

2025!



Benefit
changes

bestMed
personally yours

Bestmed remains committed to providing medical aid cover that is accessible and offers value for our members. With regard to the changes for 2025, we endeavoured to maintain the richness of our benefit options. The long-term sustainability of the Scheme was also a very important consideration. The changes for 2025 are detailed below.

What's new for 2025?

Below is a summary of our changes across the benefit options:

BENEFIT LIMITS AND SUB-LIMITS INCREASE

The weighted average benefit limit and sub-limit increase is 4.6%.

IN-HOSPITAL BENEFITS

Changes were made to the following benefits:

- Specialised diagnostic imaging (MRI scans, CT scans, nuclear/isotope studies and PET scans).
- Prosthesis benefits.
- Procedure specific co-payments for Beat and Rhythm options.
- Take-home medicine.

OUT-OF-HOSPITAL BENEFITS

Changes were made to the following benefits:

- Specialised diagnostic imaging (MRI scans, CT scans, nuclear/isotope studies and PET scans).
- The hearing aid benefit on the Pace range.

MEDICINE

- An over-the-counter (OTC) benefit added to Rhythm1, limited to R240 per family and R120 per event.
- Over-the-counter benefit changed on Rhythm2, limited to R350 per family and R120 per event.

PREVENTATIVE CARE BENEFITS

Changes were made to the following benefits:

- Female contraceptive benefits adjusted for all options.
- Mammogram and pap smear (pathology only) benefit added for the Rhythm1 option for females aged from 40 and 18 respectively.

CHILD DEPENDANT AGE

- Dependants under the age of 24 years are regarded as child dependants. Students up to 26 years will no longer be considered at child dependant rates.

AVERAGE WEIGHTED CONTRIBUTION INCREASE

The average weighted contribution increase across all options is 12.75%.

More details on the various benefit changes are provided in the benefit option tables that follow.

Beat



BEAT Benefit changes

	BEAT1	BEAT2	BEAT3	BEAT3 PLUS	BEAT4
IN-HOSPITAL					
Take-home medicine	100% of Scheme tariff, covered for a maximum of 7 days treatment provided that: <ul style="list-style-type: none"> the medicine is claimed as part of the hospital account; or R150 if medicine is claimed from a retail on the date of discharge; and subject to Mediscor Reference Price (MRP). No benefit if not claimed on the date of discharge.				
Prosthesis - Internal	Sub-limits per beneficiary per annum: <ul style="list-style-type: none"> *Functional R34 047. Vascular R54 915. Pacemaker (single and dual chamber) R51 998. Spinal including artificial disc R38 068. Drug-eluting stents – subject to Vascular prosthesis limit. Mesh R13 360. Gynaecology/urology R10 917. Lens implants R8 330 a lens per eye. Endovascular and catheter-based procedures are now covered on all options. Subject to the Vascular prosthesis limit.		Sub-limits per beneficiary per annum: <ul style="list-style-type: none"> *Functional R35 146. Vascular R65 898. Pacemaker (single and dual chamber) R51 998. Spinal including artificial disc R38 208. Drug-eluting stents – subject to Vascular prosthesis limit. Mesh R13 429. Gynaecology/urology R11 091. Lens implants R8 330 a lens per eye. Endovascular and catheter-based procedures are now covered on all options. Subject to the Vascular prosthesis limit.		Sub-limits per beneficiary per annum: <ul style="list-style-type: none"> *Functional R37 342. Vascular R71 390. Pacemaker (single and dual chamber) R68 086. Spinal including artificial disc R40 652. Drug-eluting stents R22 839. Mesh R15 083. Gynaecology/urology R11 061. Lens implants R8 618 a lens per eye. Endovascular and catheter-based procedures are now covered on all options. Subject to the Vascular prosthesis limit.
Orthopaedic and medical appliances	100% Scheme tariff. Limited to R15 000 per family per annum. Subject to PMB level of care.				
Specialised diagnostic imaging (MRI scans, CT scans, and nuclear/isotope studies). PET scans included as indicated per option.	Limited to a combined in- and out-of-hospital benefit of R20 000 per family per annum. Co-payment of R2 600 per scan, not applicable to PMBs. PET scans - PMB only. Subject to pre-authorization.	Limited to a combined in- and out-of-hospital benefit of R22 000 per family per annum. Co-payment of R2 100 per scan, not applicable to PMBs. PET scans - PMB only. Subject to pre-authorization.	Limited to a combined in- and out-of-hospital benefit of R32 000 per family per annum. Co-payment of R2 000 per scan, not applicable to PMBs. PET scans - PMB only. Subject to pre-authorization.	Limited to a combined in- and out-of-hospital benefit of R35 000 per family per annum. Co-payment of R2 000 per scan, not applicable to PMBs. PET scans - PMB only. Subject to pre-authorization.	Limited to a combined in- and out-of-hospital benefit of R40 000 per family per annum. Co-payment of R2 000 per scan, not applicable to PMBs. PET scans are limited to one (1) scan per beneficiary per annum. Not subject to the above mentioned limit and co-payment. Subject to pre-authorization.

