# Bestmed Benefit Summary 2019

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| | Beat1 | Beat2 | Beat3 | Beat4 | Pace1 | Pace2 | Pace3 | Pace4 | Pulse1 | Pulse2 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Benefit Design** | Hospital Plan | Hospital Plan with savings | Traditional plan with savings | Hybrid | Annual savings | Annual savings | Traditional option | Traditional with new generation elements | Capitation option | Capitation option |
| **Medical Savings Account** | No | Yes (16%) | Yes (16%) | Yes (14%) | Yes (19%) | Yes (14%) | Yes (14%) | Yes (3%) | No | No |
| **Hospital Network** | Beat 1 No / Beat 1 N Yes | Beat 2 No / Beat 2 N Yes | Beat 3 No / Beat 3 N Yes | Beat 4 No | No | No | No | No | Yes | Yes |
| **International Travel Cover** | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| **Preventative Care** | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| **Voluntary use of non-DSP hospital** | Co-payments of up to R10 750 apply on admission | Co-payments of up to R10 750 apply on admission | Co-payments of up to R10 750 apply on admission | | | | | | Co-payments of up to R10 750 apply on admission | Co-payments of up to R10 750 apply on admission |
| **Out-of-hospital DSP Network** | | | | | | | | | Bestmed Pulse1 Network | Bestmed Pulse2 Network |
| **Specialist DSP Network** | | | | | | | | | Yes, Bestmed Specialist DSP Network | Yes, Bestmed Specialist DSP Network |
| **IN-HOSPITAL BENEFITS** *(Subject to pre-authorisation)* | | | | | | | | | | |
| **Accommodation** *(hospital stay)* | 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 at a Netcare DSP hospital | 100% Scheme tariff at a Netcare DSP hospital |
| **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 | 100% Scheme tariff |
| **Take-home medicine** | 100% Scheme tariff *Limited to 7 day's supply* | 100% Scheme tariff *Limited to 7 day's supply* | 100% Scheme tariff *Limited to 7 day's supply* | 100% Scheme tariff *Limited to 7 day's supply* | 100% Scheme tariff *Limited to 7 day's supply* | 100% Scheme tariff *Limited to 7 day's supply* | 100% Scheme tariff *Limited to 7 day's supply* | 100% Scheme tariff *Limited to 7 day's supply* | 100% Scheme tariff *Limited to 3 day's supply* | 100% Scheme tariff *Limited to 7 day's supply* |
| **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* | 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* | 100% Scheme tariff *Limited to 21 days or R29 240 per beneficiary Subject to network facilities* | 100% Scheme tariff *Limited to 21 days or R29 240 per beneficiary Subject to network facilities* | 100% Scheme tariff *Limited to 21 days or R29 240 per beneficiary Subject to network facilities* | 100% Scheme tariff *Limited to 21 days or R29 240 per beneficiary Subject to network facilities* | 100% Scheme tariff *Limited to 21 days or R29 240 per beneficiary Subject to network facilities* | 100% Scheme tariff *Limited to 21 days or R29 240 per beneficiary Subject to network facilities* | 100% Scheme tariff *Limited to 21 days or R29 240 per beneficiary Subject to network facilities* | 100% Scheme tariff *(Only PMBs)* subject to network facilities | 100% Scheme tariff *Limited to 21 days or R29 240 per beneficiary Subject to network facilities* |
| **Consultations and procedures** | 100% Scheme tariff. DSP specialist network applicable if the discounted network option is chosen | 100% Scheme tariff. DSP specialist network applicable if the discounted network option is chosen | 100% Scheme tariff. DSP specialist network applicable if the discounted network option is chosen | 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 Day clinics | 100% Scheme tariff Day clinics | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff. **Excluded from benefits:** functional nasal surgery, surgery for medical conditions e.g. Epilepsy, Parkinsonism etc and procedures where stimulators are used | 100% Scheme tariff |
| **Organ transplants** | 100% Scheme tariff *(only PMBs)* | 100% Scheme tariff *(only PMBs)* | 100% Scheme tariff *(only PMBs)* | 100% Scheme tariff *(only PMBs)* | 100% Scheme tariff *(only PMBs)* | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff *(PMBs only)* | 100% Scheme tariff *(PMBs only)* |
| **Major medical Maxilla-facial surgery strictly related to certain conditions** | No benefit (*PMBs only at DSP day hospitals)* | No benefit (*PMBs only at DSP day hospitals)* | 100% Scheme tariff. *Limited to R11 718 per family* | 100% Scheme tariff. *Limited to R11 933 per family* | 100% Scheme tariff. *Limited to R11 825 per family* | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff | No Benefit | 100% Scheme tariff |
