

# FEDHEALTH MEDICAL SCHEME

## FLEXIFED 1 AND 2 RANGES

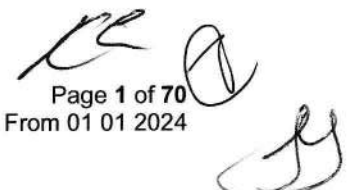
- flexiFED 1
- flexiFED 1<sup>Elect</sup>
- flexiFED 2
- flexiFED 2<sup>Grid</sup>
- flexiFED 2<sup>Elect</sup>

### ANNEXURE B – BENEFITS AND LIMITS

**1 JANUARY 2024**

**(TO BE READ IN CONJUNCTION WITH ANNEXURE C, D AND E)**

**[EFFECTIVE 1 JANUARY 2024 UNLESS OTHERWISE STATED BELOW]**



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## FEDHEALTH –flexiFED 1 and 2 Ranges

## ANNEXURE B

## BENEFITS AND LIMITS

[Effective 1 January 2024 unless otherwise stated below]

**A ENTITLEMENT TO BENEFITS**

**A1** “Entitlement to Benefits” rules specific to these options are listed in the paragraphs to follow, to be read in conjunction with Annexure C, D and E.

**A2** In respect of legally prescribed medicine, the following is applicable:

100% of the lower of:

- i) the cost to the supplier plus the negotiated mark-up; or
- ii) the single exit price plus the negotiated dispensing fee to a maximum fee of either the negotiated dispensing fee, or, in the absence of a negotiated fee, 26.5% capped at a maximum of R29.00 (VAT exclusive). In addition, no dispensing fee may exceed the maximum fee as dictated by legislation.

Both subject to the reimbursement limit, i.e., Maximum Generic Price or Medicine Price List. Levies and co-payments to apply where relevant.

**A3** Hospitalisation Benefits:

Any authorised hospitalisation for any condition (including oncology, alternatives to hospitalisation and psychiatric services), shall be paid at rates as specified in paragraph A4.

**A3.1** Hospitalisation on the flexiFED 1, flexiFED 1<sup>Elect</sup>, flexiFED 2<sup>Grid</sup> and flexiFED 2<sup>Elect</sup> Ranges:

The Hospital Network provides for any authorised hospitalisation for any condition, (including oncology, alternatives to hospitalisation and psychiatric services), which shall be paid at 100% of the negotiated rate. Paragraph A4 is also applicable.

**A3.1.1** Hospitalisation on the flexiFED 1 Range:

The flexiFED 1 option has appointed a hospital network as the Designated Service Provider (“DSP”) for all benefits including Prescribed Minimum Benefits.

An amount of **R8 400** is deductible for the use of Non DSP Providers, unless such use is involuntary. Paragraph A4 is also applicable.

#### **A3.1.2 Hospitalisation on the flexiFED 1<sup>Elect</sup>, flexiFED 2<sup>Grid</sup> and flexiFED 2<sup>Elect</sup> Ranges:**

The flexiFED 1<sup>Elect</sup>, flexiFED 2<sup>Grid</sup> and flexiFED 2<sup>Elect</sup> options have appointed a hospital network as the Designated Service Provider ("DSP") for all benefits including Prescribed Minimum Benefits.

An amount of **R14 700** is deductible for the use of Non DSP Providers. Paragraph A4 is also applicable.

#### **A3.2 DSPs**

Unlimited cover is provided for PMBs in Designated Service Providers ("DSPs"). The onus is not on the member but on the Scheme to ensure and guarantee the services for PMBs will be available at DSP or Government Facilities.

#### **A4 Providers In Hospital:**

**A4.1 A Specialist Network**, appointed as the Scheme's DSP for PMBs (refer Annexure D, paragraph 7.4.3), is applicable for all In and Out of Hospital consultations and procedures. The Specialist Network includes, but is not limited to, the following specialists:

- Anaesthetists
- Dermatology
- Independent Practice Specialist Obstetrics and Gynaecology
- Pulmonology
- Independent Practice Specialist Medicine
- Gastroenterology
- Neurology
- Cardiology
- Psychiatry
- Independent Practice Specialist Neurosurgery
- Ophthalmology
- Orthopaedics
- Otorhinolaryngology (ENT)
- Rheumatology





- Paediatrics Independent Practice Specialist
- Plastic and Reconstructive Surgery
- Surgery/Paediatric surgery Independent Practice Specialist
- Cardio Thoracic Surgery
- Urology
- Maxillo-facial and Oral Surgery

**A4.2 In Specialist Network, rates applicable as follows:**

- Funded in full at the negotiated rate, including Anaesthetists on both Ranges;

All consultations and procedures within the Specialist Network will be charged at the negotiated rate, with no co-payments applicable.

**A4.3 Out of Specialist Network, rates applicable as follows:**

- 100% of Fedhealth Rate on both Ranges.

All consultations and procedures outside of the Specialist Network will be reimbursed at the lesser of cost or up to a maximum of the above rates.

Co-payments are applicable for consultations and procedures charged in excess of the above-mentioned rates.

**A4.4 GPs in Hospital:****A4.4.1 GPs In Network In Hospital:**

- Funded in full at the negotiated rate for all Ranges.

A GP network, appointed as the Scheme's DSP for PMBs is applicable for all in hospital consultations and procedures.

**A4.4.2 GPs Out of Network In Hospital:**

- 100% of the Fedhealth Rate for all Ranges.



All consultations and procedures outside of the GP Network will be reimbursed at the lesser of cost or up to a maximum of the above rates.

Co-payments are applicable for consultations and procedures charged in excess of the above-mentioned rates.

**A4.5 Other Healthcare Providers in or out of hospital (excluding GP's) not mentioned in A4.1, A4.2, A4.3, A5.1, A5.2 and A5.3:**

- 100% of Fedhealth Rate for all Ranges.

**A5 Providers Out of Hospital:**

**A5.1 GP Network:**

- Funded in full at the negotiated rate for all Ranges.

A GP network, appointed as the Scheme's DSP for PMBs is applicable for all out of hospital consultations and procedures. A 40% co-payment will apply for PMBs on voluntary use of a non DSP.

All consultations and procedures within the GP Network will be charged at the negotiated rate, with no co-payments applicable.

**A5.2 Out of GP Network:**

- 100% of Fedhealth Rate for all Ranges.

All consultations and procedures outside of the GP Network will be reimbursed at the lesser of cost or up to a maximum of the above rates.

Co-payments are applicable for consultations and procedures charged in excess of the above-mentioned rates.

**A5.3 Specialists out of Hospital:**

A Specialist Network, appointed as the Scheme's DSP for PMB's (refer Annexure D, paragraph 7.4.3), is applicable for all Out of Hospital (day to day) consultations and procedures. A 40% co-payment will apply for PMBs on voluntary use of a non DSP.

**A5.3.1 In Specialist Network, rates applicable as follows:**

- Funded in full at the negotiated rate for all Ranges.



All consultations and procedures within the Specialist Network will be charged at the negotiated rate, with no co-payments applicable.

Where applicable, claims for members with day to day benefits (Sav) will be payable at the negotiated rate with no co-payments applicable at 100% of the negotiated rate.

Where applicable, claims for members without day to day benefits (Sav) will be self-funded at the negotiated rate.

#### **A5.3.2 Specialists out of Network:**

- 100% of Fedhealth Rate for all Ranges

A Specialist Network, appointed as the Scheme's DSP for PMB's (refer Annexure D, paragraph 7.4.3), is applicable for all Out of Hospital (day to day) consultations and procedures. A 40% co-payment will apply for PMBs on voluntary use of a non DSP.

All consultations and procedures outside of the Specialist Network will be reimbursed at the lesser of cost or up to a maximum of the above rates.

Co-payments are applicable for consultations and procedures charged in excess of the above-mentioned rates.

#### **A5.4 Referral for Specialist Consultations:**

Specialist consultations will only be provided for upon referral to such specialist by the member's/beneficiaries GP:

- PMB conditions.

Referral authorisation will be required for such consultations, or a 40% co-payment will apply for non-referral.

#### **A5.5 Nomination of General Practitioner:**

The Scheme shall pay for benefits in respect of out-of-hospital consultations by the nominated GP on the GP Network (See A5.1 above) subject to the conditions set out in this paragraph and paragraph D5 below).

A main member, on behalf of himself/ herself, and on behalf of his/ her dependants can nominated at least 2 GP's or a dependant can only nominate their own GP, by following the selection criteria required by the Scheme. A GP may be changed at the principal member's and beneficiary discretion every 6 months.



**A5.6 “Out of Network”**

Visits will be covered at the negotiated fee for practitioners on the GP Network and the Fedhealth Rate for practitioners not on the GP Network, up to a maximum of 2 GP consultations only per beneficiary once in Threshold.

**A5.7 Basic Dental Providers**

Subject to a contracted list of dentists

**A6 CO-PAYMENTS (PER EVENT) APPLICABLE TO HOSPITAL/ FACILITY**

Co-payments are applicable, per option, on the hospital/ facility bill as listed in the co-payment schedule contained in Annexure E. Procedural co-payments as listed in Annexure E are applicable in addition to the Hospital Benefits co-payments (where/ if applicable) listed in paragraph A3 above.

**B OVERALL ANNUAL LIMIT, BENEFITS AND OTHER LIMITS**

**B1** Overall Annual Limit – There is no overall annual limit.

**B2 Current Credit Personal Medical Savings Account (PMSA):** – Claims for services stated as being subject to payment from the Current Credit Personal Medical Savings Account (PMSA), as reflected in the columns headed **BENEFITS/ LIMITS** in the table labelled D below are funded from the members’ PMSA benefit limit. Claims in respect of out of hospital expenses will reflect “**Limited to available savings**” and be marked “**Yes**” against “**Sav**” in the column headed **BENEFITS/ LIMITS**.

**B2.1 Sequence for payment of day to day benefits:**

Claims for out of hospital expenses will be paid first from the PMSA. Once the PMSA has been depleted, the relevant claims will be paid from accumulated savings, if applicable, except for stated benefits which will be paid from the Major Medical Benefit once the PMSA funds have been depleted (see paragraph D below).

Once these funds have been depleted the relevant claims will be self-funded by the member, unless otherwise stated for a particular benefit in paragraph D below.

Where a condition is a Prescribed Minimum Benefit and an out of hospital expense, in hospital benefits will apply.



**B3 Benefits** – The column headed **BENEFITS/ LIMITS** reflects the cost at which the scheme will reimburse the member or the supplier in respect of a claim. Any cost in excess of the funding level reflected in this column will be the responsibility of the member, except for Prescribed Minimum Benefits, which will be funded at cost, subject to the utilisation of DSPs and/ or formularies where applicable.

