

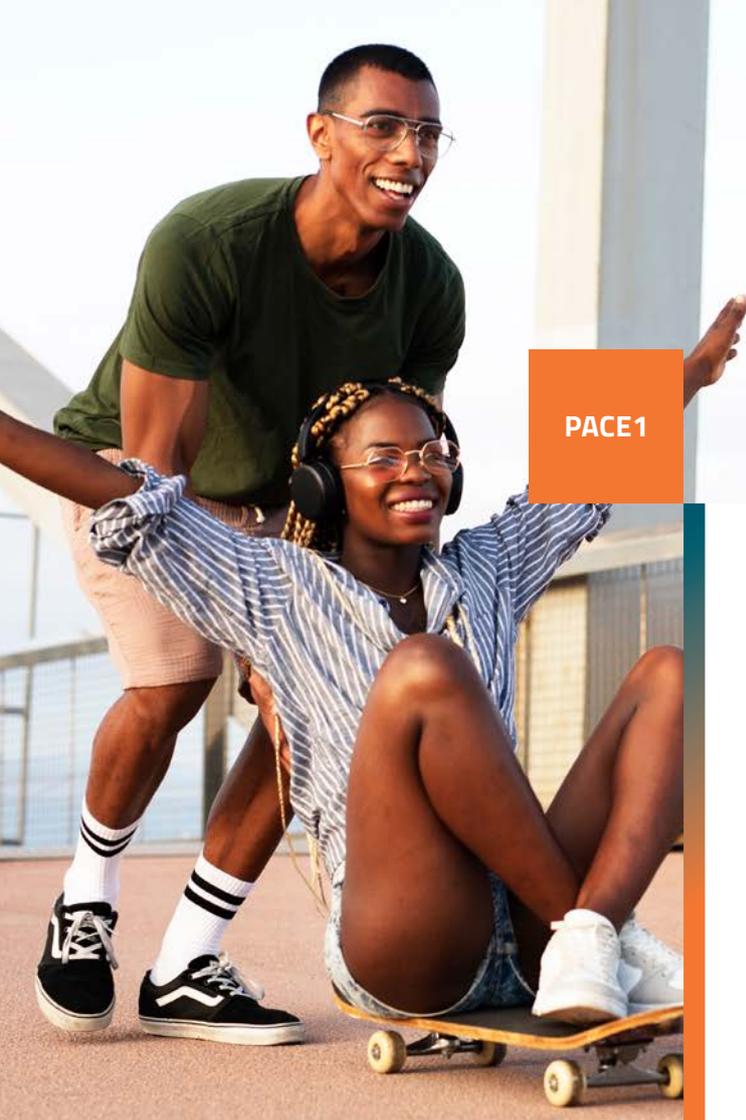


**Benefit
Summary**

2024

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PACE1

PACE1 OPTION	COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)		
Recommended for?	Those seeking comprehensive in-hospital and out-of-hospital benefits as well as extensive day-to-day benefits to cover extensive out-of-hospital expenses.		
Contributions	Principal member	Adult dependant	Child dependant
Risk amount	R4 099	R2 880	R1 034
Medical savings account	R962	R675	R243
Total monthly contribution	R5 061	R3 555	R1 277

* 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.

PACE1 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 Pace1 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, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.

MEDICAL EVENT	SCHEME BENEFIT
Accommodation (hospital stay) and theatre fees	100% Scheme tariff.
Take-home medicine	100% Scheme tariff. Limited to 7 days' medicine.
Biological medicine during hospitalisation	Limited to R33 296 per family per annum. Subject to pre-authorization and funding guidelines.
Treatment in mental health facilities	100% Scheme tariff. Limited to a maximum of 21 days per beneficiary per annum.
Treatment of chemical and substance abuse	100% Scheme tariff. Limited to 21 days or R37 352 per beneficiary per annum. DSPs apply.
Consultations and procedures	100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff.
Organ transplants	100% Scheme tariff (PMBs only).
Stem cell transplants	100% Scheme tariff. (PMBs only)
Major maxillofacial surgery, strictly related to certain conditions	100% Scheme tariff. Limited to R15 105 per family per annum.
Dental and oral surgery (in or out of hospital)	Limited to R9 338 per family per annum.
Prosthesis (subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R104 366 per per family per annum.