| **Dental and Oral Surgery** | No benefit. *(PMBs only at DSP day hospitals)* | PMBs ony at DSP day hospitals. *At day hospitals only for beneficiaries below 7 years and disabled beneficiaries - PULP, extraction and Restorations Limited to R5 000 per family* | Limited to R7 310 per family | Limited to R9 138 per family | Limited to R7 310 per family | Limited to R12 148 per family | Limited to R15 265 per family | Limited to R18 275 per family | No benefit | 100% Scheme tariff |
| **Prosthesis:** *(Subject to preferred provider, otherwise limits and co-payments apply)* | 100% Scheme tariff. *Limited to R71 380 per family* | 100% Scheme tariff. *Limited to R71 380 per family* | 100% Scheme tariff. *Limited to R72 133 per family* | 100% Scheme tariff. *Limited to R88 050 per family* | 100% Scheme tariff. *Limited to R81 700 per family* | 100% Scheme tariff. *Limited to R104 920 per family* | 100% Scheme tariff. *Limited to R105 458 per family* | 100% Scheme tariff. *Limited to R121 690 per family* | 100% Scheme tariff *Limited to R48 053 per family* | 100% Scheme tariff *Limited to R96 213 per family* |
| **Prosthesis** - Internal | **Sub Limits per beneficiary:** *- Vascular R28 490 - Pacemaker dual chamber R38 915 - Endovascular and cathether based procedures - no benefit - Spinal R28 490, - Artificial disk - no benefit - Drug eluting stents - DSP products only - Mesh R9 998 - Gynaecology / Urology R8 170 - Lens implants R6 235 per lens per eye - Functional R12 770* | **Sub Limits per beneficiary:** *- Vascular R28 490 - Pacemaker dual chamber R38 915 - Endovascular and cathether based procedures- no benefit - Spinal R28 490, - Artificial disk - no benefit - Drug eluting stents - DSP products only - Mesh R9 998 - Gynaecology / Urology R8 170 - Lens implants R6 235 per lens per eye - Functional R12 770* | **Sub Limits per beneficiary:** *- Vascular R28 595 - Pacemaker dual chamber R38 915 - Endovascular and cathether based procedures - no benefit - Spinal R28 595, - Artificial disk - no benefit - Drug eluting stents - DSP products only - Mesh R10 050 - Gynaecology / Urology R8 300 - Lens implants R6 235 per lens per eye - Functional R12 770* | **Sub Limits per beneficiary:** *- Vascular R30 423 - Pacemaker dual chamber R50 955 - Endovascular and cathether based procedures - no benefit - Spinal R30 423, - Artificial disk - no benefit - Drug eluting stents - DSP products only - Mesh R11 288 - Gynaecology / Urology R8 278 - Lens implants R6 450 per lens per eye - Functional R15 373* | **Limits per beneficiary:** *- Vascular R29 777 - Pacemaker dual chamber R50 848 - Endovascular and cathether based procedures - no benefit - Spinal R29 777, - Artificial disk - no benefit - Drug eluting stents - DSP products only - Mesh R11 180 - Gynaecology / Urology R9 063 - Lens implants R6 128 per lens per eye - Functional R14 674* | **Limits per beneficiary:** *- Vascular R39 345 - Pacemaker dual chamber R56 706 - Spinal including artificial disk R52 600 - Drug eluting stents R17 200 - Mesh R17 200 - Gynaecology / Urology R12 846 - Lens implants R11 030 per lens per eye - Joint Replacements: Hip prosthesis and other major joints R47 246 - Knee prosthesis R54 825 - Minor joints R20 371 - Functional R15 964* | **Limits per beneficiary:** *- Vascular R39 453 - Pacemaker dual chamber R56 706 - Spinal including artificial disk R52 700 - Drug eluting stents R17 200 - Mesh R17 200 - Gynaecology / Urology R12 900 - Lens implants R11 030 per lens per eye - Joint Replacements: Hip prosthesis and other major joints R47 300 - Knee prosthesis R55 094 - Minor joints R20 371 - Functional R17 200* | **Sub Limits per beneficiary:** *- Vascular R45 150 - Pacemaker dual chamber R56 706 - Spinal including artificial disk R60 850 - Drug eluting stents R20 264 - Mesh R17 845 - Gynaecology / Urology R14 728 - Lens implants R16 308 per lens per eye - Joint Replacements: Hip prosthesis and other major joints R54 449 - Knee prosthesis R63 049 - Minor joints R20 264 - Functional R17 845* | **Sub Limits per beneficiary:** *- Vascular R23 811 - Pacemaker dual chamber R38 915 - Endovascular and catheter based procedures - no benefit - Spinal R23 811 - Artificial disk - no benefit - Drug eluting stents - no benefits - Mesh R8708 - Gynaecology / Urology R7 192 - Lens implants R5 000 per lens per eye - Functional R10 213* | **Sub Limits per beneficiary:** *- Vascular R37 195 - Pacemaker dual chamber R50 418 - Spinal R37 195 - Artificial disk R16 340 - Drug eluting stents R16 340 - Mesh R16 340 - Gynaecology / Urology R12 148 - Lens implants R10 428 per lens per eye - Joint Replacements: Hip replacements and other major joints R44 505 - Knee prosthesis R51 976 - Minor joints R19 350 - Functional R15 964* |
| **Prosthesis** - External | No Benefit | No Benefit | No Benefit | Limited to R21 178 per family | Limited to R20 748 per family | Limited to R24 725 per family | Limited to R24 833 per family | Limited to R28 058 per family | No benefit | Limit of R23 220 per family |
