



BEAT  
4

## Benefit Summary

# 2024

**bestMed**  
personally yours



## BEAT4



### BEAT4 OPTION

### HOSPITAL PLAN (WITH SAVINGS AND DAY-TO-DAY BENEFITS)

#### Recommended for?

Beat4 is Bestmed's superior hybrid option for those with specific healthcare needs. It offers comprehensive in-hospital benefits at private hospitals. There is a generous amount of day-to-day medical cover for consultations, dentistry, chronic medications and a range of preventative care benefits.

#### Contributions

Principal member	Adult dependant	Child dependant
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#### Risk amount

R5 211	R4 303	R1 288
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#### Medical savings account

R848	R701	R210
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#### Total monthly contribution

<b>R6 059</b>	<b>R5 004</b>	<b>R1 498</b>
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\*You pay for a maximum of three children. Any additional children can join as beneficiaries of the Scheme at no additional cost.

**Children under the age of 24 and registered students up to the age of 26 years qualify for child dependant rates.**

BEAT4 OPTION	COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)
<b>Savings account/ Day-to-day benefits</b>	Savings account available. Day-to-day benefits are available.

## Method of benefit payment

On the Beat4 option in-hospital benefits are paid from the Scheme risk. Some out-of-hospital benefits are paid from the savings first and, once depleted, will be paid from the day-to-day benefit. Once the day-to-day benefit is depleted claims can be paid from the available vested savings. Some preventative care benefits are available from the Scheme risk benefit.

Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs, this will not affect your savings (annual or vested).

## In-hospital benefits

### Note:

- All members must obtain pre-authorization for planned procedures at least 14 (fourteen) days before the event. However, in the case of an emergency, you, your representative or the hospital must notify Bestmed of your hospitalisation as soon as possible or on the first working day after admission to hospital.
- Clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- Should a member voluntarily choose not to make use of a hospital forming part of a hospital network for the Beat network benefit option a maximum co-payment of R13 732 shall apply.

MEDICAL EVENT	SCHEME BENEFIT
<b>Accommodation (hospital stay) and theatre fees</b>	100% Scheme tariff.
<b>Take-home medicine</b>	100% Scheme tariff. Limited to 7 days' medicine.
<b>Biological medicine during hospitalisation</b>	Limited to R27 746 per family per annum. Subject to pre-authorization and funding guidelines.
<b>Treatment in mental health facilities</b>	100% Scheme tariff. Limited to a maximum of 21 days per beneficiary per annum.
<b>Treatment of chemical and substance abuse</b>	100% Scheme tariff. Limited to 21 days or R37 352 per beneficiary per annum. Subject to network facilities.
<b>Consultations and procedures</b>	100% Scheme tariff.
<b>Surgical procedures and anaesthetics</b>	100% Scheme tariff.
<b>Organ transplants</b>	100% Scheme tariff. (PMBs only)
<b>Stem cell transplants</b>	100% Scheme tariff. (PMBs only)
<b>Major maxillofacial surgery, strictly related to certain conditions</b>	100% Scheme tariff. Limited to R15 244 per family per annum.
<b>Dental and oral surgery (in or out of hospital)</b>	Limited to R11 673 per family per annum.
<b>Prosthesis (subject to preferred provider, otherwise limits and co-payments apply)</b>	100% Scheme tariff. Limited to R112 478 per family per annum.

