

2025



## Benefit Summary

**bestMed**  
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PACE3 OPTION	COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)		
<b>Recommended for?</b>	Those seeking comprehensive in-hospital and out-of-hospital benefits as well as extensive day-to-day benefits to cover out-of-hospital expenses.		
<b>Contributions</b>	Principal member	Adult dependant	Child dependant
<b>Risk amount</b>	R8 029	R6 463	R1 382
<b>Medical savings account</b>	R1 307	R1 052	R224
<b>Total monthly contribution</b>	<b>R9 336</b>	<b>R7 515</b>	<b>R1 606</b>

\*You pay for a maximum of three children. Any additional children can join as beneficiaries of the Scheme at no additional cost.

**Dependants under the age of 24 years are regarded as child dependants.**

PACE3 OPTION	COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)
Savings account/ Day-to-day benefits	Savings account available. Day-to-day benefits are available.

## Method of benefit payment

On the Pace3 option, in-hospital benefits are paid from the Scheme risk. Some out-of-hospital benefits are paid from the annual 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 prescribed minimum benefits (PMBs) will be covered in full when using designated service providers (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 (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.

MEDICAL EVENT	SCHEME BENEFIT
<b>Accommodation (hospital stay) and theatre fees</b>	100% Scheme tariff.
<b>Take-home medicine</b>	100% Scheme tariff if claimed on the day of discharge. Limited to: <ul style="list-style-type: none"> <li>A maximum of 7 days treatment if claimed as part of the hospital account, or</li> <li>R200 if claimed from a retail pharmacy on the day of discharge.</li> </ul> No benefit if not claimed on the date of discharge.
<b>Treatment in mental health facilities</b>	Approved PMBs at DSPs. Limited to a maximum of 21 days per beneficiary per financial year in hospital including inpatient electroconvulsive therapy and inpatient psychotherapy, OR 15 contact sessions for out-patient psychotherapy per beneficiary per financial year. Subject to pre-authorization.
<b>Treatment of chemical and substance abuse</b>	Benefits shall be limited to the treatment of PMB conditions and subject to the following: <ul style="list-style-type: none"> <li>Pre-authorization</li> <li>DSPs</li> <li>21 days' stay for in-hospital management per beneficiary per annum.</li> </ul>
<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)

MEDICAL EVENT	SCHEME BENEFIT
<b>Major maxillofacial surgery, strictly related to certain conditions</b>	100% Scheme tariff.
<b>Dental and oral surgery (in or out-of-hospital)</b>	Limited to R20 397 per family per annum.
<b>Prosthesis (subject to preferred provider, otherwise limits and co-payments apply)</b>	100% Scheme tariff. Limited to R140 912 per family per annum.
<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 R39 539.</li> <li>▪ Vascular R75 783.</li> <li>▪ Pacemaker (single and dual chamber) R75 770.</li> <li>▪ Spinal including artificial disc R70 418.</li> <li>▪ Drug-eluting stents R22 983.</li> <li>▪ Mesh R22 983.</li> <li>▪ Gynaecology/urology R17 237.</li> <li>▪ Lens implants R14 738 a lens per eye.</li> <li>▪ Joint replacements: <ul style="list-style-type: none"> <li>- Hip replacement and other major joints R63 201.</li> <li>- Knee replacement R73 615.</li> <li>- Other minor joints R27 219.</li> </ul> </li> </ul>
<b>Prosthesis – External</b>	Limited to R33 182 per family per annum. DSPs apply. Includes artificial limbs limited to 1 limb every 60 months. Repair work to artificial limbs will be funded from the out-of-hospital Medical aids, apparatus and appliances benefit.
<b>Orthopaedic and medical appliances</b> <b>Note: Appliances directly relating to the hospital admission and/or procedure</b>	100% Scheme tariff. Limited to R15 000 per family per annum.

