GLENCORE
Medical Scheme

Glencore Scheme Rules 2023

GLENCORE MEDICAL SCHEME
RULES

(With effect from 1 January 2020 unless otherwise stated)

1 NAME

The name of the Scheme is GLENCORE MEDICAL SCHEME, hereinafter referred to as the "Scheme".

2 LEGAL PERSONA

The Scheme, in its own name, is a body corporate, capable of suing and of being sued and of doing or causing to be done all such things as may be necessary for or incidental to the exercise of its powers or the performance of its powers or its functions in terms of the Medical Schemes Act and regulations and these rules.

3 REGISTERED OFFICE

The registered office of the Scheme is situated at 1 Discovery Place, Sandton, 2196, and the registered postal address is P O Box 652509, Benmore, 2010,, but the Board may transfer such office to any other location in the Republic of South Africa, should circumstances so dictate. [Replaced by Rule Amendment Registered 2019-11-08]

4 DEFINITIONS

In these rules, a word or expression defined in the Medical Schemes Act, 1998, (Act No. 131 of 1998) and its Regulations including definitions given in individual Regulations, bears the meaning thus assigned to it and, unless inconsistent with the context -

(a) a word or expression in the masculine gender includes the feminine and vice versa;

(b) a word in the singular number includes the plural, and *vice versa*;

(c) the following expressions have the following meanings:

4.1 **"Act",** the Medical Schemes Act, 1998, (Act No. 131 of 1998), and the regulations framed thereunder;

4.2 **"approval",** prior written approval of the Board or its authorised representative;

4.3 **"auditor",** an auditor registered in terms of the Public Accountants' and Auditors' Act, 1991, (Act No. 80 of 1991);

4.4 **"authorisation",** prior authorisation by or on behalf of the Scheme, upon application made by or on behalf of a beneficiary, for a case to be managed under the contracted managed health care programme or for any procedure, service or appliance to be supplied, as may be stipulated in the benefits set out in Annexure B and such authorisation shall be deemed to authorise all procedures and services as may be necessary to complete treatment for the condition in question.

4.5 **"beneficiary",** the member or a person registered as a dependant of a member in terms of these Rules;

4.6 **"Board",** the Board of Trustees constituted to manage the Scheme in terms of the Act and these rules;

4.7 **"case",** the treatment of a sickness condition required on an admission of a beneficiary to a hospital or day clinic and for any ongoing treatment stipulated under the relevant managed health care programme;

4.8 **"child",** a member's natural child, or a stepchild or legally adopted child or a child who has been placed at law in the custody of the member or his spouse or partner and who is financially dependant on the member;

4.9 **"Company",** Alloys operations of Glencore Operations South Africa (Pty) Limited;

4.10 **"continuation member",** a member who retains his membership of the Scheme in terms of rule 6.2 or a dependant who becomes a member of the Scheme in terms of rule 6.3;

4.11 **"contracted fee",** see "negotiated fee";

4.12 **"contribution",** in relation to a member, the amount, exclusive of interest, paid by or in respect of the member and his registered dependants if any, as membership fees, and shall include payments made into personal medical savings accounts;

4.13 **"co-payment",** that percentage or portion of an admitted claim by a member, that the member concerned shall be required to pay;

4.14 **"cost",** in relation to a benefit, the net or final amount payable in the ordinary course of business in respect of a relevant health service;

4.15 **"dependant",**

4.15.1 a member's lawful spouse or partner (being a person with whom the member has a committed relationship based on mutual dependency and a shared household, irrespective of the gender of either party);

4.15.2 a member's dependent child who is not a member or a registered dependant of a member of a medical scheme;

4.15.3 the immediate family of a member in respect of whom the member is liable at law for family care and support and who is financially dependant on the member;

4.15.4 such other persons who are recognized by the Board as dependants for purposes of these rules;

and who are not members of, or registered dependants of a member of, a medical scheme;

4.16 **“dependent”,** in relation to a dependant other than the member’s spouse or partner, a dependant who is not in receipt of a regular remuneration of more than the maximum social pension per month and is financially dependent on the member or a child who, due to a mental or physical disability, is dependent upon the member;

4.17 **“designated service provider”,** a healthcare provider or group of providers selected by the Scheme as preferred providers to provide to the members diagnosis, treatment and care in respect of one or more prescribed minimum benefit conditions and identified in annexure D.

4.18 **“domicilium citandi et executandi”,** the member’s chosen physical address at which notices in terms of rules 11 and 13 as well as legal process, or any action arising therefrom, may be validly delivered and served;

4.19 **“emergency medical condition”,** 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 to bodily functions or serious dysfunction of a bodily organ or part, or would place the person’s life in serious jeopardy.

4.20 **“employee”,** a person in the employment of the employer;

4.21 **“employer”,** the Company or any associated or subsidiary company which has been admitted to participation in the Scheme in terms of rule 6.1.1;

4.22 **“general waiting period”,** a period during which a beneficiary is not entitled to claim any benefits;

4.23 **“income”,** *see Annexure A for definition of income;*

4.24 **“managed health care programme”,** a health care delivery arrangement designed to monitor and to reduce unnecessary utilisation of services, to contain costs and to measure performance while providing accessible, quality and effective health care including the most effective and efficient utilisation of benefits available to each beneficiary and as referred to in paragraph 6 of Annexure D;

4.25 **“medicine”,** any medicine as defined by, and registered in terms of, the Medicines and Related Substances Control Act, 1965, (No 5 of 1965).

4.26 **“medicine price list”,** a list prepared by the managed healthcare programme containing the maximum reimbursable price of specified medicines;

4.27 **“member”,** any person who is admitted as a member of the Scheme in terms of these rules;

4.28 **“member family”,** the member and all the registered dependants;

4.29 **“negotiated fee”,** a fee agreed to between the Scheme and providers of any relevant health service;

4.30 **“negotiated professional charge”,** a charge agreed to between the Scheme and dispensers and preferred providers in respect of the dispensing of registered medicines;

4.31 **“partner”,** a person with whom the member has a committed and serious relationship akin to a marriage based on objective criteria of mutual dependency and a shared and common household, irrespective of the gender of either party;

4.32 **“preferred provider”,** a provider of service or a group of providers of service contracted to the Scheme to deliver quality health care services and to participate in the managed healthcare process of members;

4.33 **“prescribed minimum benefit condition”,** a condition contemplated in the Diagnosis and Treatment Pairs listed in Annexure A of the Regulations to the Act or any emergency medical condition;

4.34 **“prescribed minimum benefits”,** the benefits contemplated in section 29(1)(o) of the Act and as duly prescribed by regulation from time to time;

4.35 **“prescription”,** all the medicine that a medical or dental practitioner or other person legally authorised to do so prescribes at one time for one person for the sickness condition under treatment;

4.36 **“prosthesis”,** a fabricated or artificial substitute for a diseased or missing part of the body, surgically implanted, and shall be deemed to include all components, forming an integral and necessary part of the device so implanted, and shall be charged as a single unit. This also includes urinary, cardiac and vascular stents and grafts, as well as all electronic implantable devices, spinal instrumentation and fixators (including external fixators);

4.37 **“Registrar”,** the Registrar or Deputy Registrar/s of Medical Schemes appointed in terms of section 18 of the Act;

4.38 **“Scheme Tariff”** is defined as the current benefit year’s monetary tariffs increased by 5.5%;

4.39 **“services”,** the relevant health services as defined in the Act, also abbreviated to “health services”;

4.40 **“social pension”**, the appropriate maximum basic social pension prescribed by regulations promulgated in terms of the Social Pensions Act, 1992, (Act No. 59 of 1992);

4.41 **“spouse”,** the person to whom the member is married in terms of any law or recognised custom;

4.42 **“biological drugs”,** a biological drug is a substance that is made from a living organism or its products and is used in the treatment of cancer and other diseases. Biological drugs include antibodies and interleukins.

The relevant words and expressions defined in the Act and Regulations and not covered by the above are:
actuary, administrator, Appeal Board, beneficiary, board of trustees, broker, child dependant, Council, condition-specific waiting period, creditable coverage, general waiting period, late joiner, medical reports, medical scheme, member, officer, participating health care provider, principal officer, Registrar, relevant health service, rules.

5 OBJECTS

The objects of the Scheme are to undertake liability in respect of its members and their dependants -

5.1 to make provision for the obtaining of any relevant health service; and

5.2 to grant assistance in defraying expenditure incurred in connection with the rendering of any relevant health service;

5.3 to render a relevant health service, either by the Scheme itself, or by any supplier or group of suppliers of service, or by any person in association with or in terms of an agreement with the Scheme;

in return for a contribution or premium.

6 MEMBERSHIP

6.1 Eligibility

6.1.1 Employer participation

The Board may, in its entire discretion, on application by any associated or subsidiary company admit such company as an employer and extend participation in the Scheme to the employees of such company on the same terms and conditions as apply to the employees of the Company.

6.1.2 Employee member

Subject to rule 8, membership of the Scheme is restricted to persons in the employment of the employer or who have retired from the employment of the employer or its predecessor or successor in title as defined in these rules, and shall be compulsory in respect of all employees of an employer for whom membership is a condition of employment;

6.2 Retirees

6.2.1 A member may retain his membership of the Scheme with his registered dependants, if any, in the event of his retiring from the service of his employer or his employment being terminated by his employer on account of age, ill health or other disability.

6.2.2 The Scheme shall inform the member of his right to continue his membership and of the contribution payable from the date of retirement or termination of his employment. Unless such member informs the Board in writing of his desire to continue his membership, he shall be terminated as a member.

6.3 Dependants of deceased members

6.3.1 The dependants of a deceased member, who are registered with the Scheme as his dependants at the time of the member's death, shall be entitled to continue membership of the Scheme without any new restrictions, limitations or waiting periods.

6.3.2 The Scheme shall inform the dependant of his right to membership and of the contributions payable in respect thereof. Unless such person informs the Board in writing of his intention to become a member, he shall not be admitted as a member of the Scheme.

6.3.3 Such dependant's membership terminates if he becomes a member or dependant of a member of another medical scheme.

6.3.4 If a member dies with no spouse or partner but leaves a child who, at the date of the member's death, was registered as a dependant, such child or in the case of more than one child, the eldest eligible child will, if the guardian so wishes and subject to 6.3.1 and 6.3.3 above, be admitted as a member of the Scheme. In the case of more than one child the other child or children will be accepted as dependants on the same basis.

7 REGISTRATION AND DE-REGISTRATION OF DEPENDANTS

7.1 REGISTRATION OF DEPENDANTS

7.1.1 A member may apply for the registration of his dependants at the time that he applies for membership in terms of rule 8.

7.1.2 A member whose marital status changes subsequent to joining the Scheme and who elects to register or withdraw dependants as a result of such change or who withdraws any other registered dependant, is required to notify the Scheme within 30 days thereof. Contributions at the amended rates shall be payable from the first day of the month following such registration or withdrawal. Benefit limits will be adjusted with effect from the first day of the month in which contributions are so made payable. Where a dependant is withdrawn, benefit limits will be adjusted to take account thereof with effect from the date of such withdrawal. Members who marry subsequent to joining the Scheme who fail to notify the Scheme in terms of this rule will not be entitled to any benefits in respect of their additional dependant/s until they have given the required notice and paid the applicable contribution.

7.1.3 A member who wishes to register a new-born or adopted child as the member's registered dependant shall notify the Scheme within 30 days of the birth or adoption of a child, and shall apply to the Scheme to register the child as a dependant. Increased contributions shall be due as from the first day of the month following the birth or adoption. Benefits however shall be adjusted as from the date of birth or adoption;

7.1.4 In the event of any person becoming eligible for registration as a dependant other than in the circumstances set out in rules 7.1.1 to 7.1.3, the member may apply to the Scheme for the registration of such person as a dependant, whereupon the provisions of rule 8 shall apply *mutatis mutandis;*

7.1.5 No registered dependant, except a child born during the period of membership, shall qualify for benefits until the member qualifies for benefits.

7.2 DE-REGISTRATION OF DEPENDANTS

7.2.1 A member shall inform the Scheme within 30 days of the occurrence of any event that results in any one of his dependants no longer satisfying the conditions in terms of which he may be a dependant.

7.2.2 When a dependant ceases to be eligible to be a dependant, he shall be deemed no longer to be registered as such for the purpose of these rules nor entitled to receive any benefits, regardless of whether notice has been given in terms of these rules or otherwise.