| **Exclusions** *(In-hospital)* Limits and co-payments applicable. Preferred provider network available | Joint Replacement surgery *(except for PMBs).* PMBs subject to prosthesis limits: Hip replacement and other major joints R29 993 Knee replacement R36 980 Other minor joints R11 503 | Joint Replacement surgery *(except for PMBs).* PMBs subject to prosthesis limits: Hip replacement and other major joints R29 993 Knee replacement R36 980 Other minor joints R11 503 | Joint Replacement surgery *(except for PMBs).* PMBs subject to prosthesis limits: Hip replacement and other major joints R30 208 Knee replacement R37 378 Other minor joints R11 503 | Joint replacement surgery *(except for PMBs).* PMBs subject to prosthesis limits: Hip replacement and other major joints R31 283 Knee replacement R41 560 Other minor joints R12 770 | Joint replacement surgery *(except for PMBs).* PMBs subject to prosthesis limits: Hip replacement and other major joints R30 315 Knee replacement R40 313 Other minor joints R12 524 | N/A | N/A | N/A | Joint Replacement surgery *(except for PMBs).* PMBs subject to prosthesis limits: Hip replacement and other major joints R24 403 Knee replacement R30 853 Other minor joints R11 556 | N/A |
| **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% Scheme tariff | 100% Scheme tariff *Limited to R5913 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 | 100% Scheme tariff |
| **Radiology** | 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 | 100% Scheme tariff |
| **X-rays** | 100% Scheme tariff *Subject to co-payments* | 100% Scheme tariff *Subject to co-payments* | 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** | PMB Only at DSP | PMB Only at DSP | PMB Only at DSP | PMB Only at DSP | Oncology Programme *PMBs only at DSP* | Oncology Programme. 100% Scheme tariff | Oncology Programme. 100% Scheme tariff | Oncology Programme. 100% Scheme tariff | PMBs only at DSP | Oncology Programme. 100% Scheme tariff |
| **Peritoneal dialysis and haemodialysis** | No Benefit. *PMBs only at DSP Providers* | No Benefit. *PMBs only at DSP Providers* | No Benefit. *PMBs only at DSP Providers* | 100% Scheme tariff *Subject to pre-authorisation* | No Benefit *PMBs only at DSP Providers* | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff | No Benefit. *PMBs only at DSP Providers* | 100% Scheme tariff *Only at DSP Providers* |
| **Confinements** | 100% Scheme tariff | 100% Scheme tariff | 100% of Scheme tariff | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff |
| **Refractive surgery and all types of procedure to improve or stabilize vision, except for cataracts** | No Benefit | No Benefit | 100% Scheme tariff Subject to pre-authorisation and protocols *Limited to R7 525 per eye* | 100% Scheme tariff Subject to pre-authorisation and protocols *Limited to R8 493 per eye* | 100% Scheme tariff *Limited to R8 127 per eye* | 100% Scheme tariff *Limited to R8 492 per eye* | 100% Scheme tariff *Limited to R9 138 per eye* | 100% Scheme tariff *Limited to R9 138 per eye* | No Benefit | 100% Scheme tariff *Limited to R8 546 per eye* |
| **Supplementary Services** | 100% Scheme tariff. | 100% Scheme tariff. | 100% Scheme tariff. | 100% Scheme tariff | 100% of Scheme tariff | 100% of Scheme tariff | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff |
| **Alternatives to hospitalisation** | 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 | 100% Scheme tariff |
| **Emergency evacuation** | 100% Scheme tariff *Pre-authorised and rendered by ER24* | 100% Scheme tariff *Pre-authorised and rendered by ER24* | 100% Scheme tariff *Pre-authorised and rendered by ER24* | 100% Scheme tariff *Pre-authorised and rendered by ER24* | 100% Scheme tariff. *Pre-authorised and rendered by ER24* | 100% Scheme tariff. *Pre-authorised and rendered by ER24* | 100% Scheme tariff. *Pre-authorised and rendered by ER24* | 100% Scheme tariff. *Pre-authorised and rendered by ER24* | 100% Scheme tariff *Pre-authorised and rendered by ER24* | 100% Scheme tariff *Pre-authorised and rendered by ER24* |
| **Co-payments** | Co-payment of R3 440 on all endoscopic investigations and MRI & CT scans if done in a private hospital. Any other facility no co-payment/ R10 750 co-payment for the use of non EDO hospitals | Co-payment of R3 440 on all endoscopic investigations and MRI & CT scans if done in a private hospital. Any other facility no co-payment/ R10 750 co-payment for the use of non EDO hospitals | Co-payment of R3 440 on all endoscopic investigations and MRI & CT scans if done in a private hospital. Any other facility no co-payment/ R10 750 co-payment for the use of non EDO hospitals | N/A | N/A | N/A | N/A | N/A | Co-payments where procedure has been clinically approved: laparoscopic procedures R3 440, prostate procedures R3 440, procedures for prolapse/ incontinence R3 440, arthroscopy other than acute trauma R3 440, endoscopy investigations done primarily in hospital R3 440. Co-payment of up to R10 750 per event for voluntary use of a non-DSP hospital | Co-payment of up to R10 750 per event for voluntary use of a non-DSP hospital |
