

## **BESTMED SUMMARY OF RULE CHANGES FOR 2025**

The changes for 2025 on the Substantive Rules and Annexures, approved and registered by the Registrar of the Council for Medical Schemes (CMS) with effect from 1 January 2025, are summarised below.

### **1. CHANGES TO THE SUBSTANTIVE RULES FROM 1 JANUARY 2025**

- 1.1 Change of the child dependant age limit from 26 to 24 on rule 4.30, thereby resulting in child dependants only being allowed to pay child dependant contributions until the age of 24 years. Child dependants 24 years and older are required to pay adult contributions, even if they are still studying.
- 1.2 Percentage change on the current rule 4.79 definition of “Scheme tariff” from 183.37% to 196.41%.
- 1.3 Change of the reference of “subscriptions” to “contributions” on various rules.
- 1.4 Change of the re-appointment term of the Disputes Committee members on rule 28.5 from one term to allow for two terms.

### **2. CHANGES TO THE CONTRIBUTION TABLES FROM 1 JANUARY 2025**

- 2.1 The annual increase in the Contributions (Annexure A) of the Rules, where the increase in gross contributions for all benefit options is 12.75%.
- 2.2 Change of the word “subscriptions” to “contributions” across the annexure.
- 2.3 Adjustment of provisions for child dependant contributions to apply to child dependants under the age of 24 years.
- 2.4 Addition of the late joiner penalty provisions.

### **3. CHANGES TO THE BENEFIT OPTIONS FROM 1 JANUARY 2025**

#### **BENEFIT OPTIONS – ANNEXURE B.1 – B.3**

Restructuring or changes of benefits and limits take place throughout the Beat range [Annexure B.1], the Pace range [Annexure B.2] and the Rhythm range [Annexure B.3]. These are as follows:

- 3.1 Addition of procedure co-payments on all Beat and Rhythm benefit options.
- 3.2 Addition of co-payments for MRI and CT scans on all benefit options, except Rhythm1.
- 3.3 Cosmetic changes to the rule numbers across all options due to the addition of new benefit rules.
- 3.4 Editorial changes to ensure consistency of text in the rules.

#### **3.5 Hospital, hospital-related benefits and other major medical expenses**

On rules 1.2 for the Beat range, 2.2 for the Pace range and 3.2 for the Rhythm range. The rule changes propose, *inter alia*, the following:

### 3.5.1 Beat range, Pace range and Rhythm range co-payments

Listing the various co-payments that apply to the benefit options.

### 3.6 **Take-home medicine**

Sub-rules 1.2.2 for the Beat range, 2.2.2 for the Pace range and 3.2.2 for the Rhythm range:

- Change of the Take-home medicine benefit from 3 (three) days to 7 (seven) days on the Rhythm benefit options.
- Introduction of a monetary limit for medicine claimed from a retail pharmacy on all benefit options.

### 3.7 **Biological medicine during hospitalisation**

Limit changes on sub-rules 1.2.3 on the Beat range, 2.2.3 on the Pace range and 3.2.3 on the Rhythm range are as follows:

<b>Benefit options</b>	<b>2024</b>	<b>2025</b>
Beat1 and Beat1 Network	R11 099	R11 610
Beat2 and Beat2 Network	R16 648	R17 414
Beat3, Beat3 Network and Beat3 Plus	R22 107	R23 218
Beat4	R27 746	R29 022
Pace1	R33 296	R34 828
Rhythm2	R16 648	R17 414

Editorial change of the word “pre-approval” to “pre-authorisation”.

### 3.8 **Treatment of chemical and substance abuse**

Sub-rules 1.2.5 for the Beat range and 2.2.5 for the Pace range:

- Removal of the monetary limit from the Treatment of chemical and substance abuse benefit on all the Beat and Pace benefit options as instructed by the CMS.

