SASOLMED

ANNEXURE B

BENEFITS AND LIMITS

2024

Effective 1 January 2024 unless otherwise stated below

To be read in conjunction with the Main Rules, and Annexures C and D

SASOLMED

ANNEXURE B - BENEFITS AND LIMITS

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A. ENTITLEMENT TO BENEFITS

A1. The Scheme Tariff is defined as the rate at which health services are reimbursed by the Scheme.

A2. Beneficiaries are entitled to benefits as shown in this Annexure B, subject to the monetary limits and implementation restrictions set out herein, to the exclusions referred to in Annexure C of the Rules, to the general limitation and restriction of benefits set out in Annexure D of the Rules and to the procedural and other requirements set out in the Main Rules.

A3. Selection of a Network of GPs and Pharmacies for chronic consultations and medication (Chronic Network DSP)

Upon joining, and annually prior to 1 January of each year, members must choose between the Comprehensive and Restricted Network Options, such a choice will determine the applicable DSP per Annexure D of the Rules.

- **Comprehensive Network of GPs and Pharmacies as Chronic Network DSP: Comprehensive Network Option**
  - Members choosing the Comprehensive Network Option will have access to <u>any</u> GP and <u>any</u> pharmacy for chronic consultations (out of hospital) and chronic medication. Members are still required to use their nominated Preferred General Practitioner (PGP) for out-of-hospital consultations. See paragraph B7 for information regarding the nomination of a PGP.
  - The Comprehensive Network Formulary applies to chronic medication.
  - Additional co-payments may apply for voluntary use of non-formulary medication for a chronic condition, as stated in this Annexure B.
  - No contribution discount will apply for choosing this network option as per Annexure A.

- **Restricted Network of GPs and Pharmacies as Chronic Network DSP: Restricted Network Option**
  - Members choosing the Restricted Network Option will have access to a restricted network of contracted GPs (Premier Plus Network) and a restricted network of contracted pharmacies (Medipost) as their Chronic Network DSPs for chronic consultations (out of hospital) and chronic medication.
  - GP consultations and medicine for chronic conditions via Restricted Network DSPs will be reimbursed at the Restricted Network DSP rate for consultations and medication; additional co-payments may apply if the GP/Restricted Network GP consulted is not also the member's nominated PGP. See paragraph B7 for information regarding the nomination of a PGP.
  - The Restricted Network Formulary will apply to chronic medication obtained from DSPs and non-DSPs.
  - Additional co-payments may apply for chronic consultations and chronic medication voluntarily obtained outside the relevant Chronic Network DSP, or for voluntary use of non-formulary medication for a chronic condition, as stated in this Annexure B.
  - A discounted contribution rate will apply for choosing this network as per Annexure A.

The member's choice of Chronic Network DSP (either the Comprehensive Network Option or the Restricted Network Option) will apply to the member and his/her dependants.

All family members must use GPs and Pharmacies in the member's chosen Chronic Network DSP for consultations and medication related to PMB and non-PMB chronic conditions as per Annexure D.

The nomination of a Chronic Network DSP applies to GPs and Pharmacies only; it does not impact the arrangements pertaining to Specialist consultations and visits as per this Annexure B.

In the event of a member not selecting a Chronic Network DSP option (either the Comprehensive Network Option or the Restricted Network Option) upon joining the Scheme, he or she will be defaulted to the Comprehensive Network Option and will be afforded an opportunity to select an alternative option with effect from 1 January of the following year.

Members will have the opportunity to review their Chronic Network DSP option annually, with effect from 1 January of the following year, failing which he or she will be defaulted to the same Chronic Network DSP option he/she participated in, in the previous benefit year.

The Scheme Tariff in respect of consultations and medication for chronic conditions will be based on the negotiated fee/tariff applicable to the member's chosen Chronic Network DSP and the member's utilisation of participating network providers, subject to PMB regulations.

B. CHARGING OF BENEFITS, LIMITS INCLUDING ANNUAL LIMITS, MEMBERSHIP CATEGORIES AND PGP

B1. Claims for services stated as being subject to payment from the benefits as shown in the column headed "Limits" in the table in paragraph D below are allocated against the benefit limits.

B2. When the member's benefit limits are exhausted no further benefits are available except for Prescribed Minimum Benefits (PMBs) subject to PMB regulations.

B3. The column headed "Benefits" shows how the cost of a valid claim shall be determined for the purpose of reimbursing the member or the supplier and the share of such cost that the Scheme will bear before any stated co-payments are imposed. The balance of the share of costs to make up 100% thereof shall be the member's responsibility, except for Prescribed Minimum Benefits.

B4. The column headed "Limits" shows the extent to which the benefit is limited over a period or sub-limited in monetary or other terms.

B5. **Membership categories:**

Member	= M0
Member plus 1 dependant	= M1
Member plus 2 dependants	= M2
Member plus 3 or more dependants	= M3+
Family	= M1 + and so on as necessary

B6. There is no overall annual limit.

B7. GENERAL CONDITIONS FOR THE SELECTION / CHANGE OF A PREFERRED GENERAL PRACTITIONER (PGP)

B7.1. The Scheme shall pay for benefits in respect of out-of-hospital consultations by general practitioners subject to the conditions set out in this paragraph, paragraph A3 (for chronic consultations) and D5.1 and its sub-paragraphs.

B7.2. Each member, on behalf of himself or herself and his or her registered dependants, shall select a PGP by completing the relevant form as required by the Scheme. Where a PGP selection has been exercised by the member in respect of himself/herself, but not for the registered dependants, the member's selected PGP will also be regarded as the selected PGP for any dependants in respect of whom no PGP selection was received. Members on the Restricted Network Option are encouraged to select PGPs who form part of the Restricted GP Network (see paragraphs A3 and D5.1).

B7.3. It is permissible for dependants to select different PGP's, subject to the following provisions:

B7.3.1. Adult dependants (e.g., spouses) may select a PGP of their choice.

B7.3.2. For child dependants under the age of 16 years, a PGP will be selected by the parent registered as the principal member of the Scheme.

B7.3.3. Child dependants over the age of 16 years may select their own PGP, with the consent of the parent registered as the principal member of the Scheme.

B7.3.4. A PGP may be changed at the principal member's discretion once every six (6) months by completing the required form, and/or when a member changes from the Comprehensive Network Option to the Restricted Network Option with effect from 1 January of a given year.

B7.3.5 Where a PGP is part of a group practice of General Practitioners, members may visit any doctor in the group practice provided that the claim is submitted on the group practice number normally used by the nominated PGP.

B7.3.6. Consultations/visits with a GP who is not the nominated PGP shall incur additional co-payments as stipulated elsewhere in this Annexure B, except for involuntary use of a non-PGP for a PMB emergency medical condition (see B7.3.9).

B7.3.7. See B8 and D5.2.2 of this Annexure B for GP referral requirements before consulting a specialist unless the specialist consultation is part of an approved treatment plan.

B7.3.8. Additional or 'secondary' PGPs may be selected under specified circumstances as communicated to members from time to time.

B7.3.9. In the event of involuntary use of a non-PGP for a PMB emergency medical condition, the rule relating to PGP's will not apply. "Emergency medical condition" means "the sudden, and at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment of bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy".

B8. GP referral for specialist consultations out of hospital

With due regard to the PMB regulations, a member/beneficiary will be required to be referred by a registered general practitioner prior to consulting a specialist out of hospital.

The following exceptions are applicable:

- Maternity cases;
- Children under the age of one (1) year, for paediatrician visits / consultations;
- One (1) gynaecological consultation / visit per annum for female beneficiaries;
- One (1) urologist consultation / visit per annum for male beneficiaries;
- Involuntary consultation with a specialist without GP referral for an emergency medical condition;
- Specialist consultations that form part of post-surgical care;
- Specialist-to-specialist referral;
- Specialist consultations that form part of an authorised treatment plan issued by the relevant Managed Healthcare Organisation in line with a relevant managed healthcare programme;
- Consultations with dental specialists; and
- Consultations with ophthalmological specialists.

B9. Private wards

Private ward rates for hospitalisation will only be paid if the stay in a private ward has been authorised by a medical practitioner as essential because the patient poses a risk to other patients and the case has been pre-authorised by the relevant managed healthcare programme. In the absence of such authorisation, general ward rates will apply.