MEDICAL EVENT	SCHEME BENEFIT
<b>Prosthesis – Internal</b>  <b>Note: Sub-limits subject to availability of overall prosthesis limit.</b>  <b>*Functional: Items used to replace or augment an impaired bodily function.</b>	Sub-limits per beneficiary per annum: <ul style="list-style-type: none"> <li>*Functional limited to R35 700.</li> <li>Pacemaker (dual chamber) R65 092.</li> <li>Vascular R68 250.</li> <li>Endovascular and catheter-based procedures - no benefit.</li> <li>Spinal including artificial disc R38 864.</li> <li>Drug-eluting stents R21 835.</li> <li>Mesh R14 420.</li> <li>Gynaecology/urology R10 575.</li> <li>Lens implants R8 239 a lens per eye.</li> </ul>
<b>Exclusions (Prosthesis sub-limit subject to preferred provider, otherwise limits and co-payments apply).</b>	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: <ul style="list-style-type: none"> <li>Hip replacement and other major joints R39 962.</li> <li>Knee replacement R53 090.</li> <li>Other minor joints R16 313.</li> </ul>
<b>Prosthesis – External</b>	Limited to R27 053 per family. DSPs apply. Includes artificial limbs limited to one (1) limb every 60 months.
<b>Breast surgery for cancer</b>	Treatment of the <b>unaffected (non-cancerous) breast</b> will be limited to PMB provisions and is subject to pre-authorization and funding guidelines.
<b>Orthopaedic and medical appliances</b>	100% Scheme tariff.
<b>Pathology</b>	100% Scheme tariff.
<b>Basic radiology</b>	100% Scheme tariff.
<b>Specialised diagnostic imaging (including MRI scans, CT scans and isotope studies).</b>	100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
<b>Oncology</b>	100% Scheme tariff. Subject to pre-authorization and DSPs.
<b>Peritoneal dialysis and haemodialysis</b>	100% Scheme tariff. Subject to pre-authorization and DSPs.
<b>Confinements (birthing)</b>	100% Scheme tariff.
<b>Midwife-assisted births</b>	100% Scheme tariff.
<b>Refractive surgery and other procedures done to improve or stabilise vision (except cataracts)</b>	100% Scheme tariff. Subject to pre-authorization and protocols. Limited to R10 850 per eye.
<b>HIV/AIDS</b>	100% Scheme tariff. Subject to pre-authorization and DSPs.
<b>Supplementary services</b>	100% Scheme tariff.
<b>Alternative to hospitalisation (i.e. procedures done in the doctor's rooms)</b>	100% Scheme tariff.
<b>Advanced illness benefit</b>	100% Scheme tariff, limited to R99 887 per beneficiary per annum. Subject to available benefit, pre-authorization and treatment plan.
<b>Day procedures</b>	Day procedures performed in a day hospital by a DSP provider will be funded at 100% network or Scheme tariff. A co-payment of R2 625 will be incurred per event if a day procedure is voluntarily done by a non-DSP provider, or if the procedure is done in an acute hospital that is not a day hospital. If the provider is a DSP and does not work in a day hospital, the procedure will be paid in full if it is done in an acute hospital.

## MEDICAL EVENT

### **International medical travel cover**

## SCHEME BENEFIT

- Holiday travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 90 days, with R3 million per family, i.e. member and dependants.
- Business travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 45 days, with R3 million per family, i.e. member and dependants.



## Out-of-hospital benefits

### Note:

- Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- Some indicated benefits are paid from the annual savings account first at 100% of the Scheme tariff.
- Once the annual savings account is depleted benefits will be paid from Scheme's day-to-day benefits (limits apply).
- All unused funds in the annual savings account at the end of the year will be carried over to the vested savings account after 5 months and will remain your property.
- Funds in the vested savings account will only be utilised when both the annual savings account and the Scheme risk benefits are depleted.
- 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 specified in the treatment plan.

MEDICAL EVENT	SCHEME BENEFIT
<b>Overall day-to-day limit</b>	M = R14 831, M1+ = R29 661.
<b>FP and specialist consultations</b>	Savings first. Limited to M = R3 777, M1+ = R6 728. (Subject to overall day-to-day limit)
<b>Basic and specialised dentistry</b>	Savings and then from day-to-day limit. Orthodontics are subject to pre-authorisation. Limited to M = R6 534, M1+ = R13 124. (Subject to overall day-to-day limit)

### MEDICAL EVENT

### SCHEME BENEFIT

#### Medical aids, apparatus and appliances including wheelchairs

Savings first. Limited to R13 321 per family. Includes repairs to artificial limbs. 100% Scheme tariff.  
(Subject to overall day-to-day limit).

#### Hearing aids

Subject to pre-authorisation  
Limited to R12 208 per family every 24 months. 100% Scheme tariff.

#### Supplementary services

Savings first.  
Limited to M = R5 768, M1+ = R11 714.  
(Subject to overall day-to-day limit)

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

Savings first.  
100% Scheme tariff.  
Limited to R5 768 per family.  
(Subject to overall day-to-day limit)

#### Optometry benefit

Benefits available every 24 months from date of service.