| **Midwife assisted births** | 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 | 100% Scheme tariff |

| OUT-OF-HOSPITAL BENEFITS | Beat1 | Beat2 | Beat3 | Beat4 | Pace1 | Pace2 | Pace3 | Pace4 | Pulse1 | Pulse2 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Day-to-day benefit<br>M = R11 610<br>M1+ = R23 220 | Day-to-day benefit<br>M = R9 868<br>M1+ = R19 737 | Day-to-day benefit<br>M = R13 932<br>M1+ = R27 864 | Day-to-day benefit<br>M = R17 415<br>M1+ = R35 991 | Day-to-day benefit<br>M = R32 465<br>M1+ = R52 353 | | Day-to-day benefit<br>M = R 13 168<br>M1+ = R 26 176 |
| **Non-CDL chronic medicine** | No benefit | No benefit | 5 conditions. 75% Scheme tariff. Limited to M = R3 118, M1+ = R6 343 Co-payment of 40% for non-formulary medicine. | 8 conditions. 85% of Scheme tariff. Limited to M = R6 848, M1+ = R13 696 Co-payment of 30% for non-formulary medicine | 7 conditions. 85% Scheme tariff. Limited to M = R6 020, M1+ = R12 040. Co-payment of 35% for non-formulary | 18 conditions. 85% Scheme tariff. Limited to M = R8 278 , M1+ = R16 555. Co-payment of 30% for non-formulary | 19 conditions. 85% Scheme tariff. Limited to M = R13 352, M1+ = R26 703. Co-payment of 25% for non-formulary medicine | 27 conditions. 85% Scheme tariff. Limited to M = R18 006, M1+ = R36 174. Co-payment of 20% for non-formulary medicine | No benefit | 16 conditions. 85% of Scheme tariff if prescribed by a NP limited to M = R6 235, M1+ = R12 470). Co-payment of 25% for non-formulary |
| **PMB & CDL chronic medicine** | 100% Scheme tariff. Co-payment of 40% for non-formulary medicine | 100% Scheme tariff. Co-payment of 40% for non-formulary medicine | 100% Scheme tariff. Co-payment of 40% for non-formulary medicine. | 100% Scheme tariff. Co-payment of 30% for non-formulary medicine | 100% Scheme tariff. Co-payment of 35% for non-formulary medicine | 100% Scheme tariff. Co-payment of 30% for non-formulary medicine | 100% Scheme tariff. Co-payment of 25% for non-formulary medicine | 100% Scheme tariff. Co-payment of 20% for non-formulary medicine | Unlimited. *Subject to Provider Network Formulary and subject to MRP.* 100% Scheme tariff. 40% co-payment on non formulary medicine | Unlimited. *Subject to Provider Network Formulary and subject to MRP.* 100% of Scheme tariff. 25% co-payment on non-formulary medicine |
| **Biologicals and other high-cost medicine** | No benefit | No benefit | No benefit | No benefit | No benefit | Subject to pre authorisation Limited to R150 400 per beneficiary | Limited to R301 000 per beneficiary | Limited to R445 480 per beneficiary | No benefit | Limited to R141 900 per beneficiary |
| **Acute medicine** | No benefit | Savings account subject to MRP | Savings account subject to MRP | Savings first. Limited to M= R2 612, M1+ =R5 278. *Subject to MRP. Subject to day-to-day overall limit* | Savings first. Limited M= R2 129, M1+ =R4 408. *Subject to overall day-to-day limits. Subject to MRP* | Savings first. Limited M= R4 408, M1+ = R8 815. *Subject to overall day-to-day limits. Subject to MRP* | Savings first Limited to M = R1 398 M1+ = R3 440 *Subject to overall day-to-day limits. Subject to MRP* | Limited M=R8063, M1+ =R12 524. *Subject to MRP 10% co-payment. Subject to day-to-day overall limit* | Subject to Provider Network Formulary and subject to MRP. 100% Scheme tariff | Subject to Provider Network Formulary and subject to MRP Limited M=R4139, M1+ =R8 385. 100% Scheme Tariff. *(Subject to day-to-day overall limit)* |
| **Over-the-counter** | No benefit | Savings account | Savings account | Savings account. *Limited to R550 or self-payment gap member must choose option* | Savings account. *Limited to R550 or self-payment gap member must choose option* | Savings account. *Limited to R550 or self-payment gap member must choose option* | Savings account. *Limited to R550 or self-payment gap member must choose option* | Savings account | Subject to Provider Network Formulary *Limited to R350 per family* | Limited to R550 per family |