8 TERMS AND CONDITIONS APPLICABLE TO MEMBERSHIP

8.1 A minor may become a member with the consent of his parent or guardian.

8.2 No person may be a member of more than one medical scheme or claim or accept benefits in respect of himself or any of his dependants from any medical scheme in relation to which he is not a member or a dependant of a member, and no person may be a dependant:

8.2.1 of more than one member of a particular medical scheme; or

8.2.2 of members of different medical schemes.

8.3 Prospective members shall, prior to admission, complete and submit the application forms required by the Scheme, together with satisfactory evidence in respect of himself and his dependants, of age, income, state of health and of any prior membership or admission as dependant of any other medical scheme. The Scheme may require an applicant (at the Scheme's cost) to provide it with a medical report on any proposed beneficiary in respect of a condition for which medical advice, diagnosis, care or treatment was recommended or received within the twelve-month period ending on the date on which an application for membership was made, and may designate a provider to conduct such tests or examinations.

8.4 Waiting periods are stipulated in Paragraph 1 of Annexure D.

8.5 The registered dependants of a member shall be entitled to the same benefits as the member.

8.6 Every member shall, on admission to membership, receive a detailed summary of these rules, which shall include contributions, benefits, limitations, the member's rights and obligations. Members and their dependants, and any person who claims any benefit under these rules or whose claim is derived from a person so claiming, are bound by these rules as amended from time to time.

8.7 A member may not cede, transfer, pledge or hypothecate or make over to any third party any claim, or part of a claim or any right to a benefit which he may have against the Scheme. The Scheme may withhold, suspend or discontinue the payment of a benefit to which a member is entitled under these rules, or any right in respect of such benefit or payment of such benefit to such member, if a member attempts to or purports to, assign or transfer or otherwise cede, pledge or hypothecate such benefit. These provisions shall be applicable mutatis mutandis to and in respect of dependants.

8.8 [Deleted as per Registrar]

8.9 Nothing in these rules shall be construed as altering in any way an employer's right to terminate the service of an employee who is a member of the Scheme or affecting any agreement between the employer and the employee in regard to conditions of service.

9 TRANSFER OF EMPLOYER GROUPS FROM ANOTHER MEDICAL SCHEME

If the members of a medical scheme who are members of that scheme by virtue of their employment by a particular employer, terminate their membership of such scheme with the object of obtaining membership of the Scheme, the Board shall admit as a member, without a waiting period, any member of such first-mentioned scheme who is a continuation member by virtue of his past employment by the particular employer and admit any person who has been a registered dependant of such member, as a dependant.

10 MEMBERSHIP CARD AND CERTIFICATE OF MEMBERSHIP

10.1 Every member shall be furnished with a membership card, containing such particulars as may be prescribed. This card shall be exhibited to the supplier of a service on request. It remains the property of the Scheme and shall be returned to the Scheme on termination of membership or where otherwise required by the Board.

10.2 The utilisation of a membership card by any person other than the member or his registered dependants, with the knowledge or consent of the member or his dependants, is not permitted, and is construed as an abuse of the privileges of membership of the Scheme.

10.3 On termination of membership or on de-registration of a dependant, the Scheme shall, within 30 days of such termination, furnish such person with a certificate of membership showing period and type of cover, and containing such particulars as may be prescribed.

11 CHANGE OF ADDRESS OF MEMBER

A member shall notify the Scheme within 30 days of any change of physical address and in particular his *domicilium citandi et executandi*. The Scheme shall not be held liable if a member's rights are prejudiced or forfeited as a result of the member neglecting to comply with this requirement. If the member has by agreement elected to receive communications via email or facsimile, it is also the member's responsibility to notify the Scheme of any changes to such addresses.

12 TERMINATION OF MEMBERSHIP

12.1 Resignation

12.1.1 A member who, in terms of his conditions of employment is required to be a member of the Scheme, may not terminate his membership while he remains an employee without the prior written consent of his employer.

12.1.2 A member who resigns from the service of the employer shall, on the date of such termination, cease to be a member and all rights to benefits shall thereupon cease, except for claims in respect of services rendered prior thereto.

12.2 Voluntary termination of membership

12.2.1 A continuation member may on one month's written notice resign from the Scheme.

12.2.2 A member who resigns to become registered as a dependant of such member's spouse or partner on another medical scheme may, subject to the provisions of Rule 8, rejoin the Scheme at a later date.

12.2.3 A participating employer may terminate his participation with the Scheme on giving three months' written notice.

12.2.4 If the Company transfers his business to or amalgamates with any other business, company or organisation, the Company may elect to:

12.2.4.1 withdraw wholly from the Scheme in which event the future of the Scheme shall be determined in accordance with Rule 29; or

12.2.4.2 continue to contribute to the Scheme in respect of the existing employees of the Company in which event the Scheme shall not be affected except that “employer” shall then mean the new organisation.

12.3 Death

Membership of a member terminates on his death.

12.4 Failure to pay amounts due to the Scheme

If a member fails to pay amounts due to the Scheme, his membership may be terminated. Notwithstanding the aforementioned and without prejudice thereto the Board shall be entitled to suspend the member's benefits for the period during which he is indebted as more fully provided for in 13.2 below.

12.5 Abuse of privileges, false claims, misrepresentation and non-disclosure of factual information

The Board may exclude from benefits or terminate the membership of a member or dependant where the Board finds such member or dependant guilty of abusing the benefits and privileges of the Scheme by presenting false claims or making a material misrepresentation or non-disclosure of factual information required in terms of the Act. In such event the member may be required by the Board to refund to the Scheme any sum which, but for the abuse of the benefits or privileges of the Scheme, would not have been disbursed on his or a dependant's behalf.

13 CONTRIBUTIONS

13.1 The total monthly contributions payable to the Scheme by or in respect of the member are as stipulated in Annexure A.

13.2 Contributions shall be paid to the Scheme in terms of the provisions of Annexure A. Where contributions or any other debt owing to the Scheme, have not been paid within 15 days of the due date, the Scheme shall have the right:

13.2.1 to immediately suspend, without any prior notice, all benefit payments which have accrued to such member irrespective of when the claim for such benefit arose; and

13.2.2 to give the member written notice at his *domicilium citandi et executandi* that if contributions or such other debts are not paid up to date within 14 days of the receipt of such notice, membership may be cancelled. A notice sent by prepaid registered post to the member at his *domicilium citandi et executandi* indicating the nature of the member’s liability and the outstanding amount shall be deemed to have been received by the member on the 7th day after the date of posting. In the event that the member fails to nominate a *domicilium citandi et executandi*, the member’s postal or residential address on his application form shall be deemed to be his chosen *domicilium citandi et executandi.*

13.3 In the event that payments are brought up to date, and provided membership has not been cancelled in accordance with rule 13.2.2 above, benefits shall be reinstated without any break in continuity subject to the right of the Scheme to levy a reasonable fee to cover any expenses associated with the default and to recover interest at the prime overdraft rate of the Scheme's bankers. If such payments are not brought up to date, no benefits shall be due to the member from the date of default and if any such benefit was paid, it may be recovered by the Scheme.

13.4 No refund of any assets of the Scheme or any portion of a contribution shall be paid to any person where such member's membership or cover in respect of any dependant terminates during the course of a month.

14 LIABILITIES OF EMPLOYER AND MEMBER

14.1 The liability of the employer towards the Scheme is limited to any amounts payable in terms of any agreement or arrangement between the employer and the Scheme.

14.2 The liability of a member to the Scheme is limited to the amount of his unpaid contributions together with any sum disbursed by the Scheme on his behalf or on behalf of his dependants that has not been repaid to the Scheme.

14.3 In the event of a member ceasing to be a member, any amount still owing by such member is a debt due to the Scheme and recoverable by it.

15 CLAIMS PROCEDURE

15.1 Every claim submitted to the Scheme in respect of the rendering of a relevant health care service as contemplated in these rules, shall be accompanied by an account or statement as prescribed.

15.2 If an account, statement or claim is correct or where a corrected account, statement or claim is received, as the case may be, the Scheme shall, in addition to the payment contemplated in Section 59(2) of the Act, dispatch to the member a statement containing at least the following particulars -

15.2.1 the name and the membership number of the member;

15.2.2 the name of the supplier of service;

15.2.3 the final date of service rendered by the supplier of service on the account or statement which is covered by the payment;

15.2.4 the total amount charged for the service concerned; and

15.2.5 the amount of the benefit awarded for such service.

15.3 In order to qualify for benefits, any claim shall, unless otherwise arranged, be signed and certified as correct and shall be submitted to the Scheme not later than the last day of the fourth month following the month in which the service was rendered.

15.4 Where a member has paid an account, he shall, in support of his claim, submit a receipt.

15.5 Accounts for treatment of injuries or expenses recoverable from third parties, shall be supported by a statement setting out particulars of the circumstances in which the injury was sustained.

15.6 Where the Scheme is of the opinion that an account, statement or claim is erroneous or unacceptable for payment, the Scheme shall notify the member and the health care provider, whichever is applicable, within 30 days after receipt thereof and state the reasons for such an opinion. The Scheme shall afford the member and provider the opportunity to resubmit such corrected account or statement to the Scheme within sixty days following the date on which it was returned for correction.

16 BENEFITS

16.1 Members are entitled to benefits during a financial year, as per Annexure B, and such benefits extend through the member to his registered dependants.

16.2 The Scheme shall, where an account has been rendered, pay any benefit due to a member, either to that member or to the supplier of the relevant health service who rendered the account, within 30 days of receipt of the claim pertaining to such benefit.

16.3 The Scheme covers in full the cost of the prescribed minimum benefits as set out further in Annexures B and D.

16.4 The Scheme shall exclude services from benefits as set out in Annexure C.

16.5 The benefit for any valid claim accepted by the Scheme in terms of these rules in respect of services provided outside the Republic of South Africa will be determined in accordance with the recommended tariff or at the cost of services whichever is the lower, and payment will be made in terms of rule 17.5.

17 PAYMENT OF ACCOUNTS

17.1 Payment of accounts or reimbursement of claims is restricted to the net amount payable in respect of such benefit as set out in Annexure B and further to the maximum amount allowed in terms of the broadly applicable benefit limits (overall limits or limits fixed to cover several benefit categories) of which the specific benefit forms part.

17.2 The Scheme may, whether by agreement or not with any supplier of service, pay the benefit to which a member is entitled, directly to the supplier who rendered the service.

17.3 Where the Scheme has paid an account or portion of an account or any benefit to which a member is not entitled, whether payment is made to the member or to any supplier or group of suppliers of service, the amount of any such overpayment is recoverable by the Scheme.

17.4 Notwithstanding the provisions of this rule, the Scheme has the right to pay any benefit directly to the member concerned and nothing in these Rules shall create or establish any liability or obligation to any supplier of service.

17.5 Any valid claim accepted by the Scheme in terms of these rules in respect of services provided outside the Republic of South Africa will be paid in the currency of the Republic of South Africa and in accordance with these rules.

18 GOVERNANCE

18.1 The affairs of the Scheme shall be managed according to these rules by a Board consisting of 18 (eighteen) persons who are fit and proper to serve as trustees and of whom -

9 (nine) shall be appointed by the Company; and

9 (nine) (who shall be members of the Scheme), shall be elected by members, one from each division within the Company. The procedure for the election of member representatives shall be as determined by the Board. **[Replaced by Rule Amendment Registered 2019-11-08]**

18.2 Paragraph deleted.

18.3 All Board members shall hold office until the third annual general meeting following their election, provided that such a representative may resign at any time by giving written notice to the Board to this effect, and provided further that such representative elected by the members shall be obliged to resign if he ceases to be a member of the Scheme.

18.4 The retiring members shall be eligible for re-election.

18.5 Trustees may each appoint an alternate to represent them on the Board provided such alternate shall not be entitled to vote if the principal member is present at a meeting and his appointment terminates if his principal's membership is terminated for any reason.

18.6 The following persons are not eligible to serve as members of the Board:

18.6.1 a person under the age of 21 years;

18.6.2 An employee, director, officer, consultant, or contractor of the administrator of the Scheme or the holding company, subsidiary, joint venture or associate of the administrator;

18.6.3 a broker;

18.6.4 the principal officer of the Scheme; and

18.6.5 the auditor of the Scheme.

18.7 A member of the Board shall have the right to nominate a member of the Scheme to act as his alternate on the Board.

The office of an alternate on the Board shall become vacant in the same manner as that of a member of the Board, in addition to which he shall cease to be an alternate if the member he represents ceases to be a member of the Board.

