

	I Beat1		I Beat2		I Beat3		I Beat4		I Pace1		I Pace2		I Pace3		I Pace4		I Pulse1		I Pulse2					
OUT-OF-HOSPITAL BENEFITS	M = R11 610 M1+ = R23 220		M = R9 868 M1+ = R19 737		M = R13 932 M1+ = R27 864		M = R17 415 M1+ = R35 991		M = R32 465 M1+ = R52 353		M = R13 932 M1+ = R27 864		M = R17 415 M1+ = R35 991		M = R32 465 M1+ = R52 353		M = R13 168 M1+ = R26 176							
Non-CDL chronic medicine	No benefit		No benefit		5 conditions. 75% Scheme tariff. Limited to M = R3 118, M1+ = R6 343 Co-payment of 40% for non-formulary medicine.		8 conditions. 85% of Scheme tariff. Limited to M = R6 848, M1+ = R13 696 Co-payment of 30% for non-formulary medicine		7 conditions. 85% Scheme tariff. Limited to M = R6 020, M1+ = R12 040. Co-payment of 35% for non-formulary		18 conditions. 85% Scheme tariff. Limited to M = R8 278, M1+ = R16 555. Co-payment of 30% for non-formulary		19 conditions. 85% Scheme tariff. Limited to M = R13 352, M1+ = R26 703. Co-payment of 25% for non-formulary medicine		27 conditions. 85% Scheme tariff. Limited to M = R18 006, M1+ = R36 174. Co-payment of 20% for non-formulary medicine		No benefit		16 conditions. 85% of Scheme tariff if prescribed by a NP limited to M = R6 235, M1+ = R12 470). Co-payment of 25% for non-formulary					
PMB & CDL chronic medicine	100% Scheme tariff. Co-payment of 40% for non-formulary medicine		100% Scheme tariff. Co-payment of 40% for non-formulary medicine		100% Scheme tariff. Co-payment of 40% for non-formulary medicine.		100% Scheme tariff. Co-payment of 30% for non-formulary medicine		100% Scheme tariff. Co-payment of 35% for non-formulary medicine		100% Scheme tariff. Co-payment of 30% for non-formulary medicine		100% Scheme tariff. Co-payment of 25% for non-formulary medicine		100% Scheme tariff. Co-payment of 20% for non-formulary medicine		Unlimited. <i>Subject to Provider Network Formulary and subject to MRP 100% Scheme tariff. 40% co-payment on non formulary medicine</i>		Unlimited. <i>Subject to Provider Network Formulary and subject to MRP 100% of Scheme tariff. 25% co-payment on non-formulary medicine</i>					
Biologicals and other high-cost medicine	No benefit		No benefit		No benefit		No benefit		No benefit		Subject to pre authorisation Limited to R150 400 per beneficiary		Limited to R301 000 per beneficiary		Limited to R445 480 per beneficiary		No benefit		Limited to R141 900 per beneficiary					
Acute medicine	No benefit		Savings account subject to MRP		Savings account subject to MRP		Savings first. Limited to M= R2 612, M1+ =R5 278. <i>Subject to MRP. Subject to day-to-day overall limit</i>		Savings first. Limited M= R2 129, M1+ =R4 408. <i>Subject to overall day-to-day limits. Subject to MRP</i>		Savings first. Limited M= R4 408, M1+ = R8 815. <i>Subject to overall day-to-day limits. Subject to MRP</i>		Savings first Limited to M = R1 398 M1+ = R3 440 <i>Subject to overall day-to-day limits. Subject to MRP</i>		Limited M=R8063, M1+ =R12 524. <i>Subject to MRP 10% co-payment. Subject to day-to-day overall limit</i>		Subject to Provider Network Formulary and subject to MRP. 100% Scheme tariff		Subject to Provider Network Formulary and subject to MRP Limited M=R4139, M1+ =R8 385. 100% Scheme Tariff. <i>(Subject to day-to-day overall limit)</i>					