MEDICAL EVENT	SCHEME BENEFIT
Prosthesis – Internal Note: Sub-limits subject to availability of overall prosthesis limit. *Functional: Items used to replace or augment an impaired bodily function.	Sub-limits per beneficiary per annum: <ul style="list-style-type: none"> *Functional limited to R35 700. Vascular R68 250. Pacemaker (dual chamber) R64 955. Endovascular and catheter-based procedures – no benefit. Spinal including artificial disc R38 038. Drug-eluting stents - PMBs and DSPs apply. Mesh R14 282. Gynaecology/urology R10 299. Lens implants R7 828 a lens per eye.
Exclusions (Prosthesis sub-limit subject to preferred provider, otherwise limits and co-payments apply)	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: <ul style="list-style-type: none"> Hip replacement and other major joints R38 725. Knee replacement R51 497. Other minor joints R15 999.
Prosthesis – External	Limited to R26 504 per family. DSPs apply. Includes artificial limbs limited to 1 limb every 60 months.
Orthopaedic and medical appliances	100% Scheme tariff.
Pathology	100% Scheme tariff.
Basic radiology	100% Scheme tariff.
Specialised diagnostic imaging (including MRI scans, CT scans and isotope studies).	100% Scheme tariff.
Oncology	Oncology programme. 100% Scheme tariff. Subject to pre-authorisation and DSPs.

MEDICAL EVENT	SCHEME BENEFIT
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Confinements (birthing)	100% Scheme tariff.
Midwife-assisted births	100% Scheme tariff.
Breast surgery for cancer	Treatment of the unaffected (non-cancerous) breast will be limited to PMB provisions and is subject to pre-authorisation and funding guidelines.
Refractive surgery and other procedures done to improve or stabilise vision (except cataracts)	100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R10 381 per eye.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Supplementary services	100% Scheme tariff.
Alternative to hospitalisation (i.e. procedures done in the doctor's rooms)	100% Scheme tariff.
Advanced illness benefit	100% Scheme tariff, limited to R83 239 per beneficiary per annum. Subject to available benefit, pre-authorisation and treatment plan.
Day procedures	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 done by a non-DSP provider, or if the procedure is voluntarily 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:

- 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 and will remain your property.
- Any vested 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/day-to-day overall annual limit or the sub-limits as indicated in your benefit guide.
- Clinical funding protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- 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

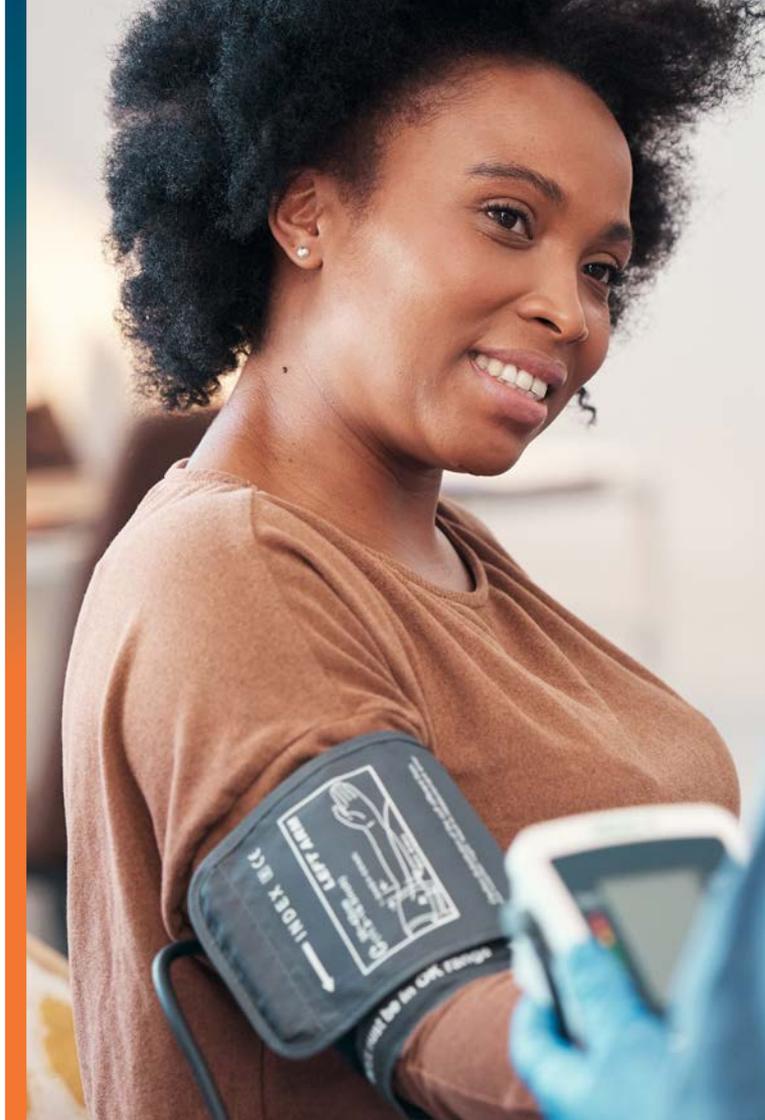
SCHEME BENEFIT

Overall day-to-day limit

M = R12 607, M1+ = R25 213.