C. PRESCRIBED MINIMUM BENEFITS

Prescribed Minimum Benefits as shown in Annexure A of the General Regulations, made in terms of the Medical Schemes Act 131 of 1998, override all benefits and limits indicated in this annexure, but accumulate to benefit limits.

The Prescribed Minimum Benefits are available in conjunction with the Scheme's contracted managed healthcare programmes. These include the application of treatment protocols, baskets of care, medicine formularies, medicine reference pricing, Scheme tariffs, pre-authorisation and case management. These measures have been implemented to ensure appropriate and effective delivery of Prescribed Minimum Benefits.

See Annexure D – paragraph 7 for a full explanation.

D. ANNUAL BENEFITS AND LIMITS

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D1. ALLIED HEALTH AND ALTERNATIVE HEALTHCARE SERVICES		Limited to R5 000 per beneficiary, and further limited to R7 500 per family, per annum.	Including in hospital services.
D.1.1. Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nurse practitioners out of hospital (other than as an alternative to hospitalisation), speech therapy, and social workers	100% of the lower of cost or Scheme Tariff for consultations and treatment.	Limited to and included in D1. Member responsible for a 20% deductible co-payment on the consultation code.	Additional benefits may be granted, subject to pre-authorisation and/or an authorised treatment plan. Private nursing services as an alternative to hospitalisation are included elsewhere in this Annexure (D7.3.4). Continued benefits for PMBs, subject to PMB regulations. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D1.2. Acupuncture, homeopathy, naturopathy and osteopathy – consultations	100% of the lower of cost or Scheme Tariff for consultations and treatment.	Limited to and included in D1. Member responsible for a 20% deductible co-	Additional benefits may be granted, subject to pre-authorisation and/or an authorised treatment plan.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		payment on the consultation code.	Private nursing services as an alternative to hospitalisation are included elsewhere in this Annexure (D7.3.4). Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D1.3. Acupuncture, homeopathy, naturopathy and osteopathy – prescribed medicines	See D11.1.	Limited to and included in D11.1. Member responsible for a 20% deductible co-payment on the consultation code.	Homeopathic and Naturopathic medication is only available if prescribed by a registered General and Dental Practitioner, Homeopath, Naturopath or Specialist.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D2. AMBULANCE SERVICES 	100% of cost if authorised by the preferred provider otherwise 100% Scheme Tariff.	Unlimited, subject to the contracted ambulance services. No benefit for services outside the borders of South Africa.	Subject to the contracted ambulance services, and pre-authorisation. Only for medically justified cases. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3. APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS			
D3.1. In-and-out of hospital	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for hiring or buying medical or surgical aids as prescribed by a medical practitioner.	See sub-paragraphs below.	See sub-paragraphs below.
D3.1.1. General medical and surgical appliances including: • **blood pressure monitors** • **foot orthotics** • **glucometers** • **incontinence products** • **nebulisers**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for hiring or buying medical or surgical aids as prescribed by a medical practitioner.	Limited to R13 250 per family. The following are included in the above limit: • blood pressure monitors limited to R1 030 per family	Diabetic strips and needles are payable from the Chronic Illness Benefit (D11.3), subject to pre-authorisation. Insulin pumps, continuous glucose monitoring devices and related

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
• **walking aids** • **wheelchairs** • **contact lenses for keratoconus** REGISTERED BY ME ON Mfana Maswanganyi 2024/01/17 01/02/2024 13:32:51 (UTC+02:00) Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za REGISTRAR OF MEDICAL SCHEMES		every 24 months commencing on 1 January 2023 • foot orthotics limited to R5 000 per beneficiary per annum • nebuliser limited to R1 140 per family every 24 months commencing on 1 January 2023 • walking aids limited to R1 480 per family every 24 months commencing on 1 January 2023 • contact lenses for keratoconus limited to R2 940 per beneficiary per lens per annum • CPAP, APAP and BiPAP machines limited to one per beneficiary every 36 months commencing on 1 January 2022.	consumables are dealt with elsewhere in this Annexure (D3.1.2.9). Hearing aids and hearing aid repairs are dealt with elsewhere in this Annexure (D3.1.2.5 and D3.1.2.6). Keratoconus lenses do not require pre-authorisation. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D3.1.1.1.	**Stoma products**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals as prescribed by a medical practitioner.	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.1.2.	**CPAP and BiPAP appliances for sleep apnoea**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals as prescribed by a medical practitioner.	Limited to one appliance per beneficiary every 36 months commencing on 1 January 2022 and included in D3.1.1.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.1.3.	**CPAP Humidifier**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals as prescribed by a medical practitioner.	Limited to one per beneficiary every 24 months commencing on 1 January 2023 and included in D3.1.1.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.1.4.	**CPAP Mask (replacement)**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals as prescribed by a medical practitioner.	Limited to one per beneficiary per annum and included in D3.1.1.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.2.	**SPECIFIC APPLIANCES AND ACCESSORIES**			
D3.1.2.1.	**Oxygen therapy equipment (not including**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP

	SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	hyperbaric oxygen treatment)	hospitals for hiring or buying medical or surgical aids as prescribed by a medical practitioner.		for a PMB condition/emergency, subject to PMB regulations.
D3.1.2.2.	**Home ventilators**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for hiring or buying medical or surgical aids as prescribed by a medical practitioner.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.2.3.	**Long leg callipers**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for medical or surgical aids as prescribed by a medical practitioner.	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.2.4.	**Special neck and back braces and any custom-made appliances, home nursing equipment, etc.**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for medical or surgical aids as prescribed by a medical practitioner.	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.2.5.	**Hearing Aids**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public	Limited to R25 300 per beneficiary every 36 months commencing on1 January 2022.	The limit applies cumulatively within the 36-month cycle, whether the beneficiary obtains single or bilateral hearing aids, or obtains these at

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	hospitals for medical or surgical aids.	Member responsible for a R1 000 direct member co-payment per purchase within the 36-month cycle.	different times. The limit does not increase where bilateral hearing aids are obtained. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.2.6. Hearing Aid repairs and re-programming	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for medical or surgical aids as prescribed by a medical practitioner.	Limited to R2 525 per beneficiary every 36 months commencing on 1 January 2022.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.2.7. Cochlear implants, including: • **Cochlear implant device** • **Initial speech processor** • **Cost of implant procedure** • **Rehabilitation costs**	100% of the lower of cost or Scheme Tariff.	First unilateral implant limited to R295 000 per beneficiary per lifetime. Thereafter see D3.1.2.8.	This includes bone cement, bone graft substitutes and bone anchors. Subject to pre-authorisation and managed healthcare protocols. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D3.1.2.8.	**Upgrade or replacement of speech processors**	100% of the lower of cost or Scheme Tariff.	Limited to R197 000 per beneficiary per five-year cycle (unilateral).	Subject to pre-authorisation and managed healthcare protocols. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.2.9.	**Insulin pumps, continuous glucose monitoring devices (CGMD), and related consumables**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for medical or surgical aids as prescribed by a medical practitioner.	Unlimited.	Subject to managed healthcare protocols. Continued patient compliance required, as monitored by the programme. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D4. BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals and / or single exit price plus dispensing fee.	Unlimited.	Use of blood equivalents subject to pre-authorisation and managed healthcare protocols. Transportation of blood is included. Authorised Erythropoietin (D22.1) is included in this benefit. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D5. CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS			This benefit excludes the following as they are covered under services as mentioned elsewhere in this Annexure: • Alternative healthcare practitioners (D1) • Dental practitioners, technologists and therapists (D6) • Antenatal visits and Consultations (D10) • Psychiatrists, Psychologists and psychometrists (D12) • Oncologists, haematologists and credentialed medical practitioners during active and post-active treatment periods. (D14) • Additional medical services (D17) • Physical therapy (D19) • Interventional Radiology (D21) 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D5.1. General practitioners (GPs)	Benefits for GPs as stipulated below.		Members on the Restricted Network Option will be liable for additional co-