### 3.9 **Dental / Oral / Jaw surgery**

#### 3.9.1 **Dental and oral surgery (in- and/or out-of-hospital) benefit**

Limit changes on sub-rules 1.2.10.1 on the Beat range, 2.2.10.1 on the Pace range and 3.2.10.1 on the Rhythm range, per family, are as follows:

<b>Benefit options</b>	<b>2024</b>	<b>2025</b>
Beat2 and Beat2 Network	R6 071	R6 350
Beat3, Beat3 Network and Beat3 Plus	R9 338	R9 768
Beat4	R11 673	R12 210
Pace1	R9 338	R9 768
Pace2	R15 518	R16 232
Pace3	R19 500	R20 397

Pace4	R23 345	R24 419
-------	---------	---------

Addition of a provision to alert members of a procedure-specific co-payment applicable to the benefits offered on some of the Beat benefit options.

### 3.9.2 Major medical maxillofacial surgery benefit

Limit changes on sub-rules 1.2.10.2 on the Beat range and 2.2.10.2 on the Pace range, per family, are as follows:

Benefit options	2024	2025
Beat3, Beat3 Network and Beat3 Plus	R14 969	R15 658
Beat4	R15 244	R15 945
Pace1	R15 105	R15 800

### 3.10 Prosthesis benefits

Changes to rules 1.2.11 on the Beat range, 2.2.11 on the Pace range and 3.2.11 on the Rhythm range, and sub-rules for the “Prosthesis – Internal”, “Prosthesis – External” and “Exclusions on joint replacement surgery for non-PMB conditions”.

#### 3.10.1 Prosthesis – Internal

- Adjustment to fund all Pacemakers (single & dual chamber) as part of the Internal prosthesis instead of only dual chambers benefit on all benefit options.
- Adjusting the Internal prosthesis benefit to fund Endovascular & Catheter-based procedures subject to the Vascular prosthesis sub-limit and at DSP prices on all benefit options.
- Adjusting the Internal prosthesis benefit to fund Drug-eluting stents subject to the Vascular prosthesis sub-limit and at DSP prices on the Beat benefit options, Pace1 and Rhythm benefit options.

Limit changes on sub-rule 1.2.11.1 for the Beat range are as follows:

Benefit options	Benefit description	2024	2025
Beat1, Beat1 Network, Beat2 and Beat2 Network  Sub-limits per beneficiary	<b>Overall limit per family</b>	R91 183	R95 377
	Vascular	R52 500	R54 915
	Pacemaker single and dual chambers	R49 711	R51 998 and at DSP prices
	Endovascular and catheter base procedures	No benefit	Are subject to the Vascular prosthesis sub-limit and at DSP prices
	Spinal including artificial disk	R36 394	R38 068

Benefit options	Benefit description	2024	2025
	Drug-eluting stents	PMBs and DSP products only	Are subject to the Vascular prosthesis sub-limit and at DSP prices
	Mesh	R12 772	R13 360
	Gynaecology / Urology	R10 437	R10 917
	Lens implants	R7 964	R8 330
	Functional	R32 550	R34 047

Benefit options	Benefit description	2024	2025
Beat3, Beat3 Network and Beat3 Plus  Sub-limits per beneficiary	<b>Overall limit per family</b>	R92 145	R96 384
	Vascular	R63 000	R65 898
	Pacemaker single and dual chambers	R49 711	R51 998 and at DSP prices
	Endovascular and catheter base procedures	No benefit	Are subject to the Vascular prosthesis sub-limit and at DSP prices
	Spinal including artificial disk	R36 528	R38 208
	Drug-eluting stents	R12 838	Are subject to the Vascular prosthesis sub-limit and at DSP prices
	Mesh	R12 838	R13 429
	Gynaecology / Urology	R10 603	R11 091
	Functional	R33 600	R35 146

Benefit option	Benefit description	2024	2025
Beat4  Sub-limits per beneficiary	<b>Overall limit per family</b>	R112 478	R117 652
	Vascular	R68 250	R71 390
	Pacemaker single and dual chambers	R65 092	R68 086 and at DSP prices
	Endovascular and catheter base procedures	No benefit	Are subject to the Vascular prosthesis sub-limit and at DSP prices
	Spinal including artificial disk	R38 864	R40 652
	Drug-eluting stents	R21 835	R22 839 and at DSP prices
	Mesh	R14 420	R15 083
	Gynaecology / Urology	R10 575	R11 061
	Functional	R35 700	R37 342

Limit changes on sub-rule 2.2.11.1 for the Pace range are as follows:

Benefit option	Benefit description	2024	2025
Pace1  Sub-limits per beneficiary	<b>Overall limit per family</b>	R104 366	R109 167
	Vascular	R68 250	R71 390
	Pacemaker single and dual chambers	R64 955	R67 943 and at DSP prices
	Endovascular and catheter base procedures	No benefit	Are subject to the Vascular prosthesis sub-limit and at DSP prices
	Spinal including artificial disk	R38 038	R39 788
	Drug-eluting stents	PMBs and DSP products only	Are subject to the Vascular prosthesis sub-limit and at DSP prices
	Mesh	R14 282	R14 939
	Gynaecology / Urology	R10 299	R10 773
	Lens implants	R7 828	R8 188
	Functional	R35 700	R37 342

Benefit option	Benefit description	2024	2025
Pace2  Sub-limits per beneficiary	<b>Overall limit per family</b>	R134 028	R140 193
	Vascular	R68 250	R71 390
	Pacemaker single and dual chambers	R72 438	R75 770 and at DSP prices
	Endovascular and catheter base procedures		Are subject to the Vascular prosthesis sub-limit and at DSP prices
	Spinal including artificial disk	R67 193	R70 284
	Drug-eluting stents	R21 972	R22 983 and at DSP prices
	Mesh	R21 972	R22 983
	Gynaecology / Urology	R16 409	R17 164
	Lens implants	R14 090	R14 738
	Hip prosthesis and other major joints	R60 353	R63 129
	Knee prosthesis	R70 035	R73 257
	Minor joints	R26 022	R27 219
Functional	R37 800	R39 539	

Benefit option	Benefit description	2024	2025
Pace3	<b>Overall limit per family</b>	R134 715	R140 912

Benefit option	Benefit description	2024	2025
Sub-limits per beneficiary	Vascular	R72 450	R75 783
	Pacemaker single and dual chambers	R72 438	R75 770 and at DSP prices
	Endovascular and catheter base procedures		Are subject to the Vascular prosthesis sub-limit and at DSP prices
	Spinal including artificial disk	R67 321	R70 418
	Drug-eluting stents	R21 972	R22 983 and at DSP prices
	Mesh	R21 972	R22 983
	Gynaecology / Urology	R16 479	R17 237
	Lens implants	R14 090	R14 738
	Hip prosthesis and other major joints	R60 422	R63 201
	Knee prosthesis	R70 378	R73 615
	Minor joints	R26 022	R27 219
	Functional	R37 800	R39 539

Benefit option	Benefit description	2024	2025
Pace4  Sub-limits per beneficiary	<b>Overall limit per family</b>	R155 450	R162 601
	Vascular	R72 450	R75 783
	Pacemaker single and dual chambers	R72 438	R75 770
	Endovascular and catheter base procedures		Are subject to the Vascular prosthesis sub-limit and at DSP prices
	Spinal including artificial disk	R77 732	R81 308
	Drug-eluting stents	R25 886	R27 077 and at DSP prices
	Mesh	R22 796	R23 845
	Gynaecology / Urology	R18 814	R19 679
	Lens implants	R20 832	R21 790
	Hip prosthesis and other major joints	R69 555	R72 755
	Knee prosthesis	R80 540	R84 245
	Minor joints	R25 886	R27 077
Functional	R42 000	R43 932	

Limit changes on sub-rule 3.2.11.1 for the Rhythm range are as follows:

Benefit option	Benefit description	2024	2025
Rhythm1 and Rhythm2	<b>Overall limit per family</b>	R61 384	R64 208
	Vascular	R52 500	R54 915
	Pacemaker single and dual chambers	R49 711	R51 998 and at DSP prices

Benefit option	Benefit description	2024	2025
Sub-limits per beneficiary	Endovascular and catheter base procedures	No benefit	Are subject to the Vascular prosthesis sub-limit and at DSP prices
	Spinal including artificial disk	R30 416	R31 815
	Drug-eluting stents	PMBs and DSP products only	Are subject to the Vascular prosthesis sub-limit and at DSP prices
	Mesh	R11 124	R11 636
	Gynaecology / Urology	R9 188	R9 611
	Lens implants	R6 387	R6 681
	Functional	R32 550	R34 047

### 3.10.2 Prosthesis – External

The benefit is available per family only on the Beat4, Pace1, Pace2, Pace3 and Pace4 benefit options limit changes are as follows:

Benefit options	2024	2025
Beat4	R27 053	R28 297
Pace1	R26 504	R27 723
Pace2	R31 584	R33 037
Pace3	R31 723	R33 182
Pace4	R35 842	R37 491

### 3.10.3 Exclusions on joint replacement surgery for non-PMB conditions

The benefit is applicable on the Beat1, Beat1 Network, Beat2, Beat2 Network, Beat3, Beat3 Network, Beat3 Plus, Beat4, Pace1, Rhythm1 and Rhythm2 benefit options only. Limit changes are as follows:

Benefit options	Benefit description	2024	2025
Beat1, Beat1 Network, Beat2 and Beat2 Network	Hip prosthesis and other major joints	R38 313	R40 075
	Knee prosthesis	R47 240	R49 413
	Minor joints	R14 695	R15 371

Benefit options	Benefit description	2024	2025
Beat3, Beat3 Network and Beat3 Plus	Hip prosthesis and other major joints	R38 589	R40 364
	Knee prosthesis	R47 748	R49 944
	Minor joints	R14 695	R15 371

Benefit option	Benefit description	2024	2025
Beat4	Hip prosthesis and other major joints	R39 962	R41 800
	Knee prosthesis	R53 090	R55 532

Benefit option	Benefit description	2024	2025
	Minor joints	R16 313	R17 063

Benefit option	Benefit description	2024	2025
Pace1	Hip prosthesis and other major joints	R38 725	R40 506
	Knee prosthesis	R51 497	R53 866
	Minor joints	R15 999	R16 735

Benefit option	Benefit description	2024	2025
Rhythm1 and Rhythm2	Hip prosthesis and other major joints	R31 173	R32 607
	Knee prosthesis	R39 413	R41 226
	Minor joints	R14 762	R15 441

### 3.11 Medically necessary breast reduction surgery

Sub-rule 2.2.12 on the Pace4 benefit option. The limit changes from R55 493 to R58 046 per family.

### 3.12 Orthopaedic and medical appliances during hospitalisation

Sub-rules 1.2.13 on the Beat range, 2.2.13 on the Pace range and 3.2.13 on the Rhythm range changes are as follows:

- Introduction of a limit per family per financial year to the Orthopaedic and medical appliances in hospital benefit on the Beat and Pace benefit options.
- Addition of provision for services to be PMB level of care and directly related to the admission.
- Limit changes are as follows:

Benefit options	2024	2025
Beat1, Beat1 Network, Beat2, Beat2 Network, Beat3, Beat3 Network, Beat3 Plus and Beat4		R15 000
Pace1, Pace2, Pace3 and Pace4		R15 000
Rhythm2	R7 554	R7 901

### 3.13 Specialised diagnostic imaging

Sub-rules 1.2.16 on the Beat range, 2.2.16 on the Pace range and 3.2.16 on the Rhythm range changes are as follows:

- Combining the in and out-of-hospital Specialised diagnostic imaging benefit, thus deleting the out-of-hospital specialised diagnostic imaging benefit on all benefit options.
- Introducing one limit per family for in and out-of-hospital procedures on all benefit options, except Rhythm1.
- Application of specific co-payments for certain specialised diagnostic imaging on all benefit options, except Rhythm1.
- Limit changes are as follows:



Benefit options	2025 Specialised diagnostic imaging in and out-of-hospital limit	2025 Co-payment per scan for MRI scans, CT scans and nuclear/isotope studies	PET scans benefit
Beat1 and Beat1 Network	R20 000	R2 600	Excluded except for a PMB condition
Beat2 and Beat2 Network	R22 000	R2 100	Excluded except for a PMB condition
Beat3 and Beat3 Network	R32 000	R2 000	Excluded except for a PMB condition
Beat4 and Pace1	R40 000	R2 000	1 (one) scan per beneficiary
Pace2 and Pace3	R42 000	R1 500	1 (one) scan per beneficiary
Pace4	R45 000	R1 500	1 (one) scan per beneficiary
Rhythm1	PMBs only	PMBs only	PMBs only
Rhythm2	R18 000	R2 600	Excluded except for a PMB condition