18.8 A member of the Board shall cease to hold office if:

18.8.1 he becomes mentally ill or incapable of managing his affairs;

18.8.2 he is declared insolvent or has surrendered his estate for the benefit of his creditors;

18.8.3 he is convicted, whether in the Republic or elsewhere, of theft, fraud, forgery or uttering of a forged document or perjury;

18.8.4 he is removed by the Court from any office of trust on account of misconduct;

18.8.5 he is disqualified under any law from carrying on his profession;

18.8.6 he ceases to be an appointee of the Company, or being a Board member elected by members of the Scheme, he ceases to be a member of the Scheme;

18.8.7 he absents himself from three consecutive meetings of the Board without the permission of the chairperson;

18.8.8 he is removed from office by the Council in terms of Section 46 of the Act.

18.9 The Board from amongst its number shall elect the chairperson and vice-chairperson. Should the chairperson or vice-chairperson resign or cease to be a member of the Board or be removed from office on a vote of no confidence by the Board, the Board shall elect, for the remaining period for which the previous incumbent was elected, another representative to fill the vacancy thus created.

18.10 The Board shall meet at least once every three months.

One clear day's notice of a Board meeting, unless otherwise agreed by the Board, shall be given to each member of the Board and such notice shall, as far as possible, contain a statement of the business to be transacted at such meeting. The non-receipt of any notice by any member shall not affect the proceedings at any meeting of the Board.

18.11 The chairperson may convene a special meeting of the Board should the necessity arise. Any two members of the Board may request the chairperson to convene a special meeting of the Board;

provided the matters to be discussed at the meeting are clearly stated in the request. Upon receipt of the request the chairperson shall within seven days after such receipt convene a special meeting of the Board to deal with the matters stated therein. The provisions of rule 18.8 regarding notice shall apply. In the absence of the chairperson and the vice-chairperson at a meeting of the Board, the Board members present shall elect one of their number to preside at that meeting.

18.12 Half plus one members of the Board shall constitute a quorum for a meeting of the Board. Matters serving before the Board shall be decided by a majority vote and in the event of an equality of votes the chairperson of the meeting shall have a casting vote in addition to his deliberative vote.

18.13 Notwithstanding any vacancy on the Board, the continuing members thereof may act on its behalf; provided that if and so long as their number is reduced below that fixed for a quorum by the rules such members may act only for the purpose of increasing the number of members of the Board to that number or for summoning a general meeting of members but for no other purpose.

18.14 A resolution in writing signed by Board members or, if a Board member be not available, by his alternate, being not less than are sufficient to constitute a quorum, shall be as valid and effectual as if it had been passed at a meeting of the Board duly called and constituted; provided that one of the signatories shall be the chairperson, or in his absence the vice-chairperson. Any such resolution may consist of several documents in like form, each signed by one or more of the signatories contemplated in this rule.

18.15 The Board may co-opt up to three persons to assist it in its deliberations who need not be members of the Scheme.

A person so co-opted may participate in the deliberations of the Board but shall have no vote.

18.16 The Board may fill by appointment by the remaining members of the Board, any member representative vacancy that occurs during such representative's term of office. A person so appointed shall retire at the first ensuing annual general meeting and that meeting shall thereupon fill the vacancy for the unexpired period of office of the vacating member.

18.17 Members of the Board are not entitled to any remuneration, honorarium or any other fee in respect of services rendered in their capacity as members of the Board.

18.18 In the event of a delay in the appointment by the Company of a Company representative resulting in a vacancy on the Board, the Board may fill by appointment by the remaining members of the Board such vacancy. A person so appointed shall retire as soon as the Company makes the necessary appointment. **[Added by Rule Amendment Registered 2021-5-07]**

19 DUTIES OF BOARD OF TRUSTEES

19.1 The Board is responsible for the proper and sound management of the Scheme, in terms of these rules.

19.2 The Board shall act with due care, diligence, skill and in good faith.

19.3 Members of the Board shall avoid conflicts of interests, and shall declare any interest they may have in any particular matter serving before the Board.

19.4 The Board shall apply sound business principles and ensure the financial soundness of the Scheme.

19.5 The Board shall appoint a principal officer who is a fit and proper person to hold such office and may appoint any staff which in its opinion are required for the proper execution of the business of the Scheme, and shall determine the terms and conditions of service of the principal officer and of any person employed by the Scheme.

19.6 The chairperson shall preside over meetings of the Board and ensure due and proper conduct at meetings.

19.7 The Board shall cause to be kept such minutes, accounts, registers and records as are essential for the proper functioning of the Scheme.

19.8 The Board shall ensure that proper control systems are employed by and on behalf of the Scheme.

19.9 The Board shall ensure that adequate and appropriate information is communicated to the members regarding their rights, benefits, contributions and duties in terms of the rules.

19.10 The Board shall take all reasonable steps to ensure that contributions are paid timeously to the Scheme in accordance with the Act and the rules.

19.11 The Board shall take out and maintain an appropriate level of professional indemnity insurance and fidelity guarantee insurance.

19.12 The Board shall obtain expert advice on legal, accounting and business matters as required, or on any other matter of which the members of the Board may lack sufficient expertise.

19.13 The Board shall ensure that the rules, operation and administration of the Scheme comply with the provisions of this Act and all other applicable laws.

19.14 The Board shall take all reasonable steps to protect the confidentiality of medical records concerning any member's state of health.

19.15 The Board shall approve all valid disbursements but may delegate its authority to any members of the Board or any other persons nominated by the Board to effect disbursements on behalf of the Scheme.

19.16 The Board shall cause to be kept in safe custody, in a safe or strong room at the registered office of the Scheme or with any financial institution approved by the Board, any mortgage bond, title deed or other security belonging to or held by the Scheme, except when in the temporary custody of another person for the purposes of the Scheme.

19.17 The Board shall make such provision as it deems desirable, and with due regard to normal practice and recommended guidelines pertaining to retention of documents, for the safe custody of the books, records, documents and other effects of the Scheme.

19.18 The Board shall disclose annually in writing to the Registrar, any payment or consideration made to them in that particular year by the Scheme.

20 POWERS OF THE BOARD

The Board has the power -

20.1 to employ appropriate personnel or terminate the services of any employee of the Scheme;

20.2 to take all the necessary steps and to sign and execute all the necessary documents to ensure the due fulfillment of the Scheme's obligations in terms of statutory requirements or exercise of its rights;

20.3 to appoint committees consisting of such Board members and other experts as it may deem appropriate;

20.4 to appoint a duly accredited administrator on such terms and conditions as it may determine, for the proper execution of the business of the Scheme. The terms and conditions of such appointment shall be contained in a written contract which complies with the requirements of the Act and the regulations;

20.5 to contract with managed health care organisations subject to the provisions of the Act and the regulations;

20.6 to purchase movable and immovable property for the use of the Scheme or otherwise to sell it or any part of it subject to sound business practice and fair value principles;

20.7 to let or hire movable or immovable property;

20.8 to provide administrative services to other medical schemes;

20.9 in respect of any moneys not immediately required to meet current charges upon the Scheme and subject to the provisions of the Act, and in the manner determined by the Board, to invest or otherwise to deal with such moneys and to realise, re-invest or otherwise deal with such moneys and investments;

20.10 with the prior approval of the Council, to borrow money for the Scheme from the Scheme's bankers against the security of the Scheme's assets for the purpose of bridging a temporary shortage;

20.11 subject to the provisions of any law, to cause the Scheme, whether on its own or in association with any person, to establish or operate any pharmacy, hospital, clinic, maternity home, nursing home, infirmary, home for aged persons or any similar institution, in the interests of the members of the Scheme;

20.12 to donate to any hospital, clinic, nursing home, maternity home, infirmary or home for aged persons in the interests of all or any of the beneficiaries;

20.13 to grant repayable loans to members or to make ex gratia payments on behalf of members in order to assist such members to meet commitments in regard to any matter specified in rule 5;

20.14 to contribute to any fund conducted for the benefit of the employees of the Scheme;

20.15 to reinsure obligations in terms of the benefits provided for in these rules;

20.16 to authorise the principal officer and/or such members of the Board as it may determine from time to time, and upon such terms and conditions as the Board may determine, to sign any contract or other document binding or relating to the Scheme or any document authorising the performance of any act on behalf of the Scheme;

20.17 to contribute to any association instituted for the furtherance, encouragement and co-ordination of medical schemes;

20.18 in general, to do to anything, which it deems necessary or expedient to perform its functions in accordance with the provisions of the Act and these rules.

21 DUTIES OF PRINCIPAL OFFICER AND STAFF

21.1 The staff of the Scheme shall ensure the confidentiality of all information regarding its members.

21.2 The principal officer is the executive officer of the scheme and as such shall ensure that:

21.2.1 the decisions and instructions of the Board are executed without unnecessary delay;

21.2.2 where necessary, there is proper and appropriate communication between the Scheme and those parties affected by the decisions and instructions of the Board;

21.2.3 he keeps the Board sufficiently and timeously informed of the affairs of the Scheme which relate to the duties of the Board as stated in section 57(4) of the Act;

21.2.4 he keeps the Board sufficiently and timeously informed concerning the affairs of the Scheme so as to enable the Board to comply with the provisions of section 57(6) of the Act;

21.2.5 he does not take any decisions concerning the affairs of the Scheme without prior authorisation by the Board and that he at all times observes the authority of the Board in its governance of the Scheme.

21.3 The principal officer shall be the accounting officer of the Scheme charged with the collection of and accounting for all moneys received and payments authorised by and made on behalf of the Scheme.

21.4 The principal officer shall ensure the carrying out of all of his duties as are necessary for the proper execution of the business of the Scheme. He shall attend all meetings of the Board, and any other duly appointed committee where his attendance may be required, and ensure proper recording of the proceedings of all meetings.

21.5 The principal officer shall be responsible for the supervision of the staff employed by the Scheme unless the Board decides otherwise.

21.6 The principal officer shall keep full and proper records of all moneys received and expenses incurred by, and of all assets, liabilities and financial transactions of the Scheme.

21.7 The principal officer shall prepare annual financial statements and shall ensure compliance with all statutory requirements pertaining thereto.

21.8 The following persons are not eligible to be a principal officer:

21.8.1 an employee, director, officer, consultant or contractor of the administrator of the Scheme or of the holding company, subsidiary, joint venture or associate of that administrator;

21.8.2 a broker.

21.9 The provisions of rule 18.6.1 to 18.6.5 apply *mutates mutandis* to the principal officer.

22 INDEMNIFICATION AND FIDELITY GUARANTEE

22.1 The Board and any officer of the Scheme shall be indemnified by the Scheme against all proceedings, costs and expenses incurred by reason of any claim in connection with the Scheme, not arising from their gross negligence, dishonesty or fraud.

22.2 The Board shall ensure that the Scheme is insured against loss resulting from the dishonesty or fraud of any of its officers.

23 FINANCIAL YEAR OF THE SCHEME

The financial year of the Scheme extends from the first day of January to the 31st day of December of that year.

24 BANKING ACCOUNT

The Scheme shall establish a banking account under its direct control with a registered commercial bank. All moneys received shall be deposited to the credit of such account and all payments shall be made either by electronic transfer, tape exchange or by cheque under the joint signature of not less than two persons duly authorised by the Board**.**

25 AUDITOR AND AUDIT COMMITTEE

25.1 An auditor (who must be approved by the Registrar in terms of Section 36 of the Act) shall be appointed by resolution at each annual general meeting, to hold office from the conclusion of that meeting to the conclusion of the next annual general meeting.

25.2 The following persons are not eligible to serve as auditor of the Scheme:

25.2.1 a member of the Board;

25.2.2 an employee, officer or contractor of the Scheme;

25.2.3 an employee, director, officer or contractor of the Scheme's administrator, or of the holding company, subsidiary, joint venture or associate of the administrator;

25.2.4 a person not engaged in public practice as an auditor;

25.2.5 a person who is disqualified from acting as an auditor in terms of the Companies Act, 1973.

25.3 Whenever for any reason an auditor vacates his office prior to the expiration of the period for which he has been appointed, the Board shall within 30 days appoint another auditor to fill the vacancy for the unexpired period.

25.4 If the members of the Scheme at a general meeting fail to appoint an auditor required to be appointed in terms of this rule, the Board shall within 30 days make such an appointment, and if it fails to do so, the Registrar may at any time do so.