MEDICAL EVENT	SCHEME BENEFIT
<b>Pathology</b>	100% Scheme tariff.
<b>Basic radiology</b>	100% Scheme tariff.
<b>Specialised diagnostic imaging - in and/or out of hospital (including MRI scans, CT scans and nuclear/isotope studies). PET scans only included as indicated per benefit option.</b>	100% Scheme tariff. Limited to a combined in- and out-of-hospital benefit of R42 000 per family per annum. Co-payment of R1 500 per scan, not applicable for PMBs. PET scans are limited to one (1) scan per beneficiary per annum. Not subject to the abovementioned limit and co-payment. Subject to pre-authorisation.
<b>Oncology</b>	100% Scheme tariff. Subject to pre-authorisation and DSPs. Access to extended protocols.
<b>Peritoneal dialysis and haemodialysis</b>	100% Scheme tariff. Subject to pre-authorisation 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-authorisation and protocols. Limited to R12 210 per eye.
<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-authorisation and funding guidelines.
<b>HIV/AIDS</b>	100% Scheme tariff. Subject to pre-authorisation and DSPs.
<b>Supplementary services</b>	100% Scheme tariff.

**MEDICAL EVENT****SCHEME BENEFIT****Alternative to hospitalisation  
(i.e. procedures done in the  
doctor's rooms)**

100% Scheme tariff.

**Advanced illness benefit**

100% Scheme tariff, limited to R139 308 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.

**International medical travel  
cover**

- Holiday travel: Limited to 90 days and R5 000 000 per family, i.e. members and dependants. Limited to R1 000 000 per family for travel to the USA
- Business travel: Limited to 60 days and R5 000 000 per family, i.e. members and dependants. Limited to R1 000 000 per family for travel to the USA.

**Day procedures**

Day procedures performed in a day hospital by a DSP provider will be funded at 100% network or Scheme tariff, subject to pre-authorisation, protocols, funding guidelines and DSPs.

A co-payment of R2 746 will be incurred per event if a day procedure is done in an acute hospital that is not a day hospital. If a DSP is used and the DSP does not work in a day hospital, the procedure shall be paid in full if it is done in an acute hospital, if it is arranged with the Scheme before the time.



## Out-of-hospital benefits

### Note:

- Some indicated benefits are paid from the annual savings at 100% Scheme tariff. Once the annual savings account is depleted, benefits will be paid from Scheme risk at 100% Scheme tariff (limits apply).
- Should you not use all of the funds available in your savings account, these funds will be transferred into a vested savings account after 5 months. The savings will remain your property.
- Any credit in your vested savings account may be used for out-of-hospital expenses that are not covered by the Scheme, or should you, for instance, have reached your out-of-hospital or day-to-day overall annual limit or the sub-limits as indicated in your benefit guide.
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- Clinical funding protocols, preferred providers (PPs), 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 PMB condition/s, the services in the treatment plan will be paid 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

#### Overall day-to-day limit

M = R22 015, M1+ = R45 497.

#### General Practitioner (GP), nurse and specialist consultations

Savings first.  
100% Scheme tariff.  
M = R5 316, M1+ = R10 773.  
(Subject to overall day-to-day limit)

#### Basic and specialised dentistry

Savings first and then from day-to-day limit.  
Limited to M = R9 027, M1+ = R16 829.  
(Subject to overall day-to-day limit)

### MEDICAL EVENT

### SCHEME BENEFIT

#### Orthodontic dentistry

Savings first. 100% Scheme tariff.  
Subject to pre-authorisation. Limited to R10 448 per event for beneficiaries up to 18 years of age.  
Subject to overall day-to-day limit.

#### Medical aids, apparatus and appliances

Savings first.  
Limited to R12 640 per family. Includes repairs to artificial limbs.  
100% Scheme tariff. (Subject to overall day-to-day limit)

#### Wheelchairs

Limited to R17 094 per family every 48 months.

#### Hearing aids (Subject to pre-authorisation)

Limit of R32 000 per beneficiary every 24 months. Subject to quotation, motivation and audiogram.

#### Continuous/Flash Glucose Monitoring (CGM/FGM)

100% Scheme tariff.  
Limited to R23 218 per family per annum.  
Subject to pre-authorisation.