##### Network Provider

- Consultation - One (1) per beneficiary.
- Frame = R1 000 covered AND
- 100% of cost of standard lenses (single vision OR bifocal OR multifocal) OR
- Contact lenses = R1 840 OR

##### Non-network Provider

- Consultation - R383 fee at non-network provider
- Frame = R750 AND
- Single vision lenses = R215 OR
- Bifocal lenses = R460 OR
- Multifocal lenses = R982.50  
In lieu of glasses members can opt for contact lenses, limited to R1 840

#### Basic radiology and pathology

Savings first.  
Limited to M = R3 776, M1+ = R7 690.  
(Subject to overall day-to-day limit)



## MEDICAL EVENT

## SCHEME BENEFIT

**Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. PET scans only included as indicated per option)**

100% Scheme tariff.  
Limited to R19 638 per family. Limited to one (1) scan per lumbar and cervical spine region per beneficiary per annum.

**Rehabilitation services after trauma**

100% Scheme tariff.

**Managed Healthcare - Back and neck preventative programme**

Benefits payable at 100% of contracted fee. Subject to pre-authorisation, protocols and DSPs.

**HIV/AIDS**

100% Scheme tariff. Subject to pre-authorisation and DSPs.

**Oncology**

Oncology programme at 100% of Scheme tariff. Subject to pre-authorisation and DSPs.

**Peritoneal dialysis and haemodialysis**

100% Scheme tariff.  
Subject to pre-authorisation and DSPs.



# Medicine

## Note:

- Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines, the Mediscor Reference Price (MRP) and the exclusions referred to in Annexure C of the registered Rules.
- Members will not incur co-payments for PMB medications that are on the formulary for which there is no generic alternative.

BENEFIT DESCRIPTION	SCHEME BENEFIT
<b>CDL and PMB chronic medicine*</b>	100% Scheme tariff. Co-payment of 20% for non-formulary medicine.
<b>Non-CDL chronic medicine*</b>	9 conditions. 90% Scheme tariff. Limited to M = R8 748, M1+ = R17 496. Co-payment of 20% for non-formulary medicine.
<b>Biological medicine</b>	PMBs only as per funding protocol. Subject to pre-authorisation.
<b>Other high-cost medicine</b>	100% Scheme tariff. Co-payment of 20% for non-formulary medicine. Subject to pre-authorisation.
<b>Acute medicine</b>	Savings first. Limited to M = R3 337, M1 + = R6 742. (Subject to overall day-to-day limit)
<b>Over-the-counter (OTC) medicine</b>	**Member choice: 1. R1 110 OTC limit per family OR 2. Access to full savings for OTC purchases (after R1 110 limit) = self-payment gap accumulation. Includes sunscreen, vitamins and minerals with NAPPI codes on Scheme formulary. Subject to the available savings.

\*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.

\*Approved medicine for the following conditions are not subject to the Chronic medicine limit: organ transplant, chronic renal failure, multiple sclerosis and haemophilia. Medicine claims will be paid directly from Scheme risk.

\*\*The default OTC choice is 1. R1 110 OTC limit. Members wishing to choose the self-payment gap accumulation option are welcome to contact Bestmed.

## Chronic conditions list

CDL	
<b>CDL 1</b>	Addison disease
<b>CDL 2</b>	Asthma
<b>CDL 3</b>	Bipolar disorder
<b>CDL 4</b>	Bronchiectasis
<b>CDL 5</b>	Cardiac failure
<b>CDL 6</b>	Cardiomyopathy
<b>CDL 7</b>	Chronic obstructive pulmonary disease (COPD)
<b>CDL 8</b>	Chronic renal disease
<b>CDL 9</b>	Coronary artery disease
<b>CDL 10</b>	Crohn disease
<b>CDL 11</b>	Diabetes insipidus
<b>CDL 12</b>	Diabetes mellitus type 1
<b>CDL 13</b>	Diabetes mellitus type 2
<b>CDL 14</b>	Dysrhythmias
<b>CDL 15</b>	Epilepsy
<b>CDL 16</b>	Glaucoma
<b>CDL 17</b>	Haemophilia
<b>CDL 18</b>	HIV/AIDS



## CDL

<b>CDL 19</b>	Hyperlipidaemia
<b>CDL 20</b>	Hypertension
<b>CDL 21</b>	Hypothyroidism
<b>CDL 22</b>	Multiple sclerosis
<b>CDL 23</b>	Parkinson disease
<b>CDL 24</b>	Rheumatoid arthritis
<b>CDL 25</b>	Schizophrenia
<b>CDL 26</b>	Systemic lupus erythematosus (SLE)
<b>CDL 27</b>	Ulcerative colitis

## NON-CDL

<b>Non-CDL 1</b>	Acne - severe
<b>Non-CDL 2</b>	Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)
<b>Non-CDL 3</b>	Allergic rhinitis
<b>Non-CDL 4</b>	Eczema – severe
<b>Non-CDL 5</b>	Migraine prophylaxis
<b>Non-CDL 6</b>	Gout prophylaxis
<b>Non-CDL 7</b>	Major depression*
<b>Non-CDL 8</b>	Obsessive compulsive disorder
<b>Non-CDL 9</b>	Gastro oesophageal reflux disease (GORD)

\*Approved medicine claims for major depression will continue to be paid from Scheme risk once the non-CDL limit is depleted.