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			payments as stated, when utilising GPs who are not part of the Restricted GP Network (Premier Plus Network), for treatment of chronic conditions (out of hospital).
D5.1.1. GP consultations and visits: In hospital	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals, for general practitioners.	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D5.1.2. GP consultations and visits: Out of hospital	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals.	Limited to 8 consultations per beneficiary per annum. Member responsible for a 20% deductible co-payment, on the consultation code, for non-PGPs. Restricted Network Option only: Member responsible for an additional 10% deductible co-payment for chronic consultations with a GP who is not a Restricted Network GP (Premier Plus Network), irrespective of whether or	Subject to the stipulations in paragraphs A3, B7, and D5.1. Additional benefits may be granted, subject to pre-authorisation and/or an authorised treatment plan. Antenatal consultations are funded from the available benefit in D10.4, for beneficiaries registered on the Maternity Management Programme. Continued benefits for PMBs, subject to PMB regulations. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		not that GP is the nominated PGP.	
D5.1.3. Virtual consultations with nurse or GPs	100% of the lower of cost or Scheme Tariff.	20 consultations per family per annum.	
D5.1.4 Virtual urgent care consultations	100% of the lower of cost or Scheme Tariff.	4 consultations per family per annum.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D5.2. Medical Specialists			
D5.2.1. Consultations and visits: In hospital for Medical Specialists	150% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals, for medical specialists.	Unlimited.	See D5. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D5.2.2. Consultations and visits: Out of hospital for Medical Specialists	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals, for medical specialists.	Unlimited. GP referral required. Member responsible for a 20% deductible co-payment, excluding PMBs/emergency medical conditions. Applicable to consultation code only.	See D5. For services rendered at the suppliers' rooms, patient's home or primary healthcare facility. Referral to a specialist must be done by a registered general practitioner; the following exceptions are applicable as per B8: • maternity cases

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		Member responsible for an additional 20% deductible co-payment if a specialist is consulted without the required GP referral, unless stated as an exception in the adjacent conditions/remarks.	• one (1) gynaecological consultation / visit for female beneficiaries • Children under the age of one (1) year, for paediatric visits / consultations • One (1) urologist consultation / visit per annum for male beneficiaries • Involuntary consultation with a specialist without GP referral for an emergency medical condition • Specialist consultations that form part of post-surgical care • Specialist-to-specialist referral • Where the specialist consultation forms part of an authorised treatment plan issued by the relevant Managed Healthcare Organisation in line with a relevant managed healthcare programme • Consultations with dental specialists • Consultations with ophthalmological specialists 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			for a PMB condition/emergency, subject to PMB regulations.
D5.3. Consultations and Visits – Optometrists			
D5.3.1. In and out of Network	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals.	Limited to two optometry consultations per beneficiary per annum. Third and subsequent consultations subject to pre-authorisation and Optometry Management Programme protocols.	For the following consultations: • General consultations • Contact lens consultations related to Keratoconus • Binocular vision consultations, subject to motivation by practitioner • Low vision consultations, subject to motivation by practitioner Subject to clinical protocols. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D6. DENTISTRY			
D6.1. BASIC DENTISTRY			
D6.1.1. Dental practitioners	100% of the lower of cost or Scheme Tariff, or Uniform	Unlimited.	Subject to managed healthcare protocols.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	Patient Fee Schedule for public hospitals for basic dentistry including minor oral surgery (150% thereof for dental specialists in hospital). Removal of wisdom teeth in the rooms will be covered at 200% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals. Includes removal of teeth and roots, removal of wisdom teeth, exposure of teeth for orthodontic reasons and suturing of traumatic wounds, cone beam computed tomography scans. Oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such dentistry.	Member responsible for a R1 500 direct member co-payment for procedures done in hospital. Co-payment does not apply to hospital account. **Note**: The above co-payment may be waived subject to clinical motivation and approval by the relevant managed healthcare programme.	General anaesthetics, conscious analgo sedation and hospitalisation for dental work will only be granted benefits for beneficiaries: • under the age of 8 years; or • bony impaction of the third molars. All general anaesthetics and conscious analgo sedation for dentistry, regardless of where it is performed, must be pre-authorised. Should bony impactions (that would have otherwise been authorised under general anaesthetic) be performed under conscious sedation in rooms, the treating provider will be paid at the lower of cost or 100% of Scheme Tariff including, but not exceeding, an additional 100% of Scheme Tariff, subject to pre-authorisation and managed healthcare protocols. Lingual and labial frenectomies under GA granted for beneficiaries under the age of 8 years, subject to pre-authorisation and managed healthcare protocols.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D6.1.2. Dental therapists	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for basic dentistry performed by a dental therapist.	Unlimited.	Subject to managed healthcare protocols. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D6.2. ADVANCED DENTISTRY	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals (150% thereof for dental specialists in hospital). Includes services for inlays, crowns, bridges, mounted study models, metal base partial and complete dentures, the treatment by periodontists, prosthodontists and dental technicians' fees. Excludes hospital and related costs.	Limited to R12 000 per beneficiary and further limited to R15 500 per family. Member responsible for a 20% deductible co-payment.	Subject to managed healthcare protocols. This benefit excludes oral medical procedures as it is covered under services as mentioned elsewhere in this Annexure. See D6.1.1. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D6.2.1.	**Dental technicians (Advanced and Basic dentistry)**	See D6.2.	Limited to and included in D6.2.	See D6.2. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D6.2.2.	**Osseo-integrated implants (in-and-out of hospital)**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals (150% thereof for dental specialists in hospital).	Limited to R19 250 per family for the implants. Member responsible for a 20% deductible co-payment. Co-payment does not apply to hospital account.	Subject to pre-authorisation and managed healthcare protocols. This benefit limit includes all stages of treatment required to achieve the result of placing an implant supported tooth or teeth into spaces left by previous removal of natural teeth, the surgical augmentation of jaw and surgical placement and exposure of implant/s. This benefit limit includes the cost of the implant procedure e.g., implant placement and exposure, the cost of materials, all implant components, plates, screws, bone, and bone equivalents. This benefit limit includes the associated hospital costs e.g., theatre,

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			accommodation, surgeon's fees, and anaesthetist's fees. This benefit limit excludes the cost of special investigations and the implant supported crown which are subject to the advanced dentistry limit in D6.2. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D6.2.3. Orthognathic surgery (functional correction of malocclusions)	100% (150% for dental specialists in hospital) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for all services rendered, including the cost of special investigations, hospitalisation, all general and specialist dental practitioners, their assistants and anaesthetist as well as the cost of materials, plates, screws and bone equivalents.	Limited to and included in D6.2. Member responsible for a 20% deductible co-payment. Co-payment does not apply to hospital account.	Subject to pre-authorisation and managed healthcare protocols. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D6.2.4.1.	**Specific Oral surgery by maxillo-facial specialists: consultations and visits, removal of teeth, para-orthodontic surgical procedures and preparation of jaws for prosthetics**	100% (150% in hospital or procedures under conscious sedation in rooms, subject to pre-authorisation) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals.	Limited to and included in D6.2 (advanced dentistry limit). Member responsible for a 20% deductible co-payment.	Subject to pre-authorisation and managed healthcare protocols. This benefit does not include the following as they are covered under services elsewhere in this Annexure: • Osseo-integrated implantation (D6.2.2) • Orthognathic surgery (D6.2.3) • Impacted wisdom teeth (D6.1; basic dentistry) • Maxillo-facial surgery (D6.2.4.2) Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D6.2.4.2.	**Maxillo-facial surgery – surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in D6 and its sub-paragraphs.**	100% (150% for specialists in hospital) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule. For the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. This benefit excludes the following as they are covered under services as mentioned elsewhere in this Annexure: • Osseo-integrated implantations (D6.2.2)

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	specifically mentioned elsewhere in D6 and its sub-paragraphs.		• Orthognathic surgery (D6.2.3) • Specific oral surgery by maxillo-facial specialists (D6.2.4.1) • Impacted wisdom teeth (D6.1; basic dentistry) 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D6.2.5. Orthodontic treatment	100% of the lower of cost or Scheme Tariff.	Limited to and included in D6.2. Member responsible for a 20% deductible co-payment.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7. HOSPITALISATION			
D7.1. Private hospitals, day clinics and unattached operating theatres			
D7.1.1. Hospitalisation	100% of the lower of cost or Scheme Tariff, or Uniform	Unlimited.	Subject to pre-authorisation and managed healthcare protocols.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	Patient Fee Schedule for public hospitals for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.		This benefit excludes hospitalisation for the following as they are covered under services as mentioned elsewhere in this Annexure: • Osseo-integrated implants, and orthognathic surgery (D6) • Maternity (D10) • Mental health (D12) • Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) • Refractive surgery (D23) 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.1.1.1. Medicine on discharge from hospital (TTO)	See D11.1.	Limited to and included in D11.1.1.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D7.1.1.2. Casualty/emergency room visits			