| **Optometry capitation: PPN benefits** | N/A | Paid from savings | Every 24 months: Consultation 1 per beneficiary at network provider **OR** R300 at non network provider, Frame = R825 at network provider **OR** R550 at non-network povider **AND** 100% of cost of standard lenses at network provider **OR** Rand value at non-network provider Single vision lenses = R175 **OR** Bifocal lenses = R410, **OR** Multifocal lenses = R710, Contact lenses = R1 435 | Every 24 months: Consultation 1 per beneficiary at network provider **OR** R300 at non network provider, Frame = R825 at network provider **OR** R550 at non-network povider **AND** 100% of cost of standard lenses at network provider **OR** Rand value at non-network provider Single vision lenses = R175 **OR** Bifocal lenses = R410, **OR** Multifocal lenses = R710, Contact lenses = R1 435 | Every 24 months: Consultation 1 per beneficiary at network provider **OR** R300 at non network provider, Frame = R825 at network provider **OR** R550 at non-network povider **AND** 100% of cost of standard lenses at network provider **OR** Rand value at non-network provider Single vision lenses = R175 **OR** Bifocal lenses = R410, **OR** Multifocal lenses = R710, Contact lenses = R1 435 | Every 24 months: Consultation 1 per beneficiary at network provider **OR** R300 at non network provider, Frame = R825 at network provider **OR** R550 at non-network povider **AND** 100% of cost of standard lenses at network provider **OR** Rand value at non-network provider Single vision lenses = R175 **OR** Bifocal lenses = R410, **OR** Multifocal lenses = R710, Contact lenses = R1 435 | Every 24 months: Consultation 1 per beneficiary at network provider **OR** R300 at non network provider, Frame = R825 at network provider **OR** R550 at non-network povider **AND** 100% of cost of standard lenses at network provider **OR** Rand value at non-network provider Single vision lenses = R175 **OR** Bifocal lenses = R410 **OR** Multifocal lenses = R710, Contact lenses = R1435 | Consultation = Only PPN Providers. Frame = R225 at network provider **AND** 100% of cost of standard lenses at network provider only. Contact lens benefit R570 | Every 24 months: Consultation 1 per beneficiary at network provider or R300 at non network provider Frame = R825 at network provider or R550 at non-network povider **AND** 100% of cost of standard lenses at network provider **OR** Rand value at non-network provider Single vision lenses = R175 **OR** Bifocal lenses = R410 **OR** Multifocal lenses = R710 Contact lenses = R1 435 |
| **GP and Specialist Consultations** | N/A | Savings account For EDO options GP and Specialist visits only at Bestmed DSP network rates | Savings account For EDO options GP and Specialist visits only at Bestmed DSP network rates | Savings first Limited to M=R2 956, M1+ =R5 268. *Subject to day-to-day overall limit* | Savings first Limited M=R2 032, M1+ =R4085. *Subject to day-to-day overall limit* | Limited M=R3 978, M1+ =R8 063. *Subject to day-to-day overall limit* | Savings first. 100% Scheme tariff. M= R3 978, M1+ = R8 063. *Subject to overall day-to-day benefits* | Limited M=R5 106, M1+ =R8 278. *Subject to day-to-day overall limit* | Subject to Bestmed Pulse1 GP Network. Unlimited GP visits. Specialist consultation must be referred and pre-approved only at Bestmed Specialist DSP network. Limited M=R1 075, M1+ = R1 613 Out-of-network GP visits limit of R1 290 per family per year | Unlimited GP visits at Bestmed GP Network providers. Specialist consultations must be referred and approved by NP. Limited M=R2 903, M1+ =R5 590. *(Subject to day-to-day overall limit).* Out of Network GP visits per family limited to R1 398 as approved by NP |
| **Basic and Specialised Dentistry** | N/A | Orthodontics are subject to pre-authorisation. Basic dentistry Preventative benefit or savings account Specialised dentristry - Savings account | Orthodontics are subject to pre-authorisation. Basic dentistry - Preventative benefit or savings account. Specialised dentristry - Savings account | Orthodontics are subject to pre-authorisation. Savings first Limited to M = R5 115, M1+ = R10 274. *Subject to day-to-day overall limit* | Orthodontics are subject to pre-authorisation. Savings first. Limited M=R3 740, M1+ =R7 590 (Subject to day-to-day overall limit) | Orthodontics are subject to pre-authorisation. Savings first. Limited M=R6270, M1+ =R12 540. Subject to day-to-day overall limit | Orthodontics are subject to pre-authorisation. Savings first. 100% Scheme tariff. Limited M=R6 756, M1+ =R12 595. Subject to overall day-to-day benefits | Orthodontics are subject to pre-authorisation. Limited M=R11 275, M1+ =R19 030. (Subject to day-to-day overall limit) | Basic dentistry: Subject to Bestmed Pulse Dental Network Specialised dentistry: No benefit | Specialised dentistry inclusive of dentures are subject to pre-authorisation. Limited to M=R6 611, M1+ = R8 385. *(Subject to day-to-day overall limit)* |
