

**FEDHEALTH MEDICAL SCHEME**  
**COMPREHENSIVE RANGE**  
**ULTIMAX**  
**MAXIMA PLUS**  
**ANNEXURE B1 – BENEFITS AND LIMITS**  
**2017**

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

**[EFFECTIVE 1 JANUARY 2017 UNLESS OTHERWISE STATED BELOW]**

**TABLE OF CONTENTS**

<b>A</b>	<b>ENTITLEMENT TO BENEFITS .....</b>	<b>3</b>	<b>D16</b>	<b>ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION .....</b>	<b>51</b>
<b>B</b>	<b>OVERALL ANNUAL LIMIT, BENEFITS AND OTHER LIMITS...</b>	<b>7</b>	<b>D17</b>	<b>ADDITIONAL MEDICAL SERVICES .....</b>	<b>52</b>
<b>C</b>	<b>PRESCRIBED MINIMUM BENEFITS (PMB's).....</b>	<b>9</b>	<b>D18</b>	<b>PATHOLOGY AND MEDICAL TECHNOLOGY .....</b>	<b>54</b>
<b>D</b>	<b>ANNUAL BENEFIT LIMITS.....</b>	<b>9</b>	<b>D19</b>	<b>PHYSICAL THERAPY .....</b>	<b>55</b>
<b>D1</b>	<b>ALTERNATIVE HEALTHCARE .....</b>	<b>100</b>	<b>D20</b>	<b>PROSTHESIS AND DEVICES INTERNAL AND EXTERNAL..</b>	<b>56</b>
<b>D2</b>	<b>AMBULANCE SERVICES.....</b>	<b>Error! Bookmark not defined.0</b>	<b>D21</b>	<b>RADIOLOGY.....</b>	<b>60</b>
<b>D3</b>	<b>APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS.....</b>	<b>111</b>	<b>D22</b>	<b>RENAL DIALYSIS CHRONIC .....</b>	<b>63</b>
<b>D4</b>	<b>BLOOD AND BLOOD EQUIVALENTS AND BLOOD PRODUCTS.....</b>	<b>Error! Bookmark not defined.</b>	<b>D23</b>	<b>SURGICAL PROCEDURES.....</b>	<b>63</b>
<b>D5</b>	<b>CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS.....</b>	<b>Error! Bookmark not defined.4</b>	<b>D24</b>	<b>SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS .....</b>	<b>67</b>
<b>D6</b>	<b>DENTISTRY .....</b>	<b>16</b>	<b>D25</b>	<b>WELLNESS BENEFIT .....</b>	<b>6Error! Bookmark not defined.</b>
<b>D7</b>	<b>HOSPITALISATION .....</b>	<b>211</b>	<b>D26</b>	<b>HEALTH RISK ASSESSMENTS.....</b>	<b>72</b>
<b>D8</b>	<b>IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION .....</b>	<b>30</b>			
<b>D9</b>	<b>INFERTILITY .....</b>	<b>Error! Bookmark not defined.1</b>			
<b>D10</b>	<b>MATERNITY .....</b>	<b>32</b>			
<b>D11</b>	<b>MEDICINE AND INJECTION MATERIAL.....</b>	<b>34</b>			
<b>D12</b>	<b>MENTAL HEALTH .....</b>	<b>Error! Bookmark not defined.</b>			
<b>D13</b>	<b>NON SURGICAL PROCEDURES AND TESTS .....</b>	<b>43</b>			
<b>D14</b>	<b>ONCOLOGY.....</b>	<b>46</b>			
<b>D15</b>	<b>OPTOMETRY .....</b>	<b>49</b>			

**FEDHEALTH MEDICAL SCHEME – COMPREHENSIVE RANGE  
ANNEXURE B1  
BENEFITS AND LIMITS  
[Effective 1 January 2017 unless otherwise stated below]**

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**A ENTITLEMENT TO BENEFITS**

**A1** “Entitlement to Benefits” rules applicable to all Fedhealth options are listed in Annexure E, to be read in conjunction with Annexure B, C and D for each option.

“Entitlement to Benefits” rules specific to these options are listed in the paragraphs to follow.

**A2 Rules applicable to dispensing medicine:**

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

100% of the lower of:

the cost to the supplier plus the negotiated mark up; or

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% capped at a maximum of R26 (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 Hospital Benefits:**

Any authorised hospitalisation for any condition, (including oncology, alternatives to hospitalisation and psychiatric services), shall be paid at the rates as specified in A4.2 and A4.3.

**A4 Providers in Hospital: (including Specialists, GPs and Other Providers)**

**A4.1** **A Specialist Network** appointed as the Scheme's DSP for PMB's (refer Annexure D, paragraph 7.4.3), is applicable for all In 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, negotiated rates applicable as follows:**  
Funded in full at the negotiated rate, including Anaesthetists on all options.