**B4 Limits** – The column headed **BENEFITS/ LIMITS** reflects the extent to which each benefit is limited or sub-limited in monetary or other terms.

**B5 The Out of Hospital Expense Benefit (OHEB)**

There is no Out of Hospital Expense Benefit (OHEB) for these range of options.

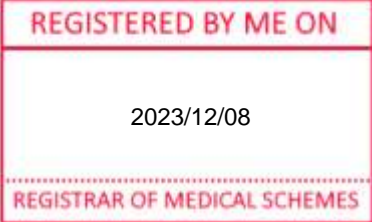
**B6 Safety Net Benefit**

Once the out of hospital benefits have been exhausted (Refer B2) the member shall be liable for all expenses until the cumulative safety net has been reached.

Claims in respect of out of hospital expenses which will accumulate to the safety net will be marked “Yes” against “Acc” in the column headed **BENEFITS/ LIMITS**.

The safety net benefit funds certain out of hospital expenses **unlimited**, unless paragraph A4. is applicable, once accumulated costs have exceeded the following cumulative Safety Net levels:

<b>flexiFED 1 &amp; flexiFED 1<sup>Elect</sup></b>	
Member	R5 100
Member +1	R8 100
Member +2	R9 900
Member +3+	R11 800
<b>flexiFED 2, flexiFED 2<sup>Grid</sup> &amp; flexiFED 2<sup>Elect</sup></b>	
Member	R5 800
Member +1	R10 700
Member +2	R12 100
Member +3+	R14 500



**B7** Claims in respect of in-hospital benefits marked by a “Yes” against “In Hosp” in the column headed “**BENEFITS/ LIMITS**” in Paragraph D shall be paid from the major medical risk pool.

**B8 Threshold**

The extent of the Threshold is determined as at 1 January each year, or at the time the member joins the Fund, this is determined by the family size. This sum (the member’s particular Threshold) is prorated for the balance of the year if the member joins after 1 January in any year. The Threshold will not be adjusted during a benefit year should the member’s dependants be withdrawn during such year. Threshold and all benefit limits are prorated.

**B9 Medivault (Loan)**

This amount is based on your selected benefit option and family size. , This sum (the member’s particular MediVault) is prorated for the balance of the year if the member joins after 1 January in any year.

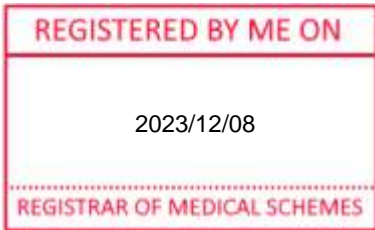
The full amount can be taken upfront or the member can activate multiple amounts during the year in increments of R600, up to maximum amount set per benefit option and the member’s family size subject to the acceptance of terms and conditions.

**Fixed Medivault**

	<b>FlexiFED 1</b>	<b>FlexiFED 1<sup>Elect</sup></b>	<b>FlexiFED 2</b>	<b>FlexiFED 2<sup>Grid</sup></b>	<b>FlexiFED 2<sup>Elect</sup></b>
<b>Member</b>	R3 744	R3 744	R4 980	R4 980	R4 980
<b>Member +1</b>	R5 616	R5 616	R7 488	R7 488	R7 488
<b>Member +2</b>	R6 852	R6 852	R11 832	R11 832	R11 832
<b>Member +3+</b>	R8 724	R8 724	R15 576	R15 576	R15 576

**Flexible MediVault**

	<b>FlexiFED 1</b>	<b>FlexiFED 1<sup>Elect</sup></b>	<b>FlexiFED 2</b>	<b>FlexiFED 2<sup>Grid</sup></b>	<b>FlexiFED 2<sup>Elect</sup></b>
<b>Member</b>	R6 540	R6 540	R9 828	R9 828	R9 828
<b>Member +1</b>	R11 664	R11 664	R18 588	R18 588	R18 588
<b>Member +2</b>	R16 188	R16 188	R23 100	R23 100	R23 100
<b>Member +3+</b>	R18 576	R18 576	R26 004	R26 004	R26 004



**C PRESCRIBED MINIMUM BENEFITS (PMBs)**

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. PMBs are payable at 100% of cost, or 100% of cost at the relevant Designated Service Provider and/ or within medicine formularies (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 ANNUAL BENEFITS LIMITS**

See contents of table below.



SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D1 ALTERNATIVE HEALTHCARE</b>			
D1.1 In Hospital Acupuncture, homoeopathy, naturopathy, osteopathy and phytotherapy consultations and treatment by registered practitioners	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	
D1.2 Out of Hospital Acupuncture, homoeopathy, naturopathy, osteopathy and phytotherapy prescribed medicines where applicable	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	
<b>D2 AMBULANCE SERVICES</b>			
	100% of cost if authorised by the preferred provider.  Unlimited.  Only one inter-hospital transfer per event.  Sav = No In Hosp = Yes Acc = No	100% of cost if authorised by the preferred provider.  Unlimited.  Only one inter-hospital transfer per event.  Sav = No In Hosp = Yes Acc = No	Subject to the contracted ambulance services and prior authorisation.  Benefits shall apply in respect of services provided within the Republic of South Africa, Namibia, Botswana, Zimbabwe, Lesotho, Swaziland and Mozambique (below the 22 <sup>nd</sup> degree parallel).



2023/12/08

SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D2.1 Evacuation Benefit</b>	R261 000 per event.  Sav = No In Hosp = Yes Acc = No	R261 000 per event.  Sav = No In Hosp = Yes Acc = No	Emergency evacuation within Africa after 90 days absence from South Africa.
<b>D3 APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS</b>			
<b>D3.1 In Hospital</b>	Subject to available savings, unless PMB.  Sav = Yes In Hosp = No Acc = Yes  <b>PMB</b> Sav = No In Hosp = Yes Acc = No	Subject to available savings, unless PMB.  Sav = Yes In Hosp = No Acc = Yes  <b>PMB</b> Sav = No In Hosp = Yes Acc = No	Subject to PMB and managed care protocols if deemed clinically appropriate.  For hiring of buying medical or surgical aids as prescribed by a medical practitioner.
<b>D3.1.1 Moon Boots and associated costs</b>	Limited to R2 000 per beneficiary payable from Risk  Sav = No In Hosp = Yes Acc = No	Limited to R2 000 per beneficiary payable from Risk  Sav = No In Hosp = Yes Acc = No	

SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Once Risk benefit has been utilized payable from available savings  Sav = Yes In Hosp = No Acc = Yes	Once Risk benefit has been utilized payable from available savings  Sav = Yes In Hosp = No Acc = Yes	
<b>D3.2 Out of Hospital</b>	Subject to available savings, unless PMB.  Sav = Yes In Hosp = No Acc= Yes  <b>PMB</b> Sav = No In Hosp = Yes Acc = No	Subject to available savings, unless PMB.  Sav = Yes In Hosp = No Acc= Yes  <b>PMB</b> Sav = No In Hosp = Yes Acc = No	For hiring of buying medical or surgical aids as prescribed by a medical practitioner.
<b>D3.2.1 General medical and surgical appliances (including glucometers)</b>	Limited to and included in the in hospital appliance benefit (D3.1).	Limited to and included in the in hospital appliance benefit (D3.1).	Refer to the conditions/remarks under the in hospital appliance benefit (D3.1).  Diabetic accessories and appliances (with the exception of glucometers) to be pre-authorized and claimed from the chronic medicine benefit D11.4.
<b>D3.2.2 Hearing aids and repairs thereof</b>	Limited to and included in the in hospital appliance benefit (D3.1).	Limited to and included in the in hospital appliance benefit (D3.1).	Refer to the conditions/remarks under the in hospital appliance benefit (D3.1).



SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D3.2.3 Large orthopaedic orthotics/ appliances</b>	Limited to and included in the in hospital appliance benefit (D3.1).	Limited to and included in the in hospital appliance benefit (D3.1).	Refer to the conditions/remarks under the in hospital appliance benefit (D3.1).
<b>D3.2.4 Stoma Products</b>	Limited to and payable from Risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from Risk.  Sav = No In Hosp = Yes Acc = No	Subject to PMB and managed care protocols if deemed clinically appropriate.
<b>D3.2.5 CPAP apparatus for sleep apnoea</b>	No benefit.	No benefit.	
<b>D3.2.6 Foot orthotics (including shoes and foot inserts/ levellers)</b>	No benefit.	No benefit.	
<b>D3.3 Specific appliances, accessories</b>			
<b>D3.3.1 Oxygen therapy equipment (excluding hyperbaric oxygen treatment)</b>	Limited to and payable from risk, if specifically authorised.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk, if specifically authorised.  Sav = No In Hosp = Yes Acc = No	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.  Refer to the conditions/remarks under the in hospital appliance benefit (D3.1).
<b>D3.3.2 Home ventilators</b>	Limited to and payable from risk, if specifically authorised.	Limited to and payable from risk, if specifically authorised.	Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment



SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Sav = No In Hosp = Yes Acc = No	Sav = No In Hosp = Yes Acc = No	forms part of the relevant managed healthcare programme.  Refer to the conditions/remarks under the in hospital appliance benefit (D3.1).
<b>D3.3.3 Long leg callipers</b>	Limited to and payable from risk, if specifically authorised.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk, if specifically authorised.  Sav = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation.  Refer to the conditions/remarks under the in hospital appliance benefit (D3.1).
<b>D4 BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS</b>			
	Limited to and payable from risk at 100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals and/ or single exit price plus dispensing fee.	Limited to and payable from risk at 100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals and/ or single exit price plus dispensing fee.	Use of blood equivalents is subject to prior authorisation by the relevant managed healthcare programme.  Transportation of blood is included. Authorised Erythropoietin is included. See the conditions/remarks under the Renal Dialysis Benefit (D22.1.)
<b>D5 CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS</b>			



<b>SERVICE SUBJECT TO PMB</b>	<b>FLEXIFED 1 FLEXIFED 1<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>FLEXIFED 2 FLEXIFED 2<sup>GRID</sup> &amp; FLEXIFED 2<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
<b>D5.1 In Hospital</b> <ul style="list-style-type: none"> <li>• <b>General Practitioners</b></li> <li>• <b>Medical Specialists</b></li> </ul>	100% of the lower of the cost or Fedhealth Rate.  Sav = No In Hosp = Yes Acc = No	100% of the lower of the cost or Fedhealth Rate.  Sav = No In Hosp = Yes Acc = No	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management. Paragraph A3 and A4 applicable.  This benefit excludes: <ul style="list-style-type: none"> <li>• Alternative healthcare practitioners (D1)</li> <li>• Dental practitioners, technologists and Therapists (D6)</li> <li>• Ante-natal visits and consultations (D10)</li> <li>• Psychiatrists, psychologists, psychometrists and registered counsellors (D12)</li> <li>• Oncologists, haematologists and credentialed medical practitioners, during active and post-active treatment periods (D14)</li> <li>• Additional Medical Services (D17)</li> <li>• Physical Therapy (D19)</li> </ul>
<b>D5.2 Out of Hospital</b>			
<b>D5.2.1 GP's In Network</b>	Subject to available savings.  <b>In Network with savings:</b>	Subject to available savings.  <b>In Network with savings:</b>	Refer paragraph A5 (providers out of hospital) above.

SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Sav = Yes In Hosp = No Acc = Yes  <b>Once in Threshold:</b> Limited to and payable from risk	Sav = Yes In Hosp = No Acc = Yes  <b>Once in Threshold:</b> Limited to and payable from risk	Consultations through Network GP unlimited once threshold has been reached. Subject to network GP being nominated
<b>D5.2.2 GP's Out of Network</b>	100% of the lower of the cost or Fedhealth Rate, subject to available savings.  Sav =Yes In Hosp = No Acc = Yes	100% of the lower of the cost or Fedhealth Rate, subject to available savings.  Sav =Yes In Hosp = No Acc = Yes	See paragraph A5 (providers out of hospital) above.
<b>D5.2.3 GP's Out of Network in threshold</b>  • Non-nominated or • Non-network	Subject to 2 per beneficiary per annum from risk.  Thereafter subject to available savings (A5.6)	Subject to 2 per beneficiary per annum from risk.  Thereafter subject to available savings (A5.6)	
<b>D5.2.4 Primary Care Drug Therapy Pharmacists Consultations</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes  <b>Once in Threshold:</b> Limited to and payable from risk	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes  <b>Once in Threshold:</b> Limited to and payable from risk	

SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D5.2.5 Specialist In Network</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Referral from GP required for Specialist Consultations for PMB conditions.
<b>D5.2.5.1 Paediatric Consultations younger than 1 years old</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	1 consultation limited to and payable from risk from birth to 12 months per beneficiary.  Sav = No In Hosp = Yes Acc = No  Once Risk benefit has been utilised payable from available savings  Sav = Yes In Hosp = No Acc = Yes	No referral is required for infants under the age of 2 years old
<b>D5.2.6 Specialist Out of Network</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Referral from GP required for Specialist Consultations for PMB conditions.
<b>D6 DENTISTRY</b>			



SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<p><b>D6.1 Basic</b></p>	<p>Subject to available savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p> <p><b>Once in Threshold</b></p> <p>Subject to Dental protocols</p> <p>Limits apply to the below benefits as follows:</p> <ul style="list-style-type: none"> <li>Fissure sealant (for beneficiaries under the age of 14 only) – 2 per beneficiary per quadrant per day to a maximum of 8 per day, and 1 per tooth per annum</li> <li>Sterilised instrumentation – 2 per beneficiary per annum limited to 1 per visit</li> <li>Infection Control (gloves and masks) – 4 per beneficiary per annum limited to 2 per visit</li> </ul> <p><b>The following is limited to 2 per beneficiary per annum:</b></p> <ul style="list-style-type: none"> <li>Consultations</li> <li>Intra Oral Radiographs</li> <li>Scale and Polishing</li> </ul>	<p>Subject to available savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p> <p><b>Once in Threshold</b></p> <p>Subject to Dental protocols</p> <p>Limits apply to the below benefits as follows:</p> <ul style="list-style-type: none"> <li>Fissure sealant (for beneficiaries under the age of 14 only) – 2 per beneficiary per quadrant per day to a maximum of 8 per day, and 1 per tooth per annum</li> <li>Local Anaesthetic – 1 per beneficiary per visit</li> <li>Sterilised instrumentation – 1 per beneficiary per visit</li> <li>Infection Control (gloves and masks) – 2 per beneficiary per visit</li> <li>Amputation of pulp (pulpotomy) only on primary teeth limited to 4</li> <li>Root canal therapy – gross pulpal debridement 1 per beneficiary per year</li> </ul>	<p>Subject to the relevant managed healthcare programme.</p> <p>Basic dentistry including minor oral surgery.</p> <p>Oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such surgery. Subject to approved list for additional dental benefits.</p> <p>Lingual and labial frenectomies under GA approved for members under the age of 7, subject to the relevant managed healthcare programme and its prior authorization. (Except for FlexiFED 1 Range)</p> <p>General anaesthetics, conscious sedation and hospitalisation for dental work will be approved for beneficiaries</p> <ul style="list-style-type: none"> <li>Under the age of 7 years (Except for flexiFED 1 Range)</li> <li>Bony impaction of third molars</li> </ul> <p>All general anaesthetics and conscious sedation for dentistry, regardless of where it is performed,</p>



SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<ul style="list-style-type: none"> <li>Topical Application of Fluoride (for beneficiaries between the ages of 3 and 12 only)</li> </ul>	<p><b>The following is limited to 2 per beneficiary per annum:</b></p> <ul style="list-style-type: none"> <li>Consultations</li> <li>Intra Oral Radiographs</li> <li>Scale and Polishing</li> <li>Topical Application of Fluoride (for beneficiaries between the ages of 3 and 12 only)</li> </ul> <p><b>The following is limited to 4 per beneficiary per annum:</b></p> <ul style="list-style-type: none"> <li>Resin Fillings (anterior)</li> <li>Resin Fillings</li> <li>Non-surgical extractions (clinically motivated)</li> <li>Surgical Removal of tooth</li> <li>Treatment of Septic Socket</li> </ul> <p><b>The following is limited to 1 per beneficiary every 24 months, for beneficiaries 21 years and older only:</b></p> <ul style="list-style-type: none"> <li>Complete Denture maxillary and mandibular</li> <li>Complete Denture maxillary or mandibular</li> <li>Partial Denture (resin base):</li> </ul>	<p>must be pre-authorized. Cost of the hospitalisation and anaesthetics will be funded from risk. All other associated cost will be subject to day to day benefits. . (Except for flexiFED 1 Range)</p>

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<b>SERVICE SUBJECT TO PMB</b>	<b>FLEXIFED 1 FLEXIFED 1<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>FLEXIFED 2 FLEXIFED 2<sup>GRID</sup> &amp; FLEXIFED 2<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
		<ul style="list-style-type: none"> <li>• 1 Tooth</li> <li>• 2 Teeth</li> <li>• 3 Teeth</li> <li>• 4 Teeth</li> <li>• 5 Teeth</li> <li>• 6 Teeth</li> <li>• 7 Teeth</li> <li>• 8 Teeth</li> <li>• 9 Teeth and more</li> <li>• Rebase complete or partial denture (lab)</li> <li>• Repair Denture</li> <li>• Reline complete or partial denture (chair side)</li> <li>• Add tooth to existing partial dentures</li> <li>• Impression to repair / addition</li> </ul> <p>Sav = Yes In Hosp = No Acc = Yes</p>	
<b>D6.1.2 Dental therapists</b>	Limited to and included in the basic dentistry benefit (D6)	Limited to and included in the basic dentistry benefit (D6)	Subject to the relevant managed healthcare programme.  Refer to the conditions/remarks under the dental practitioners benefit (D6.1.1).

SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D6.1.3 Dental Technicians</b>	Limited to and included in the basic dentistry benefit (D6)	Limited to and included in the basic dentistry benefit (D6)	Refer to the conditions/remarks under the dental practitioners benefit (D6.1.1).
<b>D6.2 Advanced dentistry</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to the relevant managed healthcare programme.  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.  This benefit excludes:  <ul style="list-style-type: none"> <li>• Oral medical procedures. Refer basic dentistry dental practitioners (D6.1.1).</li> <li>• Metal base for complete dentures (upper, lower and both)</li> <li>•</li> </ul>
<b>D6.2.1 Dental technicians</b>	Limited to and included in the advanced dentistry benefit (D6.2)	Limited to and included in the advanced dentistry benefit (D6.2)	Refer to the conditions/remarks under the advanced dentistry benefit (D6.2).
<b>D6.2.2 Osseo-integrated implants and orthognathic surgery functional correction of malocclusions)</b>	No Benefit.	No benefit.	



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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D6.2.3 Oral surgery</b>	Limited to and included in the advanced dentistry benefit (D6.2)	Limited to and included in the advanced dentistry benefit (D6.2)	Subject to the relevant managed healthcare programme and to its prior authorisation.  Consultations, visits, removal of teeth, para-orthodontic surgical procedures and preparation of jaws for prosthetics as defined in the dental tariff schedule, performed by maxillo-facial specialists.  Paragraph A4 applicable.
<b>D6.2.4 Orthodontic treatment</b>	Limited to and included in the advanced dentistry benefit (D6.2)	Limited to and included in the advanced dentistry benefit (D6.2)	Subject to prior authorisation by the relevant managed healthcare programme.
<b>D6.2.5 Maxillo-facial Surgery</b>	Limited to and included in the surgical procedure benefit (D23).	Limited to and included in the surgical procedure benefit (D23).	Refer to the conditions and remarks under the surgical procedure benefit (D23).
<b>D7 HOSPITALISATION</b>			
<b>D7.1 Private hospitals and unattached operating theatres</b>			
<b>D7.1.1 In Hospital</b>	Unlimited  100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or Fedhealth Rate, for accommodation, use of the operating theatres and hospital equipment,	Unlimited  100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or Fedhealth Rate, for accommodation, use of the operating theatres and hospital equipment,	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management. Paragraph A3 and A4 applicable.