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D7.1.1.2.1. Facility fee	100% of the lower of cost or Scheme tariff or Uniform Public Fee Schedule for public hospitals.	Unlimited. Member responsible for a 20% deductible co-payment.	If a retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies, no deductible co-payment will apply. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.1.1.2.2. Consultations	See D5.	Limited to and included in D5.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.1.1.2.3. Medicine	See D11.1.	Limited to and included in D11.1. or D11.3.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D7.2. PUBLIC HOSPITALS			
D7.2.1. Hospitalisation	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for accommodation,	Unlimited.	Subject to pre-authorisation and managed healthcare protocols:

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.		This benefit excludes hospitalisation for the following as they are covered under services as mentioned elsewhere in this Annexure: • Osseo-integrated implants, and orthognathic surgery (D6) • Maternity (D10) • Mental health (D12) • Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) • Refractive surgery (D23) 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.2.2. Medicine on discharge from hospital (TTO)	See D11.1.1.	Limited to and included in D11.1.1.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D7.2.3. Out-patient services			

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D7.2.3.1.	**Facility fee**	100% of the lower of cost or Scheme tariff or Uniform Public Fee Schedule for public hospitals.	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.2.3.2.	**Consultations**	See D5.	Limited to and included in D5.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.2.3.3.	**Medicine**	See D11.1.	Limited to and included in D11.1. or D11.3.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D7.2.4.	**Casualty/emergency room visits**			
D7.2.4.1.	**Facility fee**	100% of the lower of cost or Scheme tariff or Uniform Public Fee Schedule for public hospitals.	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.2.4.2.	**Consultations**	See D5.	Limited to and included in D5.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D7.2.4.3.	**Medicines**	See D11.1.	Limited to and included in D11.1. or D11.3.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D7.3.	**ALTERNATIVES TO HOSPITALISATION**	100% of the lower of cost or Scheme Tariff.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.
D7.3.1.	**Physical rehabilitation hospitals**	See D7.3.	Unlimited.	See D7.3. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.3.2.	**Sub-acute facilities**	See D7.3.	Unlimited.	See D7.3. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.3.3.	**Hospice**	See D7.3.	Unlimited.	See D7.3.

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
				100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.3.4	**Home-based healthcare for clinically appropriate chronic and acute treatment and conditions that can be treated at home**	100% of the lower of cost or Scheme Tariff.	Unlimited.	Subject to authorisation and/or approval, the Scheme's preferred provider (where applicable) and the treatment meeting the Scheme's treatment guidelines and clinical and benefit entry criteria. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.3.5	**Advanced Illness Benefit**	100% of the lower of cost or Scheme Tariff.	Unlimited.	Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical and benefit entry criteria.
D7.3.6.	**NURSING SERVICES**			
D7.3.6.1.	**Nursing agencies – as an alternative to hospitalisation**	See D7.3.	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D7.3.6.2. Private nurse practitioners – as an alternative to hospitalisation	See D7.3.	Unlimited.	This benefit includes psychiatric nursing but excludes midwifery services as they are covered under services as mentioned elsewhere in this Annexure. Also refer to paragraph D10, D12 and D17.8. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D8. IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals and paragraph 7.2 of Annexure D.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols, including medicine formularies and case management. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D8.1. Anti-retroviral medicines	See D11.1.	Limited to and included in D8.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D8.2.	**Related medicines**	See D11.1.	Limited to and included in D8.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D8.3.	**Related pathology**	See D18.1 and D18.2.	Limited to and included in D8.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D8.4.	**HIV Counselling and Testing (HCT)**	See D8.	Limited to and included in D8.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D8.5.	**All other services**	See D1 to D7 and D9 to D24.	Limited to and included in D1 to D7 and D9 to D24.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

D9. INFERTILITY	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals.	Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.	Subject to pre-authorisation and managed healthcare protocols. This benefit includes the following procedures or interventions:
			• Hysterosalpingogram
			• The following blood tests:
			  ○ Day 3 FSH/LH
			  ○ Oestradiol
			  ○ Thyroid function (TSH)
			  ○ Prolactin
			  ○ Rubella
			  ○ HIV
			  ○ VDRL
			  ○ Chlamydia
			  ○ Day 21 Progesterone
			• Laparoscopy
			• Hysteroscopy
			• Surgery (uterus and tubal)
			• Manipulation of ovulation defects and deficiencies
			• Semen analysis (volume; count; mobility; morphology; MAR-test)
			• Basic counselling and advice on sexual behaviour, temperature charts, etc.
			• Treatment of local infections
			
			100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D10. MATERNITY			
D10.1. Confinement in hospital	100% (150% for specialists and general practitioners in hospital) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals, for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items, for delivery by a specialist or general practitioner.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. Delivery by a general practitioner or medical specialist and the services of the attendant paediatrician and/or anaesthetists are included. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D10.1.1. Medicine on discharge from hospital (TTO)	See D11.1.	Limited to and included in D11.1.1.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D10.2. Confinement in a registered birthing unit by a Midwife	See D10.1.	Unlimited. Includes: 4 x post-natal midwife consultations per event as per D10.3.	Subject to pre-authorisation and managed healthcare protocols. Delivery by a midwife. Not subject to specialist referral. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
				for a PMB condition/emergency, subject to PMB regulations.
D10.3.	**Confinement out of hospital by a Specialist, General Practitioner of Midwife**	100% of the Society for Private Nurse Practitioners of South Africa rates, or, in the absence of such fee, 100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for the delivery by a specialist, general practitioner or midwife.	Unlimited. Includes: 4 x post-natal midwife consultations per event as per D10.2.	Subject to registration on the Maternity Management Programme and managed healthcare protocols. Not subject to specialist referral. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D10.3.1.	**Consumables and pharmaceuticals for Midwifes out of hospital**	See D.10.1.	Limited to and included in D10.1.	Benefit for registered medicines, dressings and materials supplied by a midwife out of hospital. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D10.4.	**Antenatal consultations by a Specialist, General Practitioner or Midwife**	100% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals.	Limited to 12 consultations per pregnancy. Member responsible for a 20% deductible co-payment, on the consultation code, for	Subject to registration on the Maternity Management Programme and treatment plan. This benefit is not subject to the GP consultation limit provided for in D5.1.2, where beneficiaries have

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		consultations and visits with a non-PGP.	registered on the Maternity Management Programme. GP referral to a specialist is not required for maternity-related consultations, subject to registration on the Maternity Management Programme. Where beneficiaries have not registered on the Maternity Management Programme, benefits will be as for out-of-hospital GP and Specialist consultations (D5), subject to any limits and co-payments that may apply. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D10.5. Maternity-related scans, non-invasive prenatal testing (NIPT) and amniocentesis	100% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals.	- 2 X 2D pregnancy scans per pregnancy, and - One amniocentesis or NIPT per event including related	Subject to registration on the Maternity Management Programme and managed healthcare protocols. Where beneficiaries have not registered on the Maternity Management Programme, benefits will be as for out-of-hospital radiology and pathology (D21 and D18).