## PMB

<b>PMB 1</b>	Aplastic anaemia
<b>PMB 2</b>	Benign prostatic hyperplasia
<b>PMB 3</b>	Cerebral palsy
<b>PMB 4</b>	Chronic anaemia
<b>PMB 5</b>	COVID-19
<b>PMB 6</b>	Cushing disease
<b>PMB 7</b>	Cystic fibrosis
<b>PMB 8</b>	Endometriosis
<b>PMB 9</b>	Female menopause
<b>PMB 10</b>	Fibrosing alveolitis
<b>PMB 11</b>	Graves disease
<b>PMB 12</b>	Hyperthyroidism
<b>PMB 13</b>	Hypophyseal adenoma
<b>PMB 14</b>	Idiopathic thrombocytopenic purpura
<b>PMB 15</b>	Paraplegia/quadriplegia
<b>PMB 16</b>	Polycystic ovarian syndrome
<b>PMB 17</b>	Pulmonary embolism
<b>PMB 18</b>	Stroke



## Preventative care benefits

**Note:** Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
<b>Flu vaccines</b>	All ages.	1 per beneficiary per year.	Applicable to all active members and beneficiaries.
<b>Pneumonia vaccines</b>	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.
<b>Travel vaccines</b>	All ages.	Quantity and frequency depending on product up to the maximum allowed amount.	Mandatory travel vaccines for typhoid, yellow fever, tetanus, meningitis, hepatitis and cholera from Scheme risk benefits.
<b>Paediatric immunisations</b>	Babies and children.	Funding for all paediatric vaccines according to the state-recommended programme.	
<b>Baby growth and development assessments</b>	0-2 years.	3 assessments per year.	Assessments are done at a Bestmed Network Pharmacy Clinic.
<b>Female contraceptives</b>	All females of child-bearing age.	Quantity and frequency depending on product up to the maximum allowed amount.	Limited to R2 678 per beneficiary per year. Includes all items classified in the category of female contraceptives.
<b>Intrauterine device (IUD) insertion</b>	All females of child-bearing age.	1 device every 5 years.	Consultation and procedure by a gynaecologist or FP.
<b>Preventative dentistry</b>	Refer to preventative dentistry section on p.15 for details.		
<b>Mammogram</b>	Females 40 years and older.	Once every 24 months.	100% Scheme tariff.
<b>HPV vaccinations</b>	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
<b>PSA screening</b>	Males 50 years and older.	Once every 24 months.	Can be done at a urologist, FP or network pharmacy clinic. Consultation paid from the available savings/consultation benefit.
<b>Pap smear (procedure and consultation)</b>	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist, FP or pharmacy clinic.

Disclaimer: General and option specific exclusions apply. Please refer to [www.bestmed.co.za](http://www.bestmed.co.za) for more details.

# Bestmed Tempo wellness programme

**Note:** Completing your Health Assessment (HA) unlocks the other Bestmed Tempo benefits.

The Bestmed Tempo wellness programme is focused on supporting you on your path to improving your health and realising the rewards that come with it. To ensure you achieve this, you will have access to the following benefits:

## Tempo Health Assessment (HA) for adults (beneficiaries 16 years and older) which includes one of each of the following per year per adult beneficiary:

- The Tempo lifestyle questionnaire
- Blood pressure check
- Cholesterol check
- Glucose check
- Height, weight and waist circumference

These assessments need to be done at a contracted pharmacy or on-site at participating employer groups.

## Bestmed Tempo Fitness and Nutrition programmes (beneficiaries 16 and older):

### Fitness

- 1 x (face-to-face) fitness assessment at a Tempo partner biokineticist
- 1 x follow-up (virtual or face-to-face) consult to obtain your personalised fitness/exercise plan from the Tempo partner biokineticist

These fitness benefits are intended to assist you on your Tempo Get Active Journey.