	BEAT1	BEAT2	BEAT3	BEAT3 PLUS	BEAT4
Procedure specific co-payments	The co-payment shall not apply to PMB conditions: <ul style="list-style-type: none"> ▪ Arthroscopic procedures R3 660. ▪ Back & neck surgery R3 660. ▪ Laparoscopic procedures R3 660. ▪ Colonoscopies R2 000. ▪ Functional nasal and sinus procedures R2 000. ▪ Cystoscopies R2 000. ▪ Gastrosopies R2 000. ▪ Hysteroscopies R2 000. ▪ Sigmoidoscopies R2 000. ▪ Extraction of wisdom teeth R2 500. 				
	A R2 746 co-payment, as described in the Day procedures benefit (refer to 2025 Comparative guide), will be incurred per event if a day procedure is done in an acute hospital that is not a day hospital.				

OUT-OF-HOSPITAL					
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.	Limited to a combined in- and out-of-hospital benefit of R20 000 per family per annum. Co-payment of R2 600 per scan, not applicable to PMBs. PET scans - PMB only. Subject to pre- authorisation.	Limited to a combined in- and out-of-hospital benefit of R22 000 per family per annum. Co-payment of R2 100 per scan, not applicable to PMBs. PET scans - PMB only. Subject to pre- authorisation.	Limited to a combined in- and out-of-hospital benefit of R32 000 per family per annum. Co-payment of R2 000 per scan, not applicable to PMBs. PET scans - PMB only. Subject to pre- authorisation.	Limited to a combined in- and out-of-hospital benefit of R35 000 per family per annum. Co-payment of R2 000 per scan, not applicable to PMBs. PET scans - PMB only. Subject to pre- authorisation.	Limited to a combined in- and out-of-hospital benefit of R40 000 per family per annum. Co-payment of R2 000 per scan, not applicable to PMBs. PET scans are limited to one (1) scan per beneficiary per annum. Not subject to the above mentioned limit and co-payment. Subject to pre- authorisation.

PREVENTATIVE CARE					
Female contraceptives	Limit of R2 000 per beneficiary per year.	Limit of R2 200 per beneficiary per year.	Limit of R2 400 per beneficiary per year.	Limit of R2 400 per beneficiary per year.	Limit of R2 678 per beneficiary per year.

2025 Contributions

		BEAT1 N	BEAT1	BEAT2 N	BEAT2	BEAT3 N	BEAT 3	BEAT3 PLUS	BEAT4
Medical Savings Account		N/A		16%		15%		25%	14%
Principal Member	Risk	R2 111	R2 347	R2 168	R2 411	R3 212	R3 569	R3 636	R5 875
	Savings	R0	R0	R413	R459	R567	R630	R1 212	R956
	Total	R2 111	R2 347	R2 581	R2 869	R3 779	R4 199	R4 848	R6 832
Adult Dependant	Risk	R1 641	R1 822	R1 684	R1 872	R2 291	R2 546	R2 614	R4 852
	Savings	R0	R0	R321	R356	R405	R449	R872	R790
	Total	R1 641	R1 822	R2 006	R2 228	R2 696	R2 995	R3 485	R5 642
Child Dependant	Risk	R889	R987	R912	R1 015	R1 134	R1 259	R1 327	R1 452
	Savings	R0	R0	R174	R193	R200	R222	R442	R237
	Total	R889	R987	R1 086	R1 208	R1 334	R1 482	R1 769	R1 689

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

Recognition of a child dependant Dependants under the age of 24 years are regarded as child dependants.

