapy and Biokenetics limited to M = R4 300 M+ = R6 400.	100% Bestmed tariff.	100% Bestmed tariff.
Alternatives to hospitalisation	100% Bestmed tariff. Limited to R10 700 per family per year.	100% Bestmed tariff if authorised.	100% Bestmed tariff. Limited to R16 000 per family per year.	100% Bestmed tariff if authorised.	100% Bestmed tariff if authorised.
Emergency Evacuation	100% Cost. Rendered and pre-authorised by ER24.	100% Cost. Rendered and pre-authorised by ER24.	100% Cost. Rendered and pre-authorised by ER24.	100% Cost. Rendered and pre-authorised by ER24.	100% Cost. Rendered and pre-authorised by ER24.

	Beat2▼	Beat3▼	Pace1▼	Pace3▼	Pulse1▼
IN-HOSPITAL BENEFITS CONT. (Subject to pre-authorisation)					
Exclusions (In-hospital)	Joint Replacement Surgery (except for PMBs). PMBs subject to prosthesis limits: Hip prosthesis and other major joints R19 000 Knee replacement R23 500 Other minor joints R8 000	Joint Replacement Surgery (except for PMBs). PMBs subject to prosthesis limits: Hip prosthesis and other major joints R19 000 Knee replacement R23 500 Other minor joints R8 000	Joint Replacement Surgery (except for PMBs). PMBs subject to prosthesis limits: Hip prosthesis and other major joints R19 500 Knee replacement R26 000 Other minor joints R8 000	N/a	Joint Replacement Surgery (except for PMBs). PMBs subject to prosthesis limits: Hip replacement R17 000 Knee replacement R21 500 other minor joints R8 000
Co-payments (In-hospital)	Co-payment of R1 000 on all endoscopic investigations. If done in Dr rooms (out-of-hospital) no co-payment.	Co-payment of R1 000 on all endoscopic investigations. If done in Dr rooms (out-of-hospital) no co-payment.	N/a	N/a	Co-payments where procedure has been clinically approved: R2 500 on all laparoscopic procedures, R 3 000 on hip and knee replacements, R 2 500 on prostate procedures, R 2 500 on procedures for prolapse/incontinence, R 2 500 on arthroscopy other than acute trauma, R 2 000 on endoscopy investigations done primarily in hospital.

Abbreviations: PMB = Prescribed Minimum Benefit

	BEAT		PACE		PULSE
	Beat2▼	Beat3▼	Pace1▼	Pace3▼	Pulse1▼
OUT-OF-HOSPITAL BENEFITS					
Out-of-Hospital Benefits			Day-to-day benefit M=R7 000 M1+= R14 000		
GP and Specialist Consultations	Savings Account	Savings Account	Limited to M=R1 200, M1+=R2 400 (Subject to day-to-day overall limit)	Limited to M= R2 000, M1 += R6 000	Subject to Provider Network GP visits limited to 7 consultations per beneficiary per annum (except for PMBs). Three specialist visits R1 000 per visit per family per year (Network Provider tariff), pre-authorisation and referral by NP required. Two out of Network GP visits per family per year limited to R700 per visit with 20% co-payment.
Basic and Specialised Dentistry	Basic dentistry - according to preventative benefit or savings account. Specialised dentistry - Savings Account.	Basic dentistry - according to preventative benefit or savings account. Specialised dentistry - Savings Account.	Limited to M=R2 100, M1+= R4 200 (Subject to day-to-day overall limit)	Basic: Subject to Savings Account Specialised: 100% of Bestmed tariff, Orthodontic treatment subject to pre-authorisation Limited to M=R3 700, M1 += R6 400	Basic dentistry: Subject to Provider Network Specialised dentistry: No benefit.
Medical Apparatus	Savings Account	Savings Account	100% of cost Limited to R6 400 per family	Limited to R15 000 per family Sub-limit on wheel chairs = R8 500 per family Sub-limit on hearing aids = R14 000 per beneficiary per 48 months.	Subject to Provider Network
Supplementary Services	Savings Account	Savings Account	Limited M=R2 600, M1 +=R5 200 (Subject to day-to-day overall limit)	Savings Account	No benefit
Wound care treatment benefit	Limited to R2 000 per family.	Limited to R2 000 per family.	Limited to R2 000 per family. (Subject to day-to-day overall limit.)	Limited to R6 000 per family.	Subject to Provider Network