FP and specialist consultations

Savings first.
Limited to M = R2 596, M1+ = R5 219.
(Subject to overall day-to-day limit)





MEDICAL EVENT	SCHEME BENEFIT
Basic and specialised dentistry	Savings and then from day-to-day limits. Orthodontic: Subject to pre-authorization. Limited to M = R4 778, M1+ = R9 696. (Subject to overall day-to-day limit)
Medical aids, apparatus and appliances	Savings first. Limited to R13 321 per family. Includes repairs to artificial limbs. 100% Scheme tariff. (Subject to overall day-to-day limit).
Continuous/Flash Glucose Monitoring (CGM/FGM)	Refer to medical aids, apparatus and appliances limit listed above.
Wheelchairs	Subject to medical apparatus and appliance limits.
Hearing aids	Limited to R9 252 per family every 24 months. 100% Scheme tariff. Subject to pre-authorization
Supplementary services	Savings first. Limited to M = R5 095, M1+ = R10 575. (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 R4 188 per family. (Subject to overall day-to-day limit)

MEDICAL EVENT	SCHEME BENEFIT
Optometry benefit	<p>Benefits available every 24 months from date of service.</p> <p>Network Provider</p> <ul style="list-style-type: none"> ▪ 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 <p>Non-network Provider</p> <ul style="list-style-type: none"> ▪ Consultation - R365 fee at non-network provider ▪ Frame = R750 AND ▪ Single vision lenses = R215 OR ▪ Bifocal lenses = R460 OR ▪ Multifocal lenses = R982.50 <p>In lieu of glasses members can opt for contact lenses, limited to R1 840</p>
Basic radiology and pathology	<p>100% Scheme tariff.</p> <p>Savings first.</p> <p>Limited to M = R 3 776, M1+ = R7 554. (Subject to overall day-to-day limit)</p>
Specialised diagnostic imaging (including MRI scans, CT scans, isotope studies and PET scans only included as indicated per option).	<p>100% Scheme tariff.</p> <p>Limited to R16 891 per family.</p> <p>Limited to one (1) scan of the lumbar and cervical spine region for conservative back and neck scans per beneficiary per annum.</p>
Rehabilitation services after trauma	<p>100% Scheme tariff.</p>
Managed Healthcare - Back and neck preventative programme	<p>Benefits payable at 100% of contracted fee. Subject to pre-authorisation, protocols and DSPs.</p>
HIV/AIDS	<p>100% Scheme tariff. Subject to pre-authorisation and DSPs.</p>

MEDICAL EVENT	SCHEME BENEFIT
Oncology	<p>Oncology programme. 100% of Scheme tariff. Subject to pre-authorisation and DSPs.</p>
Peritoneal dialysis and haemodialysis	<p>100% Scheme tariff. Subject to pre-authorisation and DSPs.</p>

Medicine

Note:

- Benefits mentioned 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 Prescribed Minimum Benefit (PMB) medications that are on the formulary for which there is no generic alternative.

BENEFIT DESCRIPTION	SCHEME BENEFIT
CDL and PMB chronic medicine*	<p>100% Scheme tariff. Co-payment of 25% for non-formulary medicine.</p>
Non-CDL chronic medicine*	<p>7 conditions. 90% Scheme tariff.</p> <p>Limited to M = R7 690, M1+ = R15 380.</p> <p>Co-payment of 25% for non-formulary medicine.</p>
Biological medicine	<p>PMBs only. Subject to pre-authorisation.</p>
Other high-cost medicine	<p>100% Scheme tariff.</p>
Acute medicine	<p>Savings first.</p> <p>Limited to M = R2 721, M1+ = R5 631. (Subject to overall day-to-day limit)</p>

BENEFIT DESCRIPTION**SCHEME BENEFIT****Over-the-counter (OTC) medicine**

**Member choice:
 1. R1 110 OTC limit 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 the 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 110 OTC limit per family. Members wishing to choose the self-payment gap accumulation option are welcome to contact Bestmed.

