



PACE4

Benefit
Summary
2019



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PACE4

PACE4 OPTION

COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)

Recommended for?	You are a discerning family who may have above average medical costs or would like the maximum cover available. You need the comfort of extensive benefits and cover for hospital expenses. In addition there is an individual medical savings account which offers further payment flexibility. With the exclusivity that Pace4 offers you have the greatest cover with complete peace of mind.
Contribution range	R7 330 - Principal member R7 330 - Adult dependant R1 717 - Child dependant
Savings account/ Day-to-day benefits	Savings account available. Day-to-day benefits are available
Value benefits	No co-payment or automatic self-payment gaps. FP and Specialist consultations. Optometry. Dentistry. Maternity benefits.
Over-the-counter	Savings account.
Not recommended for?	Young individuals or couples without families will find more value on the Beat range. Also young families needing below the norm cover will find value on Beat3, Pace1, Beat4 and Pace2.

Method of benefit payment

On the Pace4 option in-hospital services, out-of-hospital services and preventative care are paid from Scheme risk. Once out-of-hospital risk benefits are depleted further claims will be paid from savings.

+ In-hospital benefits

Note:

- All in-hospital benefits referred to in the section below require pre-authorisation. Please contact 080 022 0106 to obtain a pre-authorisation number.
- Clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.

MEDICAL EVENT	SCHEME BENEFIT
Accommodation (hospital stay) and theatre fees	100% Scheme tariff.
Take-home medicine	100% Scheme tariff. Limited to 7 days' medicine.
Treatment in mental health clinics	100% Scheme tariff. Limited to 21 days per beneficiary.
Treatment of chemical and substance abuse	100% Scheme tariff. Limited to 21 days or R29 240 per beneficiary. Subject to network facilities.
Consultations and procedures	100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff.
Organ transplants	100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
Major medical maxillo-facial surgery strictly related to certain conditions	100% Scheme tariff.
Dental and oral surgery	Limited to R18 275 per family.
Orthopaedic and medical appliances	100% Scheme tariff.
Pathology	100% Scheme tariff.
Diagnostic imaging	100% Scheme tariff.
Specialised diagnostic imaging	100% Scheme tariff.

We are a Scheme managed by members, for members and will never compromise on quality service to you.

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R121 690 per family.
Prosthesis - Internal Note: Sub-limit subject to the above prosthesis limit. *Functional: Items utilised towards treating or supporting a bodily function.	Sub-limits per beneficiary: <ul style="list-style-type: none"> *Functional limited to R17 845 Vascular R45 150 Pacemaker (dual chamber) R56 706 Spinal including artificial disc R60 850 Drug-eluting stents R20 264 Mesh R17 845 Gynaecology/Urology R14 728 Lens implants R16 308 per lens Joint replacements: <ul style="list-style-type: none"> Hip replacement and other major joints R54 449 Knee replacement R63 049 Minor joints R20 264
Prosthesis - External	Limited to R28 058 per family.
Oncology	Oncology programme - make use of Independent Clinical Oncology Network (ICON) as the DSP.
Peritoneal dialysis and haemodialysis	100% Scheme tariff.
Confinements	100% Scheme tariff.
Refractive surgery and all types of procedures to improve or stabilise vision (excluding cataracts)	100% Scheme tariff. Limited to R9 138 per eye.

MEDICAL EVENT	SCHEME BENEFIT
Midwife-assisted births	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
Emergency evacuation	Services rendered by ER24.

We always strive
to exceed your
expectations.



Out-of-hospital benefits

Note:

- Out-of-hospital benefits are paid at 100% Scheme tariff.
- Subject to sub-limits and benefits available in the day-to-day overall limit.
- Once the overall day-to-day limit is depleted the member may request payment from the individual medical savings account (IMSA).
- Should you not use all of the funds available in your medical savings account these funds will be transferred into your savings account at the beginning of the following financial year.
- Clinical funding protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- If you have a treatment plan for a registered Chronic Disease List (CDL) and/or Prescribed Minimum Benefit (PMB) condition/s, the services in the treatment plan will pay from the applicable day-to-day limit first. Once the limit is depleted, claims will continue to be paid from Scheme risk, up to the maximum quantity specified in the treatment plan.