Pace



PACE Benefit changes

	PACE1	PACE2	PACE3	PACE4
IN-HOSPITAL				
Take-home medicine	100% of Scheme tariff, cover for a maximum of 7 days' treatment provided that: <ul style="list-style-type: none"> the medicine is claimed as part of the hospital account; or R200 if medicine is claimed from a retail on the date of discharge; and subject to Mediscor Reference Price (MRP). No benefit if not claimed on the date of discharge.			
Prosthesis - Internal	Sub-limits per beneficiary per annum: <ul style="list-style-type: none"> *Functional R37 342. Vascular R71 390. Pacemaker (single and dual chamber) R67 943. Spinal including artificial disc R39 788. Drug-eluting stents – subject to Vascular prosthesis limit. Mesh R14 939. Gynaecology/uro-logy R10 773. Lens implants R8 188 a lens per eye. Endovascular and catheter-based procedures are now covered on all options. Subject to the Vascular prosthesis limit.	Sub-limits per beneficiary per annum: <ul style="list-style-type: none"> *Functional R39 539. Vascular R71 390. Pacemaker (single and dual chamber) R75 770. Spinal including artificial disc R70 284. Drug-eluting stents R22 983. Mesh R22 983. Gynaecology/uro-logy R17 164. Lens implants R14 738 a lens per eye. Joint replacements: <ul style="list-style-type: none"> Hip replacement and other major joints R63 129. Knee replacement R73 257. Other minor joints R27 219. Endovascular and catheter-based procedures are now covered on all options. Subject to the Vascular prosthesis limit.	Sub-limits per beneficiary per annum: <ul style="list-style-type: none"> *Functional R39 539. Vascular R75 783. Pacemaker (single and dual chamber) R75 770. Spinal including artificial disc R70 418. Drug-eluting stents R22 983. Mesh R22 983. Gynaecology/uro-logy R17 237. Lens implants R14 738 a lens per eye. Joint replacements: <ul style="list-style-type: none"> Hip replacement and other major joints R63 201. Knee replacement R73 615. Other minor joints R27 219. Endovascular and catheter-based procedures are now covered on all options. Subject to the Vascular prosthesis limit.	Sub-limits per beneficiary per annum: <ul style="list-style-type: none"> *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: <ul style="list-style-type: none"> Hip replacement and other major joints R72 755. Knee replacement R84 245. Other minor joints R27 077. Endovascular and catheter-based procedures are now covered on all options. Subject to the Vascular prosthesis limit.
Orthopaedic and medical appliances	100% Scheme tariff. Limited to R15 000 per family per annum. Subject to PMB level of care.			
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.	Limited to a combined in- and out-of-hospital benefit of R40 000 per family per annum. Co-payment of R2 000 per scan, not applicable to 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.	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 to 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.	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 to 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.	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 to 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.

	PACE1	PACE2	PACE3	PACE4
OUT-OF-HOSPITAL				
Specialised diagnostic imaging (Including MRI scans, CT scans and nuclear/isotope studies). PET scans only included as indicated per option.	Limited to a combined in- and out-of-hospital benefit of R40 000 per family per annum. Co-payment of R2 000 per scan, not applicable to 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-authorization.	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 to 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-authorization.	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 to 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-authorization.	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 to 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-authorization.
Hearing aids (Subject to pre-authorization)	R9 678 per family every 24 months. Subject to quotation, motivation and audiogram.	R32 000 per beneficiary every 24 months. Subject to quotation, motivation and audiogram.		R35 000 per family every 24 months. Subject to quotation, motivation and audiogram.
PREVENTATIVE CARE				
Female contraceptives	Limit of R2 678 per beneficiary per year.			

2025 Contributions

		PACE1	PACE2	PACE3	PACE4
Medical Savings Account		19%	14%	14%	3%
Principal Member	Risk	R4 622	R6 993	R8 029	R11 312
	Savings	R1 085	R1 139	R1 307	R350
	Total	R5 706	R8 132	R9 336	R11 662
Adult Dependant	Risk	R3 247	R6 857	R6 463	R11 312
	Savings	R761	R1 116	R1 052	R350
	Total	R4 008	R7 974	R7 515	R11 662
Child Dependant	Risk	R1 166	R1 541	R1 381	R2 650
	Savings	R274	R251	R224	R82
	Total	R1 440	R1 793	R1 606	R2 732

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

Recognition of a child dependant Dependants under the age of 24 years are regarded as child dependants.