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<p><b>SERVICE SUBJECT TO PMB</b></p>	<p><b>FLEXIFED 1 FLEXIFED 1<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>FLEXIFED 2 FLEXIFED 2<sup>GRID</sup> &amp; FLEXIFED 2<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>CONDITIONS/ REMARKS SUBJECT TO PMB</b></p>
	<p>medicine, pharmaceuticals and surgical items.</p> <p>An amount of R8 400 is deductible for the use of Non-DSP Providers on flexiFED 1 and an amount of R14 700 is deductible for the use of Non-DSP Providers on flexiFED 1<sup>ELECT</sup>, unless such use is involuntary, or Public Service Provider is utilised.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>medicine, pharmaceuticals and surgical items.</p> <p>An amount of R14 700 is deductible for the use of Non-DSP Providers on flexiFED 2<sup>Grid</sup> and flexiFED 2<sup>ELECT</sup>, unless such use is involuntary, or Public Service Provider is utilised.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation.</p> <p>Co-payments applicable per option, as per Annexure E.</p> <p>Acute renal dialysis is included( D22.1)</p> <p>This benefit excludes Hospitalisation for the following:</p> <ul style="list-style-type: none"> <li>• Osseo-integrated implants and orthognathic surgery (Advanced Dentistry D6)</li> <li>• Dentistry (D6) flexiFED 1 Range of Options</li> <li>• Maternity (D10)</li> <li>• Mental Health (D12)</li> <li>• Oncology (D14)</li> <li>• Organ and Haemopoietic stem cell (bone marrow) transplantation and</li> </ul>

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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			immunosuppressive Medication (D16) • Refractive surgery (D23) • Joint Replacements (D20)
D7.1.1.1 Deep Brain Stimulation	No Benefit	No Benefit	
D7.1.2 Medicine on discharge from hospital (TTO)	Limited to and payable from risk.  If included on hospital account or if obtained from pharmacy on day of discharge, pay from Private hospitals and unattached operating theatres (D7.1), otherwise limited to and included in Routine medication (D11.1)  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  If included on hospital account or if obtained from pharmacy on day of discharge, pay from Private hospitals and unattached operating theatres (D7.1), otherwise limited to and included in Routine medication (D11.1)  Sav = No In Hosp = Yes Acc = No	Limited to 7 (seven) day supply.  Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
D7.1.3 Casualty/ Emergency room visits			
D7.1.3.1. Facility Fee	Subject to available savings.  100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate,	Subject to available savings.  100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate,	Refer to surgical and non-surgical procedures benefit (D24) which will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare



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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	or Uniform Patient Fee Schedule for public hospitals.  Sav = Yes In Hosp = No Acc = Yes	or Uniform Patient Fee Schedule for public hospitals.  Sav = Yes In Hosp = No Acc = Yes	programme for <i>bona fide</i> emergencies.
<b>D7.1.3.2 Consultation</b>	Limited to available savings.  Sav = Yes In Hosp = No Acc = Yes	Limited to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the GP and Specialist out of hospital benefit (D5.2 and D5.3).
<b>D7.1.3.3 Medicine</b>	Limited to available savings.  Sav = Yes In Hosp = No Acc = Yes	Limited to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the routine medicine benefit (D11.1).
<b>D7.1.3.4 Trauma Treatment in Casualty</b>	A co-payment of R800 is applicable on the Casualty Benefit.  100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate, subject to available savings.Sav = Yes  In Hosp = No Acc = Yes	A co-payment of R800 is applicable on the Casualty Benefit.  100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate, subject to available savings.Sav = Yes  In Hosp = No Acc = Yes	Refer to surgical and non-surgical procedures benefit (D24) which will be included in the hospital benefit if a retrospective (after the fact) authorisation is given by the relevant managed healthcare programme (if medically established).

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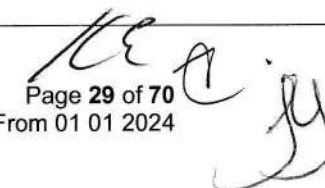
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<p><b>SERVICE SUBJECT TO PMB</b></p>	<p><b>FLEXIFED 1 FLEXIFED 1<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>FLEXIFED 2 FLEXIFED 2<sup>GRID</sup> &amp; FLEXIFED 2<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>CONDITIONS/ REMARKS SUBJECT TO PMB</b></p>
<p><b>D7.2 Public Hospitals</b></p>			
<p><b>D7.2.1 In Hospital</b></p>	<p>100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or Fedhealth Rate, or Uniform Patient Fee Schedule public hospitals for accommodation, use of the operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for accommodation, use of the operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management</p> <p>Co-payments applicable per option, as per Annexure E.</p> <p>Paragraph A4 applicable.</p> <p>This benefit excludes Hospitalisation for:</p> <ul style="list-style-type: none"> <li>• Osseo-integrated implants and orthognathic surgery (advanced dentistry) (D6)</li> <li>• Dentistry</li> <li>• Maternity (D10)</li> <li>• Mental Health (D12)</li> <li>• Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> <li>• Renal dialysis Chronic (D22)</li> <li>• Refractive surgery (D23)</li> <li>• Joint Replacement (D20)</li> </ul>

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REGISTRAR OF MEDICAL SCHEMES

SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D7.2.2 Medicine on discharge from hospital (TTO)</b>	Limited to and payable from risk. Refer to TTO's in D7.1.2  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk. Refer to TTO's in D7.1.2  Sav = No In Hosp = Yes Acc = No	Limited to 7 (seven) day supply.  Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
<b>D7.2.3. Casualty/ Emergency room visits</b>			
<b>D7.2.3.1. Facility Fee</b>	Subject to available savings.  100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals.  Sav = Yes In Hosp = No Acc = Yes	Refer to surgical and non-surgical procedures benefit (D24) which will be included in the hospital benefit if a retrospective (after the fact) authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> (medically established) emergencies.
<b>D7.2.3.2 Consultation</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the GP and Specialist out of hospital benefit (D5.2 and D5.3).





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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D7.2.3.3 Medicine</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the routine medicine benefit (D11.1).
<b>D7.2.4 Outpatient services</b>			
<b>D7.2.4.1 Facility fee</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to surgical and non-surgical procedures benefit (D24) which will be included in the hospital benefit if a retrospective (after the fact) authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> (medically established) emergencies.
<b>D7.2.4.2 Consultation</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the GP and Specialist out of hospital Benefit. (D5.2 and D5.3).
<b>D7.2.4.3 Medicine</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the routine medicine benefit (D11.1).

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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D7.3 Alternatives to hospitalisation</b>	Unlimited at PMB level of care only.  Sav = No In Hosp = Yes Acc = No	Unlimited at PMB level of care only.  Sav = No In Hosp = Yes Acc = No	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.  Where scheme rule criteria for an in hospital authorisation is met, an authorisation in an out of hospital setting can be allowed in lieu of the in hospital authorisation provided that it will be less costly.
<b>D7.3.1 Physical rehabilitation facilities</b>	Unlimited at PMB level of care only.  Sav = No In Hosp = Yes Acc = No	Unlimited at PMB level of care only.  Sav = No In Hosp = Yes Acc = No	Refer to the conditions/remarks under the alternatives to healthcare benefit (D7.3).
<b>D7.3.2 Sub-acute facilities</b>	Limited to PMB level of care.  Sav = No In Hosp = Yes Acc = No	Limited to PMB level of care.  Sav = No In Hosp = Yes Acc = No	Refer to the conditions/remarks under the alternatives to healthcare benefit (D7.3).
<b>D7.3.3 Terminal Care Benefit</b>	Limited to R34 500 per family, unless prescribed minimum benefit.	Limited to R34 500 per family, unless prescribed minimum benefit.	Subject to the relevant managed healthcare programme and to its prior authorisation.

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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Sav = No In Hosp = Yes Acc = No	Sav = No In Hosp = Yes Acc = No	Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.
<b>D7.3.4 Nursing Services</b>			
<b>D7.3.4.1 Nursing Agencies</b>	No benefit, unless PMB  Sav = No In Hosp = Yes Acc = No	No benefit, unless PMB  Sav = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation.
<b>D7.3.4.2 Private Nurse Practitioners</b>	Limited to and included in the Additional Medical Services Benefit (D17).  Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the Additional Medical Services Benefit (D17).  Sav = Yes In Hosp = No Acc = Yes	This benefit includes psychiatric nursing but excludes midwifery services. Also refer to Additional Medical Services Benefit (D17.6).
<b>D7.3.5 Back rehabilitation programme</b>	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate.	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate.	Subject to the relevant managed healthcare programme.  No benefit for Spinal surgery unless PMB level of care



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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D7.4 Post Hospitalisation</b>	Limited to and payable from risk, subject to 30 days following hospitalisation.	Limited to and payable from risk, subject to 30 days following hospitalisation.	Subject to the relevant managed healthcare programme and to its prior authorisation before commencement of treatment. The 30 day period is applicable from the date of discharge only.
<b>D7.4.1 Physiotherapy</b>	Limited to and included in the post hospitalisation benefit (D7.4).	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
<b>D7.4.2 Occupational therapy</b>	Limited to and included in the post hospitalisation benefit (D7.4).	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
<b>D7.4.3 Speech therapy</b>	Limited to and included in the post hospitalisation benefit (D7.4).	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
<b>D7.4.4 Pathology</b>	Limited to and included in the post hospitalisation benefit (D7.4).	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
<b>D7.4.5 General radiology</b>	Limited to and included in the post hospitalisation benefit (D7.4).	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
<b>D7.4.6 Dietician Consultations</b>	Limited to 2 consultations per admission, and included in the post hospitalisation benefit (D7.4).	Limited to 2 consultations per admission, and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)

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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D8 IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION</b>			
<b>D8.1 Anti-retroviral medicine, including mother-to-child transmission, rape and post exposure prophylaxis</b>	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Subject to the relevant management healthcare programmes, which includes the application of treatment protocols, medicine formularies, pre-authorisation and case management.  Refer paragraph 7.4 of Annexure D.
<b>D8.2 Related medicine</b>	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Refer the conditions/remarks under the routine/chronic and the Anti-retroviral medicine benefit (D11.1 and D11.4 and D8.1).
<b>D8.3 Related pathology</b>	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Pathology as specified by the relevant managed healthcare programme for out of hospital.
<b>D8.4 Consultations</b>	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Refer the conditions/remarks under the routine/chronic and the Anti-retroviral medicine benefit (D8.1).



