



bestMed

Better living. Better life.

2013 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 154 000 beneficiaries through our nine unique and flexible benefit options. With us you get the best when it comes to accessing quality healthcare.

The **Beat range** offers basic hospital benefits with limited savings to pay for out-of-hospital expenses on some options. The options in this category are Beat1, Beat2 and Beat3.

The **Pace range** offers more comprehensive 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, Pace2, Pace3 and Pace4.

The **Pulse range** offers full hospital benefits with out-of-hospital benefits provided by designated network providers only. The options in this category are Pulse1 and Pulse2.

For complete information about these options, please refer to the individual product leaflet or go to www.bestmed.co.za

Why choose Bestmed

One of the top eight open medical schemes in the country, Bestmed has been a major player in the healthcare industry for the past 48 years. Today, it has more than 73 000 principal members and provides medical cover to more than 154 000 lives. Now self-administered, Bestmed enjoys representation in most of South Africa's provinces.

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.

Our exceptionally strong reserves of 30%, well above the required 25%, make it possible for us to increase members' benefits yet keep contribution increases as low as possible when healthcare costs spin out of control. It also means that members' claims will always be covered and their benefits guaranteed.

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 nine healthcare options 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 our engagements and conversations with our 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. We are here to assist you to become a better version of yourself through choosing a healthier lifestyle.

Our wellness philosophy is based on the four basic pillars. We encourage our members to simply:

- Be Active:** Incorporate exercise as part of your daily schedule to ensure positive change.
- Be Safe:** Make responsible lifestyle choices to prevent adverse consequences.
- Be Nutriwise:** Balanced nutrition is important to maintain a healthy body and mind.
- Be Happy:** Create and maintain a balance between work, life and home.

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 and Actuarial Services. Bestmed advisers are responsible for implementing these service programmes at employer organisations. Today, Bestmed services over 50 employer organisations including large corporate businesses, South Africa's biggest universities and a variety of parastatals.



OPTION	2013 CONTRIBUTIONS											
	Income Level (pa)	Principal Member			Adult Dependant			Child Dependant			Maximum Contribution Child Dependant	Recognition of a Child Dependant
		Risk	Savings	Total	Risk	Savings	Total	Risk	Savings	Total		
Beat1 ♥	N/A	R872	R0	R872	R678	R0	R678	R367	R0	R367	4	Under 21 unless registered student
Beat2 ♥	N/A	R872	R154	R1 026	R678	R120	R798	R367	R65	R432	4	Under 21 unless registered student
Beat3 ♥	N/A	R1 359	R278	R1 637	R965	R198	R1 163	R524	R108	R632	4	Under 21 unless registered student
Pace1 ♥	N/A	R1 686	R476	R2 162	R1 184	R334	R1 518	R425	R120	R545	4	Under 21 unless registered student
Pace2 ♥	N/A	R2 502	R441	R2 943	R2 452	R433	R2 885	R551	R97	R648	4	Under 21 unless registered student
Pace3 ♥	< R98 500	R2 371	R521	R2 892	R1 898	R417	R2 315	R439	R97	R536	4	Under 21 unless registered student
	> R98 501	R2 848	R625	R3 473	R2 272	R500	R2 772	R477	R105	R582		
Pace4 ♥	N/A	R3 978	R0	R3 978	R3 978	R0	R3 978	R932	R0	R932	4	Under 21 unless registered student
Pulse1 ♥	< R13 900	R807	R0	R807	R807	R0	R807	R481	R0	R481	N/A	Under 21 unless registered student
	R13 901 - R54 600	R866	R0	R866	R817	R0	R817	R481	R0	R481		
	R54 601 - R69 600	R1 095	R0	R1 095	R836	R0	R836	R481	R0	R481		
	> R69 601	R1 218	R0	R1 218	R932	R0	R932	R517	R0	R517		
Pulse2 ♥	N/A	R3 149	R0	R3 149	R3 149	R0	R3 149	R749	R0	R749	4	Under 21 unless registered student