Rhythm



RHYTHM Benefit changes

	RHYTHM1	RHYTHM2
IN-HOSPITAL		
Take-home medicine	<p>100% of Scheme tariff, covered for a maximum of 7 days' treatment provided that:</p> <ul style="list-style-type: none"> the medicine is claimed as part of the hospital account; or R150 if medicine is claimed from a retail on the date of discharge; and subject to Mediscor Reference Price (MRP). <p>No benefit if not claimed on the date of discharge.</p>	
Prosthesis - Internal	<p>Sub-limits per beneficiary per annum:</p> <ul style="list-style-type: none"> *Functional R34 047. Vascular R54 915. Pacemaker (single and dual chamber) R51 998. Spinal including artificial disc R31 815. Drug-eluting stents – subject to Vascular prosthesis limit. DSPs apply. Mesh R11 636. Gynaecology/urology R9 611. Lens implants R6 681 a lens per eye. <p>Endovascular and catheter-based procedures are now covered on all options. Subject to the Vascular prosthesis limit.</p>	
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.	<p>Approved Prescribed Minimum Benefits at Designated Service Providers. PET scans – PMB only. Subject to pre-authorization.</p>	<p>100% Scheme tariff. Limited to a combined in- and out-of-hospital benefit of R18 000 per family per annum. Co-payment of R2 600 per scan, not applicable to PMBs. PET scans - PMB only. Subject to pre-authorization.</p>
Procedure specific co-payments	<p>The co-payment shall not apply to PMB conditions:</p> <ul style="list-style-type: none"> Colonoscopies R2 000. Gastroscopies R2 000. <p>A R2 746 co-payment, as described in the Day procedures benefit (refer to 2025 Comparative guide), will be incurred per event if a day procedure is done in an acute hospital that is not a day hospital.</p>	<p>The co-payment shall not apply to PMB conditions:</p> <ul style="list-style-type: none"> Arthroscopic procedures R3 660. Back and neck surgery R3 660. Laparoscopic procedures R3 660. Colonoscopies R2 000. Cystoscopies R2 000. Gastroscopies R2 000. Hysteroscopies R2 000. Sigmoidoscopies R2 000. <p>A R2 746 co-payment, as described in the Day procedures benefit (refer to 2025 Comparative guide), will be incurred per event if a day procedure is done in an acute hospital that is not a day hospital.</p>
OUT-OF-HOSPITAL		
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.	<p>Approved PMBs at DSPs. PET scans – PMB only. Subject to pre-authorization.</p>	<p>100% Scheme tariff. Limited to a combined in- and out-of-hospital benefit of R18 000 per family per annum. Co-payment of R2 600 per scan, not applicable to PMBs. PET scans - PMB only. Subject to pre-authorization.</p>
Over-the-counter medicine	Limited to R240 per family per annum and to R120 per event.	Limited to R350 per family per annum and to R120 per event.

	RHYTHM1	RHYTHM2
PREVENTATIVE CARE		
Female contraceptives	Limited of R2 000 per beneficiary per year.	Limited of R2 200 per beneficiary per year.
Pap smear	Pathology only. Female members aged 18 and above, every 24 months.	
Mammogram (tariff code 34100)	Female members aged 40 and above, every 24 months.	

2025 Contributions

		RHYTHM1		
Income level		R0 – R9 000 p.m.	R9 001 – R14 000 p.m.	> R14 001 p.m.
Medical Savings Account		N/A		
Principal Member	Risk	R1 615	R1 883	R3 363
	Savings	R0	R0	R0
	Total	R1 615	R1 883	R3 363
Adult Dependant	Risk	R1 615	R1 883	R3 363
	Savings	R0	R0	R0
	Total	R1 615	R1 883	R3 363
Child Dependant	Risk	R665	R800	R1 742
	Savings	R0	R0	R0
	Total	R665	R800	R1 742
You only pay for a maximum of three children. Any additional children join as beneficiaries of the Scheme at no additional cost.				
Recognition of a child dependant	Dependants under the age of 24 years are regarded as child dependants.			

		RHYTHM2		
Income level		R0 – R5 500 p.m.	R5 501 – R8 500 p.m.	> R8 501 p.m.
Medical Savings Account		N/A		
Principal Member	Risk	R2 368	R2 845	R3 413
	Savings	R0	R0	R0
	Total	R2 368	R2 845	R3 413
Adult Dependant	Risk	R2 250	R2 703	R3 072
	Savings	R0	R0	R0
	Total	R2 250	R2 703	R3 072
Child Dependant	Risk	R1 425	R1 707	R1 707
	Savings	R0	R0	R0
	Total	R1 425	R1 707	R1 707
You only pay for a maximum of three children. Any additional children join as beneficiaries of the Scheme at no additional cost.				
Recognition of a child dependant	Dependants under the age of 24 years are regarded as child dependants.			

Thank you!

We value your continuous support. We look forward to a prosperous partnership in 2025.

If you would like additional information on our benefits and other offerings, please do not hesitate to contact your Business Consultant (advisors) or Key Accounts Consultant (employer groups).



086 000 2378



service@bestmed.co.za



068 376 7212



012 472 6500



www.bestmed.co.za



Bestmed Medical Scheme



Bestmed Medical Scheme



HEAD OFFICE (WALK-IN FACILITY)

Address: Glenfield Office Park, 361 Oberon Avenue, Faerie Glen, Pretoria, 0081

Contact: 086 000 2378

Email address: service@bestmed.co.za

HOSPITAL AUTHORISATION

Contact: 080 022 0106

Email address: authorisations@bestmed.co.za

CHRONIC MEDICINE

Email address: medicine@bestmed.co.za

CLAIMS

Email address: claims@bestmed.co.za

NETCARE911

Contact: 082 911

INTERNATIONAL MEDICAL TRAVEL INSURANCE

Contact: 0861 838 333

Email address: bestmed-assist@linkham.com

MATERNITY CARE

Email: maternity@bestmed.co.za

Disclaimer: All the 2025 product information appearing in this document 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 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'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.

Bestmed Medical Scheme is a registered medical scheme (Reg. no. 1252) and an Authorised Financial Services Provider (FSP no. 44058). ©Bestmed Medical Scheme.

bestMed
personally yours