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		pathology and radiology.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D10.6. Antenatal classes – benefit subject to registration on the Maternity Management Programme	100% of the lower of cost or Scheme tariff.	R525 per pregnancy.	Benefits are available via Preferred Provider or own provider, subject to registration on the Maternity Management Programme.
D10.7. Lactation consultations – benefit subject to registration on the Maternity Management Programme	100% of the lower of cost or Scheme tariff.	Combined limit of R700 for initial and follow-up consultation, per pregnancy.	Benefits are available via Preferred Provider or own provider, subject to registration on the Maternity Management Programme.
D10.8. Antenatal vitamin supplements	See D11.1.3.	See D11.1.3.	
D11. PRESCRIBED MEDICINE AND INJECTION MATERIAL			
D11.1. Acute medicine	In respect of legally prescribed medicine:	Limited as follows: M+0 = R5 500	The Prescribed Minimum Benefits (PMB) Exclusion List, quantity limits

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	100% of the lower of: (i) the cost to the supplier plus the negotiated mark-up, or (ii) the single exit price plus the negotiated dispensing fee. Both subject to the reimbursement limit, i.e., Maximum Generic Price or Formulary Price List; levies and co-payments to apply where relevant.	M+1 = R10 150 M+2 = R12 700 M+3+ = R16 250 Limits subject to a further sub limit of R5 500 per beneficiary. Member responsible for a 20% deductible co-payment.	for sedatives, analgesics and opioids/hypnotics, relevant managed healthcare programmes and protocols are applicable. This benefit excludes the following as they are covered under services as mentioned elsewhere in this Annexure: • In-hospital medicine (D7) • Anti-retroviral medicine (D8) • Antenatal vitamin supplements, subject to registration on maternity management programme and maternity care plan (D11.1.3) • Oncology medicine (D14) • Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) This benefit includes prescribed medication for Alternative Healthcare (D1.2) Homeopathic and Naturopathic medication is only available if prescribed by a registered General

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			and Dental Practitioner, Homeopath, Naturopath or Specialist. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D11.1.1. Medicine on discharge from hospital (TTO)	In respect of legally prescribed medicine: 100% or the lower of: (i) the cost to the supplier plus the negotiated mark-up, or (ii) the single exit price plus the negotiated dispensing fee. Both subject to the reimbursement limit, i.e., Generic Price.	Limited to R880 per beneficiary per admission. Anticoagulants post-surgery will be subject to the relevant managed healthcare programme. Limited to and included in the annual limit.	Anticoagulants post-surgery will be subject to the relevant managed healthcare programme. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D11.1.2. Contraceptives: • **Oral Contraceptives**	In respect of legally prescribed medicine: 100% or the lower of:	Limited to and included in D11.1.	Consultations, procedures, and tests are excluded from the contraceptives benefit as they are covered under

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
• **Injectable Contraceptives** • **Contraceptive Patches** • **Contraceptive Vaginal Rings** • **Contraceptive Implants** • **Intrauterine Devices or Systems (including Mirena device)**	(i) the cost to the supplier plus the negotiated mark-up, or (ii) the single exit price plus the negotiated dispensing fee. Both subject to the reimbursement limit, i.e., Maximum Generic Price or Formulary Price List; levies and co-payments to apply where relevant.		services as mentioned elsewhere in this Annexure. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D11.1.3. Antenatal vitamin supplements	In respect of legally prescribed medicine: 100% of the lower of cost or single exit price plus the negotiated dispensing fee. An antenatal vitamin formulary and formulary reference pricing will apply. No benefit for Pharmacy Advised Therapy (Over the Counter medicine).	Unlimited.	Subject to registration on the Maternity Management Programme, managed healthcare protocols and antenatal supplement formulary. Authorised benefits will be available from the date of enrolment on the programme, for the duration of the pregnancy plus three months following the birth. Benefits will revert to D11.1 (acute medicine), including deductible member co-payment, where the beneficiary has not registered on the Maternity Management Programme.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D11.2. Pharmacy Advised Therapy **Schedules 0, 1 and 2 medicine advised and dispensed by a registered pharmacist**	100% or the lower of the cost to the supplier plus the negotiated mark-up, or the single exit price plus the negotiated dispensing fee. Both subject to the reimbursement limit; levies and co-payments to apply where relevant.	R320 per beneficiary per day, subject to a limit of R1 550 for a single member, or R2 050 per family, per annum.	
D11.3. Chronic medicine for PMB and non-PMB chronic conditions	See D11.3.1 and D11.3.2.	R27 000 per beneficiary for both Prescribed Minimum Benefits and non-Prescribed Minimum Benefits, within the annual chronic benefit limit. Thereafter, continued benefits, unlimited, for 26 Prescribed Minimum Benefit conditions (see D11.3.1 and D11.3.2) and DTP conditions requiring chronic medical management out of hospital.	Subject to the relevant formulary as per the member's chosen Chronic Network (DSP) option, pre-authorisation and managed healthcare protocols. Each repeat restricted to a maximum of one month's supply, unless additional supplies have been authorised by the Scheme. Includes diabetic disposables such as syringes, needles, strips, and lancets. This benefit excludes the following as they are covered under services as mentioned elsewhere in this Annexure: • In-hospital medicines (D7) • Anti-retroviral drugs (D8)

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			• Oncology medicine (D14) • Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D11.3.1. Chronic Medicine for non-PMB conditions	100% of the lower of cost or Scheme's Medicine Reference Price or Formulary Reference Price, plus the negotiated dispensing fee.	Subject to and included in the limit as per D11.3. Member responsible for a 10% deductible co-payment. An additional 20% member deductible co-payment will apply for: - the use of non-formulary medicine (Comprehensive Network Option and Restricted Network Option) or	Subject to the relevant formulary as per the member's chosen Chronic Network (DSP) option, pre-authorisation and managed healthcare protocols. Members on the Comprehensive Network Option may obtain chronic medicine from any provider. Members on the Restricted Network Option must obtain chronic medicine from the DSP.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		- medicine obtained from a provider other than the Chronic Medicine DSP (Restricted Network Option only).	
D11.3.2. Chronic Medicine for PMB conditions	100% of the lower of cost or Scheme's Medicine Reference Price or Formulary Reference Price, plus the negotiated dispensing fee.	Subject to and included in the annual limit as per D11.3. A 20% member deductible co-payment will apply for: - the voluntary use of non-formulary medicine (Comprehensive Network Option and Restricted Network Option) or - voluntary use of a non-DSP (Restricted Network Option only)	Subject to the relevant formulary as per member's chosen Chronic Network (DSP) option, pre-authorisation and managed healthcare protocols. Members on the Comprehensive Network Option may obtain chronic medicine from any provider. Members on the Restricted Network Option must obtain chronic medicine from Medipost Courier Pharmacy (DSP) Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D11.4. Non-Oncology Specialised Drugs in-and-out of hospital	In respect of legally prescribed medicine: 100% or the lower of: (i) the cost to the supplier plus the negotiated mark-up, or (ii) the single exit price plus the negotiated dispensing fee. Both subject to the reimbursement limit, i.e., Maximum Generic Price or Formulary Price List; levies and co-payments to apply where relevant.	Limited to R200 000 per family.	Subject to pre-authorisation and managed healthcare protocols. The non-oncology specialised drug list is a continuously evolving list of drugs, used for the treatment of chronic conditions. This list includes, but is not limited to, biological drugs (for example, biological therapy for inflammatory arthritides, inflammatory bowel disease, chronic demyelinating polyneuropathies, chronic hepatitis, botulinum toxin, palivizumab). Unless otherwise stated, for any other diseases where the use of the drug is deemed appropriate by the managed health care organization, drugs will be funded from this benefit. Subject to a published list. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
				PMB condition/emergency, subject to PMB regulations.
D11.4.1.	**Drugs applicable for the treatment of macular degeneration**	See D11.4.	Limited to R53 400 per family and included in D11.4.	Subject to pre-authorisation and managed healthcare protocols. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D11.5.	**Oncology Specialised Drugs**	See D14.2.3.	Limited to and included in D14.2.3.	See D14.2.3. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D11.6.	**Drugs applicable for the treatment of Multi-Drug Resistant TB (MDR-TB) and Extensive Drug Resistant TB (XDR-TB)**	See D11.4.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			condition/emergency, subject to PMB regulations.
D12. MENTAL HEALTH (INCLUDING REHABILITATION FOR SUBSTANCE ABUSE)		Limited to R56 300 per family.	Benefit for psychologists, psychiatrists and other registered mental health practitioners. Hospitalisation and in-hospital benefits subject to pre-authorisation. See D25.4 for additional benefits subject to registration on the Mental Health Programme. Continued benefits for PMBs, subject to registration on the Mental Health Programme and PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D12.1. In hospital (at accredited facility)	100% (150% for specialists in hospital) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical	Limited to a maximum of three days hospitalisation for beneficiaries admitted by a general practitioner or Specialist Physician. Limited to and included in D12.	Subject to pre-authorisation and managed healthcare protocols. Additional hospitalisation to be motivated by the medical practitioner and pre-authorised by the relevant managed healthcare programme.

