2025

Benefit Summary

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Contents

Pace4

PACE4 OPTION	COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)		
Recommended for?	You are a discerning person who may have above-average medical costs, or would like the maximum cover available. You need the comfort of extensive benefits and cover for hospital expenses. This option also offers an individual medical savings account which provides further payment flexibility. With the exclusivity that Pace4 offers, you have the greatest cover with complete peace of mind.		
Contributions	Principal member	Adult dependant	Child dependant
Risk amount	R11 312	R11 312	R2 650
Medical savings account	R350	R350	R82
Total monthly contribution	**R11 662**	**R11 662**	**R2 732**

*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 dependant

PACE4 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 Pace4 option in-hospital benefits, out-of-hospital benefits and preventative care benefits are paid from Scheme risk. Once out-of-hospital risk benefits are depleted further claims will be paid from savings.

Benefits relating to conditions that meet the criteria for 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-authorisation 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
Accommodation (hospital stay) and theatre fees	100% Scheme tariff.
Take-home medicine	100% Scheme tariff if claimed on the day of discharge. Limited to: ▪ A maximum of 7 days treatment if claimed as part of the hospital account, or ▪ R200 if claimed from a retail pharmacy on the date of discharge; No benefit if not claimed on the date of discharge.
Treatment in mental health facilities	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-authorisation.
Treatment of chemical and substance abuse	Benefits shall be limited to the treatment of PMB conditions and subject to the following: ▪ Pre-authorisation ▪ DSPs ▪ 21 days' stay for in-hospital management per beneficiary per annum.
Consultations and procedures	100% Scheme tariff.
Surgical procedures and anaesthetics	100% Scheme tariff.
Organ transplants	100% Scheme tariff.
Stem cell transplants	100% Scheme tariff. (PMBs only)

MEDICAL EVENT	SCHEME BENEFIT
Major maxillofacial surgery, strictly related to certain conditions	100% Scheme tariff.
Dental and oral surgery (in or out-of-hospital)	Limited to R24 419 per family per annum.
Orthopaedic and medical appliances **Note: Appliances directly relating to the hospital admission and/or procedure**	100% Scheme tariff. Limited to R15 000 per family per annum. Subject to PMB level of care.
Pathology	100% Scheme tariff.
Basic radiology	100% Scheme tariff.
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.	100% Scheme tariff. Limited to a combined in- and out-of-hospital benefit of R45 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.
Prosthesis (subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R162 601 per family per annum.
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. ▪ *Functional R43 932. ▪ Vascular R75 783. ▪ Pacemaker (single and dual chamber) R75 770. ▪ Spinal including artificial disc R81 308. ▪ Drug-eluting stents R27 077. ▪ Mesh R23 845. ▪ Gynaecology/urology R19 679. ▪ Lens implants R21 790 a lens per eye. ▪ Joint replacements: - Hip replacement and other major joints R72 755. - Knee replacement R84 245. - Other minor joints R27 077.
Prosthesis – External	Limited to R37 491 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.
Oncology	Oncology programme. 100% of Scheme tariff. Subject to pre-authorisation and DSPs. Access to extended protocols.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.
Confinements (birthing)	100% Scheme tariff.
Midwife-assisted births	100% Scheme tariff.
Refractive surgery and other procedures done to improve or stabilise vision (except cataracts)	100% Scheme tariff. Subject to pre-authorisation and protocols. Limited to R12 210 per eye.

MEDICAL EVENT	SCHEME BENEFIT
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.
Medically necessary breast reduction surgery (including fees for the surgeon and anaesthetist)	100% Scheme tariff. R58 046 per family per annum (for surgeon and anaesthetist). Theatre and hospital cost will be funded from Scheme risk. Subject to funding protocols, pre-authorisation.
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 R139 308 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, 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.

MEDICAL EVENT	SCHEME BENEFIT
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.

Out-of-hospital benefits

Note:

- Out-of-hospital benefits are paid at 100% Scheme tariff.
- Subject to sub-limits and benefits available in the day-to-day overall limit.
- Once the overall day-to-day limit is depleted the member may request payment from the savings account.
- Should you not use all of the funds available in your savings account these funds will be added to your vested savings account at the beginning of the following financial year.
- 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 quantity specified in the treatment plan.

MEDICAL EVENT	SCHEME BENEFIT
Overall day-to-day limit	M = R43 380, M1+ = R69 954.
General Practitioner (GP), nurse and specialist consultations	Limited to M = R6 823, M1+ = R11 061. (Subject to overall day-to-day limit)
Basic and specialised dentistry	Limited to M = R15 066, M1+ = R25 428. (Subject to overall day-to-day limit)
Orthodontic dentistry	100% Scheme tariff. Subject to pre-authorisation. Limited to R12 770 per event for beneficiaries up to 18 years of age. (Subject to overall day-to-day limit)
Medical aids, apparatus and appliances	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)	Limited to R35 000 per beneficiary every 24 months subject to pre-authorisation. Subject to quotation, motivation and audiogram.
Insulin pump (excluding consumables)	100% Scheme tariff. Limited to R50 806 per beneficiary every 24 months. Subject to pre-authorisation.
Continuous/Flash Glucose Monitoring (CGM/FGM)	100% Scheme tariff. Limited to R29 022 per family per annum. Subject to pre-authorisation.
Supplementary services	Limited to M = R6 823, M1+ = R13 430. (Subject to overall day-to-day limit)
Wound care benefit (including dressings, negative pressure wound therapy treatment and related nursing services - out-of-hospital)	Limited to R16 663 per family. (Subject to overall day-to-day limit)