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<p><b>SERVICE SUBJECT TO PMB</b></p>	<p><b>FLEXIFED 1 FLEXIFED 1<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>FLEXIFED 2 FLEXIFED 2<sup>GRID</sup> &amp; FLEXIFED 2<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>CONDITIONS/ REMARKS SUBJECT TO PMB</b></p>
<p><b>D8.5 All other services</b></p>	<p>Limited to and included in all other benefits except for Immune deficiency syndrome benefit (D1 to D7 and D9 to D24).</p>	<p>Limited to and included in all other benefits except for Immune deficiency syndrome benefit (D1 to D7 and D9 to D24).</p>	
<p><b>D9 INFERTILITY</b></p>			
	<p>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.</p> <p>100% of the negotiated fee, or in the absence of such fee, 100% of the cost if the negotiated DSP is used, or Uniform Patient Fee Schedule for public hospitals.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>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.</p> <p>100% of the negotiated fee, or in the absence of such fee, 100% of the cost if the negotiated DSP (DSP) is used, or Uniform Patient Fee Schedule for public hospitals.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>Paragraph A3 and A4 applicable.</p> <p>This benefit includes the following procedures or interventions:</p> <ul style="list-style-type: none"> <li>• Hysterosalpingogram-gram</li> </ul> <p>The following blood tests:</p> <ul style="list-style-type: none"> <li>• Day 3mFSH/LH</li> <li>• Day 3 Oestradiol</li> <li>• Thyroid function (TSH)</li> <li>• Prolactin</li> <li>• Rubella</li> <li>• HIV</li> <li>• VDRL</li> <li>• Chamydia</li> <li>• Day 21 Progesterone</li> <li>• Laparoscopy</li> <li>• Hysteroscopy</li> </ul>



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<p><b>SERVICE SUBJECT TO PMB</b></p>	<p><b>FLEXIFED 1 FLEXIFED 1<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>FLEXIFED 2 FLEXIFED 2<sup>GRID</sup> &amp; FLEXIFED 2<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>CONDITIONS/ REMARKS SUBJECT TO PMB</b></p>
			<ul style="list-style-type: none"> <li>• Surgery (uterus and tubal)</li> <li>• Manipulation of ovulation defects and deficiencies</li> <li>• Semen analysis (volume; count; mobility; morphology; MAR test)</li> <li>• Basic counselling and advise on sexual behaviour, temperature charts, etc.</li> <li>• Treatment of local infections</li> <li>• Laparoscopy</li> <li>• Hysteroscopy</li> <li>• Surgery (uterus and tubal)</li> <li>• Manipulation of ovulation defects and deficiencies</li> <li>• Semen analysis (volume; count; mobility; morphology; MAR test)</li> <li>• Basic counselling and advice on sexual behaviour, temperature charts, etc.</li> <li>• Treatment of local infections</li> </ul>
<p><b>D10 MATERNITY</b></p>			
<p><b>D10.1 Confinement in hospital</b></p>	<p>PMB level of care 100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for</p>	<p>Limited to and payable from risk at 100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for</p>	<p>Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management.</p>

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<p><b>SERVICE SUBJECT TO PMB</b></p>	<p><b>FLEXIFED 1 FLEXIFED 1<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>FLEXIFED 2 FLEXIFED 2<sup>GRID</sup> &amp; FLEXIFED 2<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>CONDITIONS/ REMARKS SUBJECT TO PMB</b></p>
	<p>public hospitals, for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>An amount of R8 400 is deductible for the use of Non-DSP Providers on flexiFED 1 and an amount of R14 700 is deductible for the use of Non-DSP Providers on flexiFED 1<sup>ELECT</sup>, unless such use is involuntary, or Public Service Provider is utilised.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>public hospitals, for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>An amount of R14 700 is deductible for the use of Non-DSP Providers on flexiFED 2<sup>Grid</sup> and flexiFED 2<sup>ELECT</sup>, unless such use is involuntary, or Public Service Provider is utilised.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>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 specialists up to and including the six week post-natal consultation.</p> <p>Benefits for the cost of private wards will be funded at the same rate as for general wards, unless there is acceptable medical motivation.</p> <p>Paragraphs A3 and A4 applicable.</p>
<p><b>D10.1.1 Medicine on discharge from hospital (TTO)</b></p>	<p>Limited to and payable from risk. If included on hospital account or if obtained from pharmacy on day of discharge, pay from Private hospitals and unattached operating theatres (D7.1), otherwise limited to and included in Routine medication (D11.1)</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Limited to and payable from risk. If included on hospital account or if obtained from pharmacy on day of discharge, pay from Private hospitals and unattached operating theatres (D7.1), otherwise limited to and included in Routine medication (D11.1)</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Limited to 7 (seven) days' supply.</p> <p>Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.</p>

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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D10.1.2 Confinement in a registered birthing unit</b>	Limited to and included in the Maternity Benefit (D10.1).  4 x post-natal midwife consultations per pregnancy, in and out of hospital.	Limited to and included in the Maternity Benefit (D10.1).  4 x post-natal midwife consultations per pregnancy, in and out of hospital included in the related maternity benefit (D10.3).	For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.  Delivery by a midwife.  Hire of water bath and oxygen cylinder included in D3.1.
<b>D10.2 Confinement out of hospital</b>	Limited to and included in the Maternity Benefit (D10.1).  4 x post-natal midwife consultations per pregnancy, in and out of hospital.  Sav = No In Hosp = Yes Acc = No	Limited to and included in the Maternity Benefit (D10.1).  4 x post-natal midwife consultations per pregnancy, in and out of hospital included in the related maternity benefit (D10.3).  Sav = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation.  For delivery by a general practitioner or midwife.  Hire of water bath and oxygen cylinder included in in the in hospital appliance benefit (D3.1).
<b>D10.2.1 Consumables and pharmaceuticals</b>	Limited to and payable from risk  Sav = No In Hosp= Yes Acc = No	Limited to and payable from risk  Sav = No In Hosp= Yes Acc = No	Registered medicine, dressings and materials supplied by a midwife out of hospital limited to and included in D10.1.
<b>D10.3 Related Maternity Services</b>	Subject to available savings.  • Antenatal consultations	The following benefits are paid for directly from risk per event. Limits	



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<p><b>SERVICE SUBJECT TO PMB</b></p>	<p><b>FLEXIFED 1 FLEXIFED 1<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>FLEXIFED 2 FLEXIFED 2<sup>GRID</sup> &amp; FLEXIFED 2<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>CONDITIONS/ REMARKS SUBJECT TO PMB</b></p>
	<ul style="list-style-type: none"> <li>• Antenatal classes</li> <li>• Maximum of 2 x 2D scans;</li> <li>• 1 x Amniocentesis</li> <li>• Specified pregnancy related tests and procedures</li> </ul> <p>Sav = Yes In Hosp = No Acc = Yes</p> <p><b>Payable from Risk:</b></p> <ul style="list-style-type: none"> <li>• 4 x Post-natal consultations</li> </ul>	<p>apply to the below benefits as follows:</p> <ul style="list-style-type: none"> <li>• Consultations with a midwife, Network GP or Gynaecologist limited to 8 x ante and/ or post-natal consultations or a mixture thereof</li> <li>• Antenatal classes to the value of R1 160 conducted by Private Nurses;</li> <li>• 2 x 2D scans;</li> <li>• 1 x amniocentesis</li> </ul> <p>Once Risk benefit has been utilised payable from available savings</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	
<p><b>D11 MEDICINE AND INJECTION MATERIAL</b></p>			
<p><b>D11.1 Routine (acute) medicine</b></p>	<p>Subject to available savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>Subject to available savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>The Medicine Exclusion List and the Pharmacy Products Management Document, relevant managed healthcare programmes and protocols are applicable.</p> <p>This benefit excludes:</p>

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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> <li>• In-hospital medicine (D7)</li> <li>• Anti-retroviral medicine (D8)</li> <li>• Oncology medicine (D14)</li> <li>• Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> <li>• Renal dialysis Chronic (D22)</li> </ul>
<b>D11.1.1 Medicine on discharge from hospital (TTO)</b>	Limited to and payable from risk. See TTO's (D7.1.2)  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk. See TTO's (D7.1.2)  Sav = No In Hosp = Yes Acc = No	Limited to a seven day supply.  Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
<b>D11.3 Pharmacy Advised Therapy Schedules 0, 1 and 2 medicine advised by pharmacist</b>	Subject to available savings  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings  Sav = Yes In Hosp = No Acc = Yes	
<b>D11.4 Chronic medicine</b>	PMBs only.  Medication for the 25 chronic conditions may be obtained from a preferred provider subject to the Basic formulary, unlimited.	PMB's only.  Medication for the 25 chronic conditions may be obtained from a preferred provider subject to the Restrictive formulary, unlimited.	Subject to the relevant managed healthcare programme and to its prior authorisation and the relevant formulary to a maximum of one month's supply, unless specifically pre-authorised. MPL applies.

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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	40% co-payment for voluntary use of non-formulary medication not refundable from savings.  Sav = No In Hosp = Yes Acc = No	40% co-payment for voluntary non-use of formulary medication, not refundable from savings.  Sav = No In Hosp = Yes Acc = No	Refer to Annexure D for list of chronic conditions for both option. Includes diabetics, disposables such as syringes, needles, strips and lancets.  This benefit excludes: <ul style="list-style-type: none"> <li>• In-hospital medicine (D7)</li> <li>• Anti-retroviral medicine (D8)</li> <li>• Oncology medicine (D14)</li> <li>• Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> </ul>
<b>D11.4.1 Childhood Specialised Drugs Benefit</b> <ul style="list-style-type: none"> <li>• Growth Hormone medication</li> <li>• Palivizumab for Respiratory Syncytial Virus</li> <li>• Botulinum Toxin</li> <li>• Juvenile Idiopathic/Rheumatoid Arthritis medication</li> </ul>	No Benefit	Limited to and payable from risk up to the age of 18 years	Subject to the relevant managed healthcare programme which include the application of treatment protocols, formularies, pre-authorisation and case management.
<b>D11.5 Female Health Benefit</b>			
<b>D11.5.1</b> <ul style="list-style-type: none"> <li>• Oral Contraceptives</li> </ul>	Limited to and payable from risk up to the age of 55 year's old, restricted to a maximum of one month's supply	Limited to and payable from risk up to the age of 55 year's old, restricted to a maximum of one month's supply	Subject to a list of contraceptives.