#### Supplementary services

Savings first.  
Limited to M = R3 247, M1+ = R6 823.  
(Subject to overall day-to-day limit)

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

100% Scheme tariff. Savings first.  
Limited to R10 983 per family.  
(Subject to overall day-to-day limit)



MEDICAL EVENT	SCHEME BENEFIT
<b>Optometry benefit</b>	<p>Benefits available every 24 months from date of service.</p> <p><b>Network Provider (PPN)</b></p> <ul style="list-style-type: none"> <li>Consultation - One (1) per beneficiary.</li> <li>Frame = R1 260 covered AND</li> <li>100% of cost of standard lenses (single vision OR bifocal OR multifocal) AND Lens enhancement = R750 covered OR</li> <li>Contact lenses = R2 215 OR</li> </ul> <p><b>Non-network Provider</b></p> <ul style="list-style-type: none"> <li>Consultation - R400 fee at non-network provider</li> <li>Frame = R945 AND</li> <li>Single vision lenses = R215 OR</li> <li>Bifocal lenses = R460 OR</li> <li>Multifocal lenses at R1 040 (consisting of R810 per base lens plus R230 per branded lens add-on) AND</li> <li>Lens enhancement = R563 covered</li> </ul> <p>In lieu of glasses members can opt for contact lenses, limited to R2 215.</p>
<b>Basic radiology and pathology</b>	<p>Savings first.</p> <p>Limited to M = R4 310, M1+ = R8 546. (Subject to overall day-to-day limit)</p>
<b>Specialised diagnostic imaging - in and/or out of hospital (including MRI scans, CT scans and nuclear/isotope studies). PET scans only included as indicated per benefit option.</b>	<p>100% Scheme tariff.</p> <p>Limited to a combined in- and out-of hospital benefit of R42 000 per family per annum.</p> <p>Co-payment of R1 500 per scan, except for an involuntary use of a non-DSP for a PMB condition.</p> <p>PET scans are limited to one (1) scan per beneficiary per annum. Not subject to the abovementioned limit and co-payment. Subject to pre-authorisation.</p>

MEDICAL EVENT	SCHEME BENEFIT
<b>Rehabilitation services after trauma</b>	100% Scheme tariff.
<b>Managed Healthcare - Back and neck preventative programme</b>	Benefits payable at 100% of contracted fee. Subject to pre-authorisation, protocols and DSPs.
<b>HIV/AIDS</b>	100% Scheme tariff. Subject to pre-authorisation and DSPs.
<b>Oncology</b>	Oncology programme. 100% of Scheme tariff. Subject to pre-authorisation, protocols and DSP.
<b>Peritoneal dialysis and haemodialysis</b>	100% Scheme tariff. Subject to pre-authorisation and DSPs.



## Medicine benefits

### Note:

- Benefits mentioned below may be subject to pre-authorization, 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 approved PMB medications that are on the formulary for which there is no generic alternative.
- Approved PMB biological and non-PMB biological medicine costs will be paid from the biological medicine limit. Once the limit is depleted, only PMB biological medicine costs will continue to be paid unlimited from Scheme risk.

BENEFIT DESCRIPTION	SCHEME BENEFIT
<b>CDL and PMB chronic medicine*</b>	100% Scheme tariff. Co-payment of 15% for non-formulary medicine.
<b>Non-CDL chronic medicine*</b>	20 conditions. 90% Scheme tariff. Limited to M = R16 878, M1+ = R33 757. Co-payment of 15% for non-formulary medicine.
<b>Biological medicine</b>	Limited to R402 194 per beneficiary.
<b>Other high-cost medicine</b>	100% Scheme tariff. Subject to pre-authorization.
<b>Acute medicine</b>	Savings first. Limited to M = R2 197, M1+ = R4 942. (Subject to overall day-to-day limit)
<b>Over-the-counter (OTC) medicine</b>	**Member choice: 1. R1 161 OTC limit per family OR 2. Access to full savings for OTC purchases (after R1 161 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 Chronic Disease List (CDL), Prescribed Minimum Benefit (PMB) and non-Chronic Disease List (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 161 OTC limit per family. 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
<b>CDL 19</b>	Hyperlipidaemia
<b>CDL 20</b>	Hypertension
<b>CDL 21</b>	Hypothyroidism
<b>CDL 22</b>	Multiple sclerosis