In addition, you also have access to the following via the online Get Active Journey on the Bestmed App or Member portal on the website:

- On-demand exercise classes wherever and whenever you choose
- challenges to which you can invite friends and family, who are Bestmed members, to join in

### Nutrition

- 1 x (face-to-face) nutrition assessment at a Tempo partner dietitian
- 1 x follow-up (virtual or face-to-face) consult to obtain your personalised healthy-eating plan from the Tempo partner dietitian

These nutrition benefits are intended to assist you on your Tempo Nutritional Health Journey.

In addition, you also have access to the following via the online Nutritional Health Journey on the Bestmed App or Member portal on the website:

- a daily nutrition and water intake tracker
- nutrition and responsible drinking programmes

### Emotional Wellbeing Journey:

This journey was developed by qualified psychologists and healthcare providers, and will assist you to identify and manage your emotions and the affect they have on your mental health. This Journey provides you with access to:

- lifestyle related information that will help you deal with life's changes and curve balls.
- practical challenges that will enable you to practice the new skills you have to acquire to progress from your current emotional and mental state to your desired state.

### Emotional Wellbeing Journey (via the Bestmed App and website):

- Two questionnaires that assess whether the participant experiences symptoms of depression and/or anxiety (for beneficiaries 21 years and older).
- Access to the educational information, challenges, recordings, videos, and support group details (for beneficiaries 16 years and older).

Disclaimer: General and option specific exclusions apply. Please refer to [www.bestmed.co.za](http://www.bestmed.co.za) for more details.



# Maternity benefits

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## Note:

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

### 100% Scheme tariff. Subject to the following benefits:

#### Consultations:

- 9 antenatal consultations at a FP OR gynaecologist OR midwife.
- 1 post-natal consultation at a FP OR gynaecologist OR midwife.

#### Ultrasounds:

- 1 x 2D ultrasound scan at 1<sup>st</sup> trimester (between 10 to 12 weeks) at a FP OR gynaecologist OR radiologist.
- 1 x 2D ultrasound scan at 2<sup>nd</sup> trimester (between 20 to 24 weeks) at a FP OR gynaecologist OR radiologist.

#### Supplements:

- Any item categorised as a maternity supplement can be claimed up to a maximum of R133 per claim, once a month, for a maximum of 9 months.

Disclaimer: General and option specific exclusions apply. Please refer to [www.bestmed.co.za](http://www.bestmed.co.za) for more details.

# Maternity care programme

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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.

Members need to register on the Bestmed Maternity care programme as soon as they receive confirmation of their pregnancy by means of a pathology test and/or scan from your family practitioner or gynaecologist. After you complete

your registration, a consultant will contact you. If your pregnancy is associated with risks, the information will be forwarded to Bestmed's case managers who will contact you to help monitor your progress.

Please note that registering on the Maternity care programme does not confirm any other maternity benefits nor does it provide authorisation for the delivery as these benefits are subject to the Scheme's rules and underwriting. To enquire about these benefits please contact [service@bestmed.co.za](mailto:service@bestmed.co.za).

## How to register:

Send an email to [maternity@bestmed.co.za](mailto:maternity@bestmed.co.za) or call us on 012 472 6797. Please include your medical scheme number and your expected delivery date in the email.

## After registration on the Maternity care programme, you will also receive the Bestmed Maternity care programme registration confirmation letter, indicating all necessary information as stated below:

Our third-party service provider, DLA, will be in contact within the next two to three weeks via email, requesting you to complete a registration form. Keep an eye on your inbox (including the spam folder) for this email. Completing this form will ensure you are registered on their database to ensure you receive maternity information, additional support if the pregnancy is identified as a high-risk pregnancy and a gift on behalf of Bestmed after 14 weeks gestation. DLA will guide you through the process of selecting a gift.

The registration form and gift selection form must be returned to DLA directly. The maternity gift will only be sent after week 14 of your pregnancy.

Registration also provides you with access to a 24-hour medical advice line and benefits through each phase of your pregnancy.