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

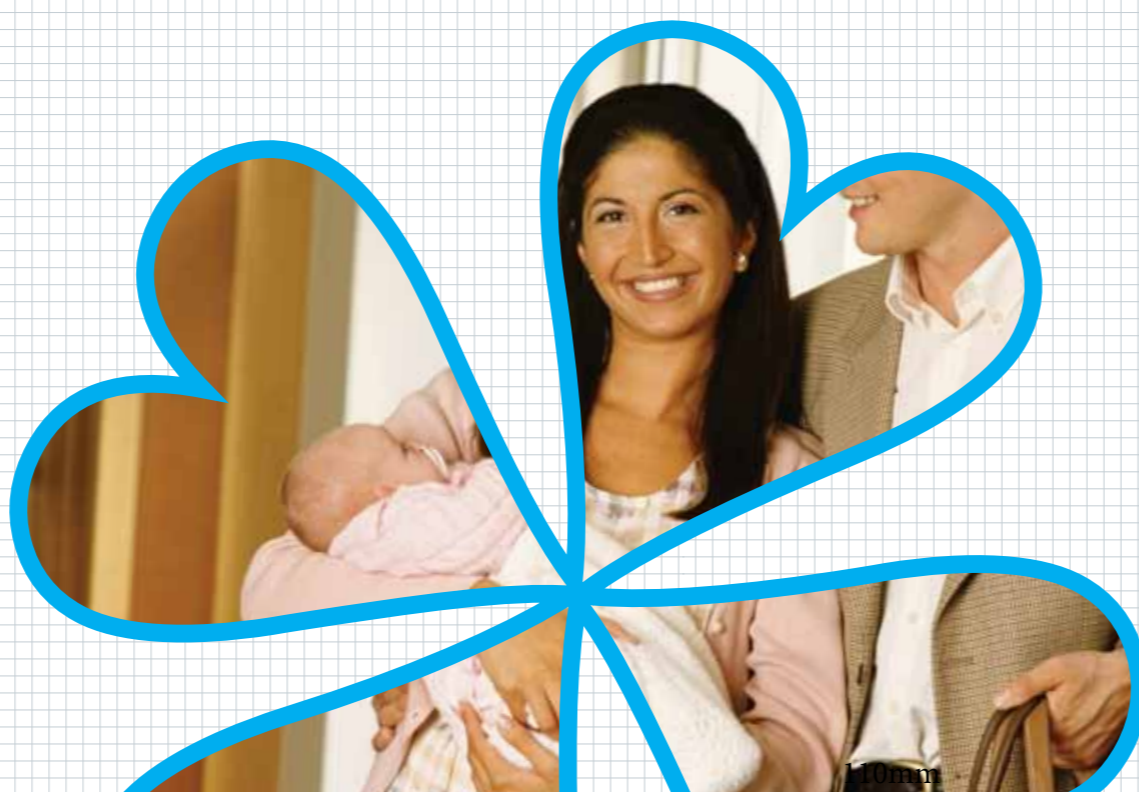
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Please visit www.bestmed.co.za for the complete liability and responsibility disclaimer for Bestmed Medical Scheme as well as our terms and conditions.

www.bestmed.co.za

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

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Beat1♥	Beat2♥	Beat3♥	Pace1♥	Pace2♥	Pace3♥	Pace4♥	Pulse1♥	Pulse2♥
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IN-HOSPITAL BENEFITS

(Subject to pre-authorisation and clinical protocols)