CDL	
<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>	Alzheimer disease
<b>Non-CDL 3</b>	Ankylosing spondylitis
<b>Non-CDL 4</b>	Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)
<b>Non-CDL 5</b>	Allergic rhinitis
<b>Non-CDL 6</b>	Autism
<b>Non-CDL 7</b>	Collagen diseases
<b>Non-CDL 8</b>	Dermatomyositis
<b>Non-CDL 9</b>	Eczema - severe
<b>Non-CDL 10</b>	Gastro oesophageal reflux disease (GORD)
<b>Non-CDL 11</b>	Gout prophylaxis
<b>Non-CDL 12</b>	Major depression*
<b>Non-CDL 13</b>	Migraine prophylaxis
<b>Non-CDL 14</b>	Neuropathy
<b>Non-CDL 15</b>	Obsessive compulsive disorder

## NON-CDL

<b>Non-CDL 16</b>	Osteoarthritis
<b>Non-CDL 17</b>	Osteoporosis
<b>Non-CDL 18</b>	Paget disease
<b>Non-CDL 19</b>	Psoriasis
<b>Non-CDL 20</b>	Urinary incontinence

\*Approved medicine claims 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>	Endometriosis
<b>PMB 8</b>	Female menopause
<b>PMB 9</b>	Fibrosing alveolitis
<b>PMB 10</b>	Graves disease
<b>PMB 11</b>	Hyperthyroidism
<b>PMB 12</b>	Hypophyseal adenoma
<b>PMB 13</b>	Idiopathic thrombocytopenic purpura
<b>PMB 14</b>	Paraplegia/quadruplegia
<b>PMB 15</b>	Polycystic ovarian syndrome
<b>PMB 16</b>	Pulmonary embolism

## PMB

<b>PMB 17</b>	Stroke
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## 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 GP.
<b>Preventative dentistry</b>	Refer to preventative dentistry section on p.13 for details.		
<b>Mammogram</b>	Females 40 years and older.	Once every 24 months.	100% Scheme tariff.
<b>PSA screening</b>	Males 50 years and older.	Once every 24 months.	Can be done at a urologist, GP or network pharmacy clinic. Consultation paid from the available savings/consultation benefit.
<b>HPV vaccinations</b>	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
<b>Bone densitometry</b>	All beneficiaries 45 years and older.	Once every 24 months.	

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
<b>Pap smear (procedure and consultation)</b>	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist, GP or pharmacy clinic.
<b>Glaucoma screening</b>	Ages 50 and above.	Once every 12 months.	The benefit is subject to service being received from the contracted Optometrist Network only.

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



## Preventative dentistry

**Note:** Benefits below may be subject to pre-authorization, clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies 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); GP = General Practitioner or Doctor; HPV = Human Papilloma Virus; 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; PMB = Prescribed Minimum Benefit; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen.



## Maternity benefits

### Note:

Benefits below may be subject to registration, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).

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

#### Consultations:

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

#### Ultrasounds:

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

#### Supplements:

- Any item categorised as a maternity supplement can be claimed up to a maximum of R139 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

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 GP 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.



# Tempo



## Bestmed Tempo wellness programme

**Note:** Completing your Tempo Lifestyle Screening 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 Lifestyle Screening 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 and weight measurement

These screenings need to be done at a contracted pharmacy, Tempo partner biokineticist, or on-site at participating employer groups.

**Bestmed Tempo physical wellbeing and nutrition benefits (beneficiaries 16 and older):**

### Physical wellbeing

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

### 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

In addition to the Tempo physical wellbeing and nutrition benefits, you will also have access to Tempo Wellness Webinars hosted monthly. The webinars are themed around mental health and various other wellness-related topics.

 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)  
 Bestmed Medical Scheme  
 Bestmed Medical Scheme



#### 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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Please visit [www.bestmed.co.za](http://www.bestmed.co.za) for the complete liability and responsibility disclaimer for Bestmed Medical Scheme as well as well as the latest Scheme Rules.

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