MEDICAL EVENT	SCHEME BENEFIT
Overall day-to-day limit	M = R32 465, M1+ = R52 353.
FP and specialist consultations	Limited to M = R5 106, M1+ = R8 278. (Subject to overall day-to-day limit)
Basic and specialised dentistry	Limited to M = R11 275, M1+ = R19 030. (Subject to overall day-to-day limit) Orthodontics are subject to pre-authorisation.
Medical aids, apparatus and appliances including wheelchairs and hearing aids	Limited to R9 460 per family. (Subject to overall day-to-day limit) Limit on wheelchairs of R12 793 per family per 48 months. Limit on hearing aids of R32 680 per beneficiary per 24 months.
Supplementary services	Limited to M = R5 106, M1+ = R10 051. (Subject to day-to-day overall limit)



MEDICAL EVENT

Wound care benefit (incl. dressings, negative pressure wound therapy treatment and related nursing services - out-of-hospital)

Optometry benefit (PPN capitation provider)

Diagnostic imaging and pathology

SCHEME BENEFIT

Limited to R12 470 per family. (Subject to overall day-to-day limit)

Benefits available every 24 months from date of service.

Network Provider (PPN)

- Consultation - 1 free per beneficiary.
- Frame = R825 covered **AND**
- 100% of cost of standard lenses (single vision/bifocal/multifocal/contact lenses).

OR

Non-network Provider

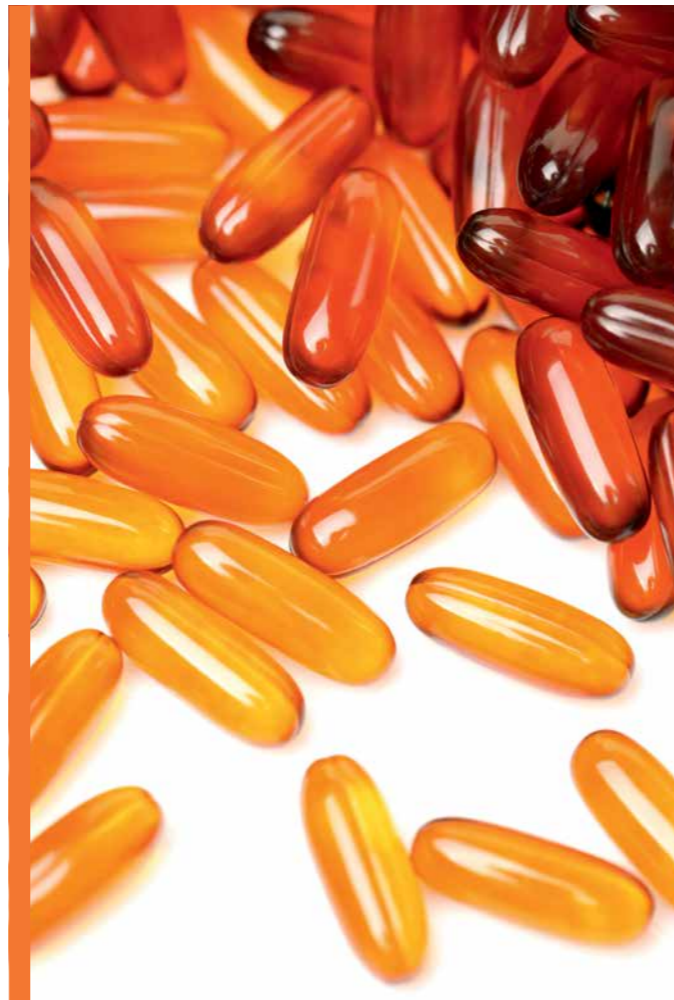
- Consultation - R300 fee at non-network provider
- Frame = R550 **AND**
- Single vision lenses = R175 **OR**
- Bifocal lenses = R410 **OR**
- Multifocal lenses = R710 **OR**
- Contact lenses = R1 435

Limited to M = R5 106, M1+ = R10 051. (Subject to overall day-to-day limit)

MEDICAL EVENT

SCHEME BENEFIT

Maternity benefits	<p>100% Scheme tariff.</p> <ul style="list-style-type: none"> • 9 x antenatal consultations at either FP/ Gynaecologist/Midwife. • 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at Gynaecologist. • 1x 2D ultrasound scan at 20-24 weeks at Gynaecologist. • 1x 2D ultrasound scan first trimester at radiologist. • 1x 2D ultrasound scan second trimester at radiologist. • Antenatal iron supplements (9 fills). • Antenatal folic acid (9 fills). • Please ensure that tests you undergo are covered. Tests, including urine dipstick tests and other tests are covered. • 1x post-natal consultation at FP/ Gynaecologist/ Midwife.
Specialised diagnostic imaging	<p>MRI/CT scans: Maximum of 3 scans per beneficiary. PET scan: 1 scan per beneficiary. Subject to pre-authorization.</p>
Rehabilitation services after trauma	100% Scheme tariff.
Oncology	Oncology programme - make use of Independent Clinical Oncology Network (ICON) as the DSP.
Peritoneal dialysis and haemodialysis	Subject to pre-authorization and DSPs.



Medicine

Note:

- All benefits below may be subject to pre-authorization, clinical protocols, formularies, funding guidelines and the Mediscor Reference Price (MRP).