Accommodation (hospital stay) and theatre fees	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.
Take home medicine	100% Scheme tariff. Limited to 7 days' medicine.	100% Scheme tariff. Limited to 7 days' medicine.	100% Scheme tariff. Limited to 7 days' medicine.	100% Scheme tariff. Limited to 7 days' medicine.	100% Scheme tariff. Limited to 7 days' medicine.	100% Scheme tariff. Limited to 7 days' medicine.	100% Scheme tariff. Limited to 7 days' medicine.	100% Scheme tariff. Limited to 7 days' medicine.	100% Scheme tariff. Limited to 7 days' medicine.
Treatment in mental health clinics	100% Scheme tariff. Limited to 21 days per beneficiary.	100% Scheme tariff. Limited to 21 days per beneficiary.	100% Scheme tariff. Limited to 21 days per beneficiary.	100% Scheme tariff. Limited to 21 days per beneficiary.	100% Scheme tariff. Limited to 21 days per beneficiary.	100% Scheme tariff. Limited to 21 days per beneficiary.	100% Scheme tariff. Limited to 21 days per beneficiary.	100% Scheme tariff. Limited to 21 days per beneficiary.	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.	100% Scheme tariff. Limited to 21 days or R17 000 per beneficiary.	100% Scheme tariff. Limited to 21 days or R17 000 per beneficiary.	100% Scheme tariff. Limited to 21 days or R17 000 per beneficiary.	100% Scheme tariff. Limited to 21 days or R18 000 per beneficiary.	100% Scheme tariff. Limited to 21 days or R18 000 per beneficiary.	100% Scheme tariff. Limited to 21 days or R19 000 per beneficiary.	100% Scheme tariff. Limited to 21 days or R19 000 per beneficiary.	100% Scheme tariff. Limited to 21 days or R17 000 per beneficiary.
Consultations and procedures	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.
Organ transplants	100% Scheme tariff. Subject to pre-authorisation and protocols (only PMBs).	100% Scheme tariff. Subject to pre-authorisation and protocols (only PMBs).	100% Scheme tariff. Subject to pre-authorisation and protocols (only PMBs).	100% Scheme tariff. Subject to pre-authorisation and protocols (only PMBs).	100% Scheme tariff. Subject to pre-authorisation and protocols (only PMBs).	100% Scheme tariff. Subject to pre-authorisation and protocols (only PMBs).	100% Scheme tariff. Subject to pre-authorisation and protocols (only PMBs).	100% Scheme tariff. Subject to pre-authorisation and protocols (only PMBs).	100% Scheme tariff. Subject to pre-authorisation and protocols (only PMBs).
Dentistry: Maxillo-facial surgery strictly related to certain conditions	100% Scheme tariff. Limited to R8 000 per family.	100% Scheme tariff. Limited to R8 000 per family.	100% Scheme tariff. Limited to R8 000 per family.	100% Scheme tariff. Limited to R8 000 per family.	100% Scheme tariff. Limited to R8 000 per family.	100% Scheme tariff. Limited to R8 000 per family.	100% Scheme tariff. Limited to R8 000 per family.	100% Scheme tariff. Limited to R8 000 per family.	100% Scheme tariff. Limited to R8 000 per family.
Prosthesis	100% of cost. Limited to R47 500 per family.	100% of cost. Limited to R47 500 per family.	100% of cost. Limited to R47 500 per family.	100% of cost. Limited to R58 000 per family.	100% of cost. Limited to R70 000 per family.	100% of cost. Limited to R70 000 per family.	100% of cost. Limited to R82 000 per family.	100% of cost. Limited to R35 000 per family.	100% of cost. Limited to R70 000 per family.
Prosthesis - Internal	Sub-limits per beneficiary: • Vascular R18 000 • Endovascular - no benefit • Spinal R18 000 • Artificial disk, single-level based - no benefit • Drug eluting stents - funding guidelines • Mesh R7 300 • Gynaecology/Urology R5 200 • Lens implants R4 000 per lens	Sub-limits per beneficiary: • Vascular R18 000 • Endovascular - no benefit • Spinal R18 000 • Artificial disk, single-level based - no benefit • Drug eluting stents - no benefit • Mesh R7 300 • Gynaecology/Urology R5 200 • Lens implants R4 000 per lens	Sub-limits per beneficiary: • Vascular R18 000 • Endovascular - no benefit • Spinal R18 000 • Artificial disk, single-level based - no benefit • Drug eluting stents - no benefit • Mesh R7 300 • Gynaecology/Urology R5 200 • Lens implants R4 000 per lens	Sub-limits per beneficiary: • Vascular R19 100 • Endovascular - no benefit • Spinal R19 100 • Artificial disk, single-level based - no benefit • Drug eluting stents - no benefits • Mesh R7 000 • Gynaecology/Urology R5 200 • Lens implants R4 000 per lens	Sub-limits per beneficiary: • Vascular R25 000 • Spinal R25 000 • Artificial disk, single-level based, R11 000 • Drug eluting stents R11 000 • Mesh R11 000 • Gynaecology/Urology R8 200 • Lens implants R7 000 per lens • Joint Replacements: - Hip prosthesis and other major joints R30 000 - Knee prosthesis R35 000 - Other minor joints R13 000	Sub-limits per beneficiary: • Vascular R25 000 • Spinal R25 000 • Artificial disk, single-level based, R11 000 • Drug eluting stents R11 000 • Mesh R11 000 • Gynaecology/Urology R8 200 • Lens implants R7 000 per lens • Joint Replacements: - Hip prosthesis and other major joints R30 000 - Knee prosthesis R35 000 - Other minor joints R13 000	Sub-limits per beneficiary: • Vascular R25 000 • Spinal R25 000 • Artificial disk, single-level based, R11 000 • Drug eluting