| **Medical apparatus and appliances** | N/A | Savings account | Savings account | Savings first. 100% Scheme tariff limited to R10 428 per family. *Subject to day-to-day overall limit* | Savings First. 100% Scheme tariff Limited to R10 428 per family. *Subject to day-to-day overall limit and hearing aid every 24 months* | Savings first. 100% Scheme tariff Limited to R9 460 per family. Subject to overall day-to-day limits | Savings first. 100% Scheme tariff Limited to R9 460 per family. Subject to overall day-to-day benefits | 100% Scheme tariff Limited to R9 460 per family Subject to overall day-to-day limits | No benefit | Limited to R9 353 per family |
| **Wheel chairs** | N/A | Savings Account | Savings Account | Savings first. 100% Scheme tariff limited to R10 428 per family. Subject to day-to-day overall limit for hearing aids or wheel chairs | Subject to medical apparatus and appliance limits | Limit of R12 793 per family per 48 months | Limit of R12 793 per family per 48 months. | Limit of R12 793 per family per 48 months | No benefit | Limit on wheel chairs = R12 040 per family. |
| **Hearing aids** | N/A | Savings Account | Savings Account | | Subject to medical apparatus and appliance limits | Limit of R26 069 per beneficiary per 24 months | Limit of R29 348 per beneficiary per 24 months | Limit of R32 680 per beneficiary per 24 months | No benefit | Subject to DSP. Limit on hearing aids = R26 015 per beneficiary per 24 months |
| **Supplementary Services** | N/A | Savings Account | Savings Account | Savings first. Limited to M = R4 515, M1+ = R9 170. Subject to day-to-day overall limit | Savings first. Limited M = R3 988, M1+ = R8 278. Subject to day-to-day overall limit | Savings first. Limited M = R5 000, M1+ = R10 051. Subject to day-to-day overall limit | Savings first. Limited M = R2 430, M1+ = R5 106. *Subject to day-to-day overall limit* | Limited M = R5 106, M1+ = R10 051. *Subject to day to day overall limit* | No benefit | Limited M=R3 870, M1+ = R7 686. *Subject to day to day overall limit* |
| **Wound care benefit:** Including dressings and negative pressure wound therapy (NPWT) treatment and nursing services | 100% Scheme tariff. *Limited to R3 193 per family* | 100% Scheme tariff. *Limited to R3 193 per family* | 100% Scheme tariff. *Limited to R3 193 per family* | Savings first. 100% Scheme tariff. Limited to R4 515 per family. *Subject to day-to-day overal limit* | Savings first. Limited to R3 279 per family. *Subject to overall day-to-day limits.* | Savings first. Limited to R6 235 per family. *Subject to overall day-to-day limit* | Savings first. Limited to R9 675 per family. *Subject to day-to-day limits* | Limited to R12 470 per family. *Subject to overall day-to-day limits* | No benefit | Limited to R9 030 per family |
| **Pathology and Radiology** | N/A | Savings Account | Savings Account | Savings first Limited to M=R2956, M1+ =R6 020. *Subject to day-to-day overall limit* | Savings first. Limited M=R2 956, M1+ =R5 913. *Subject to day-to-day overall limit* | Savings first. Limited M = R2 956 M1+ = R5 913. *Subject to day-to-day overall limit* | Savings first. M = R3 225, M1+ = R6 396. *Subject to day-to-day overall limits* | Limited M=R5 106, M1+ = R10 051. *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* |
| **Maternity Benefits** | N/A | Savings Account | HRA completion required 100% Scheme tariff 9 x antenatal consultations at either GP/Gyne/Midwife 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at gyne 1x 2D ultrasound scan at 20-24 weeks at gyne 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) 1x post-natal consultation at GP/Gyne/Midwife | HRA completion required 100% Scheme tariff 9 x antenatal consultations at either GP/Gyne/Midwife 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at gyne 1x 2D ultrasound scan at 20-24 weeks at gyne 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) 1x post-natal consultation at GP/Gyne/Midwife | HRA completion required 100% Scheme tariff 9 x antenatal consultations at either GP/Gyne/Midwife 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at gyne 1x 2D ultrasound scan at 20-24 weeks at gyne 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) 1x post-natal consultation at GP/Gyne/Midwife | HRA completion required 100% Scheme tariff. 9 x antenatal consultations at either GP/Gyne/Midwife, 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at gyne, 1x 2D ultrasound scan at 20-24 weeks at gyne, 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), 1x post-natal consultation at GP/Gyne-/Midwife | HRA completion required 100% Scheme tariff. 9 x antenatal consultations at either GP/Gyne/Midwife, 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at gyne, 1x 2D ultrasound scan at 20-24 weeks at gyne, 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), 1x post-natal consultation at GP/Gyne-/Midwife | HRA completion required 100% Scheme tariff. 