25.5 The auditor of the Scheme at all times has a right of access to the books, records, accounts, documents and other effects of the Scheme, and is entitled to require from the Board and the other officers of the Scheme such information and explanations as he deems necessary for the performance of his duties.

25.6 The auditor shall report to the members of the Scheme on the accounts examined by him and on the financial statements laid before the Scheme in general meeting.

25.7 The Board shall appoint an audit committee in the prescribed manner.

26 GENERAL MEETINGS

26.1 Annual general meeting

26.1.1 The annual general meeting of members shall be held not later than 30th June of each year at such time and place as the Board shall determine for the purpose of -

26.1.1.1 receiving and adopting the annual financial statements together with the auditor's report and the report of the Board as required by the Act;

26.1.1.2 conducting and noting the results of the election of members representatives to the Board;

26.1.1.3 the appointment or reappointment of the auditor;

26.1.1.4 any other business of which due notice has been given;

26.1.2 The notice convening the meeting and containing the agenda, the annual financial statements, the auditor's report and the report of the Board shall be despatched at least 21 days before the date of the meeting to all members. The non-receipt of the notice shall not invalidate the proceedings of the meeting.

26.1.3 Thirty members of the Scheme present in person or by virtual platform shall form a quorum. If a quorum is not present after the lapse of 30 minutes from the time fixed for the commencement of the meeting, the meeting shall be postponed to a date determined by the Board, with notice of such postponed meeting being reissued in terms of rule 26.1.2 and members then present constitute a quorum. **[Replaced by Rule Amendment Registered 2021-05-07]**

26.1.4 The financial statements and reports specified in rule 26.1.2 shall be laid before the meeting.

26.1.5 Notices of motions to be placed before the annual general meeting shall reach the principal officer not later than seven days prior to the date of the meeting

26.2 Special general meeting

26.2.1 The Board may call a special general meeting of members if it is deemed necessary.

26.2.2 On the requisition of at least 100 members of the Scheme, the Board shall cause a special general meeting to be called within 30 days of the deposit of the requisition. The requisition shall state the objects of the meeting and shall be signed by all the requisitionists and deposited at the registered office of the Scheme. Only those matters forming the objects of the meeting may be discussed.

26.2.3 The notice convening the meeting and containing the agenda shall be furnished to members at least seven days before the date of the meeting. The non-receipt of the notice shall not invalidate the proceedings of the meeting .

26.2.4 One hundred members present in person or via virtual platform shall form a quorum. If a quorum is not present at a special general meeting after the lapse of 30 minutes from the time fixed for the commencement of the meeting, the meeting is regarded as cancelled. **[Replaced by Rule Amendment Registered 2021-05-07]**

27 VOTING AT MEETINGS

27.1 Every member who is present in person or by virtual platform at a general meeting of the Scheme and whose contributions are not in arrear, shall have the right to vote at the meeting. **[Replaced by Rule Amendment Registered 2021-05-07]**

27.2 The chairperson of the meeting shall determine whether voting shall be by ballot or by a show of hands or any other manner as suited to a virtual platform. In the event of the votes being equal the chairperson of the meeting, if he is a member, shall have a casting vote in addition to his deliberative vote. **[Replaced by Rule Amendment Registered 2021-05-07]**

27.3 A declaration by the chairperson of the meeting that a motion has, by means of the voting procedure as determined by the chairperson, been carried unanimously, or carried by a particular majority, or lost, or not carried by a particular majority, shall be final and binding on all members. **[Replaced by Rule Amendment Registered 2021-05-07]**

28 COMPLAINTS AND DISPUTES

28.1 Members may lodge their complaints, in writing, to the Scheme. The Scheme or its administrator shall also provide a telephone number that may be used for dealing with telephonic complaints.

28.2 All complaints received in writing shall be responded to by the Scheme in writing within 30 days of receipt thereof.

28.3 In the event of a dispute arising, a disputes committee of three members (which number shall constitute a quorum), who may not be Trustees, employees of the administrators or officers of the Scheme, shall be constituted by the Board from among experts in the field in which the dispute has arisen, provided one person shall be a legal expert and the members shall hold office until the settlement of the dispute.

28.4 Any dispute, arising between a member, prospective member, former member or a person claiming by virtue of such member and the Scheme, shall be referred by the principal officer to the disputes committee for adjudication.

28.5 On receipt of a request in terms of this rule, the principal officer shall convene a meeting of the disputes committee by giving not less than 21 days notice in writing to the complainant and all members of the disputes committee, stating the date, time and venue of the meeting and particulars of the dispute.

28.6 The disputes committee may determine the procedure to be followed.

28.7 The parties to any dispute have the right to be heard at the proceedings, either in person or through a representative.

28.8 An aggrieved person has the right to appeal to the Council against the decision of the disputes committee. Such appeal shall be in the form of an affidavit directed to Council and shall be furnished to the Registrar not later than three months after the date on which the decision concerned was made or such further period as the Council for good cause shown may allow. The operation of any decision, which is the subject of such appeal, shall be suspended pending a decision by the Council.

29 TERMINATION OR DISSOLUTION

29.1 The Scheme may be dissolved by order of a competent court or by voluntary dissolution.

29.2 The Company may, on giving three months' written notice to the Board, reduce, suspend or terminate its contributions to the Scheme. The Board shall thereupon arrange for members to decide by ballot whether the Scheme shall continue business without the company's contributions or with its reduced contributions, or whether the Scheme shall be liquidated. Unless a majority of members decide that the Scheme shall continue, the Scheme shall be liquidated in accordance with the provisions of Rule 29.3.

29.3 Members in general meeting may decide that the Scheme shall be dissolved, in which event the Board shall arrange for members to decide by ballot whether the Scheme shall be liquidated.

29.4 Pursuant to a decision by members taken in terms of rule 29.3 the principal officer shall, in consultation with the Registrar, furnish to every member a memorandum containing the reasons for the proposed dissolution and setting forth the proposed basis of distribution of the assets in the event of winding up, together with a ballot paper.

29.5 Every member shall be requested to return his ballot paper duly completed before a set date. If at least 50 per cent of the members return their ballot papers duly completed and if the majority thereof are in favour of the dissolution of the Scheme, the Board shall ensure compliance therewith and appoint, in consultation with the Registrar, a competent person as liquidator.

30 AMALGAMATION AND TRANSFER OF BUSINESS

30.1 The Scheme may, subject to the provisions of section 63 of the Act, amalgamate with, transfer its assets and liabilities to, or take transfer of assets and liabilities of any other medical scheme or person. The Board shall arrange for members to be furnished with an exposition of the proposed transaction for consideration and to decide by ballot whether the proposed transaction should be proceeded with or not.

30.2 If at least 50 per cent of the members return their ballot papers duly completed and if the majority thereof are in favour of the amalgamation or transfer, the transaction may be concluded in the prescribed manner.

30.3 The registrar may, on good cause shown, ratify a lower percentage.

31 RIGHT TO OBTAIN DOCUMENTS AND INSPECTION OF DOCUMENTS

31.1 Any beneficiary shall on request and on payment of a fee of R50 per copy, be supplied by the Scheme with a copy of the following documents:

31.1.1 the rules of the Scheme;

31.1.2 the latest audited annual financial statements, returns, Trustees' reports and auditor's report of the Scheme; or

31.1.3 the management accounts in respect of the Scheme.

31.2 A beneficiary is entitled to inspect free of charge at the registered office of the Scheme any document referred to in rule 31.1 and to make extracts there from.

31.3 This rule shall not be construed to restrict a person's rights in terms of the Promotion of Access to Information Act, No 2 of 2000.

32 AMENDMENTS TO RULES

32.1 The Board is entitled to alter or rescind any rule or annexure or to make any additional rule or annexure.

32.2 No alteration, rescission or addition which affects the objects of the Scheme or which increases the rates of contribution or decreases the extent of benefits by more than twenty five per cent during any financial year, shall be valid unless it has been approved by a majority of members present in a general meeting or by ballot;

32.3 Members shall be notified of such amendments within 14 days after registration thereof. Should a member's rights, obligations, contributions or benefits be amended, he shall be given 30 days advance notice of such change.

32.4 Notwithstanding the provisions of rule 32.1 above, the Board shall, on the request and to the satisfaction of the Registrar, amend any rule that is inconsistent with the provisions of the Act.

32.5 No alteration, rescission or addition shall be valid unless it has been approved and registered by the Registrar.

oooooOOOOOooooo

GLENCORE MEDICAL SCHEME

ANNEXURE B

BENEFITS AND LIMITS

2023

Effective 1 January 2023 unless otherwise stated below

(To be read in conjunction with Annexure C and D)

MR

GLENCORE MEDICAL SCHEME

TABLE OF CONTENTS

A.	ENTITLEMENT TO BENEFITS	3
B.	CHARGING OF BENEFITS, LIMITS I AND MEMBERSHIP CATEGORIES	3
C.	PRESCRIBED MINIMUM BENEFITS	4
D.	GENERAL BENEFITS AND LIMITS	4
D1.	ALTERNATIVE HEALTHCARE	4
D2.	AMBULANCE SERVICES	5
D3.	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS	5
D4.	BLOOD, BLOOD EQUIVALENTS, BLOOD PRODUCTS	8
D5.	CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS	12
D6.	DENTISTRY	14
D7.	HOSPITALISATION	18
D8.	IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION	26
D9.	INFERTILITY	28
D10.	MATERNITY	29
D11.	MEDICINE AND INJECTION MATERIAL	32
D12.	MENTAL HEALTH	36
D13.	NON SURGICAL PROCEDURES AND TESTS	40
D14.	ONCOLOGY	44
D15.	OPTOMETRY	49
D16.	ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNOSUPPRESSIVE MEDICATION	53
D17.	ADDITIONAL MEDICAL SERVICES	56
D18.	PATHOLOGY AND MEDICAL TECHNOLOGY	61
D19.	PHYSICAL THERAPY	62
D20.	PROSTHESES AND DEVICES INTERNAL AND EXTERNAL	63
D21.	RADIOLOGY	64
D22.	RENAL DIALYSIS CHRONIC	68
D23.	SURGICAL PROCEDURES	69
D24.	PREVENTATIVE CARE BENEFIT	69

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

MR

A. ENTITLEMENT TO BENEFITS

A1. 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.

B. CHARGING OF BENEFITS, LIMITS AND MEMBERSHIP CATEGORIES

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

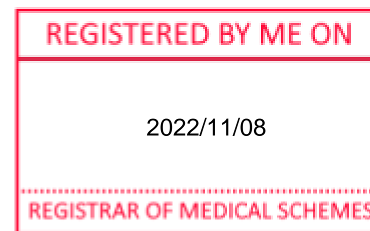
B2. When the benefit is exhausted no further benefits are available, subject to Prescribed Minimum Benefits.

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

B4. The column headed "Limits" shows the extent to which the benefit is limited annually (or biennially where indicated) or sub-limited in monetary or other terms.

B5. Membership categories:

Member only	= M0
Member plus 1 dependant	= M1
Member plus 2 dependants	= M2
Member plus 3 or more dependants	= M3+



B6. In respect of legally prescribed medicine, dispensing fees will be limited to the Single Exit Price plus an appropriate professional fee. The dispensing fee may not exceed the maximum fee as dictated by legislation. Further subject to the Maximum Medical Aid Price. Levies and co-payments to apply where relevant.

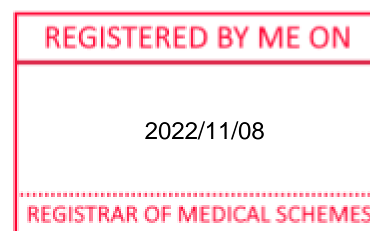
MR

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 benefit limits indicated in this Annexure, where applicable. PMB's are payable at 100% of cost, or at 100% of cost at the relevant Designated Service Provider (as indicated in Annexure D, where applicable).