### 3.14 Refractive surgery

Limit changes on rules 1.2.21 on the Beat range and 2.2.22 on the Pace range are as follows:

Benefit options	2024	2025
Beat3, Beat3 Network and Beat3 Plus	R9 613	R10 055
Beat4	R10 850	R11 349
Pace1	R10 381	R10 859
Pace2	R10 848	R11 347
Pace3 and Pace4	R11 673	R12 210

### 3.15 Advance illness benefit

Limit changes on rules 1.2.24 on the Beat range, 2.2.25 on the Pace range and 3.2.24 on the Rhythm range:

Benefit options	2024	2025
Beat1, Beat1 Network, Beat2, Beat2 Network, Beat3, Beat3 Network, Beat3 Plus and Rhythm2	R66 591	R69 654
Beat4	R99 887	R104 482
Pace1	R83 239	R87 068
Pace2, Pace3 and Pace4	R133 182	R139 308

### 3.16 International emergency medical cover

Changes on rules 1.2.26 on the Beat range, 2.2.27 on the Pace range and 3.2.26 on the Rhythm range are as follows:

- Adjustment of the number of days and monetary limits of the international emergency medical cover as follows on all benefit options:
  - Leisure travel:
    - To the USA – from 45 days to 90 days and R500 000 to R1 million
    - To other countries (excluding the USA) – from R3 million to R5 million
  - Business travel:
    - To the USA – from 45 days to 60 days and R500 000 to R1 million
    - To other countries (excluding the USA) – from 45 days to 60 days and R3 million to R5 million

### 3.17 Day procedures at a day hospital facility

Rules 1.2.27 on the Beat range, 2.2.28 on the Pace range and 3.2.27 on the Rhythm range

- Change of co-payment from R2 625 to R2 746 on day procedures at a day hospital facility on all benefit options.
- Change of limit for non-PMB procedures funded on Rhythm1 from R52 500 to R54 915.
- Indicated the non-PMB procedures on Rhythm1 to which a co-payment will be applicable.

### 3.18 Co-payments

#### Beat range rule 1.2.28

- The co-payment on the Beat Network benefit options for the voluntary use of a non-designated hospital network changes from R13 732 to R14 364.
- Introduction of new co-payments for certain procedures on all the Beat benefit options.

#### Rhythm range rule 3.2.28

- The co-payment on the Rhythm benefit options for the voluntary use of a non-designated hospital network changes from R13 732 to R14 364.
- Introduction of new co-payments for certain procedures on all the Rhythm benefit options.

### 3.19 Medicine benefits

#### 3.19.1 Non-CDL medicine benefits

Rules 1.3.1 on the Beat range and 2.3.1 on the Pace range. Limit changes are as follows:

Benefit options	2024	2025
Beat3, Beat3 Network and Beat3 Plus	M = R3 983 and M1+ = R8 102	M = R4 166 and M1+ = R8 475
Beat4	M = R8 748 and M1+ = R17 496	M = R9 150 and M1+ = R18 301
Pace1	M = R7 690 and M1+ = R15 380	M = R8 044 and M1+ = R16 087
Pace2	M = R10 500 and M1+ = R21 000	M = R10 983 and M1+ = R21 966
Pace3	M= R16 136 and M1+ = R32 272	M= R16 878 and M1+ = R33 757
Pace4	M= R23 000 and M1+ = R46 209	M= R24 058 and M1+ = R48 335

### 3.19.2 Biologicals and other high-cost medicine

Rules 1.3.3 on the Beat range, 2.3.3 on the Pace range and 3.3.3 on the Rhythm range. Limit changes are as follows:

Benefit options	2024	2025
Pace2	R192 126	R200 964
Pace3	R384 507	R402 194
Pace4	R569 070	R595 247

### 3.19.3 Acute medicine

Rules 1.3.5 on the Beat range, 2.3.5 on the Pace range and 3.3.5 on the Rhythm range. Limit changes are as follows:

Benefit options	2024	2025
Beat4	M = R3 337 and M1+ = R6 742	M = R3 491 and M1+ = R7 052
Pace1	M = R2 721 and M1+ = R5 631	M = R2 846 and M1+ = R5 890
Pace2	M = R3 150 and M1+ = R6 300	M = R3 295 and M1+ = R6 590
Pace3	M= R2 100 and M1+ = R4 725	M= R2 197 and M1+ = R4 942
Pace4	M= R9 809 and M1+ = R15 237	M= R10 260 and M1+ = R15 938

Adding a provision for certain formulary medicines to be subject to annual quantity limits on the Rhythm benefit options.