MEDICAL EVENT	SCHEME BENEFIT
Optometry benefit	Benefits available every 24 months from date of service. **Network Provider (PPN)** ▪ Consultation - One (1) per beneficiary. ▪ Frame = R1 260 covered AND ▪ 100% of cost of standard lenses (single vision OR bifocal OR multifocal) AND Lens enhancement = R750 covered OR ▪ Contact lenses = R2 620 OR **Non-network Provider** ▪ Consultation - R400 fee at non-network provider ▪ Frame = R945 AND ▪ Single vision lenses = R215 OR ▪ Bifocal lenses = R460 OR ▪ Multifocal lenses = R1 040 (consisting of R810 per base lens plus R230 per branded lens add-on) AND ▪ Lens enhancement = R563 covered In lieu of glasses members can opt for contact lenses, limited to R2 620.
Basic radiology and pathology	100% Scheme tariff. Limited to M = R6 823, M1+ = R13 430. (Subject to overall day-to-day limit)
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.	100% Scheme tariff. Limited to a combined in- and out-of hospital benefit of R45 000 per family per annum. Co-payment of R1 500 per scan, except for an involuntary use of a non-DSP for a PMB condition. 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.

MEDICAL EVENT	SCHEME BENEFIT
Rehabilitation services after trauma	100% Scheme tariff.
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. 100% of Scheme tariff. Subject to pre-authorisation, protocols and DSP.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorisation and DSPs.

Medicine benefits

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 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 limit first. Once the limit is depleted, only PMB biological medicine costs will continue to be paid unlimited from Scheme risk.

BENEFIT DESCRIPTION	SCHEME BENEFIT
CDL and PMB chronic medicine*	100% Scheme tariff. Co-payment of 10% for non-formulary medicine.
Non-CDL chronic medicine*	29 conditions. 100% Scheme tariff. Limited to M = R24 058, M1+ = R48 335. Co-payment of 10% for non-formulary medicine.
Biological medicine	Limited to R595 247 per beneficiary
Other high-cost medicine	100% Scheme tariff. Subject to pre-authorisation.
Acute medicine	Limited to M = R10 260, M1+ = R15 938. Co-payment of 10% for non-formulary medicine. (Subject to overall day-to-day limit)
Over-the-counter (OTC) medicine	Subject to 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.

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	
CDL 23	Parkinson disease
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	Allergic rhinitis
Non-CDL 3	Alzheimer disease
Non-CDL 4	Ankylosing spondylitis
Non-CDL 5	Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)
Non-CDL 6	Autism
Non-CDL 7	Blepharospasm
Non-CDL 8	Collagen diseases
Non-CDL 9	Dermatomyositis
Non-CDL 10	Dystonia
Non-CDL 11	Eczema – severe
Non-CDL 12	Gastro oesophageal reflux disease (GORD)
Non-CDL 13	Gout prophylaxis
Non-CDL 14	Hypopituitarism
Non-CDL 15	Major depression**

NON-CDL	
Non-CDL 16	Motor neuron disease
Non-CDL 17	Migraine prophylaxis
Non-CDL 18	Neuropathy
Non-CDL 19	Obsessive compulsive disorder
Non-CDL 20	Osteoarthritis
Non-CDL 21	Osteoporosis
Non-CDL 22	Paget disease
Non-CDL 23	Polyarteritis nodosa
Non-CDL 24	Psoriasis
Non-CDL 25	Psoriatic arthritis
Non-CDL 26	Scleroderma
Non-CDL 27	Sjögren's disease
Non-CDL 28	Trigeminal neuralgia
Non-CDL 29	Urinary incontinence

**Approved medicine claims for major depression will continue paying 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	Endometriosis
PMB 8	Female menopause
PMB 9	Fibrosing alveolitis
PMB 10	Graves disease
PMB 11	Hyperthyroidism
PMB 12	Hypophyseal adenoma
PMB 13	Idiopathic thrombocytopenic purpura
PMB 14	Paraplegia/quadriplegia
PMB 15	Polycystic ovarian syndrome
PMB 16	Pulmonary embolism
PMB 17	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 GP.
Preventative dentistry	Refer to preventative dentistry section on p.13 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, GP or network pharmacy clinic. Consultation paid from the available consultation benefit/savings.
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
Bone densitometry	All beneficiaries 45 years and older.	Once every 24 months.	

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Pap smear (procedure and consultation)	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist, GP or pharmacy clinic.
Glaucoma screening	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 for more details.

Preventative dentistry

Note: Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies 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 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; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen; PMB = Prescribed Minimum Benefit.

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

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.

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.

bestMed tempo wellness programme

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

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HOSPITAL AUTHORISATION
Tel: 080 022 0106
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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

COMPLAINTS
Tel: +27 (0)86 000 2378
Email: 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

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.

Pace 4 Product Brochure 2025_ENG. This brochure was updated in September 2024. For the most recent version please visit our website at www.bestmed.co.za.

Documents are printed on paper procured from sustainable sources.

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