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		items, in-hospital consultations and procedures performed by general practitioners and psychiatrists or psychologists.		Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D12.1.1.	**Medicine on discharge from hospital (TTO)**	See D11.1.	Limited to and included in D11.1.1.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D12.2.	**Related Medicine**	See D11.1.	Limited to and included in D11.1 or D11.3.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D12.3.	**Consultations and visits, procedures, assessments, therapy, treatment and/or counselling (out of hospital)**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals if performed by psychiatrists, general practitioners, psychologists, psychometrists or registered counsellors at the supplier's rooms or in medical facility, including a registered public	Limited to R20 000 per family and included in D12 and subject to the Regulations. Member responsible for a 20% deductible co-	No co-payment will apply if patient is registered on the Mental Health Programme. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	hospital outpatient department, when a patient has not been admitted to a hospital or accredited facility.	payment on the consultation code.	
D13 NON-SURGICAL PROCEDURES AND TESTS			
D13.1. Non-surgical procedures: In hospital	100% (150% for specialists in hospital) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for hospitals for all non-surgical procedures performed by a general practitioner and medical specialist or clinical technologist.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols (in hospital only). This benefit excludes the following as they are covered under services as mentioned elsewhere in this Annexure: • Psychiatry and Psychology (D12) • Optometric examinations (D15) • Pathology (D18) • Radiology (D21) 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D13.1.1.	**Sleep studies for evaluation of central sleep apnoea: Overnight Polysomnogram and CPAP Titration** **(In-and-out of hospital)**	See D13.1.	Unlimited.	If authorised by the relevant managed healthcare programme for dyssomnias e.g., central sleep apnoea, parasomnias, or medical/psychiatric sleep disorders as part of neurological investigations if requested and motivated by a Neurologist. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D13.2.	**Non-surgical procedures: Out of hospital**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals, for all non-surgical procedures performed by a general practitioner and medical specialist or clinical technologist.	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D13.2.1.	**Specific non-surgical procedures in practitioner's rooms:**	See below	See below.	See below.
D13.2.1.1.	**For all procedures below:** • **24 hr oesophageal PH studies**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals, for these non-surgical	Unlimited.	Includes related consultation, materials, pathology, and radiology if done on the same day.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
• **Breast fine needle biopsy** • **Cystoscopy** • **Oesophageal motility** • **Prostate needle biopsy**	procedures performed by a general practitioner and medical specialist or clinical technologist in the rooms.		No co-payment applicable. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D13.2.1.2. For all procedures below: • **Colonoscopy** • **Gastroscopy** • **Sigmoidoscopy** • **Proctoscopy** • **Flexible nasopharyngolaryngoscopy**	200% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals, for these non-surgical procedures performed by a general practitioner and medical specialist in the rooms.	Unlimited.	No co-payment applicable. Subject to pre-authorisation and managed healthcare protocols. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D14. ONCOLOGY		Limited to R580 000 per family.	Benefit includes bras and wigs.
D14.1. Pre-active treatment period	100% of the lower of cost or Scheme for oncologists and haematologists consultations, visits, radiology, and pathology.	Limited to and included in D14.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D14.2. Active treatment period	100% (150% for specialists in hospital) of the lower of cost or Scheme Tariff, or Uniform	Limited to and included in D14.	Subject to pre-authorisation and managed healthcare protocols.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	Patient Fee Schedule for public hospitals for oncologists, haematologists and credentialed medical practitioners, consultations, visits, treatment and materials used in radiotherapy and chemotherapy.		Oncology Medicine and Consumables will be subject to a DSP. Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Paragraphs D1-D13 and D15 - D24 apply. Including Specialised Drugs for Oncology treatment where specific benefits have been included. See D14.2.3. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D14.2.1. Related Medicine	See D11.3.	Limited to and included in D14.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D14.2.2. Related Radiology and pathology	100% of the lower of cost or Scheme Tariff or Uniform	Limited to and included in D14.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	Patient Fee Schedule for public hospitals, for general and specialised radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the oncology treatment.		PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D14.2.3. Oncology Specialised Drugs in-and-out of hospital	In respect of legally prescribed medicine. 100% or the lower of: (i) the cost to the supplier plus the negotiated mark-up, or (ii) the single exit price plus the negotiated dispensing fee to a maximum fee as dictated by legislation.	Limited to R220 000 per family and included in D14.	Subject to pre-authorisation and managed healthcare protocols. The Oncology Specialised Drug List is a continuously evolving list of drugs used for the treatment of cancers and certain haematological conditions. This list includes but is not limited to targeted therapies e.g., biologicals, tyrosine kinase inhibitors, and other non-genericised chemotherapeutic agents. Subject to a published list. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D14.2.4.	**Flushing of J line and/or Port during the active treatment period**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologists and credentialed medical practitioners, treatment and materials.	Limited to and included in D14.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D14.2.5.	**Brachytherapy materials (including seeds and disposables)**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for radiation oncologists.	Limited to R51 000 per family per annum and included in D14.	Subject to pre-authorisation and managed healthcare protocols. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D14.3.	**Post active treatment period**	100% of the lower of cost or Scheme Tariff or the Uniform Patient Fee Schedule for public hospitals for consultations by oncologists, haematologists and credentialed medical practitioners, general and specialised radiology and pathology services performed by pathologists, radiologists and haematologists during the remission period.	Limited to and included in D14. Prescribed Minimum Benefits related services will be paid in accordance with public sector practice / protocols.	Subject to pre-authorisation and managed healthcare protocols. Treatment as specified by the relevant managed healthcare programme. Medicine subject to generic reference pricing. Should the condition go out of remission, the active treatment benefit

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			will become applicable and payable from D14. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D14.3.1. Flushing of J line and/or Port during the post-active treatment period	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologists and credentialed medical practitioners, treatment and materials during the remission period.	Limited to and included in D14.	Treatment as specified by the relevant managed healthcare programme. Should the condition go out of remission, the active treatment benefit will become applicable and payable from D14. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D14.4. PET and PET-CT	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals.	Limited to (2) two per family (restricted to staging of malignant tumours).	Subject to pre-authorisation, preferred provider arrangements and managed healthcare protocols.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		Limited to and included in D14.	Specific authorisations are required in addition to any other authorisation that may have been obtained for hospitalisation. Network applies. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D15. OPTOMETRY			
D15.1. Consultations and Visits – Optometrists:	See below:	Limited to two optometry consultations per beneficiary per annum. Third and subsequent optometry consultations only covered subject to pre-authorisation and managed healthcare protocols.	See D5.3.1
D15.2. OPTICAL APPLIANCE BENEFIT	See below:	See below:	