### 3.19.4 Over-the-counter (OTC) medicine

Rules 1.3.6 on the Beat range, 2.3.6 on the Pace range and 3.3.6 on the Rhythm range changes are as follows:

- Limit change from R1 110 to R1 161 on the Beat4, Pace1, Pace2 and Pace3 benefit options.
- Limit change from R666 per family to R350 per family limited to R120 per event on the Rhythm2 benefit option.
- Addition of an OTC medicine benefit of R240 per family limited to R120 per event on the Rhythm1 benefit option.

## 3.20 Preventative Care Benefits

Preventative care benefits are indicated on rules 1.4 of the Beat range, 2.4 of the Pace range and 3.4 of the Rhythm range. Changes include, *inter alia*, the following sub-rules:

### 3.20.1 Female contraceptives

On rules 1.4.6 on the Beat range, 2.4.6 on the Pace range and 3.4.6 on the Rhythm range. Limit changes are as follows:

<b>Benefit options</b>	<b>2024</b>	<b>2025</b>
Beat1 and Beat1Network	R2 678	R2 000
Beat2 and Beat2Network	R2 678	R2 200
Beat3, Beat3 Network and Beat3 Plus	R2 678	R2 400
Beat4, Pace1, Pace2, Pace3 and Pace4	R2 678	R2 678
Rhythm1	R2 678	R2 000
Rhythm2	R2 678	R2 200

### 3.20.2 Mammogram benefit

Changes on rules 1.4.8 on the Beat range, 2.4.8 on the Pace range and 3.4.7 on the Rhythm range are as follows:

- Addition of Mammogram benefit on the Rhythm1 benefit option.

### 3.20.3 PAP smear benefit

Changes on rules 1.4.11 on the Beat range, 2.4.12 on the Pace range and 3.4.10 on the Rhythm range are as follows:

- Addition of Pap smear benefit on the Rhythm1 benefit option.

### 3.20.4 Tempo wellness programme

Changes on rules 1.4.12 on the Beat range, 2.4.14 on the Pace range and 3.4.11 on the Rhythm range are as follows:

- Changed reference to “health risk assessment” to “Tempo Lifestyle Screening”, removed reference to a private Tempo nurse and removed the online fitness, nutritional and emotional wellbeing journeys from the Tempo programme on all benefit options.

## 3.21 Maternity benefits

Maternity benefits are indicated in rules 1.5 of the Beat range, 2.5 of the Pace range and 3.5 of the Rhythm range.

Limit changes are as follows:

- Limit change from R133 to R139 for the maternity supplement benefit on the Beat3, Beat3 Network, Beat3 Plus, Beat4, Pace1, Pace2, Pace3, Pace4 and Rhythm2 benefit options.

## 3.22 Optometry benefits

Optometry benefits indicated on rules 1.6 of the Beat range, 2.6 of the Pace range and 3.6 of the Rhythm range:

- Benefit limits are set as per the contract with Preferred Provider Negotiators (PPN) and are indicated on the applicable benefit options.

## 3.23 Out-of-hospital benefits

Out-of-hospital benefits are indicated on rules 1.7 of the Beat range, 2.7 of the Pace range and 3.7 of the Rhythm range. Limit changes across all benefit options, where an overall day-to-day limit applies, are as follows:

Benefit options	2024	2025
Beat4	M = R14 831 and M1+ = R29 661	M = R15 513 and M1+ = R31 025
Pace1	M = R12 607 and M1+ = R25 213	M = R13 187 and M1+ = R26 373
Pace2	M = R15 750 and M1+ = R31 500	M = R16 475 and M1+ = R32 949
Pace3	M= R21 047 and M1+ = R43 496	M= R22 015 and M1+ = R45 497
Pace4	M= R41 472 and M1+ = R66 878	M= R43 380 and M1+ = R69 954

### 3.23.1 GP consultations

Sub-rules 1.7.1 on the Beat range, 2.7.1 on the Pace range and 3.7.1 on the Rhythm range. Limit changes are as follows:

Benefit options	2024	2025
Beat4	M = R3 777 and M1+ = R6 728	M = R3 951 and M1+ = R7 037
Pace1	M = R2 596 and M1+ = R5 219	M = R2 715 and M1+ = R5 459
Pace2	M = R4 808 and M1+ = R9 744	M = R5 029 and M1+ = R10 192
Pace3	M = R5 082 and M1+ = R10 299	M = R5 316 and M1+ = R10 773
Pace4	M= R6 523 and M1+ = R10 575	M= R6 823 and M1+ = R11 061

### 3.23.2 Continuous/Flash Glucose Monitoring (CGM/FGM) benefit for diabetics

Sub-rule 2.7.2 on the Pace range limit changes are as follows:

Benefit options	2024	2025
Pace3	R22 197	R23 218
Pace4	R27 746	R29 022

### 3.23.3 Out-of-network or casualty visits

Sub-rule 3.7.3 on the Rhythm2 benefit option. Limit changes from R1 647 to R1 723.

### 3.23.4 Specialist visits

Sub-rule 3.7.4 on the Rhythm range. Limit changes are as follows:

Benefit options	2024	2025
Rhythm1	R2 441	R2 553
Rhythm2	M = R1 665 and M1+ = R2 775	M = R1 742 and M1+ = R2 903

### 3.23.5 Basic and specialised dentistry

Sub-rules 1.7.2 on the Beat range, 2.7.3 on the Pace range and 3.7.5 on the Rhythm range. Limit changes are as follows:

Benefit options	2024	2025
Beat4	M = R6 534 and M1+ = R13 124	M = R6 835 and M1+ = R13 728
Pace1	M = R4 778 and M1+ = R9 696	M = R4 998 and M1+ = R10 142
Pace2	M = R8 009 and M1+ = R16 019	M = R8 377 and M1+ = R16 756
Pace3	M = R8 630 and M1+ = R16 089	M = R9 027 and M1+ = R16 829
Pace4	M= R14 403 and M1+ = R24 310	M= R15 066 and M1+ = R25 428

Limits for orthodontic services for beneficiaries up to 18 years of age are as follows:

Benefit options	2024	2025
Pace2	R7 769	R8 126
Pace3	R9 989	R10 448
Pace4	R12 208	R12 770

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

Sub-rules 1.7.3 on the Beat range, 2.7.4 on the Pace range and 3.7.6 on the Rhythm range. Limit changes are as follows:

Benefit options	2024	2025
Beat4	Medical aids, apparatus and appliances (limit includes wheelchairs) R13 321 per family	Medical aids, apparatus and appliances (limit includes wheelchairs) R13 934 per family
	Hearing aids and/or repairs R12 208 per family per 24 months	Hearing aids and/or repairs R12 770 per family per 24 months
Pace1	Medical aids, apparatus and appliances (limit includes wheelchairs) R13 321 per family	Medical aids, apparatus and appliances (limit includes wheelchairs) R13 934 per family
	Hearing aids R9 252 per family per 24 months	Hearing aids R9 678 per family per 24 months
Pace2	Medical aids, apparatus and appliances R12 084 per family	Medical aids, apparatus and appliances R12 640 per family
	Wheelchairs R16 342 per family per 48 months	Wheelchairs R17 094 per family per 48 months
	Hearing aids R33 302 per beneficiary per 24 months	Hearing aids R32 000 per beneficiary per 24 months
Pace3	Medical aids, apparatus and appliances R12 084 per family	Medical aids, apparatus and appliances R12 640 per family
	Wheelchairs R16 342 per family per 48 months	Wheelchairs R17 094 per family per 48 months

Benefit options	2024	2025
	Hearing aids R37 490 per beneficiary every 24 months	Hearing aids R32 000 per beneficiary every 24 months
Pace4	Medical aids, apparatus and appliances (limit includes insulin pump consumables) R12 084 per family	Medical aids, apparatus and appliances (limit includes insulin pump consumables) R12 640 per family
	Wheelchairs R16 342 per family per 48 months	Wheelchairs R17 094 per family per 48 months
	Hearing aids R41 746 per beneficiary per 24 months	Hearing aids R35 000 per beneficiary per 24 months
	Insulin pump R48 572 per beneficiary every 24 months	Insulin pump R50 806 per beneficiary every 24 months

### 3.23.7 Supplementary services

Sub-rules 1.7.4 on the Beat range, 2.7.5 on the Pace range and 3.7.7 on the Rhythm range.