The Prescribed Minimum Benefits are available in conjunction with the Scheme's contracted managed care programmes, which include the application of treatment protocols, medicine formularies, 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. GENERAL BENEFITS AND LIMITS

See contents of tables below.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D1. ALTERNATIVE HEALTHCARE	80% of the lower of the cost or scheme rate for consultations.	Limited to R8 900 per family per year.	Excludes all other alternative healthcare services.
D1.1. Homeopathic Consultations	80% of the lower of the cost or scheme rate for consultations.	Limited to and included in D1 which is limited to R8 900 per family per year.	
D1.2. Homeopathic medicine	80% of the lower of the cost or scheme rate for medicine.	Limited to and included in D1 which is limited to R8 900 per family per year.	When prescribed by a registered Homeopath or Medical Practitioner with a homeopathic qualification.

mR

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.	Subject to the contracted ambulance service provider Europ Assistance.	Subject to the contracted ambulance service provider Europ Assistance, except in the case of emergency.
D3. APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS			
D3.1. In and out of hospital	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or scheme rate, or Uniform Patient Fee Schedule for public hospital for hiring or buying medical or surgical aids as prescribed by a medical practitioner.		This benefit will include bandages and dressings on the pharmacy account, when billed by the pharmacy but referred by a doctor.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

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.	**General medical and surgical appliances (including, wheelchairs, hearing aids, stoma products, orthopaedic orthotics, long leg callipers, repairs to appliances, etc.)**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or scheme rate, or Uniform Patient Fee Schedule for public hospital for hiring or buying medical or surgical aids as prescribed by a medical practitioner.	Limited to R21 950 per family per year.	Diabetic accessories and appliances (with the exception of glucometers) to be preauthorised and claimed from the chronic medicine benefit D11. The above are excluded from D3 and D11 if on the Centre for Diabetic Endocrinology Programme. (CDE).
D3.1.1.1.	**Glucometers**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or scheme rate, or Uniform Patient Fee Schedule for public hospital for hiring or buying medical or surgical aids as prescribed by a medical practitioner.	Limited to R1 300 per beneficiary and included in D3.1.1. which is limited to R21 950 per family per year.	Diabetic accessories and appliances (with the exception of glucometers) to be preauthorised and claimed from the chronic medicine benefit D11. The above are excluded from D3 and D11 if on the Centre for Diabetic Endocrinology Programme. (CDE).
D3.1.1.2.	**Nebulisers**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or scheme rate, or	Limited to R1 500 per beneficiary and included in D3.1.1. which is limited to R21 950 per family per year.	

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	Uniform Patient Fee Schedule for public hospital for hiring or buying medical or surgical aids as prescribed by a medical practitioner.		
D3.1.1.3. Peak-Flow meters	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or scheme rate, or Uniform Patient Fee Schedule for public hospital for hiring or buying medical or surgical aids as prescribed by a medical practitioner.	Limited to R560 per beneficiary and included in D3.1.1. which is limited to R21 950 per family per year.	
D3.1.1.4. Foot orthotics	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or scheme rate, or Uniform Patient Fee Schedule for public hospital for hiring or buying medical or surgical aids as	Limited to R5 560 per beneficiary and included in D3.1.1. which is limited to R21 950 per family per year.	

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

MR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		prescribed by a medical practitioner.		
D3.2.	**Specific appliances and accessories:**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or scheme rate, or Uniform Patient Fee Schedule for public hospital for hiring or buying medical or surgical aids as prescribed by a medical practitioner.	Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment forms part of the relevant managed healthcare programme, out of hospital.	Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment forms part of the relevant managed healthcare programme, out of hospital.
D3.2.1.	**Oxygen therapy equipment (excluding hyperbaric oxygen treatment)**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or scheme rate, or Uniform Patient Fee Schedule for public hospital for hiring or buying medical or surgical aids as prescribed by a medical practitioner.	Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment forms part of the relevant managed healthcare programme, out of hospital.	Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment forms part of the relevant managed healthcare programme, out of hospital.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D3.2.2.	**Home ventilators**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or scheme rate, or Uniform Patient Fee Schedule for public hospital for hiring or buying medical or surgical aids as prescribed by a medical practitioner.	Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment forms part of the relevant managed healthcare programme, out of hospital.	Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment forms part of the relevant managed healthcare programme, out of hospital.
D3.2.3.	**CPAP apparatus for sleep apnoea including the following accessories:** • **CPAP chinstraps** • **CPAP headgear** • **CPAP hose** • **Bi-PAP** • **V-PAP**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or scheme rate, or Uniform Patient Fee Schedule for public hospital for hiring or buying medical or surgical aids as prescribed by a medical practitioner.	Limited to and included in D3.1.1. which is limited to R21 950 per family per year.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D3.2.4.	**CPAP Humidifier**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or scheme rate, or Uniform Patient Fee	Limited to one per beneficiary every 24 months commencing on 1 January 2023 and included in D3.1.1. which is	

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	Schedule for public hospital for hiring or buying medical or surgical aids as prescribed by a medical practitioner.	limited to R21 950 per family per year.	
D3.2.5. CPAP Mask (replacement)	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or scheme rate, or Uniform Patient Fee Schedule for public hospital for hiring or buying medical or surgical aids as prescribed by a medical practitioner.	Limited to one per beneficiary per year and included in D3.1.1. which is limited to R21 950 per family per year.	
D3.2.6. Incontinence products	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or scheme rate, or Uniform Patient Fee Schedule for public hospital for hiring or buying medical or surgical aids as prescribed by a medical practitioner.	Subject to the relevant managed healthcare programme and to its prior authorisation.	Subject to the relevant managed healthcare programme and to its prior authorisation. Urinary and bowel incontinence products for members above 65 years of age. Urinary and bowel incontinence products for beneficiaries that suffer from conditions grouped in

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

MR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			the following PMB diagnosis groups: 109A - Vertebral dislocations/ fractures, open or closed with injury to spinal cord 213A - Difficulty in breathing, eating, swallowing, bowel, or bladder control due to non-progressive neurological (including spinal) condition or injury 341A - Basal ganglia, extra-pyramidal disorders; other dystonias NOS 513A - Myasthenia gravis; muscular dystrophy; neuro-myopathies NOS 84A - Spina Bifida 901A - Stroke – due to haemorrhage, or ischaemia 941A - Spinal cord compression, ischaemia or degenerative disease NOS G35 Multiple Sclerosis

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

MR

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, BLOOD PRODUCTS	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals and/or single exit price plus dispensing fee.	Subject to prior authorisation by the relevant managed healthcare programme.	Pre-stored Autologous blood included if done through South African Blood Service and the Western Province Blood Transfusion Service. Use of blood equivalents is Transportation of blood is included. Authorised Erythropoietin is included. (See D22.1.)
D5. CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS			
D5.1. In hospital	100% of the negotiated fee, or, in the absence of such		This benefit excludes: • Alternative healthcare

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

MR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals, for medical specialists or general practitioners.		practitioners (D1) • Dental practitioners, technologists and therapists (D6) • Ante-natal visits and consultations (D10) • Psychiatrists, psychologists, psychometrists and registered counsellors (D12) • Oncologists, haematologists and credentialed medical practitioners during pre, active and/or post-active treatment periods (D14) • Additional medical services (D17) • Physiotherapists and biokineticists and chiropractors (D19)

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D5.2.	**Out of hospital**	100% of the negotiated fee, or, in the absence of such fee,100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospital for general practitioners and medical specialists.	Limited to the following amounts per family per year: M0 = R6 580 M1 = R9 820 M2 = R13 160 M3+ = R16 510	The above list also applies to services rendered at the supplier's room, patient's home or primary healthcare facility.
D6.	**DENTISTRY**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals.		
D6.1.	**Basic dentistry**		Limited to R15 940 per family per year.	
D6.1.1.	**Dental Practitioners**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals.	Limited to and included in D6.1 which is limited to R15 940 per family per year.	Subject to the relevant managed healthcare programme. General anaesthetics, conscious analgo sedation and hospitalisation for dental work will only be granted benefits for:

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	Basic dentistry including minor oral surgery. Includes removal of teeth and roots, removal of wisdom teeth, exposure of teeth for orthodontic reasons and suturing of traumatic wounds. Oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such dentistry.		• Beneficiaries under the age of 8 years; or • Bony impaction of the third molars. All general anaesthetics and conscious analgo sedation for dentistry, must be pre-authorised. Lingual and labial frenectomies under GA granted for members under the age of 8, subject to the relevant managed healthcare programme and its prior authorization.
D6.1.2. Dental therapists	See D6 and D6.1.1.	Limited to and included in D6.1 which is limited to R15 940 per family per year.	Subject to the relevant managed healthcare programme.
D6.1.3. Dental technicians	See D6 and D6.1.1.	Limited to and included in D6.1 which is limited to R15 940 per family per year.	

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D6.2.	**Advanced dentistry**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals. Advanced dentistry including services for inlays, crowns, bridges, mounted study models, metal base partial dentures, the treatment by periodontists, prosthodontists and dental technician's fees for all such dentistry.	Limited to R16 610 per family per year.	Subject to the relevant managed healthcare programme. This benefit excludes: Oral medical procedures: See paragraph D6.1.1. REGISTERED BY ME ON 2022/11/08 REGISTRAR OF MEDICAL SCHEMES
D6.2.1.	**Dental technicians**	See D6 and D6.2.	Limited to and included in D6.2 which is limited to R16 610 per family per year.	
D6.2.2.	**Osseo-integrated implants and orthognathic surgery (functional**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee	Limited to and included in D6.2 which is limited to R16 610 per family per year.	Subject to the relevant managed healthcare programme and to its prior authorisation. Includes all stages of treatment required to achieve the end result

mR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	correction of malocclusions)	Schedule for public hospitals. All services rendered, including the cost of special investigations, all general and specialist dental practitioners, their assistants, and anaesthetists as well as the cost of materials, all implant components, plates, screws and bone and bone equivalents.		of placing an implant supported tooth or teeth into spaces left by previous removal of natural teeth, the surgical augmentation of jaw bone and surgical placement and exposure of implant/s. Excludes hospitalisation costs.
D6.2.3.	**Specific Oral surgery including consultations and visits and procedures performed by maxillo-facial specialists**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals. Consultations, visits, removal of teeth, para-orthodontic surgical procedures and preparation of jaws for prosthetics	Limited to and included in D6.2 which is limited to R16 610 per family per year.	Subject to prior authorisation by the relevant managed healthcare programme. This benefit excludes : • Osseo-integrated implantation (D6) • Orthognathic surgery (D6 • Impacted wisdom teeth (D6) • Maxillo-facial surgery (D23.1.2)

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	performed by maxillo-facial specialists.		
D6.2.4. Orthodontic Treatment	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate.	Limited to and included in D6.2 which is limited to R16 610 per family per year.	Subject to prior authorisation by the relevant managed healthcare programme.
D6.2.5. Maxillo-facial surgery	See D23.1.2.	See D23.1.2.	See D23.1.2.
D7. HOSPITALISATION			
D7.1. Private hospitals and unattached operating theatres			
D7.1.1. In hospital	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, for accommodation, use of operating theatres and hospital equipment,	Subject to the relevant managed healthcare programme and to its prior authorisation.	Subject to the relevant managed healthcare programme and to its prior authorisation. No benefits will be granted if prior authorisation requirements are not complied with.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

MR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	medicine, pharmaceuticals and surgical items.		Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation. This benefit excludes: Hospitalisation for: • Mental Health (D12) • Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) • Refractive surgery (D23)
D7.1.2. Medicine on discharge from hospital (TTO)	See B7.	Limited to and included in D11.1.1 which is limited to R580 per beneficiary per admission and included in D11.1 which is limited to the following amounts per family per year: M0 = R6 580 M1 = R11 370 M2 = R15 160 M3+ = R17 620	Except anticoagulants post-surgery which will be subject to the relevant managed health care programme.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

MR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D7.1.3.	**Casualty/ emergency room visits**			
D7.1.3.1.	**Facility fee**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate.		Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for *bona fide* emergencies.
D7.1.3.2.	**Consultations**	100% of the negotiated fee, or, in the absence of such fee,100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospital for general practitioners and medical specialists.	Limited to and included in D5.2 which is limited to the following amounts per family per year: M0 = R6 580 M1 = R9 820 M2 = R13 160 M3+ = R16 510	
D7.1.3.3.	**Medicine**	See B7.	Limited to and included in D11.1 which is limited to the following amounts per family per year: M0 = R6 580 M1 = R11 370 M2 = R15 160 M3+ = R17 620	REGISTERED BY ME ON 2022/11/08 REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D7.2. Public Hospitals			
D7.2.1. In hospital	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.	Subject to the relevant managed healthcare programme and to its prior authorisation.	Subject to the relevant managed healthcare programme and to its prior authorisation. Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation This benefit excludes hospitalisation for the following: • Osseo-integrated implants and orthognathic surgery (D6) • Mental health (D12) • Organ, tissue and haemopoeitic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) • Refractive surgery (D23)
D7.2.2. Medicine on discharge from hospital (TTO)	See B7.	Limited to and included in D11.1.1 which is limited to R580 per beneficiary per	Except anticoagulants post-surgery which will be subject to the