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D15.2.1.	**Spectacle lenses, spectacle frames, lens enhancements, tinted lenses for albinism, contact lenses (general) and readers - In and out of Network**	100% of the lower of cost or Scheme tariff.	Limited to R4 720 per beneficiary on a 24-month benefit cycle, with effect from 1 January 2023.	Lens enhancements and frames only covered when claimed in conjunction with clinically appropriate spectacle lenses. No benefit for cosmetic enhancements to spectacle lenses and contact lenses. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D15.2.2.	**Diagnostic Procedures**	100% of the lower of cost or Scheme tariff.	Limited to and included in D5.3.1.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D15.2.3.	**Contact lenses – Keratoconus**	100% of the lower of cost or Scheme tariff.	Limited to R2 788 per lens per beneficiary per annum, and further limited to and included in D3.1.1.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D16. ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNOSUPPRESSIVE MEDICATION	100% (150% for specialists in hospital) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for the harvesting of the organ/s or haemopoietic stem cells (bone marrow) and the transplantation thereof.	Unlimited, except for bilateral corneal grafts (see D16.5).	Subject to the relevant managed healthcare programme and to its prior authorisation. For the work-up and harvesting of the organ/s or Haemopoietic stem cells (bone marrow) and the transplantation thereof. Organ harvesting is limited to the Republic of South Africa. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D16.1. Haemopoietic stem cell (bone marrow) transplantation	See D16.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D16.2.	**Immuno-suppressive medicine**	In respect of legally prescribed medicine:100% of the lower of: (iii) the cost to the supplier plus the negotiated mark-up, or (iv) the single exit price plus the negotiated dispensing fee. Both subject to the reimbursement limit, i.e., Maximum Generic Price or Formulary Price List; levies and co-payments to apply where relevant.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. Generic reference pricing/formularies may apply. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D16.3.	**Post transplantation biopsies and scans**	See D16.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D16.4.	**Related Radiology and pathology**	100% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals for specified radiology and pathology services, performed by pathologists,	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	radiologists and haematologists, associated with the transplantation treatment.		condition/emergency, subject to PMB regulations.
D16.5. Corneal Grafts	See D16.	Limited to R40 000 per beneficiary per graft.	Subject to pre-authorisation and managed healthcare protocols. Organ harvesting for corneal grafts is not limited to the Republic of South Africa. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D17. ADDITIONAL MEDICAL SERVICES (IN-AND-OUT OF HOSPITAL)	See D1.1 and D7.3.	See D1.1 and D7.3.	
D18. PATHOLOGY AND MEDICAL TECHNOLOGY			
D18.1. Pathology: In hospital	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	hospitals for all tests performed by a pathologist or medical technologist.	Subject to a DSP i.e., Ampath, Lancet, Pathcare and Vermaak. Subject to the DSP for pathology at negotiated rates. 100% of Scheme tariff for services rendered by non-DSP providers.	for a PMB condition/emergency, subject to PMB regulations.
D18.2. Pathology: Out of hospital	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for all tests performed by a pathologist or medical technologist and a specified list of pathology tariff codes for general practitioners.	Limited to R5 500 per beneficiary. Subject to the DSP for pathology at negotiated rates. 100% of Scheme tariff for services rendered by non-DSP providers.	This benefit excludes a specified list of pathology tariff codes included in the following as they are covered under services as mentioned elsewhere in this Annexure: • The maternity benefit (D10) • The Oncology benefit during the pre, active and/or post active treatment period (D14) • The organ, tissue and haemopoietic benefit (D16) • The renal dialysis chronic benefit (D22) Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			condition/emergency, subject to PMB regulations.
D19. PHYSICAL THERAPY			
D19.1. In-hospital Physiotherapy and Biokinetics	100% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals.	Unlimited.	Subject to referral by the treating Healthcare Professional for services rendered whilst in hospital. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D19.2. Post hospitalisation	100% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals.	100% of cost or Scheme Tariff, whichever is the lesser, up to maximum of 10 appointments of treatment within 30 days of discharge from the hospital.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D19.3. Out-of-hospital Physiotherapy, Biokinetics and Chiropractics	100% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals.	Limited to R5 200 per beneficiary. Member responsible for a 20% deductible co-payment on consultation code.	This benefit excludes X-rays performed by chiropractors. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			condition/emergency, subject to PMB regulations.
D20. PROSTHESES AND DEVICES INTERNAL AND EXTERNAL			
D20.1. Prostheses and devices Internal (surgically implanted)	100% of the lower of cost or Scheme Tariff, including all accompanying temporary, or permanent devices used to assist with the guidance, alignment or delivery of these.	Limited to R65 000 per beneficiary.	Subject to pre-authorisation, managed healthcare protocols and preferred provider agreements. Hip and knee: Bilateral prostheses will be reimbursed to the lower of the claimed amount or the maximum of double the value of a single prosthesis. This benefit excludes the following as it is covered under services as mentioned elsewhere in this Annexure: • Osseo-integrated implants for the purpose of replacing a missing tooth or teeth (D6) Prostheses and devices internal (surgically implanted), including all temporary prostheses, or/and all accompanying temporary or

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			permanent devices used to assist with the guidance, alignment or delivery of these internal prostheses and devices. This includes bone cement, bone graft substitutes and bone anchors. Benefits for cochlear implants and upgrade or replacement of speech processors are dealt with elsewhere in this Annexure (D3.1.2.7 and D3.1.2.8). Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D20.1.1. Intraocular lenses (specialised and basic lenses)	100% of the lower of cost or Scheme Tariff.	Limited to R3 160 per lens (total of R6 320 for both lenses) per beneficiary, subject to D20.1.	Subject to pre-authorisation and managed healthcare protocols. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			condition/emergency, subject to PMB regulations.
D20.1.2. Ocular prostheses	100% of the lower of cost or Orthotic and Prosthetic Schedule as prescribed by a medical practitioner.	Limited to and included in D20.2.	Subject to pre-authorisation and managed healthcare protocols. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D20.2. Prostheses (external)	100% of the lower of cost or Orthotic and Prosthetic Schedule as prescribed by a medical practitioner.	Limited to R69 400 per beneficiary.	The benefit includes the following: • Artificial eyes (Ocular prostheses) • Artificial limbs (arms and legs) • External breast prostheses Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D20.3 Home-monitoring devices for clinically appropriate chronic and acute conditions	Up to a maximum of 100% of the Scheme Tariff.	Up to R4 250 per person per annum.	The device must be approved by the Scheme, subject to the Scheme's protocols and clinical and benefit entry criteria.
D21. RADIOLOGY (INCLUDING CONSUMABLES)			
D21.1. General radiology In-and-out of hospital			
D21.1.1. General radiology: In hospital	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for diagnostic radiology tests and ultrasound scans.	Unlimited.	Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units. Bone density scans are subject to pre-authorisation and managed healthcare protocols, unless provided for as part of the preventative care screening benefit in D24.6. A second bone density scan for a beneficiary within the same benefit year, irrespective of which benefit category applies (D21.1.1 or D21.1.2 or D24.6), will not be covered unless clinically motivated and pre-authorised by the Scheme.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D21.1.2. General radiology: Out of Hospital	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for diagnostic radiology tests and ultrasound scans.	Unlimited.	This benefit excludes a specified list of radiology tariff codes included in the following as they are covered under services as mentioned elsewhere in this Annexure: • maternity benefit (D10) • oncology benefit during the pre, active and/or post active treatment period (D14) • organ, tissue and haemopoietic stem cell transplantation benefit (D16) • renal dialysis chronic benefit (D22) Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units. Bone density scans are subject to pre-authorisation and managed healthcare protocols,

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			unless provided for as part of the preventative care screening benefit in D24.6. A second bone density scan for a beneficiary within the same benefit year, irrespective of which benefit category applies, will not be covered unless clinically motivated and pre-authorised by the Scheme. Network applicable to additional specially qualified radiographers conducting maternity scans. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D21.2. Specialised radiology In-and-out of hospital	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals.	Limited to R25 600 per family.	Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following: • CT scans • MUGA scans • MRI scans • Radio isotope studies

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
				Bone density scans are excluded from the limit in D21.2, as they are dealt with elsewhere in this Annexure (D21.1.1, D21.1.2 and D24.6). Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D21.2.1.	**CT colonography (virtual colonoscopy)**	100% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals.	Limited to one per beneficiary per annum and limited to and included in D21.2.	Subject to pre-authorisation and managed healthcare protocols. Restricted to the evaluation of symptomatic patients only. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D21.2.2.	**MDCT Coronary Angiography**	100% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals.	Limited to one per beneficiary per annum and limited to and included in D21.2.	Subject to pre-authorisation and managed healthcare protocols.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			Restricted to the evaluation of symptomatic patients only. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D21.3. Interventional radiology replacing surgical procedures	150% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals when performed by credentialed radiologists, physicians, and surgeons.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D22. RENAL DIALYSIS CHRONIC			
D22.1. Haemodialysis and peritoneal dialysis	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for all services, medicine and materials associated with the cost of renal dialysis.	Unlimited.	Subject to managed healthcare protocols. Authorised Erythropoietin is included in paragraph D4. This benefit excludes the following as it is covered under services as

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			mentioned elsewhere in this Annexure: Acute renal dialysis, included in D7. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D22.2. Related Radiology and pathology	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for specified radiology and pathology services.	Limited to and included in D22.1.	As specified by the relevant managed healthcare programme. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D23. SURGICAL PROCEDURES			
D23.1. Surgical procedures: In hospitals, day clinics and unattached operating theatres	100% (150% for specialists in hospital) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for surgical procedures performed by a general or dental practitioner, medical or dental specialist.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. This benefit excludes the following as they are covered under services as mentioned elsewhere in this Annexure: • Osseo-integrated implants, orthognathic and oral surgery (D6)