Over-the-counter	No benefit		Savings account		Savings account		Savings account. <i>Limited to R550 or self-payment gap member must choose option</i>		Savings account. <i>Limited to R550 or self-payment gap member must choose option</i>		Savings account. <i>Limited to R550 or self-payment gap member must choose option</i>		Savings account. <i>Limited to R550 or self-payment gap member must choose option</i>		Savings account		Subject to Provider Network Formulary Limited to R350 per family		Limited to R550 per family					
Optometry capitation: PPN benefits	N/A		Paid from savings		Every 24 months: Consultation 1 per beneficiary at network provider OR R300 at non network provider. Frame = R825 at network provider OR R550 at non-network provider AND 100% of cost of standard lenses at network provider OR Rand value at non-network provider Single vision lenses = R175 OR Bifocal lenses = R410, OR Multifocal lenses = R710. Contact lenses = R1 435		Every 24 months: Consultation 1 per beneficiary at network provider OR R300 at non network provider. Frame = R825 at network provider OR R550 at non-network provider AND 100% of cost of standard lenses at network provider OR Rand value at non-network provider Single vision lenses = R175 OR Bifocal lenses = R410, OR Multifocal lenses = R710. Contact lenses = R1 435		Every 24 months: Consultation 1 per beneficiary at network provider OR R300 at non network provider. Frame = R825 at network provider OR R550 at non-network provider AND 100% of cost of standard lenses at network provider OR Rand value at non-network provider Single vision lenses = R175 OR Bifocal lenses = R410, OR Multifocal lenses = R710. Contact lenses = R1 435		Every 24 months: Consultation 1 per beneficiary at network provider OR R300 at non network provider. Frame = R825 at network provider OR R550 at non-network provider AND 100% of cost of standard lenses at network provider OR Rand value at non-network provider Single vision lenses = R175 OR Bifocal lenses = R410, OR Multifocal lenses = R710. Contact lenses = R1 435		Every 24 months: Consultation 1 per beneficiary at network provider OR R300 at non network provider. Frame = R825 at network provider OR R550 at non-network provider AND 100% of cost of standard lenses at network provider OR Rand value at non-network provider Single vision lenses = R175 OR Bifocal lenses = R410, OR Multifocal lenses = R710. Contact lenses = R1 435		Every 24 months: Consultation 1 per beneficiary at network provider OR R300 at non network provider. Frame = R825 at network provider OR R550 at non-network provider AND 100% of cost of standard lenses at network provider OR Rand value at non-network provider Single vision lenses = R175 OR Bifocal lenses = R410, OR Multifocal lenses = R710. Contact lenses = R1 435		Every 24 months: Consultation 1 per beneficiary at network provider OR R300 at non network provider. Frame = R825 at network provider OR R550 at non-network provider AND 100% of cost of standard lenses at network provider OR Rand value at non-network provider Single vision lenses = R175 OR Bifocal lenses = R410, OR Multifocal lenses = R710. Contact lenses = R1 435		Consultation = Only PPN Providers. Frame = R225 at network provider AND 100% of cost of standard lenses at network provider only. Contact lens benefit R570		Every 24 months: Consultation 1 per beneficiary at network provider or R300 at non network provider Frame = R825 at network provider OR R550 at non-network provider AND 100% of cost of standard lenses at network provider OR Rand value at non-network provider Single vision lenses = R175 OR Bifocal lenses = R410 OR Multifocal lenses = R710 Contact lenses = R1 435			