Abbreviations: M = Member, M1+= Member and family, NP = Network provider, PMB = Prescribed Minimum Benefit

	BEAT		PACE		PULSE
	Beat2▼	Beat3▼	Pace1▼	Pace3▼	Pulse1▼
OUT-OF-HOSPITAL BENEFITS CONT.					
Optometry Services	Savings Account	As per PPN agreement: Consultation R505 Frame R500	Once every 24 months/two years: Limited M=R1 300, M1+=R2 600 (Subject to day-to-day overall limit)	One per beneficiary per 24 months/two years. Sub-limits apply	Subject to Provider Network
Frames		Single vision R130 per lens Bifocal R290 per lens		R 500	Subject to Provider Network
Other (Lenses)		Multifocal R530 per lens OR Contact lenses R1 160		Single vision R550 per lens High power R1 100 per lens Bifocal R1 600 per lens Varifocal R2 100 per lens OR Contact lenses R1 600	Subject to Provider Network
Diagnostic Imaging	Savings Account	Savings Account	Limited M=R1 900, M1+=R3 800 (Subject to day-to-day overall limit)	M= R2 000, M1+= R4 000	Subject to Provider Network
Pathology	Savings Account	Savings Account			
Maternity Benefits	Savings Account	2 sonars and up to 12 antenatal consultations	Combined limit include GP, Specialist.	Combined limit include GP, Specialist.	Subject to Provider Network
Specialised Diagnostic Imaging	Savings Account	100% Bestmed tariff. Limited to R6 400 per family.	100% of Bestmed tariff. Limited to R8 500 per family.	Subject to pre-authorisation MR/CT scans; Maximum of three scans per beneficiary. PET scan: One scan per beneficiary.	Subject to Provider Network
Rehabilitation services after trauma	Savings Account	Savings Account	Bonus Account	100% Bestmed tariff. Subject to pre-authorisation and protocols.	No benefit

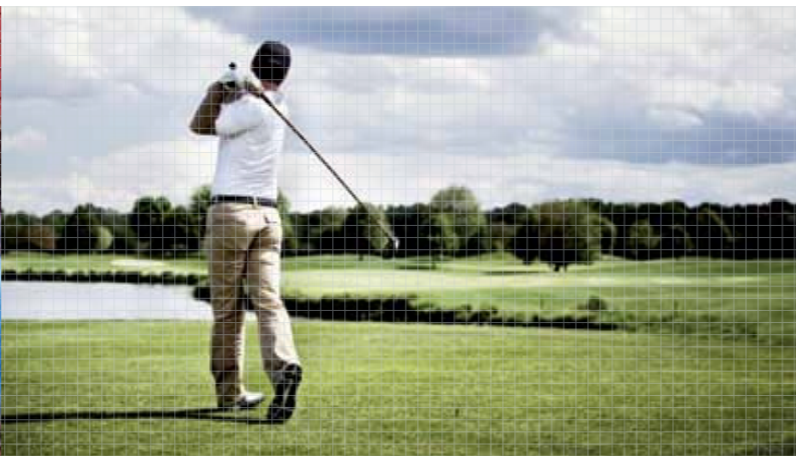
Abbreviations: M = Member, M1+= Member and family, NP = Network provider, PPN = Preferred provider network