stents R13 000 • Mesh R11 500 • Gynaecology/Urology R9 500 • Lens implants R10 500 per lens • Joint Replacements: - Hip prosthesis and other major joints R35 000 - Knee prosthesis R40 500 - Other minor joints R13 000	Sub-limits per beneficiary: • Vascular R25 000 • Spinal R25 000 • Artificial disk, single-level based - no benefit • Drug eluting stents R11 000 • Mesh R11 000 • Gynaecology/Urology R8 200 • Lens implants R7 000 per lens • Joint Replacements: - Hip prosthesis and other major joints R30 000 - Knee prosthesis R35 000 - Other minor joints R13 000	Sub-limits per beneficiary: • Vascular R25 000 • Spinal R25 000 • Artificial disk, single-level based - no benefit • Drug eluting stents R11 000 • Mesh R11 000 • Gynaecology/Urology R8 200 • Lens implants R7 000 per lens • Joint Replacements: - Hip prosthesis and other major joints R30 000 - Knee prosthesis R35 000 - Other minor joints R13 000
Prosthesis - External	R11 500 per family.	R11 500 per family.	R11 500 per family.	R14 000 per family.	R16 500 per family.	R16 500 per family.	R19 000 per family.	No benefit.	R16 500 per family.
Orthopaedic and medical appliances	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% of cost limited to R4 300 per family.	100% Scheme tariff.
Pathology	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.
Diagnostic Imaging	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.
Specialised Diagnostic Imaging	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.
Oncology	Oncology Programme. 100% Scheme tariff. Subject to pre-authorisation.	Oncology Programme. 100% Scheme tariff. Subject to pre-authorisation.	Oncology Programme. 100% Scheme tariff. Subject to pre-authorisation.	Oncology Programme. 100% Scheme tariff. Subject to pre-authorisation.	Oncology Programme. 100% Scheme tariff. Subject to pre-authorisation.	Oncology Programme. 100% Scheme tariff. Subject to pre-authorisation.	Oncology Programme. 100% Scheme tariff. Subject to pre-authorisation.	Oncology Programme. 100% Scheme tariff. Subject to pre-authorisation.	Oncology Programme. 100% Scheme tariff. Subject to pre-authorisation.
Peritoneal dialysis and Haemodialysis	100% Scheme tariff. Subject to pre-authorisation and protocols.	100% Scheme tariff. Subject to pre-authorisation and protocols.	100% Scheme tariff. Subject to pre-authorisation and protocols.	100% Scheme tariff. Subject to pre-authorisation and protocols.	100% Scheme tariff. Subject to pre-authorisation and protocols.	100% Scheme tariff. Subject to pre-authorisation and protocols.	100% Scheme tariff. Subject to pre-authorisation and protocols.	100% Scheme tariff. Subject to pre-authorisation and protocols.	100% Scheme tariff. Subject to pre-authorisation and protocols.
Confinements	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.
Supplementary services	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff if authorised.	100% Scheme tariff if authorised.	100% Scheme tariff if authorised.	100% Scheme tariff if authorised.	100% Scheme tariff if authorised.	100% Scheme tariff if authorised.	100% Scheme tariff if authorised.	100% Scheme tariff if authorised.	100% Scheme tariff if authorised.
Emergency Evacuation	100% of cost. Rendered and pre-authorised by ER24.	100% of cost. Rendered and pre-authorised by ER24.	100% of cost. Rendered and pre-authorised by ER24.	100% of cost. Rendered and pre-authorised by ER24.	100% of cost. Rendered and pre-authorised by ER24.	100% of cost. Rendered and pre-authorised by ER24.	100% of cost. Rendered and pre-authorised by ER24.	100% of cost. Rendered and pre-authorised by ER24.	100% of cost. Rendered and pre-authorised by ER24.
Exclusions (In-hospital)	Joint Replacement Surgery (except for PMBs). Prosthesis limits once approved: • Hip prosthesis and other major joints R19 000 • Knee replacement R23 500 • Other minor joints R8 000	Joint Replacement Surgery (except for PMBs). Prosthesis limits once approved: • Hip prosthesis and other major joints R19 000 • Knee replacement R23 500 • Other minor joints R8 000	Joint Replacement Surgery (except for PMBs). Prosthesis limits once approved: • Hip prosthesis and other major joints R19 000 • Knee replacement R23 500 • Other minor joints R8 000	Joint Replacement Surgery (except for PMBs). Prosthesis limits once approved: • Hip prosthesis and other major joints R19 000 • Knee replacement R26 000 • Other minor joints R8 000	N/A	N/A	N/A	Joint Replacement Surgery (except for PMBs). Prosthesis limits once approved: • Hip replacement R17 000 • Knee replacement R21 500 • Other minor joints R8 000	N/A
Co-payments (In-hospital)	Co-payment of R2 000 on all endoscopic investigations. If done in Dr rooms (out-of-hospital) no co-payment.	Co-payment of R2 000 on all endoscopic investigations. If done in Dr rooms (out-of-hospital) no co-payment.	Co-payment of R2 000 on all endoscopic investigations. If done in Dr rooms (out-of-hospital) no co-payment.	N/A	N/A	N/A	N/A	Co-payments where procedure has been clinically approved. R2 500 for each of the following: all laparoscopic procedures, prostate procedures, procedures for prolapse/incontinence and arthroscopy other than acute trauma. R2 000 on endoscopy investigations done primarily in hospital.	N/A