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

MR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		admission and included in D11.1 which is limited to the following amounts per family per year: M0 = R6 580 M1 = R11 370 M2 = R15 160 M3+ = R17 620	relevant managed health care programme.
D7.2.3. Casualty/ emergency room visits			
D7.2.3.1. Facility fee	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate.		Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for *bone fide* emergencies.
D7.2.3.2. Consultations	100% of the negotiated fee, or, in the absence of such fee,100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospital	Limited to and included in D5.2 which is limited to the following amounts per family per year: M0 = R6 580 M1 = R9 820 M2 = R13 160 M3+ = R16 510	

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

MR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	for general practitioners and medical specialists.		
D7.2.3.3. Medicine	See B7.	Limited to and included in D11.1 which is limited to the following amounts per family per year: M0 = R6 580 M1 = R11 370 M2 = R15 160 M3+ = R17 620	REGISTERED BY ME ON 2022/11/08 REGISTRAR OF MEDICAL SCHEMES
D7.2.4. Outpatient services			
D7.2.4.1. Facility fee	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate.		Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for *bona fide* emergencies.
D7.2.4.2. Consultations	100% of the negotiated fee, or, in the absence of such fee,100% of the lower of the cost or scheme rate or	Limited to and included in D5.2 which is limited to the following amounts per family per year: M0 = R6 580	

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	Uniform Patient Fee Schedule for public hospital for general practitioners and medical specialists.	M1 = R9 820 M2 = R13 160 M3+ = R16 510	
D7.2.4.3. Medicine	See B7.	Limited to and included in D11.1 which is limited to the following amounts per family per year: M0 = R6 580 M1 = R11 370 M2 = R15 160 M3+ = R17 620	
D7.3. Alternatives to hospitalisation:	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate.	Subject to the relevant managed healthcare programme and to its prior authorisation. Limit of R88 200 per family per year applicable to: • Rehabilitation • Nursing Services (excludes midwifery services)	Subject to the relevant managed healthcare programme and to its prior authorisation. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

MR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D7.3.1.	**Physical rehabilitation facilities**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate.	Limited to and included in D7.3 which is limited to R88 200 per family per year.	See D7.3.
D7.3.2.	**Sub-acute facilities**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate.	Limited to and included in D7.3 which is limited to R88 200 per family per year.	See D7.3
D7.3.3.	**Hospice**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate.	Unlimited.	See D7.3.
D7.3.4.	**Nursing services:**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate.	Limited to and included in D7.3 which is limited to R88 200 per family per year.	See D7.3 and D17.2.8.
D7.3.4.1.	**Nursing agencies**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate.	Limited to and included in D7.3 which is limited to R88 200 per family per year.	See D7.3. and D17.2.8.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

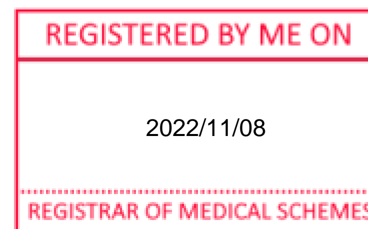
MR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D7.3.4.2. Private Nurse Practitioners	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate.	Limited to and included in D7.3 which is limited to R88 200 per family per year.	This benefit includes psychiatric nursing but excludes midwifery services. Also refer to paragraph D7.3. and D17.2.8.
D8. IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION	100% of cost.	Subject to the scheme's contracted managed healthcare programmes which include the application of treatment protocols, medicine formularies, pre-authorisation and case management.	Subject to the managed healthcare programme. Related consultations included in this benefit.
D8.1. Anti-retroviral medicine	See B7.	Limited to and included in D8.	See D8.
D8.2. Related medicine	See B7.	Limited to and included in D8.	See D8.
D8.3. Related pathology	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for all tests performed by a pathologist or medical	Limited to and included in D8.	See D8.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		technologist and a specified list of pathology tariff codes for general practitioners.		
D8.4.	**Consultations**	100% of the negotiated fee, or, in the absence of such fee,100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospital for general practitioners and medical specialists.	Subject to the relevant managed healthcare programme's policies and protocols, D5.2 and D8.	See D8.
D8.5.	**All other services**	See D1 to D7 and D9 to D23.	Limited to and included in D1 to D7 and D9 to D23.	



mR

9. INFERTILITY	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, 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 the relevant managed healthcare programme and to its prior authorisation. 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.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

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% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals, for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.	Subject to the relevant managed healthcare programme and to its prior authorisation.	Subject to the relevant managed healthcare programme and to its prior authorisation. Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation. Delivery by a general practitioner or medical specialist and the services of the attendant paediatrician and/or anaesthetists are included. Included in global obstetric fee is post-natal care by a general practitioner and medical specialist up to and including the six week post-natal consultation.
D10.1.1. Medicine on discharge from hospital (TTO)	See B7.	Limited to and included in D11.1.1 which is limited to R580 per beneficiary per	Except anticoagulants post-surgery which will be subject to the

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			admission and included in D11.1 which is limited to the following amounts per family per year: M0 = R6 580 M1 = R11 370 M2 = R15 160 M3+ = R17 620	relevant managed health care programme.
D10.1.2.	**Confinement in a registered birthing unit**	See D10.1.	4 x post-natal midwife consultations per family per year.	Delivery by a midwife. Hire of water bath and oxygen cylinder where hired from a practitioner with a registered practice number.
D10.2.	**Confinement out of hospital**	100% of the negotiated fee, 100% of the Society for Private Nurse Practitioners, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for the delivery by a general practitioner or midwife.	4 x post-natal midwife consultations per family per year.	Subject to the relevant managed healthcare programme and to its prior authorisation. Hire of water bath and oxygen cylinder where hired from a practitioner with a registered practice number.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D10.2.1.	**Consumables and pharmaceuticals**	Registered medicine, dressings and materials supplied by a midwife out of hospital.		
D10.3.	**Related maternity services**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to R10 370 per family, per year further limited to: • 12 ante-natal consultations per family, per year, by a specialist, general practitioner or midwife; • Pregnancy related tests and procedures; • 2x2D pregnancy scans per family, per year.	
D10.3.1	**Amniocentesis**	80% of the negotiated fee, or, in the absence of such fee, 80% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to one amniocentesis per family, including pathology and radiology tests relating to the amniocentesis and further limited to R10 370 per family per year.	

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D11. MEDICINE AND INJECTION MATERIAL			
D11.1. Routine/Acute Medicine (includes malarial prophylactics)	See B7.	Limited to the following amounts per family per year: M0 = R6 580 M1 = R11 370 M2 = R15 160 M3+ = R17 620	The managed healthcare programme and protocols are applicable. This benefit excludes: • In-hospital medicine (D7) • Antirretroviral medicine (D8) • Oncology medicine (D14) • Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medicine (D16)
D11.1.1. Medicine on discharge from hospital (TTO)	See B7.	Limited to R580 per beneficiary per admission and included in D11.1 which is limited to the following amounts per family per year: M0 = R6 580 M1 = R11 370 M2 = R15 160 M3+ = R17 620	Except anticoagulants post-surgery which will be subject to the relevant managed health care programme. REGISTERED BY ME ON 2022/11/08 REGISTRAR OF MEDICAL SCHEMES

mR

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** **Schedule 0, 1 and 2 medicine advised and dispensed by a registered pharmacist**	See B7.	Limited to and included in D11.1 which is limited to the following amounts per family per year: M0 = R6 580 M1 = R11 370 M2 = R15 160 M3+ = R17 620 and further limited to R1 950 per family per year and R480 per script.	
D11.3.	**Chronic medicine**	See B7. 100% provided that the medication is supplied according to the formulary recommended by the managed healthcare programme; or, 80% of such cost/ price for medication supplied is outside of the recommended formulary	Subject to the relevant managed healthcare programme and to its prior authorisation.	Subject to the relevant managed healthcare programme and to its prior authorisation. Restricted to a maximum of one month's supply, unless specifically pre-authorised. Includes diabetic disposable such as syringes, needles, strips and lancets for patients not registered on the Centre for Diabetes and Endocrinology (CDE) Programme.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			This benefit excludes: • In hospital medicine (D7) • Anti-retroviral drugs (D8) • Oncology medicine (D14) • Organ, tissue and haemopoeitic stem cell (bone marrow) transplantation and immunosuppressive medicine (D16)
D11.4. Specialised Drugs:			
D11.4.1. Non Oncology Biological Drugs	See B7.	No benefit. Except for Beta-Interferon for the treatment of Multiple Sclerosis as per the Prescribed Minimum Benefit.	Except for Beta-Interferon for the treatment of Multiple Sclerosis and other diseases where use of the drug is deemed appropriate by the managed healthcare company as per the Prescribed Minimum Benefit. Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4.1.1. Iron Chelating agents for chronic use	See B7.	No benefit except where clinically appropriate	Subject to the relevant managed healthcare program

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

MR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D11.4.1.2. Human Immunoglobulin for chronic use	No benefit.	No benefit.	
D11.4.2. Specialised Drugs for Oncology	See D14.1.3.	Limited to and included in D14.1.3.	See D14.1.3.
D11.5. Flu Vaccinations	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate.	Limited to one flu vaccine per beneficiary per year.	
D11.6. Drugs for the treatment of Multi-Drug Resistant TB (MDR-TB) and Extensive Drug Resistant TB (XDR-TB)	See B7.	Subject to the relevant managed healthcare programme and to its prior authorisation.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.7. Contraceptives: • **Oral Contraceptives** • **Injectable Contraceptives** • **Contraceptive Patches**	See B7.		Products must be prescribed for contraception and not for the treatment of acne or skin conditions.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
• **Contraceptive Vaginal Rings** • **Contraceptive Implants** • **Intrauterine Devices or Systems (including Mirena device)**			Consultations, procedures and tests are excluded from the contraceptives benefit.
D12. MENTAL HEALTH AND SUBSTANCE ABUSE		Limited to R51 800 per family per year.	
D12.1. In hospital (includes consultations, visits and procedures)	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals, for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items, consultations, visits and	Limited to and included in D12 (including sleep therapy) which is limited to R51 800 per family per year. A maximum of three days' hospitalisation for beneficiaries admitted by a general practitioner or Specialist Physician.	Subject to the relevant managed healthcare programme. Additional hospitalisation to be motivated by the medical practitioner and pre-authorised by the relevant managed healthcare programme. Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	procedures performed by general practitioners, psychiatrists or psychologists.		
D12.1.1. Medicine on discharge from hospital (TTO)	See B7.	Limited to and included in D11.1.1 which is limited to R580 per beneficiary per admission and included in D11.1 which is limited to the following amounts per family per year: M0 = R6 580 M1 = R11 370 M2 = R15 160 M3+ = R17 620	Except anticoagulants post-surgery which will be subject to the relevant managed health care programme.
D12.2. Out of hospital:			
D12.2.1. Procedures	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals, for procedures performed by general	Limited to R8 980 per family per year and included in D12 which is limited to R51 800 per family per year.	

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	practitioners, psychiatrists, psychologist, psychometrists or registered counsellors at the supplier's rooms or in any facility or at any place, including a public hospital.		
D12.2.2. Consultations and visits, assessments, therapy, treatment and/or counselling, out of hospital	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals, for consultations and visits, assessments, therapy, treatment and/or counselling performed by general practitioners, psychiatrists, psychologist, psychometrists or registered counsellors at the supplier's rooms or in any facility or at any place, including a public hospital.	Limited to and included in D12.2.1 which is limited to R8 980 per family per year and included in D12 which is limited to R51 800 per family per year.	
D12.2.3. Medicine	See B7.	Limited to and included in D11.1 or D11.3.	