- Limit changes are as follows:

Benefit options	2024	2025
Beat3 Plus	R2 000	R2 092
Beat4	M = R5 768 and M1+ = R11 714	M = R6 033 and M1+ = R12 253
Pace1	M = R5 095 and M1+ = R10 575	M = R5 329 and M1+ = R11 061
Pace2	M = R3 675 and M1+ = R7 350	M = R3 844 and M1+ = R7 688
Pace3	M = R3 104 and M1+ = R6 523	M = R3 247 and M1+ = R6 823
Pace4	M = R6 523 and M1+ = R12 839	M = R6 823 and M1+ = R13 430

### 3.23.8 Wound care benefit

Sub-rules 1.7.5 on the Beat range, 2.7.6 on the Pace range and 3.7.8 on the Rhythm range.

- Limit changes are as follows:

Benefit options	2024	2025
Beat1, Beat1 Network, Beat2, Beat2 Network, Beat3, Beat3 Network and Beat3 Plus	R4 079	R4 267
Beat4	R5 768	R6 033
Pace1	R4 188	R4 381
Pace2	R7 535	R7 882
Pace3	R10 500	R10 983
Pace4	R15 930	R16 663

### 3.23.9 Basic radiology and pathology sub-rules 1.7.6 on the Beat range, 2.7.7 on the Pace range and 3.7.9 on the Rhythm range. Limit changes are as follows:

Benefit options	2024	2025
Beat4	M = R3 776 and M1+ = R7 690	M = R3 950 and M1+ = R8 044
Pace1 and Pace2	M = R3 776 and M1+ = R7 554	M = R3 950 and M1+ = R7 901
Pace3	M = R4 120 and M1+ = R8 170	M = R4 310 and M1+ = R8 546
Pace4	M= R6 523 and M1+ = R12 839	M= R6 823 and M1+ = R13 430

**3.23.10 Specialised diagnostic imaging** on sub-rules 1.7.7 on the Beat range, 2.7.8 on the Pace range and 3.7.10 on the Rhythm range.

#### **4. PERSONAL MEDICAL SAVINGS ACCOUNT AND VESTED MEDICAL SAVINGS ACCOUNT – ANNEXURE B.4 FROM 1 JANUARY 2025**

- 4.1** The removal of the provisions at rules 4.1.11 and 4.2.6 that allow the Scheme to avail or transfer funds in the medical savings account of the deceased principal member to his/her dependants for these funds to be paid to the late member's estate.
- 4.2** Editorial changes on the provision for the unused medical savings to be refunded within five months after the termination of the membership on rules 4.1.12 until 4.1.14.
- 4.3** Self-payment gap base limit relating to OTC medicine before the self-payment gap is triggered changed from R1 110 to R1 161.

#### **5. CHANGES TO THE GENERAL EXCLUSIONS FROM 1 JANUARY 2025**

- 5.1** Updating of the general exclusion for Specialised diagnostic imaging to apply to the Rhythm1 benefit option on rule 1.2.9.
- 5.2** Co-payment for voluntary use of non-DSP hospitals changed from R13 732 to R14 364 on rule 1.5.1.
- 5.3** Change of the co-payment on day procedures at a day hospital facility on all benefit options from R2 625 to R2 746 and adjusted provisions of the rules to indicate who co-payment will be incurred on rule 1.5.2.
- 5.4** Correction of the name of the regulator overseeing the registration of medicines in South Africa from the Medicine Control Council to the South African Health Products Regulatory Authority (SAHPRA) on rule 2.12.

**NOTE:** This summary of the rule changes is given for information purposes only. Should there be any errors or omissions contained herein, the registered Rules of Bestmed, as approved by the Registrar of Medical Schemes, shall prevail. All information regarding the 2025 benefit options and accompanying services, including information in respect of the terms and conditions, or any other matters, is subject to prior approval of the Council for Medical Schemes (CMS) and may change without notice, having due regard to the CMS' further advice.

- END -