OUT-OF-HOSPITAL BENEFITS

Day-to-day limits	N/A	N/A	N/A	Day-to-day benefit M = R6 900, M1 + = R13 800	Day-to-day benefit M = R9 500, M1 + = R19 500	N/A	Day-to-day benefit M = R23 000, M1 + = R37 000	N/A	Day-to-day benefit M = R13 000, M1 + = R22 000
GP and Specialist consultations	N/A	Savings account.	Savings account.	Limited to M = R1 400, M1 + = R2 800 (Subject to day-to-day overall limit)	Limited to M = R2 600, M1 + = R5 350 (Subject to day-to-day overall limit)	Savings first. Once depleted, then limited to M = R2 150, M1 + = R6 400	Limited to M = R3 400, M1 + = R5 500 (Subject to day-to-day overall limit)	Subject to Provider Network. GP visits limited to 7 consultations per beneficiary per year (except for PMBs). Three specialist visits R1 000 per visit per family per year (Bestmed approval and tariff), pre-authorisation and referral by NP required. Two out of network GP visits per family per year limited to R735 per visit with 20% co-payment.	Unlimited NP GP consultations. Specialist consultations must be referred and approved by NP. Limited M = R2 000, M1 + = R4 000 (Subject to day-to-day overall limit) Two out of network GP visits per family per year limited to R1 000 as approved by NP.
Basic and Specialised Dentistry	N/A	Basic dentistry - Preventative benefit or savings account. Specialised dentistry - Savings account.	Basic dentistry - Preventative benefit or savings account. Specialised dentistry - Savings account.	Limited to M = R2 250, M1 + = R4 500 (Subject to day-to-day overall limit)	Limited to M = R3 750, M1 + = R7 500 (Subject to day-to-day overall limit)	Basic: Subject to savings account. Specialised dentistry: Savings first. Once depleted, then limited to M = R4 000, M1 + = R6 900. Orthodontic treatment subject to pre-authorisation.	Limited to M = R6 800, M1 + = R11 500 (Subject to day-to-day overall limit)	Basic: Subject to Provider Network. Specialised: No benefit.	Basic: According to NP tariff list. (Subject to day-to-day overall limit) Specialised: 100% of Scheme tariff, subject to pre-authorisation and day-to-day benefit. Limited to M = R4 300, M1 + = R5 400
Medical Apparatus	N/A	Savings account.	Savings account.	100% of cost. Limited to R7 000 per family.	Sub-limit on wheel chairs = R8 500 per family per 48 months. Sub-limit on hearing aids = R16 000 per family.	Limited to R16 500 per family. Sub-limit on wheel chairs = R8 500 per family per 48 months. Sub-limit on hearing aids = R18 000 per family.	Limited to R20 500 per family. Sub-limit on wheel chairs = R8 500 per family per 48 months. Sub-limit on hearing aids = R20 000 per family.	Subject to Provider Network.	Limited to R16 500 per family. Sub-limit on wheel chairs = R8 500 per family per 48 months. Sub-limit on hearing aids = R16 000 per family.
Supplementary Services	N/A	Savings account.	Savings account.	Limited M=R2 750, M1 + = R5 500 (Subject to day-to-day overall limit)	Limited M = R3 750, M1 + = R7 500 (Subject to day-to-day overall limit)	Savings account.	Limited M = R3 400, M1 + = R6 800 (Subject to day-to-day overall limit)	No benefit.	Limited M = R2 700, M1 + = R5 400 (Subject to day-to-day overall limit)