GP and Specialist Consultations	N/A		Savings account For EDO options GP and Specialist visits only at Bestmed DSP network rates		Savings account For EDO options GP and Specialist visits only at Bestmed DSP network rates		Savings first Limited to M=R2 956, M1+ =R5 268. <i>Subject to day-to-day overall limit</i>		Savings first Limited M=R2 032, M1+ =R4085. <i>Subject to day-to-day overall limit</i>		Limited M=R3 978, M1+ =R8 063. <i>Subject to day-to-day overall limit</i>		Savings first. 100% Scheme tariff. M= R3 978, M1+ = R8 063. <i>Subject to overall day-to-day benefits</i>		Limited M=R5 106, M1+ =R8 278. <i>Subject to day-to-day overall limit</i>		Subject to Bestmed Pulse1 GP Network. Unlimited GP visits. Specialist consultation must be referred and pre-approved only at Bestmed Specialist DSP network. Limited M=R1 075, M1+ = R1 613 Out-of-network GP visits limit of R1 290 per family per year		Unlimited GP visits at Bestmed GP Network providers. Specialist consultations must be referred and approved by NP. Limited M=R2 903, M1+ =R5 590. <i>(Subject to day-to-day overall limit)</i> . Out of Network GP visits per family limited to R1 398 as approved by NP					
Basic and Specialised Dentistry	N/A		Orthodontics are subject to pre-authorization. Basic dentistry Preventative benefit or savings account Specialised dentistry - Savings account		Orthodontics are subject to pre-authorization. Basic dentistry - Preventative benefit or savings account. Specialised dentistry - Savings account		Orthodontics are subject to pre-authorization. Savings first Limited to M = R5 115, M1+ = R10 274. <i>Subject to day-to-day overall limit</i>		Orthodontics are subject to pre-authorization. Savings first. Limited M=R3 740, M1+ =R7 590 (Subject to day-to-day overall limit)		Orthodontics are subject to pre-authorization. Savings first. Limited M=R6270, M1+ =R12 540. Subject to day-to-day overall limit		Orthodontics are subject to pre-authorization. Savings first. 100% Scheme tariff. Limited M=R6 756, M1+ =R12 595. Subject to overall day-to-day benefits		Orthodontics are subject to pre-authorization. Limited M=R11 275, M1+ =R19 030. (Subject to day-to-day overall limit)		Basic dentistry: Subject to Bestmed Pulse Dental Network Specialised dentistry: No benefit		Specialised dentistry inclusive of dentures are subject to pre-authorization. Limited to M=R6 611, M1+ = R8 385. <i>(Subject to day-to-day overall limit)</i>					
Medical apparatus and appliances	N/A		Savings account		Savings account		Savings first. 100% Scheme tariff limited to R10 428 per family. <i>Subject to day-to-day overall limit</i>		Savings First. 100% Scheme tariff Limited to R10 428 per family. <i>Subject to day-to-day overall limit and hearing aid every 24 months</i>		Savings first. 100% Scheme tariff Limited to R9 460 per family. Subject to overall day-to-day limits		Savings first. 100% Scheme tariff Limited to R9 460 per family. Subject to overall day-to-day benefits		100% Scheme tariff Limited to R9 460 per family. Subject to overall day-to-day limits		No benefit		Limited to R9 353 per family					
Wheel chairs	N/A		Savings Account		Savings Account		Savings first. 100% Scheme tariff limited to R10 428 per family. Subject to day-to-day overall limit for hearing aids or wheel chairs		Subject to medical apparatus and appliance limits		Limit of R12 793 per family per 48 months		Limit of R12 793 per family per 48 months.		Limit of R12 793 per family per 48 months		No benefit		Limit on wheel chairs = R12 040 per family.					