	BEAT		PACE		PULSE
	Beat2▼	Beat3▼	Pace1▼	Pace3▼	Pulse1▼
MEDICINE					
Non-CDL chronic Subject to MRP	Savings Account	5 conditions 85% of Scheme tariff applies limited to M=R2 100, M1+=R4 200 Subject to medicine reference price and formularies. Co-payment of 35% for non-formulary medicines.	15 conditions 85% of Scheme tariff applies limited to M=R5 700, M1+= R11 400 Subject to medicine reference price and formularies. Co-payment of 35% for non-formulary medicines.	31 conditions 85% of Scheme tariff applies limited to M=R11 300, M1+= R22 600 Subject to medicine reference price and formularies. Co-payment of 25% for non-formulary medicines.	Unlimited. Subject to Provider Network Formulary and reference price
CDL Subject to MRP	100% of Bestmed tariff. Subject to medicine reference price and formularies. Co-payment of 35% for non-formulary medicines.	100% of Bestmed tariff. Subject to medicine reference price and formularies. Co-payment of 35% for non-formulary medicines.	100% of Bestmed tariff. Subject to medicine reference price and formularies. Co-payment of 35% for non-formulary medicines.	100% of Bestmed tariff. Subject to medicine reference price and formularies. Co-payment of 25% for non-formulary medicines.	Unlimited. Subject to Provider Network Formulary and reference price
Biological	No benefit	No benefit	No benefit	Subject to pre-authorisation limited to R200 000 per beneficiary	No benefit
Acute	Savings Account	Savings Account	Limited M=R1 500, M1+=R3 000 Subject to medicine reference price and formularies. (10% co-payment) (Subject to day-to-day overall limit)	Limited M=R750, M1+=R2 000 Subject to medicine reference price and formularies. (10% co-payment)	Unlimited. Subject to Provider Network Formulary and reference price
Over the Counter	Savings Account	Savings Account	Limited R500 (Subject to day-to-day acute medicine limit)	Savings Account	Limited to R180 per family per year with a maximum of R60 per event and three events. Designated pharmacy only.

Abbreviations: M = Member, M1+= Member and family, NP = Network provider

	BEAT		PACE		PULSE
	Beat2▼	Beat3▼	Pace1▼	Pace3▼	Pulse1▼
PREVENTATIVE CARE BENEFITS					
Preventative benefits	Flu vaccines, * Pneumonia programme, Paediatric immunisations, Contraceptives - R1 200 pfpa, * DBC programme, Preventative Dentistry (incl. gloves and sterile equip).	Flu vaccines, * Pneumonia programme, Paediatric immunisations, Contraceptives - R1 200 pfpa, * DBC programme, Preventative Dentistry (incl. gloves and sterile equip).	Flu vaccines, * Pneumonia programme, Paediatric immunisations, Contraceptives - R1 200 pfpa, * DBC programme, Preventative Dentistry (incl. gloves and sterile equip). HIB titre, * Mammogram, * PAP smear.	Flu vaccines, * Pneumonia programme, Paediatric immunisations, Contraceptives - R1 200 pfpa, * DBC programme, Preventative Dentistry (incl. gloves and sterile equip), HIB titre, * Mammogram, * PAP smear. * PSA, Lipogram Bone Densitometry.	* Pneumonia programme, Paediatric immunisations.

*Conditions apply. For details, refer to the relevant benefit guide in the preventative care section.



OPTION	2012 CONTRIBUTIONS												
		Principal Member			Adult Dependant			Child Dependant					
	Income level: (pa)	Risk	Savings	Total	Risk	Savings	Total	Risk	Savings	Total	Maximum Contribution Child Dependant	Recognition of a Child Dependant	Loyalty Rewards Programme
Beat2 	N/a	R802	R142	R944	R624	R110	R734	R338	R60	R398	4	Under 21 unless registered student	Reality
Beat3 	N/a	R1 250	R256	R1 506	R888	R182	R1 070	R482	R99	R581	4	Under 21 unless registered student	Reality
Pace1 	N/a	R1 549	R437	R1 986	R1 088	R307	R1 395	R390	R110	R500	4	Under 21 unless registered student	Reality
Pace3 	< R92 000	R2 177	R478	R2 655	R1 743	R383	R2 126	R403	R89	R492	4	Under 21 unless registered student	Reality
	> R92 001	R2 615	R574	R3 189	R2 090	R459	R2 549	R438	R96	R534			
Pulse1 	< R13 000	R741	R0	R741	R741	R0	R741	R442	R0	R442	N/a	Under 21 unless registered student	Reality
	R13 001 - R51 000	R796	R0	R796	R751	R0	R751	R442	R0	R442			
	R51 001 - R65 000	R1 006	R0	R1 006	R768	R0	R768	R442	R0	R442			
	> R65 001	R1 119	R0	R1 119	R856	R0	R856	R475	R0	R475			

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



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