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
				• Maternity (D10) • Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D23.1.1.	**Refractive surgery (such as Lasik, Radial Keratotomy and Phakic lens insertion for all services)**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for refractive surgery.	Limited to R15 100 per beneficiary per lifetime for both lenses where applicable.	Subject to pre-authorisation and managed healthcare protocols. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D23.1.2.	**Maxillo facial surgery – In and-out of hospital**	See D6.2.4.1 and D6.2.4.2.	See D6.2.4.1 and D6.2.4.2.	
D23.2.	**Surgical procedures: Out of hospital in practitioner's rooms**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for surgical procedures performed by a	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. Only where a hospital procedure is performed in the practitioner's rooms

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	general practitioner or specialist.		and is approved, will it be limited to and included in D7. This benefit excludes the following as they are covered under services as mentioned elsewhere in this Annexure: • Osseo-integrated implantations (D6) • Orthognathic, maxillo-facial surgery and specific oral surgery (D6) • Maternity (D10) • Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) • Specific surgical procedures in practitioners' rooms (D23.3) 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D23.3. SPECIFIC SURGICAL PROCEDURES IN PRACTITIONERS' ROOMS:			

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D23.3.1. The following specified surgical procedures in rooms: • **Circumcision** • **Excision of nail bed** • **Vasectomy**	200% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for these specified surgical procedures in the rooms.	Unlimited.	Includes related consultation, materials, pathology, and radiology if done on same day. No co-payment applicable. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D23.3.2. The following specified surgical procedures in rooms: • **Laser Tonsillectomy**	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for these specified surgical procedures in the rooms.	Unlimited.	Includes related consultation, materials, pathology, and radiology if done on same day. No co-payment applicable. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D23.4. Hip or knee arthroplasties and/or -replacements	100% of the lower of cost or Scheme Tariff.	A negotiated global fee is payable to the preferred providers.	Subject to pre-authorisation, use of network where applicable and managed healthcare protocols. Prostheses is included in paragraph D20.1.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D24. PREVENTATIVE CARE BENEFIT	100% of the lower of cost or Scheme tariff for listed procedures and tests. For medicines and injection materials: See D11.	See sub-paragraphs below.	Excludes consultation costs for all procedures and tests after the first visit to a general practitioner within this programme as they are covered under services as mentioned elsewhere in this Annexure.
D24.1. Pap smear and liquid-based cytology test	See D24.	Limited to one pap smear and one liquid-based cytology test per female beneficiary aged 21 years and older per annum.	Additional test is subject to protocols. Where a beneficiary is not eligible for the preventative care benefit as per this D24.1, the pathology benefit in D18 and/or Prescribed Minimum Benefits will apply.
D24.2. Midstream urine dipstick test	See D24.	Limited to one test per beneficiary per annum.	All further tests revert to the pathology benefit in D18 and Prescribed Minimum Benefits; clinical and funding protocols may apply.
D24.3. Mammogram	See D24.	Limited to one mammogram per female beneficiary aged 40 to 49 years every two years	Where a beneficiary is not eligible for the preventative care benefit as per this D24.3, the radiology benefit in D21 and/or Prescribed Minimum Benefits will apply.

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			or one mammogram per female beneficiary aged 50 years and older per annum.	Consideration will be given to additional cover for high risk cases, subject to motivation.
D24.4.	**Cholesterol test, including a lipogram**	See D24.	Limited to one test per beneficiary aged 20 years and older per annum.	Where a beneficiary is not eligible for the preventative care benefit as per this D24.4, the pathology benefit as per D18 and/or Prescribed Minimum Benefits will apply.
D24.5.	**Blood glucose test**	See D24.	Limited to one test per beneficiary per annum.	All further tests revert to the pathology benefit in D18 and Prescribed Minimum Benefits; clinical and funding protocols may apply.
D24.6.	**Bone density scan**	See D24.	Limited to one scan per female beneficiary aged 55 years and older every two years and one scan per male beneficiary aged 70 years and older every two years.	Where a beneficiary is not eligible for the preventative care benefit as per this D24.6, the radiology benefit as per D21.1.1 and/or D21.1.2 and/or Prescribed Minimum Benefits, will apply.
D24.7.	**Flu vaccination**	See D24.	Limited to one vaccination per beneficiary aged 6 months and older per annum.	

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D24.8.	**Pneumococcal vaccination**	See D24.	Limited to one vaccination per beneficiary aged 18 years and older every five years.	
D24.9.	**Preventative Medical examination: General practitioner**	See D24.	Limited to one visit per beneficiary per annum. Does **not** attract a 20% co-payment on consultation code.	The annual preventative medical examination does not form part of the GP consultation limit in D5.1.2. All further consultations revert to the GP consultation benefits in D5.1.
D24.10.	**HPV Vaccine**	See D24.	Limited to one course per lifetime per beneficiary.	
D24.11.	**Faecal Occult Blood Test (Colorectal screening)**	See D24.	Limited to one test per beneficiary aged 50 years and older per annum.	All further tests revert to the pathology benefit in D18 and Prescribed Minimum Benefits; clinical and funding protocols may apply.
D24.12.	**Prostate Specific Antigen test (PSA)**	See D24.	Limited to one test per male beneficiary aged 40 years and older per annum.	All further tests revert to the pathology benefit in D18 and Prescribed Minimum Benefits; clinical and funding protocols may apply.
D24.13.	**Health Risk Assessments – consists of:** **body mass index, blood pressure, cholesterol**	100% of the lower of cost or Scheme tariff.	Benefit limited to beneficiaries aged 18 and above.	For services rendered at a contracted Pharmacy or Biokineticist.

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	(finger-prick test) and blood sugar (finger prick test)		Limited to one health risk assessment at contracted providers, per beneficiary per annum.	
D24.14.	**HIV screening tests**	See D24.	Limited to one screening test per beneficiary per annum.	All further tests revert to the Immune Deficiency Syndrome benefit in D8 in line with prescribed minimum benefits and/or to the pathology benefit in D18 as applicable.
D24.15.	**Child Immunisations**	See D24.	Childhood immunisations benefit is subject to the South African Expanded Programme of Immunisation and limited to course per lifetime.	Immunisation programme as per the Department of Health Protocol. Excludes consultation costs as they are covered under services as mentioned elsewhere in this Annexure.
D24.16.	**SARS-Cov-2 (COVID -19) vaccinations**	100% of cost	Unlimited.	As per Department of Health protocols.
D25. SPECIAL PROGRAMMES				
D25.1.	**Back and Neck rehabilitation programme**	100% of the lower of cost or Scheme Tariff.	Subject to contract with preferred provider.	Subject pre-authorisation, managed healthcare protocols and preferred provider contract. Spinal surgery, in or out of network, except in the case of an emergency,

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				will not be covered if a beneficiary has not been for a Document Based Care assessment.
D25.2.	**Weight Management programme**	100% of the lower of cost or Scheme Tariff.	One per beneficiary over a period of 3 months.	Subject to registration by a Biokineticist Association of South Africa (BASA) accredited healthcare provider.
D25.3.	**Mental Health programme, including rehabilitation for substance abuse (in and out of hospital)**	100% of the lower of cost or Scheme Tariff.	Once the limits in D12 have been reached, an additional amount of R14 900 will be available per beneficiary per annum registered on the programme.	Benefit for psychologists, psychiatrists, and other registered mental health practitioners. Subject to registration on the Mental Health Programme, use of a provider on the Premier Plus Network and managed healthcare protocols. No co-payment will apply if a beneficiary is on this programme. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
25.4	**Cardiovascular Disease Management for members registered on the Scheme's Disease Management Programme**	100% of the lower of cost or Scheme Tariff.	Unlimited.	Subject pre-authorisation, managed healthcare protocols and use of a provider on the Premier Plus Network.
25.5	**Disease Management for cardio-metabolic risk syndrome for members registered on the Scheme's Disease Management Programme**	100% of the lower of cost or Scheme Tariff.	Unlimited.	Subject to registration on the managed healthcare programme and use of a provider on the Premier Plus Network.

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