*Please note that approved CDL, PMB and non-CDL chronic medicine costs will be paid from the non-CDL limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk.

BENEFIT DESCRIPTION	SCHEME BENEFIT
CDL and PMB chronic medicine*	100% Scheme tariff. Co-payment of 20% for non-formulary medicine.
Non-CDL chronic medicine*	27 conditions. 85% Scheme tariff. Limited to M = R18 006, M1+ = R36 174. Co-payment of 20% for non-formulary medicine.
Biologicals and other high-cost medicine	Limited to R445 480 per beneficiary.
Acute medicine	Limited to M = R8 063, M1+ = R12 524. 10% co-payment. (Subject to overall day-to-day limit)
Over-the-counter (OTC) medicine	Savings account.

Chronic Conditions List

CDL

CDL 1	Addison's disease
CDL 2	Asthma
CDL 3	Bipolar mood disorder
CDL 4	Bronchiectasis
CDL 5	Cardiomyopathy
CDL 6	Chronic renal disease
CDL 7	Chronic obstructive pulmonary disease (COPD)
CDL 8	Cardiac failure
CDL 9	Coronary artery disease
CDL 10	Crohn's disease
CDL 11	Diabetes insipidus
CDL 12	Diabetes mellitus type 1
CDL 13	Diabetes mellitus type 2
CDL 14	Dysrhythmias
CDL 15	Epilepsy - severe
CDL 16	Glaucoma
CDL 17	Haemophilia
CDL 18	Hyperlipidaemia
CDL 19	Hypertension
CDL 20	Hypothyroidism
CDL 21	Multiple sclerosis
CDL 22	Parkinson's disease
CDL 23	Rheumatoid arthritis
CDL 24	Schizophrenia

CDL

CDL 25	Systemic lupus erythematosus (SLE)
CDL 26	Ulcerative colitis

NON-CDL

Non-CDL 1	Acne - severe
Non-CDL 2	Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)
Non-CDL 3	Allergic rhinitis
Non-CDL 4	Eczema - severe
Non-CDL 5	Migraine prophylaxis
Non-CDL 6	Gout prophylaxis
Non-CDL 7	Major depression
Non-CDL 8	Obsessive compulsive disorder
Non-CDL 9	Osteoporosis
Non-CDL 10	Psoriasis
Non-CDL 11	Urinary incontinence
Non-CDL 12	Paget's disease
Non-CDL 13	Gastro oesophageal reflux disease (GORD)
Non-CDL 14	Ankylosing spondylitis
Non-CDL 15	Hypopituitarism
Non-CDL 16	Osteoarthritis
Non-CDL 17	Alzheimer's disease
Non-CDL 18	Collagen diseases
Non-CDL 19	Dermatomyositis
Non-CDL 20	Motor neuron disease
Non-CDL 21	Neuropathy

NON-CDL

Non-CDL 22	Polyarteritis nodosa
Non-CDL 23	Scleroderma
Non-CDL 24	Sjögren's disease
Non-CDL 25	Trigeminal neuralgia
Non-CDL 26	Psoriatic arthritis
Non-CDL 27	Blepharospasm

PMB

PMB 1	Aplastic anaemia
PMB 2	Chronic anaemia
PMB 3	Benign prostatic hypertrophy
PMB 4	Cushing's disease
PMB 5	Cystic fibrosis
PMB 6	Endometriosis
PMB 7	Female menopause
PMB 8	Fibrosing alveolitis
PMB 9	Graves' disease
PMB 10	Hyperthyroidism
PMB 11	Hypophyseal adenoma
PMB 12	Idiopathic thrombocytopenic purpura
PMB 13	Paraplegia/Quadriplegia
PMB 14	Polycystic ovarian syndrome
PMB 15	Pulmonary embolism
PMB 16	Stroke

Preventative Care benefits

Note:

Benefits mentioned below may be subject to pre-authorisation, clinical protocols, formularies, funding guidelines and the Mediscor Reference Price (MRP).

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Flu vaccines	All ages.	1 per beneficiary per year.	Applicable to all active members and beneficiaries.
Pneumonia vaccines	Children <2 years. High-risk adult group.	Children: As per schedule of Department of Health. Adults: Twice in a lifetime with booster above 65 years of age.	Adults: The Scheme will identify certain high-risk individuals who will be advised to be immunised.
Paediatric immunisations	Babies and children.	Funding for all paediatric vaccines according to the state-recommended programme.	
Female contraceptives	All females of child-bearing age.	Quantity and frequency depending on product up to the maximum allowed amount. Mirena device - 1 device every 60 months.	Limited to R2 096 per family per year. Includes all items classified in the category of female contraceptives.
Back and neck preventative programme	All ages.	Subject to pre-authorisation.	Preferred providers (DBC/Workability Clinics). For serious spinal and/or back problems that may require surgery. The Scheme may identify appropriate participants. Based on the first assessment, a rehabilitation treatment plan is drawn up and initiated over an uninterrupted period that will be specified by the provider.
Preventative dentistry (incl. gloves and sterile equipment)	Refer to Preventative Dentistry section for details.		
Haemophilus influenzae Type B vaccine (HIB)	Children 5 years and younger.	1 vaccine at 6, 10 and 14 weeks after birth. 1 booster vaccine between 15 and 18 months.	If the booster vaccine was not administered timeously the maximum age to which it will be allowed is 5 years.