Wound care treatment	Limited to R2 100 per family.	Limited to R2 100 per family.	Limited to R2 100 per family.	Limited to R2 200 per family. (Subject to day-to-day overall limit)	Limited to R4 200 per family. (Subject to day-to-day overall limit)	Limited to R6 400 per family.	Limited to R8 500 per family.	Subject to Provider Network.	Limited to R6 400 per family.
Optical benefits	N/A	Savings account.	Pre-authorised and paid by PPN - 100% of cost*. If non-PPN provider is used, then limited to: • Consultation R360 • Frame R1000 • Single vision lenses R140 OR • Bifocal lenses R310 OR • Multifocal lenses R570 OR • Contact lenses R1 710	Pre-authorised and paid by PPN - 100% of cost*. If non-PPN provider is used, then limited to: • Consultation R360 • Frame R150 • Single vision lenses R140 OR • Bifocal lenses R310 OR • Contact lenses R450	Pre-authorised and paid by PPN - 100% of cost*. If non-PPN provider is used, then limited to: • Consultation R360 • Frame R500 • Single vision lenses R140 OR • Bifocal lenses R310 OR • Contact lenses R1 210	Pre-authorised and paid by PPN - 100% of cost*. If non-PPN provider is used, then limited to: • Consultation R360 • Frame R500 • Single vision lenses R140 OR • Bifocal lenses R310 OR • Multifocal lenses R570 OR • Contact lenses R1 210	Pre-authorised and paid by PPN - 100% of cost*. If non-PPN provider is used, then limited to: • Consultation R360 • Frame R1 000 • Single vision lenses R140 OR • Bifocal lenses R310 OR • Multifocal lenses R570 OR • Contact lenses R1 710	Subject to Provider Network.	Subject to optical management programme. Limited M = R2 700, M1 + = R4 300 (Subject to day-to-day overall limit).
Diagnostic Imaging	N/A	Savings account.	Savings account.	Limited M = R2 000, M1 + = R4 000 (Subject to day-to-day overall limit)	Limited M = R2 000, M1 + = R4 000 (Subject to day-to-day overall limit)	Savings first. Once depleted, then limited to M = R2 150, M1 + = R4 300	Limited M = R3 400, M1 + = R6 800 (Subject to day-to-day overall limit)	Subject to Provider Network.	Subject to NP protocols and tariff list. Pre-authorisation required (Subject to day-to-day overall limit)
Pathology	N/A	Savings account.	Savings account.						
Maternity benefits	N/A	Savings account.	2 sonars and up to 12 antenatal consultations.	Combined limit include GP, Specialist.	Combined limit include GP, Specialist.	Combined limit include GP, Specialist.	Combined limit include GP, Specialist.	Subject to Provider Network.	Combined limit include GP, Specialist.
Specialised Diagnostic Imaging	N/A	Savings account.	100% Scheme tariff. Limited to R9 800 per family.	100% of Scheme tariff. Limited to R9 800 per family.	Subject to pre-authorisation. MRI/CT scans: Maximum of three scans per beneficiary. PET scan: One scan per beneficiary.	Subject to pre-authorisation. MRI/CT scans: Maximum of three scans per beneficiary. PET scan: One scan per beneficiary.	Subject to pre-authorisation. MRI/CT scans: Maximum of three scans per beneficiary. PET scan: One scan per beneficiary.	No benefit.	Subject to pre-authorisation and NP list. MRI/CT scans: Maximum of three scans per beneficiary. PET scan: One scan per beneficiary.
Rehabilitation services after trauma	N/A	Savings account.	Savings account.	Bonus account.	100% Scheme tariff. Subject to pre-authorisation and protocols.	100% Scheme tariff. Subject to pre-authorisation and protocols.	100% Scheme tariff. Subject to pre-authorisation and protocols.	No benefit.	N/A