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<ul style="list-style-type: none"> <li>• Contraceptive Injections</li> <li>• Contraceptive Patches</li> <li>• Contraceptive Vaginal Rings</li> </ul>	Sav = No In Hosp – Yes Acc = No	Sav = No In Hosp – Yes Acc = No	Excluding oral contraceptives prescribed for non-contraceptive treatments.  Excluding consultations and procedural costs.
<b>D11.5.2</b>  <ul style="list-style-type: none"> <li>• Contraceptive Implants</li> <li>• Intrauterine Devices</li> </ul>	Limited to 1 and payable from risk every 2 years up to the age of 55 year's old, otherwise payable from savings.  Sav = No In Hosp – Yes Acc = No	Limited to 1 and payable from risk every 2 years up to the age of 55 year's old, otherwise payable from savings.  Sav = No In Hosp – Yes Acc = No	Subject to a list of contraceptive devices.  Excluding consultations and procedural costs.
<b>D11.6 Specialised drugs for Non-Oncology</b>	No benefit.	No benefit	Except for Beta-interferon for the treatment of Multiple Sclerosis as per the PMB Algorithm and subject to Regulation 15(H) and 15(I) and the relevant managed healthcare programme and to its prior authorisation.
<b>D11.7 Specialised drugs for Oncology</b>	No benefit.	No benefit.	
<b>D12 MENTAL HEALTH</b>			

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<p><b>SERVICE SUBJECT TO PMB</b></p>	<p><b>FLEXIFED 1 FLEXIFED 1<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>FLEXIFED 2 FLEXIFED 2<sup>GRID</sup> &amp; FLEXIFED 2<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>CONDITIONS/ REMARKS SUBJECT TO PMB</b></p>
<p><b>D12.1 In Hospital Consultations and visits, procedures, assessments, therapy, treatment and/ or counselling</b></p>	<p>PMB level of care, limited to and included in paragraphs A4 and B3.</p> <p>Voluntary use of a non-DSP psychiatric hospital on the flexiFED 1 option will attract a R8 400 co-payment.</p> <p>Voluntary use of a non-DSP hospital on the flexiFED 1<sup>ELECT</sup> option will attract a R14 700 co-payment.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Limited to R26 400 per family per annum. Limited to and included in paragraphs A4 and B3.</p> <p>Voluntary use of a non-DSP psychiatric hospital on flexiFED 2<sup>GRID</sup> and voluntary use of a non-DSP hospital on flexiFED 2<sup>ELECT</sup> options will attract a R14 700 co-payment.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management.</p> <p>Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation.</p> <p>Paragraph A3 applicable.</p> <p>Additional hospitalisation to be motivated by the contracted medical practitioner and pre-authorised by the relevant managed healthcare programme.</p> <p>Limited to a maximum of 3 days hospitalisation for beneficiaries admitted by a general practitioner or specialist physician.</p> <p>Rehabilitation programme includes hospital-based management up to 21 days per beneficiary, per benefit year.</p>

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<b>D12.1.1 Medicine on discharge from hospital (TTO)</b>	Limited to and payable from risk. See TTO's in D7.1.2  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk. See TTO's in D7.1.2  Sav = No In Hosp = Yes Acc = No	Limited to 7 (seven) day supply.  Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
<b>D12.2 Out of Hospital</b>	Subject to available savings  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings  Sav = Yes In Hosp = No Acc = Yes	
<b>D12.2.1 Non-Prescribed Minimum Benefit consultations and visits, procedures, assessments, therapy, treatment and/ or counselling</b>	Subject to available savings.  <b>In Network with savings:</b>  Sav = Yes In Hosp = No Acc = Yes  <b>Once in Threshold :</b>  Limited to 2 GP consultations per beneficiary in network from risk.  GP consultations out of network subject to savings.	Subject to available savings.  <b>In Network with savings:</b>  Sav = Yes In Hosp = No Acc = Yes  <b>Once in Threshold:</b>  Limited to 2 GP consultations per beneficiary in network from risk.  GP consultations out of network subject to savings.	If performed by psychiatrists, general practitioners, psychologists, psychometrists or registered counsellors at the suppliers rooms or in a medical facility including a registered public hospital outpatient department.



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	Sav = Yes In Hosp = No Acc = Yes  Procedures, assessments, therapy, treatment and/ or counselling Sav =Yes In Hosp = No Acc = Yes	Sav = Yes In Hosp = No Acc = Yes  Procedures, assessments, therapy, treatment and/ or counselling Sav =Yes In Hosp = No Acc = Yes	
<b>D12.2.1.1 Non-Prescribed Minimum Stress and Anxiety Benefit</b>	Limited to 2 virtual consultations per beneficiary per annum and payable from risk  Sav = No In Hosp = Yes Acc= No	No Benefit	By a registered counsellor or a psychologist for individual sessions only. Subject to a limited listed of ICD10 Codes and specific tariff codes.
<b>D12.2.2 Prescribed Minimum Benefit procedures</b>	Limited to and payable from risk  Sav = No In Hosp = Yes Acc= No	Limited to and payable from risk  Sav = No In Hosp = Yes Acc = No	See the conditions/remark under the PMB procedures in the Mental Health Benefit (D12).  Paragraph A4 applicable.
<b>D12.2.3 Medicine</b>	Limited to and included in the routine medicine benefit (D11.1).	Limited to and included in the routine medicine benefit (D11.1).	Refer to conditions/remarks under the routine/chronic medicine benefit (D11.1 and D11.4)

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<p><b>SERVICE SUBJECT TO PMB</b></p>	<p><b>FLEXIFED 1 FLEXIFED 1<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>FLEXIFED 2 FLEXIFED 2<sup>GRID</sup> &amp; FLEXIFED 2<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>CONDITIONS/ REMARKS SUBJECT TO PMB</b></p>
<p><b>D12.3 Rehabilitation for substance abuse</b></p>	<p>Subject to PMB level of care. Limited to and included in the mental health benefit (D12) and the PMB procedures (D12.2.2) and the Regulations.</p> <p>100% of the negotiated fee, or, in the absence of such fee, 100% of the cost if the DSP is used, or the, or Uniform Patient Fee Schedule for public hospitals for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals, surgical items and medicine supplied during treatment programme.</p> <p>Voluntary use of a non-DSP substance abuse facility on flexiFED 1 will attract a 15% co-payment for non-network admissions and voluntary use of a non-DSP hospital on flexiFED 1<sup>Elect</sup> options will attract a co-payment of 25% for non-network admissions</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Limited to and included in the mental health benefit (D12) and the PMB procedures (D12.2.2) and the Regulations.</p> <p>100% of the negotiated fee, or, in the absence of such fee, 100% of the cost if the DSP is used, or the, or Uniform Patient Fee Schedule for public hospitals for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals, surgical items and medicine supplied during treatment programme.</p> <p>Voluntary use of a non-DSP substance abuse facility on flexiFED 2, flexiFED 2<sup>Grid</sup> will attract a 15% co-payment for non-network admissions and voluntary use of a non-DSP hospital on flexiFED 2<sup>Elect</sup> options will attract a co-payment 25% for non-network admissions</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management.</p> <p>Limited to one rehabilitation programme per beneficiary per annum, subject to pre-authorisation in hospital.</p> <p>Rehabilitation programme includes hospital-based management up to 21 days per beneficiary, per benefit year.</p> <p>Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation.</p>

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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D12.3.1 Medicine on discharge from hospital (TTO)</b>	Limited to and payable from risk. See TTO's in D7.1.2.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk. See TTO's in D7.1.2.  Sav = No In Hosp = Yes Acc = No	Limited to 7 (seven) day supply.  Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
<b>D13 NON-SURGICAL PROCEDURES AND TESTS</b>			
<b>D13.1 In hospital</b>	Limited to and payable from risk at 100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or the Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for all non-surgical procedures performed by a general practitioner, medical specialists or clinical technologists.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk at 100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or the Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for all non-surgical procedures performed by a general practitioner, medical specialists or clinical technologists.  Sav = No In Hosp = Yes Acc = No	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management, in hospital only.  This benefit excludes:  <ul style="list-style-type: none"> <li>• Psychiatry and psychology (D12)</li> <li>• Optometric examinations (D15)</li> <li>• Pathology (D18)</li> <li>• Radiology (D21)</li> </ul>
<b>D13.2 Out of Hospital</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	For all non-surgical procedures performed by a general practitioner,



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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			medical specialist or clinical technologist.
<b>D13.2.1 Non-surgical procedures in practitioners rooms</b>			
<b>D13.2.1.1 Specific non-surgical procedures in practitioners rooms</b> <ul style="list-style-type: none"> <li>• Routine diagnostic upper and lower gastro-intestinal fibre optic endoscopy (excluding rigid sigmoidoscopy and anoscopy)</li> <li>• 24HR_oesophageal PH studies</li> <li>• Breast fine needle biopsy</li> <li>• Cystoscopy</li> <li>• Oesophageal motility studies</li> <li>• Prostate needle biopsy</li> </ul>	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Includes related consultation materials, pathology and radiology if done on the same day.  For all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.  Paragraph A4 applicable.  Limited to 2 upper or lower gastrointestinal endoscopies per beneficiary per annum
<b>D13.3 Sleep Studies</b>			
<b>D13.3.1 Diagnostic Polysomnograms in and out of hospital</b>	No benefit.	No benefit	
<b>D13.3.2 CPAP Titration in and out of hospital</b>	No benefit.	No benefit	
<b>D14 ONCOLOGY</b>			

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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D14.1 Active treatment period</b>	<p>PMB level of care.</p> <p>100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologists and credentialed medical practitioners, consultations, visits, treatment and materials used in radiotherapy and chemotherapy.</p> <p>25% co-payment for voluntary use of non-DSP and 25% co-payment for voluntary use of non-DSP for medication</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Limited to R311 900 per family.</p> <p>Sav = No In Hosp = Yes Acc = No</p> <p>25% co-payment for voluntary use of non-DSP and 25% co-payment for voluntary use of non-DSP for medication on flexiFED 2<sup>Grid</sup> and flexiFED 2<sup>Elect</sup>.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation, oncology preferred product list and a preferred provider network or designated service providers for the delivery of medicines and consumables. MPL applies.</p> <p>ICON is the DSP.</p> <p>ICON Entry-level Protocols apply.</p> <p>Treatment for long term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit.</p> <p>Excluding Specialised Drugs. See D14.1.3.</p>
<b>D14.1.1 Medicine</b>	Limited to and included in the active treatment period (D14.1).	Limited to and included in the active treatment period (D14.1).	Refer to conditions/remarks under active treatment period (D14.1)
<b>D14.1.2 Radiology and pathology</b>	Limited to and included in the active treatment period (D14.1).	Limited to and included in the active treatment period (D14.1).	<p>Subject to the relevant managed healthcare programme, protocols and to its prior authorisation.</p> <p>For specified radiology and pathology services, performed by pathologists,</p>

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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			radiologists and haematologists, associated with oncology treatment. A4 not applicable.
<b>D14.1.2.1 PET AND PET-CT</b>	No benefit.	Limited to an included in the active treatment period (D14.1) and 2 per family per annum, restricted to staging of malignant tumours.	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 credentialed specialist practice.
<b>D14.1.3 Specialised Drugs for Oncology</b>	No benefit.	No Benefit, limited to and included in the Specialised drugs for Non-Oncology (D11.6.1).	
<b>D14.1.4 Flushing of J line and/or Port</b>	Limited to and included in the active treatment period (D14.1).  Sav = No In Hosp = Yes Acc = No	Limited to and included in the active treatment period (D14.1).  Sav = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation. For oncologists, haematologists and credentialed medical practitioners, treatment and materials.
<b>D14.1.5 Brachytherapy Materials</b>	No benefit.	No benefit.	