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D12.3. Rehabilitation for substance abuse	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals for accommodation, use of hospital equipment, pharmaceuticals, surgical items, consultations, visits, procedures and medicine supplied during treatment programme.	Limited to and included in D12, D12.1, D12.2.1 and D12.2.2.	Limited to one rehabilitation programme per beneficiary per year subject to pre-authorisation. For in-hospital treatment only.
D12.3.1. Medicine on discharge from hospital (TTO)	See B7.	Limited to and included in D11.1.1 limited to R580 per beneficiary per admission and included in D11.1 which is limited to the following amounts per family per year: M0 = R6 580 M1 = R11 370 M2 = R15 160 M3+ = R17 620	Except anticoagulants post-surgery which will be subject to the relevant managed health care programme.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D13. NON SURGICAL PROCEDURES AND TESTS			
D13.1. Non-Surgical Procedures: In hospital	80% of the negotiated fee, or, in the absence of such fee, 80% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals for all non-surgical procedures performed by a general practitioner, medical specialists or clinical technologists.	Subject to the relevant managed healthcare programme and its prior authorisation in hospital only.	Subject to the relevant managed healthcare programme and its prior authorisation in hospital only. This benefit excludes: • Psychiatry and Psychology (D12) • Optometric examinations (D15) • Pathology (D18) • Radiology (D21)
D13.1.1. Sleep studies in hospital:	80% of the negotiated fee, or, in the absence of such fee, 80% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals for all non-surgical procedures performed by a general practitioner, medical	Subject to the relevant managed healthcare programme and its prior authorisation in hospital only.	

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	specialists or clinical technologists.		
D13.1.1.1. Diagnostic Polysomnograms in hospital	80% of the negotiated fee, or, in the absence of such fee, 80% of the lower of the cost or scheme rate , or Uniform Patient Fee Schedule for public hospitals, for all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.	Subject to the relevant managed healthcare programme and its prior authorisation in hospital only.	Subject to the relevant managed healthcare programme and its prior authorisation in hospital only.
D13.1.1.2. CPAP Titration in hospital	80% of the negotiated fee, or, in the absence of such fee, 80% of the lower of the cost or scheme rate , or Uniform Patient Fee Schedule for public hospitals, for all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.		If authorised by the relevant managed healthcare programme for patients with obstructive sleep apnoea who meet the criteria for CPAP and where requested by the relevant specialist.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D13.2.	**Non-Surgical Procedures: Out of hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals, for all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.	Limited to R10 860 per family per year.	REGISTERED BY ME ON 2022/11/08 REGISTRAR OF MEDICAL SCHEMES
D13.2.1.	**Sleep studies out of hospital:**			
D13.2.1.1.	**CPAP Titration out of hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate		If authorised by the relevant managed healthcare program for patients with obstructive sleep apnoea, who meet the criteria of CPA and where requested by the relevant Specialist
D13.2.1.2.	**Diagnostic polysomnogram out of hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Scheme Tariff, or Uniform Patient Fee		If authorised by the relevant managed healthcare program for patients with obstructive sleep apnoea, who meet the criteria of

MR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	Schedule for public hospitals, for all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.		CPA and where requested by the relevant Specialist
D13.2.2. Non-surgical procedures in practitioner's rooms			
D13.2.2.1. Non-surgical procedures: • **Routine diagnostic upper and lower gastro-intestinal fibre-optic endoscopy** • **24 hr oesophageal PH studies** • **Breast fine needle biopsy** • **Cystoscopy** • **Oesophageal motility**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals, for all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.		Includes related consultation, materials, pathology and radiology if done on same day. Excludes rigid sigmoidoscopy anoscopy

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
• **Prostate needle biopsy**			
D14. ONCOLOGY			
D14.1. Active treatment period	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for oncologists and haematologists and credentialed medical practitioner's consultations, visits, treatment and materials used in radiotherapy and chemotherapy.	Subject to the Scheme's clinical protocols	Subject to the relevant managed healthcare programme and to its prior authorisation. Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Paragraph D1-D7 and D9-D23 apply.
D14.1.1. Medicine	See B7. 100% provided that the medication is supplied according to the formulary recommended by the	Subject to the Scheme's clinical protocols	REGISTERED BY ME ON 2022/11/08 REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	managed healthcare programme; or, 80% of such cost/ price for medication supplied is outside of the recommended formulary		
D14.1.2. Radiology and pathology	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals, for specialised radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the oncology treatment.	Subject to the Scheme's clinical protocols	
D14.1.2.1. PET and PET-CT	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospital.	Restricted to staging of malignant tumours and subject to the Scheme's clinical protocols.	Subject to the relevant managed healthcare programme and to its prior authorisation. Specific authorisations are required in addition to any

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

MR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			authorisation that may have been obtained for hospitalisation. Only in a credentialed specialist practice.
D14.1.3. Specialised Drugs	No benefit.	No benefit.	Subject to the relevant managed healthcare programme for Prescribed Minimum Benefits.
D14.1.3.1. Biological drugs	See B7. 100% provided that the medication is supplied according to the formulary recommended by the managed healthcare programme; or, 80% of such cost/ price for medication supplied is outside of the recommended formulary	No benefit, except for beta interferon for the treatment of Multiple Sclerosis.	Subject to the relevant managed healthcare programme for Prescribed Minimum Benefits.
D14.1.3.2. Tyrosine Kinase Inhibitors	No benefit.	No benefit.	Subject to the relevant managed healthcare programme for Prescribed Minimum Benefits.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D14.1.3.3.	**Unregistered Chemotherapeutic agents**	No benefit.	No benefit.	No benefit.
D14.1.3.4.	**Proteasome Inhibitors for example, Bortezomib**	No benefit.	No benefit.	Subject to the relevant managed healthcare programme for Prescribed Minimum Benefits..
D14.1.3.5.	**Azacitidine**	No benefit.	No benefit.	Subject to the relevant managed healthcare programme for Prescribed Minimum Benefits.
D14.1.4.	**Flushing of J line and/or Port**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologists and credentialed medical practitioners, treatment and materials.	Subject to the relevant managed healthcare programme.	Subject to the relevant managed healthcare programme.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D14.1.5.	**Brachytherapy materials (including seeds and disposables) and equipment**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologists and credentialed medical practitioners, consultation, visits, treatment and materials used in radiotherapy and chemotherapy.	Limited to R60 100 per family per year.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D14.2.	**Post active treatment period**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologists and credentialed medical practitioners, specified radiology and pathology services, performed by	Limited to treatment for a period of 12 months following the active treatment period.	As specified by the relevant managed healthcare programme. Should the condition regress, the active benefit D14.1 will be re-instated.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	pathologists, radiologists and haematologists during the specified remission period.		
D14.2.1. **Flushing of J Line and/or Port**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologists and credentialed medical practitioners, treatment and materials.	Subject to the relevant managed healthcare programme.	Subject to the relevant managed healthcare programme.
D15. OPTOMETRY			
D15.1. **Optometric refraction test**	100% of the Iso Leso Network Provider agreed rate.	Limited to one (1) examination per beneficiary per year.	Iso Leso has been contracted by the Scheme in respect of certain optometry benefits and the Iso Leso Optometry Network is the preferred provider network.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D15.2.	**Frames**	100% of the Iso Leso Network Provider agreed rate.	Limited to one frame per beneficiary and to the amount as agreed with Iso Leso per beneficiary for frames and/or lens enhancements in every 24 months period. Commencing from 1 January 2023, the 24 month period will be calculated from the date of the frames claim for the beneficiary.	Iso Leso has been contracted by the Scheme in respect of certain optometry benefits and the Iso Leso Optometry Network is the preferred provider network.
D15.3.	**Spectacle lenses or Contact lenses**	100% of the Iso Leso Network Provider agreed rate.	• Spectacle lenses limited to one pair of lenses per beneficiary in every 24 month period. Commencing from 1 January 2023, the 24 month period will be calculated from the date of the lenses claim for the beneficiary. • . Contact lenses are only available in lieu of spectacles and they are further limited to an amount as agreed with Iso Leso for	When prescribed by a registered optometrist, opthalmologist or supplementary optical practitioner. For clinically appropriate lenses only. Iso Leso has been contracted by the Scheme in respect of certain optometry benefits and the Iso Leso Optometry Network is the preferred provider network.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		contact lenses per beneficiary every 24 months. Commencing from 1 January 2023 the 24 month period will be calculated from the date of the first contact lenses claim for the beneficiary.	
D15.3.1. Single vision lenses	100% of the Iso Leso Network Provider agreed rate.	Limited to and included in D15.3.	Iso Leso has been contracted by the Scheme in respect of certain optometry benefits and the Iso Leso Optometry Network is the preferred provider network.
D15.3.2. Bifocal lenses	100% of the Iso Leso Network Provider agreed rate.	Limited to and included in D15.3	Iso Leso has been contracted by the Scheme in respect of certain optometry benefits and the Iso Leso Optometry Network is the preferred provider network.
D15.3.3. Multifocal lenses	100% of the Iso Leso Network Provider agreed rate.	Limited to and included in D15.3.	Iso Leso has been contracted by the Scheme in respect of certain optometry benefits and the Iso Leso Optometry Network is the preferred provider network.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

MR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D15.4.	**Lens enhancements**	100% of the Iso Leso Network Provider agreed rate.	Limited to and included in D15.2.	Iso Leso has been contracted by the Scheme in respect of certain optometry benefits and the Iso Leso Optometry Network is the preferred provider network. When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.5.	**Contact lenses**	100% of the Iso Leso Network Provider agreed rate.	Contact lenses are only available **in lieu** of spectacles and then are further limited to D15.3 which is limited to the amount as agreed with Iso Leso for contact lenses per beneficiary in every 24 months period. Commencing from 1 January 2023, the 24 month period will be calculated from the date of the first contact lenses claim for the beneficiary.	Iso Leso has been contracted by the Scheme in respect of certain optometry benefits and the Iso Leso Optometry Network is the preferred provider network. When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner and includes the fitting of contact lenses.
D15.6.	**Low vision appliances**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate.	Limited to and included in D3.1.1 which is limited to R21 950 per family per year.	When prescribed by a registered optometrists, ophthalmologist or supplementary optical practitioner.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D15.7. Ocular prostheses	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate.	Limited to and included in D20.2 which is limited to and included in D20.1 which is limited to R69 700 per family per year.	When prescribed by a registered optometrist, ophthalmologist, medical practitioner or supplementary optical practitioner.
D16. ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNOSUPPRESSIVE MEDICATION	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for work up and harvesting of the organ/s, tissue or haemopoietic stem cells (bone marrow) and the transplantation thereof.	Limited to R253 000 per family per year for all services. REGISTERED BY ME ON 2022/11/08 REGISTRAR OF MEDICAL SCHEMES	Subject to the relevant managed healthcare programme and to its prior authorisation. For the work-up and harvesting of organ/s or Haemopoietic stem cells (bone marrow) and the transplantation thereof. No benefits will be granted for hospitalisation, treatment and associated clinical procedures if prior authorisation is not obtained. Organ harvesting is limited to the Republic of South Africa.
D16.1. Haemopoietic stem cell (bone marrow) transplantation	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or	Limited to and included in D16 which is limited to R253 000 per family per year for all services.	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous

MR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	Uniform Patient Fee Schedule for public hospitals for work up and harvesting of the organ/s, tissue or haemopoietic stem cells (bone marrow) and the transplantation thereof.		grafts derived from the South African Bone Marrow Registry.
D16.2. Immuno-suppressive Medicine	See B7.	Limited to and included in D16 which is limited to R253 000 per family per year for all services.	See D16.
D16.3. Post transplantation biopsies and scans	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for work up and harvesting of the organ/s, tissue or haemopoietic stem cells (bone marrow) and the transplantation thereof.	Limited to and included in D16 which is limited to R253 000 per family per year for all services.	See D16. REGISTERED BY ME ON 2022/11/08 REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D16.4.	**Radiology and Pathology**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for specified radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.	Limited to and included in D16 which is limited to R253 000 per family per year for all services.	See D16.
D16.5.	**Corneal Grafts**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for work up and harvesting of the organ/s, tissue or haemopoietic stem cells (bone marrow) and the transplantation thereof.	Limited to R33 800 per beneficiary and included in D16 which is limited to R253 000 per family per year.	Subject to the relevant managed healthcare programme and to its prior authorisation. Organ harvesting is not limited to the Republic of South Africa.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D17. ADDITIONAL MEDICAL SERVICES			
D17.1. In hospital	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to R15 940 per family per year.	Subject to the relevant managed healthcare programme and its prior authorisation.
D17.1.1. Dietetics – in hospital	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to and included in D17.1 which is limited to R15 940 per family per year.	Subject to the relevant managed healthcare programme and its prior authorisation.
D17.1.2. Occupational Therapy – in hospital	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee	Limited to and included in D17.1 which is limited to R15 940 per family per year.	Subject to the relevant managed healthcare programme and its prior authorisation.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		Schedule for public hospitals.		
D17.1.3.	**Speech Therapy – in hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to and included in D17.1 which is limited to R15 940 per family per year.	Subject to the relevant managed healthcare programme and its prior authorisation.
D17.1.4.	**Social Workers – in hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to and included in D17.1 which is limited to R15 940 per family per year.	Subject to the relevant managed healthcare programme and its prior authorisation.
D17.2.	**Out of hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to R5 690 per family per year.	