MEDICINE

Non-CDL chronic	N/A	Savings account	5 conditions, 85% of Scheme tariff applies, limited to M = R2 200, M1 + = R4 400. Subject to medicine reference price and formularies. Co-payment of 35% for non-formulary medicine.	15 conditions, 85% of Scheme tariff applies, limited to M = R9 500, M1 + = R11 800. Subject to medicine reference price and formularies. Co-payment of 35% for non-formulary medicine.	31 conditions, 85% of Scheme tariff applies, limited to M = R7 300, M1 + = R14 500. Subject to medicine reference price and formularies. Co-payment of 30% for non-formulary medicine.	31 conditions, 85% of Scheme tariff applies, limited to M = R7 300, M1 + = R14 500. Subject to medicine reference price and formularies. Co-payment of 25% for non-formulary medicine.	45 conditions, 85% of Scheme tariff applies, limited to M = R16 000, M1 + = R32 000. Subject to medicine reference price and formularies. Co-payment of 20% for non-formulary medicine.	Unlimited. Subject to Provider Network Formulary and reference price.	45 conditions, 100% of Scheme tariff applies, if prescribed by a NP. Limited to M=R8 250, M1 + = R16 500. Subject to NP and formularies. Co-payment of 25% for non-formulary medicine.
CDL	100% Scheme tariff. Subject to medicine reference price and formularies. Co-payment of 35% for non-formulary medicine.	100% Scheme tariff. Subject to medicine reference price and formularies. Co-payment of 35% for non-formulary medicine.	100% Scheme tariff. Subject to medicine reference price and formularies. Co-payment of 35% for non-formulary medicine.	100% Scheme tariff. Subject to medicine reference price and formularies. Co-payment of 35% for non-formulary medicine.	100% Scheme tariff. Subject to medicine reference price and formularies. Co-payment of 30% for non-formulary medicine.	100% Scheme tariff. Subject to medicine reference price and formularies. Co-payment of 25% for non-formulary medicine.	100% Scheme tariff. Subject to medicine reference price and formularies. Co-payment of 20% for non-formulary medicine.	Unlimited. Subject to Provider Network Formulary and reference price. 35% Co-payment on non formulary medicines prescribed by a Specialist.	100% Scheme tariff. Subject to MMAP and formularies. Co-payment of 25% for non-formulary medicine.
Biological	N/A	No benefit.	No benefit.	No benefit.	Subject to pre-authorisation, limited to R100 000 per beneficiary.	Subject to pre-authorisation, limited to R200 000 per beneficiary.	Subject to pre-authorisation, limited to R300 000 per beneficiary.	No benefit.	Subject to pre-authorisation, limited to R100 000 per beneficiary.
Acute	N/A	Savings account.	Savings account.	Limited M = R1 550, M1 + = R3 100. Subject to MRP and to day-to-day overall limit.	Limited M = R3 100, M1 + = R6 200. Subject to MRP and to day-to-day overall limit.	Limited M = R800, M1 + = R2 100. Subject to MRP and formularies. (10% co-payment)	Limited M = R5 400, M1 + = R8 500. Subject to MRP and to day-to-day overall limit. (10% co-payment)	Limited to 7 GP visits. Subject to Provider Network Formulary and reference price.	Subject to Provider Network Formulary and reference price. Limited M = R3 100, M1 + = R6 200. (Subject to day-to-day overall limit).
Over-the-counter	N/A	Savings account.	Savings account.	Limited to R500 (Subject to day-to-day acute medicine limit and MRP)	Limited to R1 000 (Subject to day-to-day acute medicine limit, MRP and bonus account)	Savings account.	Limited to R1 000 (Subject to day-to-day acute medicine limit and MRP)	Limited to R195 per family per year with a maximum of R65 per event and three events. Designated pharmacy only.	Limited to R1 000 per family subject to acute medicine formulary and reference price. (Subject to day-to-day acute medicine limit)