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<p><b>SERVICE SUBJECT TO PMB</b></p>	<p><b>FLEXIFED 1 FLEXIFED 1<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>FLEXIFED 2 FLEXIFED 2<sup>GRID</sup> &amp; FLEXIFED 2<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>CONDITIONS/ REMARKS SUBJECT TO PMB</b></p>
<p><b>D14.2 Pre and Post active Treatment period (surgical resection of tumour, chemotherapy and radiotherapy)</b></p>	<p>Limited to and included in the oncology benefit (D14) for life following the active treatment period.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Limited to and included in the oncology benefit (D14) for life following the active treatment period.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>For consultations by oncologists, haematologists and credentialed medical practitioners, specified radiology and pathology, performed by pathologists, radiologists and haematologists, during the specified remission period.</p> <p>Pre-active refers to the work-up done to diagnose the cancer (date from 1<sup>st</sup> investigation e.g., x-ray, CT/MRI scan, pathology, histology).</p> <p>Post-active refers to the time when member actually had last active treatment (e.g., hormone therapy, chemotherapy radiotherapy).</p> <p>For life means that the member will remain on the oncology programme as long as the cancer goes into remission until it recurs.</p> <p>Should the condition regress, the active treatment benefit (D14.1) will be reinstated.</p> <p>Paragraph A4 applicable, excluding pathology and radiology.</p>

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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D15 OPTOMETRY</b>			
	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.1 Optometric refraction (test)</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.2 Frames</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Including repairs.  When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.3 Lenses</b>			
<b>D15.3.1 Single vision lenses</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.

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<b>SERVICE SUBJECT TO PMB</b>	<b>FLEXIFED 1 FLEXIFED 1<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>FLEXIFED 2 FLEXIFED 2<sup>GRID</sup> &amp; FLEXIFED 2<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
<b>D15.3.2 Bifocal lenses</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.3.3 Multifocal lenses</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.4 Special lenses</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.5 Lens add-ons</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.6 Contact lenses (including contact lens fittings)</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.



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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D15.7 Low vision appliances	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.8 Ocular prostheses	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.9 Readers from a registered optometrist, ophthalmologist or supplementary optical practitioner	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.10 Diagnostic procedures	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Section 22A (15) of the Medicine and Related Substance Act 101 of 1965 permits applicable.
<b>D16 ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANT-ATION AND IMMUNO –SUPPRESSIVE MEDICATION</b>			
	Subject to PMB level of care.  Sav = No In Hosp = Yes	Limited to R311 900 per family.  Sav = No In Hosp = Yes	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic graft and autologous grafts.

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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Acc = No	Acc = No	Paragraph A3 and A4 applicable, unless otherwise stated, unless PMB.  Organ harvesting is limited to the Republic of South Africa.
D16.1 Corneal Grafts	No benefit.	No benefit.	
D16.2 Haemopoietic stem cell (bone marrow) transplantation	Limited to and included in the organ and transplantation benefit (D16).	Limited to and included in the organ and transplantation benefit (D16).	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts.
D16.3 Immuno-suppressive medication	Limited to and included in the organ and transplantation benefit (D16).	Limited to and included in the organ and transplantation benefit (D16).	Refer to the conditions/remarks under the organ and transplantation benefit (D16).
D16.4 Post transplantation biopsies and scans	Limited to and included in the organ and transplantation benefit (D16).	Limited to and included in the organ and transplantation benefit (D16).	Refer to the conditions/remarks under the organ and transplantation benefit (D16).
D16.5 Radiology and pathology	Limited to and included in the organ and transplantation benefit (D16).	Limited to and included in the organ and transplantation benefit (D16).	Refer to the conditions/remarks under the organ and transplantation benefit (D16).  For specified radiology and pathology services performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.

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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			A4 not applicable.
<b>D17 ADDITIONAL MEDICAL SERVICES</b>			
	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation before commencement of treatment.  Subject to PMB and managed care protocols if deemed clinically appropriate.  Nursing services are included in the Alternatives to Hospitalisation benefit (D7.3) if pre-authorised by the relevant managed healthcare programme.
<b>D17.1 Dietetics In and out of Hospital</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17).
<b>D17.2 Occupational therapy In and out of hospital</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17).



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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D17.3 Speech therapy In and out of hospital</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17).
<b>D17.4 Orthoptics In and Out of Hospital</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17).
<b>D17.5 Podiatry In and Out of Hospital</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17).
<b>D17.6 Private nurse practitioners In and Out of Hospital</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17). Clinically appropriate long term wound care will be funded from Risk and not savings where pre-authorized.
<b>D17.7 Social workers In and Out of Hospital</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17).

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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D17.8 Audiology and Hearing Aid/Acoustics In and Out of Hospital</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes.	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17).
<b>D17.8.1 Infant hearing screening In and out of hospital</b>	Limited to 1 test per new-born beneficiary (up to 8 weeks) payable from risk.  100% of the lower of cost or Fedhealth Rate.	Limited to 1 test per new-born beneficiary (up to 8 weeks) payable from risk.  100% of the lower of cost or Fedhealth Rate.	For all new-born (up to 8 weeks) that are born into the scheme.  Limited to a specified list of tariff codes and tests.
<b>D17.9 Genetic Counselling In and Out of Hospital</b>	No benefit, unless PMB.	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17).
<b>D18 PATHOLOGY AND MEDICAL TECHNOLOGY</b>			
<b>D18.1 In Hospital</b>	Limited to and payable from risk. Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk. Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers  Sav = No In Hosp = Yes Acc = No	For all tests performed by a pathologist or medical technologist.

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SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D18.2 Out of hospital</b>	Subject to available savings. Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers Sav = Yes In Hosp = No Acc = Yes	Subject to available savings. Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers Sav = Yes In Hosp = No Acc = Yes	For all tests performed by a pathologist or medical technologist and a specified list of pathology tariff codes for general practitioners.  This benefit excludes a specified list of pathology tariff codes included in: <ul style="list-style-type: none"> <li>the maternity benefit (D10)</li> <li>the oncology benefit during the active and/ or post active treatment period (D14)</li> <li>the organ and Haemopoietic stem cell (bone marrow) transplantation benefit (D16)</li> <li>the renal dialysis chronic benefit (D22)</li> </ul>
<b>D19 PHYSICAL THERAPY</b>			
<b>D19.1 In hospital</b>  • <b>Physiotherapy</b>	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Subject to referral by the treating provider.  Subject to the relevant managed healthcare programme and to its prior authorisation before commencement of treatment.
<b>D19.2 Out of hospital</b>	Subject to available savings.	Subject to available savings.	



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<p><b>SERVICE SUBJECT TO PMB</b></p>	<p><b>FLEXIFED 1 FLEXIFED 1<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>FLEXIFED 2 FLEXIFED 2<sup>GRID</sup> &amp; FLEXIFED 2<sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>CONDITIONS/ REMARKS SUBJECT TO PMB</b></p>
<ul style="list-style-type: none"> <li>• Physiotherapy</li> <li>• Biokinetics</li> <li>• Chiropractors</li> </ul>	<p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>Sav = Yes In Hosp = No Acc = Yes</p>	
<p><b>D20 PROSTHESES AND DEVICES INTERNAL AND EXTERNAL</b></p>			
<p><b>D20.1 Prostheses and devices internal (surgically implanted) including all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prosthesis and devices This includes bone cement, bone graft substitutes and bone anchors</b></p>	<p>Subject to PMB level of care.  100% of the negotiated fee or in the absence of such fee, 100% of the lower of cost of Orthotic and Prosthetic Schedule as prescribed by a medical practitioner.  R1 180 benefit limit for non-PMBs per family per annum.</p>	<p>Subject to PMB level of care.  100% of the negotiated fee or in the absence of such fee, 100% of the lower of cost of Orthotic and Prosthetic Schedule as prescribed by a medical practitioner.  R1 180 benefit limit for non-PMBs per family per annum.</p>	<p>Subject to referral by a medical practitioner, pre authorisation and treatment protocols apply  This benefit excludes osseo-integrated implants for the purpose of replacing a missing tooth/ teeth.  No benefit for ICDs in the setting of primary prevention;  For ICDs in the setting of secondary prevention; funding is subject to the relevant managed healthcare programme and to its prior authorisation.  Subject to preferred supplier agreements</p>
<p><b>D20.2 Prostheses and devices</b></p> <ul style="list-style-type: none"> <li>• external</li> </ul>	<p>Limited to and included in the Prostheses and devices internal Benefit (D20.1).</p>	<p>Limited to R12 100 per family.</p>	<p>Subject to referral by a medical practitioner, pre authorisation and treatment protocols apply</p>

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			If preferred provider is used, negotiated contract applies.  Orthotic and Prosthetic Schedule to apply as prescribed by a medical practitioner.
<b>D21 RADIOLOGY</b>			
<b>D21.1 General radiology</b>			
<b>D21.1.1 In hospital</b>	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	For diagnostic radiology tests and ultrasound scans.  Authorisation is not required for MRI scans for low field peripheral joint examination or dedicated limb units.
<b>D21.1.2 Out of hospital</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	This benefit excludes a specified list of radiology tariff codes included in: <ul style="list-style-type: none"> <li>• the maternity benefit (D10)</li> <li>• the oncology benefit during the active and/ or post active treatment period (D14)</li> <li>• the organ and Haemopoietic stem cell transplantation benefit (D16)</li> <li>• the renal dialysis chronic benefit (D22)</li> </ul>

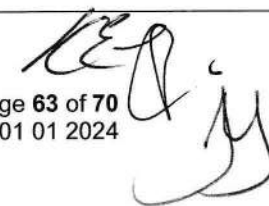
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			<p>Authorisation is not required for MRI scans for low field peripheral joint examination or dedicated limb units.</p>
<p><b>D21.2 Specialised Radiology-In and Out of hospital</b></p>	<p>100% of the negotiated fee, or in the absence of such fee, the lower of the cost or Fedhealth Rate, limited to and payable from risk.</p> <p><b>MRIs and CT Scans:</b></p> <p>A co-payment of R3 890 is applicable for non-PMBs, subject to pre-authorisation and managed care protocols, except for CT Angiography</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>100% of the negotiated fee, or in the absence of such fee, the lower of the cost or Fedhealth Rate, limited to and payable from risk.</p> <p><b>MRIs and CT Scans:</b></p> <p>A co-payment of R2 810 is applicable for non-PMBs, subject to pre-authorisation and managed care protocols, except for CT Angiography</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>Oncology requests will be limited and included in the active treatment period (D14.1.1).</p> <p>Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following:</p> <ul style="list-style-type: none"> <li>• CT scans</li> <li>• Muga scans</li> <li>• MRI scans</li> <li>• Radio isotope studies</li> <li>• CT colonography (virtual colonography) limited to one per beneficiary per annum restricted to the evaluation of symptomatic patients only</li> <li>• MDCT Coronary Angiography, restricted to the evaluation of symptomatic patients only.</li> </ul>