9 x antenatal consultations at either GP/Gyne/Midwife, 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at gyne, 1x 2D ultrasound scan at 20-24 weeks at gyne, 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), 1x post-natal consultation at GP/Gyne-/Midwife | HRA completion required 100% Scheme tariff at network provider only. 9 x antenatal consultations at either GP/Gyne/Midwife, 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at gyne, 1x 2D ultrasound scan at 20-24 weeks at gyne, 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), 1x post-natal consultation at GP/Gyne-/Midwife | HRA completion required 100% Scheme tariff. 9 x antenatal consultations at either GP/Gyne/Midwife, 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at gyne, 1x 2D ultrasound scan at 20-24 weeks at gyne, 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), 1x post-natal consultation at GP/Gyne-/Midwife |
| **MRI & CT scans** | 100% Scheme tariff R4 837 per family | 100% Scheme tariff R4 837 per family | 100% Scheme tariff Limited to R10 160 per family | 100% Scheme tariff Limited to R15 373 per family | 100% of Scheme tariff Limited to R13 223 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. 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 | Vested Savings | Vested Savings | 100% Scheme tariff | 100% Scheme tariff | 100% Scheme tariff | No benefit | NA |
| **Oncology** | Oncology Programme PMB's only at DSP | Oncology Programme PMB's only at DSP | Oncology Programme PMB's only at DSP | Oncology Programme PMB's only at DSP | Oncology Programme PMB's only at DSP | Oncology Programme. 100% Scheme tariff | Oncology Programme. 100% Scheme tariff | Oncology Programme. 100% Scheme tariff | Oncology Programme PMB's only at DSP | Oncology Programme. 100% Scheme tariff |
| **Preventative Care Benefits** | Flu vaccines, *Pnuemonia programme, Female contraceptives - R2 096 pfpa, *DBC programme, *HPV vaccinations, *Pap smear - ages 18 and above, every 24 months | Flu vaccines , Paediatric immunizations, *Pnuemonia programme, Female contraceptives - R2 096 pfpa, *DBC programme, *HPV vaccinations, *Pap smear - ages 18 and above, every 24 months, Preventative Dentistry *(Including gloves and sterile equipment)* | Flu vaccines, *Pnuemonia programme, Paediatric immunizations, Female contraceptives - R2 096 pfpa, *DBC programme, Preventative Dentistry (Incl gloves and sterile equip) *Pap smear, * HPV vaccinations, *Pap smear - ages 18 and above, every 24 months | Flu vaccines, *Pnuemonia programme, Paediatric immunizations, Female contraceptives - R2 096 pfpa, *DBC programme, Preventative Dentistry *(incl gloves and sterile equipment),* HIB titre, *Mammogram, *HPV vaccinations, PSA Screening for age 50 years and older every 24 months, *Pap smear - ages 18 and above, every 24 months | Flu vaccines , *Pnuemonia vaccines Paediatric immunisations, Female contraceptives - R2 096 per family, *DBC programme, Preventative Dentistry *(incl gloves and sterile equipment),* HIB titre, *Mammogram, *Pap smear, *HPV vaccinations, *Pap smear - ages 18 and above, every 24 months | Flu vaccines , *Pnuemonia vaccines Paediatric immunisations, Female contraceptives - R2 096 per family, *DBC programme, Preventative Dentistry *(incl gloves and sterile equipment),* HIB titre, *Mammogram, *Pap smear, *HPV vaccinations, *Pap smear - ages 18 and above, every 24 months | Flu vaccines,* Pneumonia vaccines, Paediatric immunisations,female contraceptives - R2 096 per family, *PSA Screening for age 50 years and older every 24 months, *DBC programme, Preventative Dentistry *(Incl gloves and sterile equipment),* HIB titre,*Mammogram,*Pap smear, Bone Densitometry *HPV vaccinations, *Pap smear - ages 18 and above, every 24 months | Flu vaccines, *Pnuemonia vaccines, Paediatric immunisations,Female contraceptives - R2 096 per family, *PSA Screening for age 50 years and older every 24 months, *DBC programme, Preventative Dentistry *(incl gloves and sterile equipment),* HIB titre,*Mammogram,*Pap smear, Bone Densitometry, *HPV vaccinations, *Pap smear - ages 18 and above, every 24 months | *Pnuemonia vaccines, Paediatric immunisations, Flu vaccine, *HPV vaccinations, *Contraceptives R2 096 per family | Flu vaccines , *Pnuemonia vaccines, Paediatric immunisations, *DBC programme, *Contraceptives R2 096 per family |