PREVENTATIVE CARE BENEFITS

Preventative benefits	Flu vaccines; Pneumonia programme; Paediatric immunisations; Female contraceptives - R1 300 per family per year; DBC programme; Biometric screenings up to a maximum of R95 (obtain from selected Clicks and DisChem pharmacies); Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	Flu vaccines; Pneumonia programme; Paediatric immunisations; Female contraceptives - R1 300 per family per year; DBC programme; Preventative dentistry (incl. gloves and sterile equip); Biometric screenings up to a maximum of R95 (obtain from selected Clicks and DisChem pharmacies); Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	Flu vaccines; Pneumonia programme; Paediatric immunisations; Female contraceptives - R1 300 per family per year; DBC programme; Preventative dentistry (incl. gloves and sterile equip); Biometric screenings up to a maximum of R95 (obtain from selected Clicks and DisChem pharmacies); Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	Flu vaccines; Pneumonia programme; Paediatric immunisations; Female contraceptives - R1 300 per family per year; DBC programme; Preventative dentistry (incl. gloves and sterile equip); Hib titre; Mammogram; PAP smear; Biometric screenings up to a maximum of R95 (obtain from selected Clicks and DisChem pharmacies); Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	Flu vaccines; Pneumonia programme; Paediatric immunisations; Female contraceptives - R1 300 per family per year; DBC programme; Preventative dentistry (incl. gloves and sterile equip); Hib titre; Mammogram; PAP smear; Bone densitometry; Biometric screenings up to a maximum of R95 (obtain from selected Clicks and DisChem pharmacies); Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	Flu vaccines; Pneumonia programme; Paediatric immunisations; Female contraceptives - R1 300 per family per year; DBC programme; Preventative dentistry (incl. gloves and sterile equip); Hib titre; Mammogram; PAP smear; PSA; Bone densitometry; Biometric screenings up to a maximum of R95 (obtain from selected Clicks and DisChem pharmacies); Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	Flu vaccines; Pneumonia programme; Paediatric immunisations; Female contraceptives - R1 300 per family per year; DBC programme; Preventative dentistry (incl. gloves and sterile equip); Hib titre; Mammogram; PAP smear; PSA; Bone densitometry; Biometric screenings up to a maximum of R95 (obtain from selected Clicks and DisChem pharmacies); Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	Flu vaccines; (payable by Prime Cure); Pneumonia programme; Paediatric immunisations; Biometric screenings up to a maximum of R95 (obtain from selected Clicks and DisChem pharmacies); Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	Flu vaccines; Pneumonia programme; Paediatric immunisations; DBC programme; Biometric screenings up to a maximum of R95 (obtain from selected Clicks and DisChem pharmacies); Glucose, Cholesterol, Blood pressure measurement and Body Mass Index calculation.	
Method of Scheme benefit payment	In-hospital services are paid from Scheme risk and out-of-hospital services will be paid from the member's own pocket. Preventative care available from Scheme risk.	In-hospital services are paid from Scheme risk and out-of-hospital services will be paid from the savings account. Preventative care available from Scheme risk.	In-hospital services are paid from Scheme risk and some out-of-hospital services will be paid from the savings account. Preventative care available from Scheme risk.	In-hospital services are paid from Scheme risk. Out-of-hospital services are paid from the monthly savings first and once depleted will pay from Scheme risk. Preventative care available from Scheme risk.	In-hospital services are paid from Scheme risk. Out-of-hospital services are paid from the monthly savings first and once depleted will pay from Scheme risk. Preventative care available from Scheme risk.	In-hospital services are paid from Scheme risk. Some out-of-hospital services are paid from the annual savings first and once depleted will pay from Scheme risk. Preventative care available from Scheme risk.	In-hospital services, out-of-hospital services and preventative care are paid from Scheme risk.	In-hospital services, out-of-hospital services and preventative care are paid from Scheme risk.	In-hospital services are paid from Scheme risk. The Network Provider, Prime Cure receives a capitation fee to pay all out-of-hospital services. Preventative care available from Scheme risk.	In-hospital services are paid from Scheme risk. The Network Provider, OneCare receives a capitation fee to pay all out-of-hospital services. Preventative care available from Scheme risk.

Disclaimer on exclusions: General and option specific exclusions apply. Please refer to www.bestmed.co.za for more detail.

Abbreviations:

DBC = Documentation Based Care (back rehabilitation programme); 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 Network.

*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.