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D21.2.1 PET and PET CT	No Benefit	Limited to and included in the oncology PET scans (D14.1.2.1).	Refer to the conditions/remarks under the oncology PET Scans (D14.1.2.1).
<b>D22 RENAL DIALYSIS CHRONIC</b>			
D22.1 Haemodialysis and peritoneal dialysis	PMB level of care at DSP.  Sav = No In Hosp = Yes Acc = No	Limited to R311 900 per family  PMB level of care at DSP.  Sav = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation.  A 40% co-payment is applicable, for voluntary non-DSP utilisation.  Authorised Erythropoietin is included in the Blood and Blood Products Benefit (D4).  This benefit excludes Acute renal dialysis is included in the in hospitalisation benefit (D7).  Paragraph A3 applicable.
D22.2 Radiology and pathology	Limited to and included in the Haemodialysis benefit (D22.1).	Limited to and included in the Haemodialysis benefit (D22.1).	For specified radiology and pathology services. As specified by the relevant managed healthcare programme.
<b>D23 SURGICAL PROCEDURES</b>			



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<b>D23.1 In Hospitals and unattached operating theatres</b>	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management.  This benefit excludes: <ul style="list-style-type: none"> <li>• Osseo-integrated implants (D6)</li> <li>• Orthognathic and oral surgery (D6)</li> <li>• Maternity (D10)</li> <li>• Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> </ul>
<b>D23.1.1 Refractive surgery</b>	No benefit.	No benefit.	
<b>D23.1.2 Maxillo-facial surgery (in hospital)</b>	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No  R5 440 co-payment on surgical removal of impacted wisdom teeth. (See Annexure E)	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No  R5 440 co-payment on surgical removal of impacted wisdom teeth. (See Annexure E)	Subject to the relevant managed healthcare programme and to its prior authorisation.  For the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in dentistry benefit (D6).  This benefit excludes: <ul style="list-style-type: none"> <li>• Osseo-integrated implants (D6)</li> <li>• Orthognathic surgery (D6)</li> </ul>



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			<ul style="list-style-type: none"> <li>Oral surgery (D6)</li> </ul> Paragraph A3 and A4 applicable.
<b>D23.1.3 Transcatheter Aortic Valve Implantation and repairs (TAVI)</b>	No benefit.	No benefit.	
<b>D23.2 Out of hospital surgical procedures in practitioner's rooms</b>	Limited to and included in the hospital surgical procedures benefit (D23.1).  Sav = No In Hosp = Yes Acc = No.  If the procedure is performed without pre-authorisation, the full amount will be paid from the members PMSA (where applicable) or self-funded by the member and will not accumulate towards the safety net.	Limited to and included in the hospital surgical procedures benefit (D23.1).  Sav = No In Hosp = Yes Acc = No  If the procedure is performed without pre-authorisation, the full amount will be paid from the members PMSA (where applicable) or self-funded by the member and will not accumulate towards the safety net.	Subject to the relevant managed healthcare programme and to its prior authorisation. Paragraph A4 applicable.  For surgical procedures performed by a general practitioner or specialist.  Only where a hospital procedure is performed in the practitioner's rooms and is approved, will it be limited to and included in the hospitalisation benefit (D7) and overall annual limit.  This benefit excludes: <ul style="list-style-type: none"> <li>Osseo-integrated implants (D6)</li> <li>Orthognathic and oral surgery (D6)</li> <li>Maternity (D10)</li> <li>Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> </ul>



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			Refer to the surgical and non-surgical procedure benefit (D24)
<b>D23.2.1 Specific surgical procedures in practitioner's rooms</b> <ul style="list-style-type: none"> <li>• Circumcision</li> <li>• Laser tonsillectomy</li> <li>• Vasectomy</li> </ul>	Limited to and payable from risk from the surgical procedures benefit (D23.1).	Limited to and payable from risk from the surgical procedures benefit (D23.1).	Includes related consultation, materials, pathology and radiology if done on same day.  For all surgical procedures performed by a general practitioner, medical specialist or clinical technologist
<b>D24 SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS</b>			
<b>D24.1</b>	<b>Procedures paid from hospital benefit if done in a day clinic, day ward or outpatient section of a hospital</b>  Benefits for these procedures will be granted from the in-hospital benefit, if pre-authorized. If the procedure is performed without pre-authorization, the full amount will be paid from the members PMSA (where applicable) or self-funded by the member and will not accumulate towards the safety net. If application for pre-authorization is made post the procedure, there will be a R1 000 charge that will be paid from the member's PMSA (where applicable) or self-funded by the member (with no accumulation to the safety net).  Subject to the relevant managed healthcare programme and subject to a defined list of procedures.  Co-payments may be applicable per option as per Annexure E. R2 500 co-payment for voluntary use of non-network day surgery network on flexiFED 1 and flexiFED 2 <sup>Grid</sup> .  Overnight admissions will not be covered except for Prescribed Minimum Benefits.		
<b>D24.2</b>	<b>Procedures performed in a doctor's rooms or suitably equipped procedure room</b>  Benefits for these procedures will be granted from the in-hospital benefit, subject to the relevant managed healthcare programme and provided the		

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	<p>member has obtained pre-authorisation from the scheme's managed care provider.</p> <p>Where the member fails to obtain pre-authorisation, reimbursement will be restricted to the member's available PMSA balance (where applicable) and, where applicable, this will not accumulate to the safety net level (threshold). Where these procedures are performed in hospital, they will not be recognised as a hospital event unless pre-authorisation for admission has been obtained from the scheme's managed care provider.</p> <p>Where the member fails to obtain pre-authorisation, reimbursement will be restricted to the member's available PMSA balance and, where applicable, this will not accumulate to the safety net level (threshold).</p> <p>Where appropriate pre-authorisation has been obtained, the hospital benefit will be granted as an ambulatory admission at the lesser of 100% of the Fedhealth Rate or the equivalent outpatient facility fee:</p> <ul style="list-style-type: none"> <li>• Gastroscopy (no general anaesthetic will be paid for)</li> <li>• Colonoscopy (no general anaesthetic will be paid for)</li> <li>• Flexible Sigmoidoscopy</li> <li>• Indirect Laryngoscopy</li> <li>• Intravenous administration of bolus injections for medicines that include antimicrobials and Immunoglobulins (payment of immunoglobulins is subject to D11.6)</li> <li>• Removal of impacted wisdom teeth</li> <li>• Fine needle aspiration biopsy</li> <li>• Excision of nailbed</li> <li>• Drainage of abscess or cyst</li> <li>• Injection of varicose veins</li> <li>• Excision of superficial benign tumours</li> <li>• Superficial foreign body removal</li> <li>• Nasal plugging for epistaxis</li> <li>• Cauterisation of warts</li> <li>• Bartholin cyst excision</li> </ul>		

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<b>D25 WELLNESS BENEFIT</b> <ul style="list-style-type: none"> <li>100% of the lower of the cost or Scheme tariff for listed procedures and tests below are limited to and payable from Risk.</li> <li>For medicines and injection materials (D11.1), except for child immunisations (D25.5).</li> <li>Excludes consultations and costs for all procedures within this programme.</li> </ul>			
<b>D25.1</b>	<b>Women's Health</b>		
D25.1.1	<b>Cervical Cancer Screening (PAP) Smear</b>	1 test every three years for women aged 21 to 65 years old. (Liquid based cytology will be reimbursed up to the rate of a standard PAP smear)	
D25.1.2	<b>HPV PCR Test</b>	1 test every five years for women aged 21 to 65 years old.	
D25.1.3	<b>Cervical Cancer Screening Pharmacy Consultation</b>	1 consultation every three years for women aged 21 to 65 years old.	
<b>D25.2</b>	<b>Geriatric Health</b>		
D25.2.1	<b>Pneumococcal Immunisation and administration*</b>	1 per lifetime for all lives aged 65 and older per beneficiary	
D25.2.2	<b>Osteoporosis Screening: Bone Mineral Density</b>	No benefit.	
D25.2.3	<b>Colorectal Cancer Screening (faecal occult blood test)</b>	1 test every year for all lives from age 50 to 75 years old	
<b>D25.3</b>	<b>General Wellness</b>		





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D25.3.1	Cardiac Health (Cholesterol Screening [Full Lipogram])	1 test every 5 years, for all lives aged 20 and older.		
D25.3.2	Flu Immunisation and administration*	1 every year per beneficiary for all lives.		
D25.3.3	HIV Test (Finger prick)	1 every year for all lives.		
D25.3.4	Breast Cancer Screening / Mammogram	1 test every two years for members aged 40 and older per beneficiary.		
D25.3.5	Child Immunisations and administration*	As per State EPI protocols		
D25.3.6	GoSmokeFree	1 per beneficiary per annum		
D25.3.7	Prostate specific antigen	1 per for male beneficiary aged 45 to 69 years old per annum		
D25.3.8	Child Optometry Screening	No Benefit		
D25.3.9	Human Papilloma Virus (HPV) vaccine and administration*	2 doses for girl beneficiaries aged 9 to 16 years old per lifetime on flexiFED 2 Range of options only. Limited to specific HPV vaccines as approved by managed care protocols.		

\*Combined administration of vaccination benefit limit of 15 per annum per family

#### D26 HEALTH RISK ASSESSMENTS

- 100% of the lower of the cost or Fedhealth Rate for listed procedures and tests, limited to and payable from Risk
- For medicines and injection materials (D11.1).
- Excludes consultations and costs for all procedures within this programme.

<p><b>D26.1</b></p>	<p><b>Wellness Screening</b></p> <ul style="list-style-type: none"> <li>• Blood pressure;</li> <li>• Finger prick cholesterol;</li> <li>• Glucose test</li> </ul>	<p>1 test per beneficiary per annum.</p>
<p><b>D26.2</b></p>	<p><b>Preventative Screening</b></p> <ul style="list-style-type: none"> <li>• Hip to waist ratio;</li> <li>• Body fat percentage;</li> <li>• Flexibility;</li> <li>• Posture; and</li> <li>• Fitness</li> </ul>	<p>1 test per beneficiary per annum.</p>
<p><b>D26.3</b></p>	<p><b>Weight Management Programme</b></p>	<p>Limited to 1 enrolment per beneficiary every 2 years, subject to qualifying criteria and successful enrolment on the programme</p> <ul style="list-style-type: none"> <li>• 2 Dietician consult per beneficiary every 2 years</li> <li>• 1 Psychotherapy consult per beneficiary every 2 years</li> <li>• 12 Biokinetics assessments per beneficiary every 2 years (this comprises of an initial assessment, exercise sessions and reassessment sessions)</li> </ul>

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