## Preventative dentistry

### Note:

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

DESCRIPTION OF SERVICE	AGE	FREQUENCY
<b>General full-mouth examination by a general dentist (including gloves and use of sterile equipment for the visit)</b>	12 years and above. Under 12 years.	Once a year. Twice a year.
<b>Full-mouth intra-oral radiographs</b>	All ages.	Once every 36 months.
<b>Intra-oral radiograph</b>	All ages.	2 photos per year.
<b>Scaling and/or polishing</b>	All ages.	Twice a year (i.e. every 6 months from the date of service).
<b>Fluoride treatment</b>	All ages.	Twice a year (i.e. every 6 months from the date of service).
<b>Fissure sealing</b>	Up to and including 21 years.	In accordance with accepted protocol.
<b>Space maintainers</b>	During primary and mixed denture stage.	Once per space.

Disclaimer: General and option-specific exclusions apply.  
Please refer to [www.bestmed.co.za](http://www.bestmed.co.za) for more details.

### Abbreviations

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); DSP = Designated Service Provider; FP = Family Practitioner or Doctor; HPV = Human Papilloma Virus; M = Member; M1+ = Member and family; MRP = Mediscor Reference Price; NPWT = Negative Pressure Wound Therapy; PMB = Prescribed Minimum Benefit; PPN = Preferred Provider Negotiators.

📞 086 000 2378  
✉️ [service@bestmed.co.za](mailto:service@bestmed.co.za)  
📞 068 376 7212  
📠 012 472 6500  
🌐 [www.bestmed.co.za](http://www.bestmed.co.za)  
✂️ @BestmedScheme  
📘 [www.facebook.com/  
BestmedMedicalScheme](https://www.facebook.com/BestmedMedicalScheme)



#### HOSPITAL AUTHORISATION

Tel: 080 022 0106  
Email: [authorisations@bestmed.co.za](mailto:authorisations@bestmed.co.za)

#### CHRONIC MEDICINE

Tel: 086 000 2378  
Email: [medicine@bestmed.co.za](mailto:medicine@bestmed.co.za)  
Fax: 012 472 6760

#### CLAIMS

Tel: 086 000 2378  
Email: [service@bestmed.co.za](mailto:service@bestmed.co.za) (queries)  
[claims@bestmed.co.za](mailto:claims@bestmed.co.za) (claim submissions)

#### MATERNITY CARE

Tel: 012 472 6797  
Email: [maternity@bestmed.co.za](mailto:maternity@bestmed.co.za)

#### WALK-IN FACILITY

Block A, Glenfield Office Park,  
361 Oberon Avenue, Faerie Glen,  
Pretoria, 0081, South Africa

#### POSTAL ADDRESS

PO Box 2297, Arcadia, Pretoria, 0001, South Africa

#### NETCARE 911

Tel: 082 911  
Email: [customer.service@netcare.co.za](mailto:customer.service@netcare.co.za) (queries)

#### INTERNATIONAL MEDICAL TRAVEL INSURANCE (EUROP ASSISTANCE)

Tel: 0861 838 333  
Claims and emergencies: [assist@europassistance.co.za](mailto:assist@europassistance.co.za)  
Travel registrations: [bestmed-assist@linkham.com](mailto:bestmed-assist@linkham.com)

#### PMB

Tel: 086 000 2378  
Email: [pmb@bestmed.co.za](mailto:pmb@bestmed.co.za)

#### BESTMED HOTLINE, OPERATED BY KPMG

Should you be aware of any fraudulent, corrupt or unethical practices involving Bestmed, members, service providers or employees, please report this anonymously to KPMG.

**Hotline:** 080 111 0210 toll-free from any Telkom line  
**Hotfax:** 080 020 0796  
**Hotmail:** [fraud@kpmg.co.za](mailto:fraud@kpmg.co.za)  
**Postal:** KPMG Hotpost, at BNT 371,  
PO Box 14671, Sinoville,  
0129, South Africa

#### COMPLAINTS

Tel: +27 (0)86 000 2378  
Email: [escalations@bestmed.co.za](mailto:escalations@bestmed.co.za)  
(Subject box: Manager, escalated query)  
Postal address: PO Box 2297, Pretoria, Gauteng, 0001

#### CMS ESCALATIONS

Should an issue remain unresolved with the Scheme, members can escalate to the Council for Medical Schemes (CMS) Registrar's office:

Fax Complaints: 086 673 2466.  
Email Complaints: [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za)

Postal Address:  
Private Bag X34, Hatfield, 0028

Physical Address:  
Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue,  
Eco Park, Centurion, 0157

For a more detailed overview of your benefit option and to receive a membership guide please contact [service@bestmed.co.za](mailto:service@bestmed.co.za).

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