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

MR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D17.2.1.	**Audiology – in and out of hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to and included in D17.2 which is limited to R5 690 per family per year.	
D17.2.2.	**Dietetics – out of hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to and included in D17.2 which is limited to R5 690 per family per year.	
D17.2.3.	**Genetic counselling – in and out of hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to and included in D17.2 which is limited to R5 690 per family per year.	REGISTERED BY ME ON 2022/11/08 REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D17.2.4.	**Hearing aid acoustics – in and out of hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to and included in D17.2 which is limited to R5 690 per family per year.	
D17.2.5.	**Occupational therapy – out of hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to and included in D17.2 which is limited to R5 690 per family per year.	
D17.2.6.	**Orthoptics – in and out of hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to and included in D17.2 which is limited to R5 690 per family per year.	REGISTERED BY ME ON 2022/11/08 REGISTRAR OF MEDICAL SCHEMES
D17.2.7.	**Podiatry – in and out of hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the	Limited to and included in D17.2 which is limited to R5 690 per family per year.	

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.		
D17.2.8.	**Private nurse practitioners – out of hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to and included in D17.2 which is limited to R5 690 per family per year.	Nursing services are included in the Alternatives to Hospitalisation benefit in D7.3 if pre-authorised by the managed healthcare programme.
D17.2.9.	**Speech therapy – out of hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to and included in D17.2 which is limited to R5 690 per family per year.	
D17.2.10.	**Social workers – out of hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee	Limited to and included in D17.2 which is limited to R5 690 per family per year.	

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	Schedule for public hospitals.		
D18. PATHOLOGY AND MEDICAL TECHNOLOGY			
D18.1. In hospital: Pathology and Medical Technology	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for all tests performed by a pathologist or medical technologist.	Subject to the Scheme's clinical protocols.	This benefit excludes a specified list of pathology tariff codes included in : • the maternity benefit (D10) • the oncology benefit during the pre- active and/or post active treatment period (D14) • the organ and haemopoeitic stem cell transplantation benefit (D16) • the renal dialysis chronic benefit (D22)
D18.2. Out of hospital: Pathology and	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or	Limited to R11 480 per family per year.	This benefit excludes a specified list of pathology tariff codes included in : the maternity benefit (D10)

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

MR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
Medical Technology	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.		• the oncology benefit during the pre-active and/or post active treatment period (D14) • the organ and haemopoeitic stem cell transplantation benefit (D16) • the renal dialysis chronic benefit (D22)
D19. PHYSICAL THERAPY			
D19.1. In hospital Physiotherapy Biokinetics	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals.	Subject to the Scheme's clinical protocols.	
D19.2. Out of hospital Physiotherapy Biokinetics Chiropractors	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee	Limited to R10 150 per family per year.	This benefit excludes X-rays performed by chiropractors.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	Schedule for public hospitals.		
D20. PROSTHESES AND DEVICES INTERNAL AND EXTERNAL			
D20.1. Prostheses and devices internal (surgically implanted) including all temporary prostheses, or/and all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prostheses and devices	100% of the negotiated fee, or, in the absence of such fee, 100% of the cost.	Limited to R69 700 per family per year.	Subject to the relevant managed healthcare programme and to its prior authorisation.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D20.2. Prostheses external includes artificial limbs	100% of the negotiated fee or in absence of such fee, 100% of the lower of cost or Orthotic and Prosthetic Schedule as prescribed by a medical practitioner.	Limited to and included in D20.1 which is limited to R69 700 per family per year.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D20.3. Intraocular Lenses	100% of the negotiated fee or in absence of such fee, 100% of the lower of cost or in the absence of such fee, 100% of the cost.	Limited to R4 350 per beneficiary per year and included in D20.1 which is limited to R69 700 per family per year	Subject to the relevant managed healthcare programme and to its prior authorisation.
D21. RADIOLOGY			
D21.1. General radiology			
D21.1.1. In hospital: General Radiology	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for diagnostic radiology tests and ultrasound scans.	Subject to the Scheme's clinical protocols	Authorisation is not required for MRI scan for low field peripheral joint examinations of dedicated limb units.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D21.1.1.1. Bone densitometry scans: In hospital	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for diagnostic radiology tests and ultrasound scans.	Limited to one per beneficiary per year in or out of hospital.	Bone densitometry scans performed in a specialist practice, limited to one per beneficiary per year either in or out of hospital.
D21.1.2. Out of hospital: General Radiology	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals.	Limited to R12 600 per family per year.	This benefit excludes a specified list of radiology tariff codes included in: • the maternity benefit (D10) • the oncology benefit during the active treatment and/or post active treatment period (D14) • the organ and haemopoeitic stem cell transplantation benefit (D16) • the renal dialysis chronic benefit (D22) Authorisation is not required for MRI scan for low field peripheral joint examination of dedicated limb units.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D21.1.2.1.	**Bone densitometry scans: Out of hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals.	Limited to one per beneficiary per year in or out of hospital. Out of hospital is limited to and included in D21.1.2 which is limited to R12 600 per family per year.	Bone densitometry scans performed in a specialist practice, limited to one per beneficiary per year either in or out of hospital.
D21.2.	**Specialised radiology - in and out of hospital**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals.	Limited to R23 900 per family per year.	Subject to the relevant managed healthcare programme and to its prior authorisation. Specific authorisation 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 • CT Colonography (virtual colonoscopy only in credentialed practices and restricted to the evaluation of symptomatic patients only) limited to one per family per year. (See D21.2.1.)

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB		BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
				• MDCT Coronary Angiography/Tomography (only in credentialed practices) limited to one per family per year restricted to the evaluation of symptomatic patients only. (See D21.2.2.)
D21.2.1.	**CT colonography (virtual colonoscopy)**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to one per family per year and limited to and included in D21.2 which is limited to R23 900 per family per year.	Subject to the relevant managed healthcare programme and to its prior authorisation. Only in credentialed practices and restricted to the evaluation of symptomatic patients only.
D21.2.2.	**MDCT (Multidetector Coronary Angiography/Tomography)**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate or Uniform Patient Fee Schedule for public hospitals.	Limited to one per family per year and limited to and included in D21.2 which is limited to R23 900 per family per year.	Subject to the relevant managed healthcare programme and to its prior authorisation. Only in credentialed practices and restricted to the evaluation of symptomatic patients only.
D21.3.	**PET and PET-CT scans**	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the	Restricted to staging of malignant tumours and subject	See D14.1.2.1.

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

MR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	cost or scheme rate, or Uniform Patient Fee Schedule for public hospital.	to the Scheme's clinical protocols	Subject to the relevant managed healthcare programme and to its prior authorisation. Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation. Only in a credentialed specialist practice.
D22. RENAL DIALYSIS CHRONIC			
D22.1. Haemodialysis and peritoneal dialysis	100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for all services, medicine and materials associated with the cost of renal dialysis.	Limited to R253 000 per family per year.	Subject to the relevant managed healthcare programme and to its prior authorisation. Authorised Erythropoietin is included in D4. This benefit excludes the following: acute dialysis which is included in D7.
D22.2. Radiology and Pathology	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee	Limited to and included in D22.1 which is limited to R253 000 per family per year.	

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	Schedule for public hospitals for specified radiology and pathology services.		
D23. SURGICAL PROCEDURES			
D23.1. Surgical procedures In hospital and unattached operating theatres REGISTERED BY ME ON 2022/11/08 REGISTRAR OF MEDICAL SCHEMES	100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for surgical procedures performed by a general or dental practitioner or medical or dental specialist.	Subject to the relevant managed healthcare programme and to its prior authorisation.	Subject to the relevant managed healthcare programme and to its prior authorisation. This benefit excludes: • Osseo-integrated implants (D6) • Orthognathic and oral surgery (D6) • Maternity (D10) • Organ and haemopoeitic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)
D23.1.1. Refractive surgery	80% of the negotiated fee, or, in the absence of such 80% of the lower of the cost or scheme rate, or Uniform	Limited to R22 000 per family per year.	Subject to the relevant managed healthcare programme and to its prior authorisation.

MR

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 all related costs and services for refractive surgery such as Lasik, Radial Keratotomy and Phakic lens insertion.		
D23.1.2.	**Maxillo-facial surgery – in and out of hospital**	100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for the surgical removal of tumours and neoplasm, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in D6.	Subject to the relevant managed healthcare and to its prior authorisation.	Subject to the relevant managed healthcare and to its prior authorisation. This benefit excludes: • Osseo-integrated implantation (D6) • Orthognathic surgery (D6) • Oral surgery (D6) • Impacted wisdom teeth (D6)
D23.2.	**Surgical procedures Out of hospital in practitioner's rooms**	100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for surgical procedures	Subject to the relevant managed healthcare and to its prior authorisation.	Subject to the relevant managed healthcare programme and to its prior authorisation. This benefit excludes: • Osseo-integrated implants (D6) • Orthognathic surgery (D6)

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB
REGISTERED BY ME ON 2022/11/08 REGISTRAR OF MEDICAL SCHEMES	performed by a general practitioner or specialist.		• Oral surgery (D6) • Maternity (D10) • Organ, tissue and haemopoietic stem cell(bone marrow) transplantation and immunosuppressive medication (D16)
D23.2.1. Specific surgical procedures in practitioner's rooms • **Circumcision** • **Laser tonsillectomy** • **Vasectomy**	100% of the negotiated fee or, in the absence of such fee, 100% of the lower of the cost or scheme rate, or Uniform Patient Fee Schedule for public hospitals for surgical procedures performed by a general practitioner or specialist.	Subject to the relevant managed healthcare and to its prior authorisation.	Includes related consultation, materials, pathology and radiology if done on the same day. Subject to the relevant managed healthcare programme and to its prior authorisation.
D24. PREVENTATIVE CARE BENEFIT	100% of the lower of the cost or scheme rate.		Excludes consultations, procedures and tests.
D24.1. Child Immunisations	100% of the lower of the cost or scheme rate.	Immunisations as per specific age as listed below;	Immunisation programme as per the Department of Health Protocol listed below. Excludes consultation costs.

mR

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B, Paragraph C	CONDITIONS/ REMARKS Subject to PMB

Age of child	Vaccine	Dispensed
At birth	Bacilles Calmette Guerin (BCG)	Upper arm, right
	OPV (0) Oral Polio Vaccine	Drops per mouth
6 weeks	OPV (1) Oral Polio Vaccine	Drops per mouth
	DTaP-IPV//Hib (1) Diphtheria, Tetanus , acellular Pertussis, Inactivated Polio Vaccine and *Haemophilus influenzae* type b combined	Injection in thigh, left
	Hep B (1) Hepatitis B Vaccine	Injection in thigh, right
	RV (1) Rotavirus Vaccine	Liquid by mouth
	PCV_7 (1) Pneumococcal Conjugated Vaccine	Injection in thigh, right

10 weeks	DTaP-IPV//Hib (2) Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Vaccine and *Haemophilus influenzae* type b combined	Injection in thigh, left
	Hep B (2) Hepatitis B Vaccine	Injection in thigh, right

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

14 weeks	DTaP-IPV//Hib (3) Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Vaccine and *Haemophilus influenzae* type b combined	Injection in thigh, left
	HBV (3) Hepatitis B Vaccine	Injection in thigh, right
	PCV_7 (2) Pneumococcal Conjugated Vaccine	Injection in thigh, right
	RV (2) Rotavirus Vaccine	Liquid by mouth

9 months	*Measles Vaccine (1)	Injection in thigh, left
	PCV_7 (3) Pneumococcal Conjugated Vaccine	Injection in thigh, right
18 months	DTaP-IPV//Hib (4) Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Vaccine and *Haemophilus influenzae* type b combined	Injection in arm, left
	*Measles Vaccine (2)	Injection in arm, right
6 years	Td Vaccine Tetanus and reduced strength of Diphtheria Vaccine	Injection in arm, left

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES

mR

12 years	Td Vaccine Tetanus and reduced strength of Diphtheria Vaccine	Injection in arm, left
***Offer Measles, Mumps and Rubella (MMR) as a choice to parents in place of Measles**		

REGISTERED BY ME ON
2022/11/08
REGISTRAR OF MEDICAL SCHEMES