Hearing aids	N/A		Savings Account		Savings Account		Subject to medical apparatus and appliance limits		Subject to medical apparatus and appliance limits		Limit of R26 069 per beneficiary per 24 months		Limit of R29 348 per beneficiary per 24 months		Limit of R32 680 per beneficiary per 24 months		No benefit		Subject to DSP. Limit on hearing aids = R26 015 per beneficiary per 24 months					
Supplementary Services	N/A		Savings Account		Savings Account		Savings first. Limited to M = R4 515, M1+ = R9 170. Subject to day-to-day overall limit		Savings first. Limited M = R3 988, M1+ = R8 278. Subject to day-to-day overall limit		Savings first. Limited M = R5 000, M1+ = R10 051. Subject to day-to-day overall limit		Savings first. Limited M = R2 430, M1+ = R5 106. <i>Subject to day-to-day overall limit</i>		Limited M = R5 106, M1+ = R10 051. <i>Subject to day to day overall limit</i>		No benefit		Limited M=R3 870, M1+ = R7 686. <i>Subject to day to day overall limit</i>					
Wound care benefit: Including dressings and negative pressure wound therapy (NPWT) treatment and nursing services	100% Scheme tariff. Limited to R3 193 per family		100% Scheme tariff. Limited to R3 193 per family		100% Scheme tariff. Limited to R3 193 per family		Savings first. 100% Scheme tariff. Limited to R4 515 per family. <i>Subject to day-to-day overall limit</i>		Savings first. Limited to R3 279 per family. <i>Subject to overall day-to-day limits.</i>		Savings first. Limited to R6 235 per family. <i>Subject to overall day-to-day limit</i>		Savings first. Limited to R9 675 per family. <i>Subject to day-to-day limits</i>		Limited to R12 470 per family. <i>Subject to overall day-to-day limits</i>		No benefit		Limited to R9 030 per family					
Pathology and Radiology	N/A		Savings Account		Savings Account		Savings first Limited to M=R2956, M1+ =R6 020. <i>Subject to day-to-day overall limit</i>		Savings first. Limited M = R2 956 M1+ = R5 913. <i>Subject to day-to-day overall limit</i>		Savings first. Limited M = R2 956 M1+ = R5 913. <i>Subject to day-to-day overall limit</i>		Savings first. M = R3 225, M1+ = R6 396. <i>Subject to day-to-day overall limits</i>		Limited M=R5 106, M1+ = R10 051. <i>Subject to day-to-day overall limit</i>		Subject to Provider Network		Subject to NP protocols and tariff list. Pre authorisation required. <i>Subject to day-to-day overall limit</i>					
Maternity Benefits	N/A		Savings Account		HRA completion required 100% Scheme tariff 9 x antenatal consultations at either GP/Gyne/Midwife 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at gyne 1x 2D ultrasound scan at 20-24 weeks at gyne 1x 2D ultrasound scan first trimester at radiologist 1x 2D ultrasound scan second trimester at radiologist antenatal iron supplements (9 fills), antenatal folic acid (9 fills) 1x post-natal consultation at GP/Gyne/Midwife		HRA completion required 100% Scheme tariff 9 x antenatal consultations at either GP/Gyne/Midwife 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at gyne 1x 2D ultrasound scan at 20-24 weeks at gyne 1x 2D ultrasound scan first trimester at radiologist 1x 2D ultrasound scan second trimester at radiologist antenatal iron supplements (9 fills), antenatal folic acid (9 fills) 1x post-natal consultation at GP/Gyne/Midwife		HRA completion required 100% Scheme tariff 9 x antenatal consultations at either GP/Gyne/Midwife 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at gyne 1x 2D ultrasound scan at 20-24 weeks at gyne 1x 2D ultrasound scan first trimester at radiologist 1x 2D ultrasound scan second trimester at radiologist antenatal iron supplements (9 fills), antenatal folic acid (9 fills) 1x post-natal consultation at GP/Gyne/Midwife		HRA completion required 100% Scheme tariff 9 x antenatal consultations at either GP/Gyne/Midwife, 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at gyne, 1x 2D ultrasound scan at 20-24 weeks at gyne, 1x 2D ultrasound scan first trimester at radiologist, 1x 2D ultrasound scan second trimester at radiologist, antenatal iron supplements (9 fills), antenatal folic acid (9 fills), 1x post-natal consultation at GP/Gyne-/Midwife		HRA completion required 100% Scheme tariff. 