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Mammogram	Females 40 years and older.	Once every 24 months.	Scheme tariff is applicable.
PSA screening	Males 50 years and older.	Once every 24 months.	
HPV vaccinations	Females of 9-26 years old.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
Bone densitometry	All beneficiaries 45 years and older.	Once every 24 months.	
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist or FP. Consultation paid from the available savings/consultation benefit.
Bestmed Wellness Programme	Health Risk Assessment (biometric screening) at contracted pharmacy. 1 per beneficiary per year (age 21+).		
Note: Completing your Health Risk Assessment unlocks the other Wellness Programme benefits.	<ul style="list-style-type: none"> • Fitness assessment at a contracted biokineticist: 1 per beneficiary per year (age 13+), thereafter 3 biokineticist consultations per beneficiary per year. Pre-approval required. • Nutritional assessment: 1 per beneficiary per year (age 18+), thereafter 3 dietician consultations per beneficiary per year. Pre-approval required. • Occupational therapy assessment: 1 per beneficiary per year (ages 3-13 years). • Baby growth assessment: At a contracted pharmacy clinic, 3 per beneficiary per year (ages 0-35 months). 		

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



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

✎ Maternity Care programme

Finding out you are pregnant comes with a whole lot of emotions, questions and information. Sometimes just knowing where to start and which information you can trust can be a challenge.

Pregnant members and dependants have access to the Maternity Care programme. The programme provides comprehensive information and services and was designed with the needs of expectant parents and their support network in mind. We aim to give you support, education and advice through all stages of your pregnancy, the confinement and postnatal (after birth) period.

After registering on this programme and going for a Health Risk Assessment (HRA) you will receive:

- A welcome pack containing an informative pregnancy book about the stages of pregnancy.
- Discount vouchers.
- A beautiful baby bag. (Sent by month 5 of your pregnancy. You will receive an SMS.)
- Various baby items.
- Access to a 24-hour medical advice line.
- Benefits through each phase of your pregnancy.

How to register:

Send an e-mail to maternity@bestmed.co.za or call us on 012 472 6243. Please include your contact details (postal/delivery addresses), your medical scheme number and your expected delivery date in the e-mail. Go for a Health Risk Assessment (HRA) at any network pharmacy to finalise your registration.

Please note that you may only register after the 12th week of pregnancy.

🦷 Preventative dentistry

Note:

Services mentioned below may be subject to pre-authorisation, clinical protocols and funding guidelines.

DESCRIPTION OF SERVICE	AGE	FREQUENCY
General full-mouth examination by a general dentist (incl. gloves and use of sterile equipment for the visit)	Above 12 years. Under 12 years.	Once a year. Twice a year.
Full-mouth intra-oral radiographs	All ages.	Once every 36 months.
Intra-oral radiograph	All ages.	2 photos per year.
Scaling and/or polishing	All ages.	Twice a year.
Fluoride treatment	All ages.	Twice a year.
Fissure sealing	Up to and including 21 years.	In accordance with accepted protocol.
Space maintainers	During primary and mixed denture stage.	Once per space.

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Abbreviations

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); FP = Family Practitioner or Doctor; HPV = Human Papilloma Virus; IMSA = Individual Medical Savings Account; M = Member; M1+ = Member and family; MRI/CT Scans = Magnetic Resonance Imaging/Computed Tomography Scans; MRP = Mediscor Reference Price; NPWT = Negative Pressure Wound Therapy; PET Scan = Positron Emission Tomography Scan; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen.

📦 Contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
Risk amount	R7 110	R7 110	R1 665
Savings amount	R220	R220	R52
Total monthly contribution	R7 330	R7 330	R1 717

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

Don't let co-payments leave you out of pocket. Negotiate your doctor's fees with him/her upfront if you know that their fees exceed the Scheme rate.





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MATERNITY CARE

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ER24

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Claims: travelclaims@brytesa.com

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Hotline: 080 111 0210 toll-free from any Telkom line

Hotfax: 080 020 0796

Hotmail: fraud@kpmg.co.za

Postal: KPMG Hotpost, at BNT 371,
PO Box 14671, Sinoville,
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For a more detailed overview of your benefit option and to receive a membership guide please contact service@bestmed.co.za.

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