| **Wellness Programme Preventative Care Benefits** | *Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assesment at contracted BASA biokeneticist - 1 pbpa (ages older than 13), *Family dietician assesment - 1pfpa *Occupational Health assesement - 1 pbpa (ages 3-12), *Baby Growth assesment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required | *Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assesment at contracted BASA, biokeneticist - 1 pbpa (ages older than 13), *Family dietician assesment - 1pfpa, *Occupational Health assesement - 1 pbpa (ages 3-12), *Baby Growth assesment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required | *Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assesment at contracted BASA biokeneticist - 1 pbpa (ages older than 13), *Family dietician assesment - 1pfpa *Occupational Health assesement - 1 pbpa (ages 3-12), *Baby Growth assesment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required | *Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assesment at contracted BASA biokeneticist - 1 pbpa (ages older than 13), *Family dietician assesment - 1pfpa *Occupational Health assesement - 1 pbpa (ages 3-12), *Baby Growth assesment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required | *Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assesment at contracted BASA biokeneticist - 1 pbpa (ages older than 13), *Family dietician assesment - 1pfpa *Occupational Health assesement - 1 pbpa (ages 3-12), *Baby Growth assesment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required | *Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assesment at contracted BASA biokeneticist - 1 pbpa (ages older than 13), *Family dietician assesment - 1pfpa *Occupational Health assesement - 1 pbpa (ages 3-12), *Baby Growth assesment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required | *Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assesment at contracted BASA biokeneticist - 1 pbpa (ages older than 13), *Family dietician assesment - 1pfpa *Occupational Health assesement - 1 pbpa (ages 3-12), *Baby Growth assesment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required | *Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assesment at contracted BASA biokeneticist - 1 pbpa (ages older than 13), *Family dietician assesment - 1pfpa, *Occupational Health assesement - 1 pbpa (ages 3-12), *Baby Growth assesment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required | *Biometric Screenings at contracted pharmacy or onsite at employer *Fitness Assesment at contracted BASA biokeneticist - 1 pbpa (ages older than 13), *Family dietician assesment - 1pfpa *Occupational Health assesement - 1 pbpa (ages 3-12), *Baby Growth assesment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pbpa, pre-approval required |

| MONTHLY CONTRIBUTION | Beat1 | | Beat2 | | Beat3 | | Beat4 | Pace1 | Pace2 | Pace3 | Pace4 | Pulse1 | | | Pulse2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Income Level** | | | | | | | | | | | | R0 - R5 500 pm | R5 501 - R8 500 | > R8 501 pm | |
| | Beat 1 | Beat 1N | Beat 2 | Beat 2N | Beat 3 | Beat 3N | | | | | | | | | |
| **Principal Member** - Risk amount | R1 485 | R1 335 | R1 524 | R1 372 | R2 312 | R2 081 | R3 700 | R2 923 | R4 395 | R5 046 | R7110 | R1 493 | R1 793 | R2 152 | R5 298 |
| **Principal Member** - Savings amount | R0 | R0 | R290 | R261 | R440 | R396 | R602 | R686 | R716 | R822 | R220 | R0 | R0 | R0 | R0 |
| **Principal Member** - Total monthly contribution | R1 485 | R1 335 | R1 814 | R1 633 | R2 752 | R2 477 | R4 302 | R3 609 | R5 111 | R5 868 | R7330 | R1 493 | R 1 793 | R2152 | R5 298 |
| **Adult Dependant** - Risk amount | R1 152 | R1 038 | R1 184 | R1 065 | R1 643 | R1 479 | R3 056 | R2 053 | R4 310 | R4 062 | R7110 | R1 419 | R1 704 | R1937 | R5 298 |
| **Adult Dependant** - Savings amount | R0 | R0 | R225 | R203 | R313 | R282 | R497 | R481 | R702 | R661 | R220 | R0 | R0 | R0 | R0 |
| **Adult Dependant** - Total monthly contribution | R1 152 | R1 038 | R1 409 | R1 268 | R1 956 | R1 761 | R3 553 | R2 534 | R5 012 | R4 723 | R7330 | R1 419 | R1 704 | R1937 | R5 298 |
| **Child Dependant** - Risk amount | R624 | R562 | R642 | R577 | R893 | R804 | R915 | R738 | R969 | R868 | R1 665 | R898 | R1 076 | R1076 | R1 259 |
| **Child Dependant** - Savings amount | R0 | R0 | R122 | R110 | R170 | R153 | R149 | R173 | R158 | R141 | R52 | R0 | R0 | R0 | R0 |
| **Child Dependant**- Total monthly contribution | R624 | R562 | R764 | R687 | R1 063 | R957 | R1 064 | R911 | R1 127 | R1 009 | R1 717 | R898 | R1 076 | R1076 | R1 259 |
| **Maximum Contributing Child Dependants** | 4 | | 4 | | 4 | | 4 | 4 | 4 | 4 | 4 | NA | | | 4 |
| **Recognition of a child dependant** | Under 21 unless registered student | | Under 21 unless registered student | | Under 21 unless registered student | | Under 21 unless registered student | Under 21 unless registered student | Under 21 unless registered student | Under 21 unless registered student | Under 21 unless registered student | Under 21 unless registered student | | | Under 21 unless registered student |