9 x antenatal consultations at either GP/Gyne/Midwife, 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at gyne, 1x 2D ultrasound scan at 20-24 weeks at gyne, 1x 2D ultrasound scan first trimester at radiologist, 1x 2D ultrasound scan second trimester at radiologist, antenatal iron supplements (9 fills), antenatal folic acid (9 fills), 1x post-natal consultation at GP/Gyne-/Midwife		HRA completion required 100% Scheme tariff. 9 x antenatal consultations at either GP/Gyne/Midwife, 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at gyne, 1x 2D ultrasound scan at 20-24 weeks at gyne, 1x 2D ultrasound scan first trimester at radiologist, 1x 2D ultrasound scan second trimester at radiologist, antenatal iron supplements (9 fills), antenatal folic acid (9 fills), 1x post-natal consultation at GP/Gyne-/Midwife		HRA completion required 100% Scheme tariff at network provider only. 9 x antenatal consultations at either GP/Gyne/Midwife, 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at gyne, 1x 2D ultrasound scan at 20-24 weeks at gyne, 1x 2D ultrasound scan first trimester at radiologist, 1x 2D ultrasound scan second trimester at radiologist, 1x 2D ultrasound scan second trimester at radiologist, antenatal iron supplements (9 fills), antenatal folic acid (9 fills), 1x post-natal consultation at GP/Gyne-/Midwife		HRA completion required 100% Scheme tariff. 9 x antenatal consultations at either GP/Gyne/Midwife, 1x 2D ultrasound nuchal translucency scan at 10-12 weeks at gyne, 1x 2D ultrasound scan at 20-24 weeks at gyne, 1x 2D ultrasound scan first trimester at radiologist, 1x 2D ultrasound scan second trimester at radiologist, antenatal iron supplements (9 fills), antenatal folic acid (9 fills), 1x post-natal consultation at GP/Gyne-/Midwife					
MRI & CT scans	100% Scheme tariff R4 837 per family		100% Scheme tariff R4 837 per family		100% Scheme tariff Limited to R10 160 per family		100% Scheme tariff Limited to R15 373 per family		100% of Scheme tariff Limited to R13 223 per family		Subject to pre-authorization. MRI/CT scans: Maximum of three scans per beneficiary PET scan: One scan per beneficiary		Subject to pre-authorization. MRI/CT scans: Maximum of three scans per beneficiary PET scan: One scan per beneficiary		Subject to pre-authorization. MRI/CT scans: Maximum of three scans per beneficiary PET scan: One scan per beneficiary		No benefit		Subject to pre-authorization. MRI/CT scans: Maximum of three scans per beneficiary PET scan: One scan per beneficiary					
Rehabilitation services after trauma	N/a		Savings Account		Savings Account		Vested Savings		Vested Savings		100% Scheme tariff		100% Scheme tariff		100% Scheme tariff		No benefit		NA					
Oncology	Oncology Programme PMB's only at DSP		Oncology Programme PMB's only at DSP		Oncology Programme PMB's only at DSP		Oncology Programme PMB's only at DSP		Oncology Programme PMB's only at DSP		Oncology Programme. 100% Scheme tariff		Oncology Programme. 100% Scheme tariff		Oncology Programme. 100% Scheme tariff		Oncology Programme PMB's only at DSP		Oncology Programme. 100% Scheme tariff					