Chronic conditions list

CDL

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

CDL

CDL 24 Rheumatoid arthritis

CDL 25 Schizophrenia

CDL 26 Systemic lupus erythematosus (SLE)

CDL 27 Ulcerative colitis

NON-CDL

Non-CDL 1 Acne - severe

Non-CDL 2 Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)

Non-CDL 3 Allergic rhinitis

Non-CDL 4 Eczema - severe

Non-CDL 5 Migraine prophylaxis

Non-CDL 6 Gout prophylaxis

Non-CDL 7 Major depression*

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

PMB

PMB 1 Aplastic anaemia

PMB 2 Benign prostatic hyperplasia

PMB 3 Cerebral palsy

PMB 4 Chronic anaemia

PMB 5 COVID-19

PMB 6 Cushing disease

PMB 7 Cystic fibrosis

PMB 8 Endometriosis

PMB

PMB 9 Female menopause

PMB 10 Fibrosing alveolitis

PMB 11 Graves disease

PMB 12 Hyperthyroidism

PMB 13 Hypophyseal adenoma

PMB 14 Idiopathic thrombocytopenic purpura

PMB 15 Paraplegia/quadruplegia

PMB 16 Polycystic ovarian syndrome

PMB 17 Pulmonary embolism

PMB 18 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
Flu vaccines	All ages.	1 per beneficiary per year.	Applicable to all active members and beneficiaries.
Pneumonia vaccines	Children <2 years. High-risk adult group.	Children: As per schedule of Department of Health. Adults: Twice in a lifetime with booster above 65 years of age.	Adults: The Scheme will identify certain high-risk individuals who will be advised to be immunised.
Travel vaccines	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.
Paediatric immunisations	Babies and children.	Funding for all paediatric vaccines according to the state-recommended programme.	
Baby growth and development assessments	0-2 years.	3 assessments per year.	Assessments are done at a Bestmed Network Pharmacy Clinic.
Female contraceptives	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.
Intrauterine device (IUD) insertion	All females of child-bearing age.	1 device every 5 years.	Consultation and procedure by a gynaecologist or FP.
Preventative dentistry	Refer to the preventative dentistry section p. 15 for details.		
Mammogram	Females 40 years and older.	Once every 24 months.	100% Scheme tariff.
PSA screening	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.
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
Pap smear (procedure and consultation)	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 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 for more details.



Maternity benefits

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

How to register:

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

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

Abbreviations

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); 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 Benefits; PPN = Preferred Provider Negotiators.

📞 086 000 2378
✉️ service@bestmed.co.za
📞 068 376 7212
📠 012 472 6500
🌐 www.bestmed.co.za
✂️ @BestmedScheme
📘 www.facebook.com/BestmedMedicalScheme



HOSPITAL AUTHORISATION

Tel: 080 022 0106
Email: authorisations@bestmed.co.za

CHRONIC MEDICINE

Tel: 086 000 2378
Email: medicine@bestmed.co.za
Fax: 012 472 6760

CLAIMS

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

MATERNITY CARE

Tel: 012 472 6797
Email: 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 (queries)

INTERNATIONAL MEDICAL TRAVEL INSURANCE (EUROP ASSISTANCE)

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

PMB

Tel: 086 000 2378
Email: 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
Postal: KPMG Hotpost, at BNT 371,
PO Box 14671, Sinoville,
0129, South Africa

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

Postal Address:
Private Bag X34, Hatfield, 0028

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

**INDIVIDUAL CLIENTS APPLYING FOR NEW MEMBERSHIP AFTER THE FINAL DEBIT ORDER CLOSING DATE, WILL BE SUBJECT TO REGISTRATION DATE CHANGE.
PLEASE CONSULT YOUR ADVISOR OR BESTMED FOR MORE INFORMATION.**

For a more detailed overview of your benefit option and to receive a membership guide please contact service@bestmed.co.za.

Disclaimer: All the 2024 product information appearing in this brochure is provided without a representation or warranty whatsoever, whether expressed or implied, and no liability pertaining thereto will attach to Bestmed Medical Scheme. All information regarding the 2024 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's further advices. Please note that should a dispute arise, the registered Rules, as approved by the Registrar of Medical Schemes, shall prevail.

Please visit www.bestmed.co.za for the complete liability and responsibility disclaimer for Bestmed Medical Scheme as well as the latest Scheme Rules.

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