Preventative Care Benefits	Flu vaccines, *Pneumonia programme, Female contraceptives - R2 096 pfpa, *DBC programme, *HPV vaccinations, *Pap smear - ages 18 and above, every 24 months		Flu vaccines, Paediatric immunizations, *Pneumonia programme, Female contraceptives - R2 096 pfpa, *DBC programme, *HPV vaccinations, *Pap smear - ages 18 and above, every 24 months		Flu vaccines, *Pneumonia programme, Paediatric immunizations, Female contraceptives - R2 096 pfpa, *DBC programme, Preventative Dentistry (incl gloves and sterile equip) *Pap smear, *HPV vaccinations, *Pap smear - ages 18 and above, every 24 months		Flu vaccines, *Pneumonia programme, Paediatric immunizations, Female contraceptives - R2 096 pfpa, *DBC programme, Preventative Dentistry (incl gloves and sterile equipment), HIB titre, *Mammogram, *HPV vaccinations, PSA Screening for age 50 years and older every 24 months, *Pap smear - ages 18 and above, every 24 months		Flu vaccines, *Pneumonia programme, Paediatric immunizations, Female contraceptives - R2 096 per family, *DBC programme, Preventative Dentistry (incl gloves and sterile equipment), HIB titre, *Mammogram, *Pap smear, *HPV vaccinations, *Pap smear - ages 18 and above, every 24 months		Flu vaccines, *Pneumonia programme, Paediatric immunisations, Female contraceptives - R2 096 per family, *PSA Screening for age 50 years and older every 24 months, *DBC programme, Preventative Dentistry (incl gloves and sterile equipment), HIB titre, *Mammogram, *Pap smear, *HPV vaccinations, *Pap smear - ages 18 and above, every 24 months		Flu vaccines, *Pneumonia vaccines, Paediatric immunisations, female contraceptives - R2 096 per family, *PSA Screening for age 50 years and older every 24 months, *DBC programme, Preventative Dentistry (incl gloves and sterile equipment), HIB titre, *Mammogram, *Pap smear, Bone Densitometry *HPV vaccinations, *Pap smear - ages 18 and above, every 24 months		Flu vaccines, *Pneumonia vaccines, Paediatric immunisations, female contraceptives - R2 096 per family, *PSA Screening for age 50 years and older every 24 months, *DBC programme, Preventative Dentistry (incl gloves and sterile equipment), HIB titre, *Mammogram, *Pap smear, Bone Densitometry, *HPV vaccinations, *Pap smear - ages 18 and above, every 24 months		Flu vaccines, *Pneumonia vaccines, Paediatric immunisations, Female contraceptive - R2 096 per family, *Pneumonia programme, Paediatric immunisations, *Pap vaccine, *HPV vaccinations, *Contraceptives R2 096 per family		Flu vaccines, *Pneumonia vaccines, Paediatric immunisations, *DBC programme, *Contraceptives R2 096 per family		Flu vaccines, *Pneumonia vaccines, Paediatric immunisations, *DBC programme, *Contraceptives R2 096 per family			
Wellness Programme Preventative Care Benefits	*Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assessment at contracted BASA biokineticist - 1 pbpa (ages older than 13), *Family dietician assessment - 1pfpa *Occupational Health assessment - 1 pbpa (ages 3-12), *Baby Growth assessment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required		*Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assessment at contracted BASA biokineticist - 1 pbpa (ages older than 13), *Family dietician assessment - 1pfpa *Occupational Health assessment - 1 pbpa (ages 3-12), *Baby Growth assessment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required		*Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assessment at contracted BASA biokineticist - 1 pbpa (ages older than 13), *Family dietician assessment - 1pfpa *Occupational Health assessment - 1 pbpa (ages 3-12), *Baby Growth assessment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required		*Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assessment at contracted BASA biokineticist - 1 pbpa (ages older than 13), *Family dietician assessment - 1pfpa *Occupational Health assessment - 1 pbpa (ages 3-12), *Baby Growth assessment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required		*Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assessment at contracted BASA biokineticist - 1 pbpa (ages older than 13), *Family dietician assessment - 1pfpa *Occupational Health assessment - 1 pbpa (ages 3-12), *Baby Growth assessment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required		*Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assessment at contracted BASA biokineticist - 1 pbpa (ages older than 13), *Family dietician assessment - 1pfpa *Occupational Health assessment - 1 pbpa (ages 3-12), *Baby Growth assessment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required		*Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assessment at contracted BASA biokineticist - 1 pbpa (ages older than 13), *Family dietician assessment - 1pfpa *Occupational Health assessment - 1 pbpa (ages 3-12), *Baby Growth assessment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required		*Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assessment at contracted BASA biokineticist - 1 pbpa (ages older than 13), *Family dietician assessment - 1pfpa *Occupational Health assessment - 1 pbpa (ages 3-12), *Baby Growth assessment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required		*Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assessment at contracted BASA biokineticist - 1 pbpa (ages older than 13), *Family dietician assessment - 1pfpa *Occupational Health assessment - 1 pbpa (ages 3-12), *Baby Growth assessment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required		*Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assessment at contracted BASA biokineticist - 1 pbpa (ages older than 13), *Family dietician assessment - 1pfpa *Occupational Health assessment - 1 pbpa (ages 3-12), *Baby Growth assessment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required		*Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assessment at contracted BASA biokineticist - 1 pbpa (ages older than 13), *Family dietician assessment - 1pfpa *Occupational Health assessment - 1 pbpa (ages 3-12), *Baby Growth assessment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required		*Biometric Screenings at contracted pharmacy or onsite at employer, *Fitness Assessment at contracted BASA biokineticist - 1 pbpa (ages older than 13), *Family dietician assessment - 1pfpa *Occupational Health assessment - 1 pbpa (ages 3-12), *Baby Growth assessment at contracted nurse - 3pbpa (ages 0 mnth - 3 years), 3X dietician consultations pbpa (ages 18+) pre-approval required 3x biokineticist consultations pfpa pre-approval required	

MONTHLY CONTRIBUTION	I Beat1		I Beat2		I Beat3		I Beat4		I Pace1		I Pace2		I Pace3		I Pace4		I Pulse1		I Pulse2	
Income Level	Beat 1		Beat 2		Beat 3		Beat 4		Beat 1		Beat 2		Beat 3		Beat 4		R0 - R5 500 pm		R5 501 - R8 501 pm	
Principal Member - Risk amount	R1 485	R1 335	R1 524	R1 372	R2 312	R2 081	R3 700	R2 923	R4 395	R5 046	R7110	R1 493	R1 793	R2 152	R5 298					
Principal Member - Savings amount	R0	R0	R290	R261	R440	R396	R602	R686	R716	R822	R220	R0	R0	R0	R0					
Principal Member - Total monthly contribution	R1 485	R1 335	R1 814	R1 633	R2 752	R2 477	R4 302	R3 609	R5 111	R5 868	R7330	R1 493	R1 793	R2152	R5 298					
Adult Dependant - Risk amount	R1 152	R1 038	R1 184	R1 065	R1 643	R1 479	R3 056	R2 053	R4 310	R4 062	R7110	R1 419	R1 704	R1937	R5 298					
Adult Dependant - Savings amount	R0	R0	R225	R203	R313	R282	R497	R481	R702	R661	R220	R0	R0	R0	R0					
Adult Dependant - Total monthly contribution	R1 152	R1 038	R1 409	R1 268	R1 956	R1 761	R3 553	R2 534	R5 012	R4 723	R7330	R1 419	R1 704	R1937	R5 298					
Child Dependant - Risk amount	R624	R562	R642	R577	R893	R804	R915	R738	R969	R868	R1 665	R898	R1 076	R1076	R1 259					
Child Dependant - Savings amount	R0	R0	R122	R110	R170	R153	R149	R173	R158	R141	R52	R0	R0	R0	R0					
Child Dependant - Total monthly contribution	R624	R562	R764	R687	R1 063	R957	R1 064	R911	R1 127	R1 009	R1 717	R898	R1 076	R1076	R1 259					
Maximum Contributing Child Dependents	4		4		4		4		4		4		4		4		NA		4	
Recognition of a child dependant	Under 21 unless registered student		Under 21 unless registered student		Under 21 unless registered student															