**A4.3** **Out of Specialist Network (including Anaesthetists), rates applicable as follows:**

- 300% of Fedhealth Rate for Ultimax; and
- 200% of Fedhealth Rate for Maxima Plus.

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 Other Healthcare Providers (excluding GP's) not mentioned in paragraphs A4.1, A4.2 and A4.3:**  
All other healthcare providers not mentioned in paragraphs A4.1, A4.2 and/ or A4.3 are provided for as follows:

- 300% of the Fedhealth Rate for Ultimax and Maxima Plus.

**A4.5 GP Network**

Funded in full at the negotiated rate for all options.

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

**A4.6 Out of GP Network**

- 100% of Fedhealth Rate for all options.

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 Providers Out of Hospital**

**A5.1 GP Network**

Funded in full at the negotiated rate for all options.

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 options.

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.

**In Specialist Network, rates applicable as follows:**

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

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 (OHEB/ Sav) will be payable at the negotiated rate with no co-payments applicable and will accumulate towards the Safety Net Level at 100% of the negotiated tariff.

Where applicable, claims for members without day to day benefits (OHEB/ Sav) will be self-funded at the negotiated rate and will accumulate towards the Safety Net Level at 100% of the negotiated rate.

**A5.4**

**Out of Specialist Network, rates applicable as follows:**

- 100% of Fedhealth Rate for Ultimax and Maxima Plus.

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.

Where applicable, claims for members with day to day benefits (OHEB/ Sav) will be payable at the lesser of cost or up to a maximum of the above rates. Co-payments are applicable for consultations and procedures charges in excess of the above-mentioned rates. Claims will accumulate towards the Safety Net Level at 100% of Fedhealth Rate.

Where applicable, claims for members without day to day benefits (OHEB/ Sav) will be self-funded at cost or up to a maximum of the above rates and accumulate towards the Safety Net Level at 100% of Fedhealth Rate.

**A6**

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

Co-payments are applicable, per option, on the hospital/ facility bill are 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) and Out of Hospital Expense Benefit (OHEB)** – Claims for services stated as being subject to payment from the Out of Hospital Benefit (OHEB) and/ or the Current Credit Personal Medical Savings Account (PMSA), as reflected in the columns headed BENEFITS/ LIMITS in the tables labelled D below are funded from the member’s PMSA and/ or the OHEB benefit limit. Claims in respect of out of hospital expenses will be marked “Yes” against “OHEB/ Sav” in the column headed BENEFITS/ LIMITS.

Claims for out of hospital expenses will be paid from the PMSA. Once the PMSA has been depleted, the relevant claims will be paid from OHEB.

Once OHEB has been depleted the relevant claims will be paid from the accumulated PMSA or self-funded by the member.

Where a condition is a Prescribed Minimum Benefit and out of hospital expense, funding will be subject to “OHEB” limits with accumulation and once these are exhausted, 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 Expenses Benefit (OHEB)** funds certain out of hospital expenses up to the following limits:

<b>Ultimax</b>	
Member	R2 560
Larger families	R4 010
<b>Maxima Plus</b>	
Member	R7 850
Add per adult dependant	R5 670
Add per child dependant	R1 740

**B6 Safety Net Benefit – Out of Hospital**

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 out of hospital expenses unlimited, subject to applicable inner limits, unless paragraph A4.1 is applicable, once accumulated costs have exceeded the following cumulative Safety Net levels:

<b>Ultimax</b>	
Member	R13 250
Add per adult dependant	R10 081
Add per child dependant	R3 360 up to a maximum of three child dependants
<b>Maxima Plus</b>	
Member	R13 038
Add per adult dependant	R10 028
Add per child dependant	R3 477 up to a maximum of three child dependants



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**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** **Safety Net Level** – The extent of the Safety Net Level is determined as at 1 January each year, or at the time the member joins the Fund by adding together the Safety Net Levels for the principal member, adult dependants and child dependants to arrive at a total amount per family. This sum (the member’s particular Safety Net Level) is prorated for the balance of the year if the member joins after 1 January in any year. The Safety Net Level will not be adjusted during a benefit year should any of a member’s dependants be withdrawn during such year. The Safety Net Level and all benefit limits are pro-rated. There is a minimum of three months proration applicable to the Safety Net Level.

**C** **PRESCRIBED MINIMUM BENEFITS (PMB’s)**

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 limits indicated in this annexure, where applicable. PMB’s are payable at 100% of cost, or at 100% of cost at the relevant Designated Service Provider 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 BENEFIT LIMITS**

**See contents of table below.**

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D1 ALTERNATIVE HEALTHCARE</b>			
<b>D1.1 In Hospital Acupuncture, homeopathy, naturopathy, osteopathy, and phytotherapy consultations and treatment by registered practitioners</b>	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.  Refer B2 and B5. OHEB/ Sav = Yes Acc = No In Hosp = No	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.  Refer B2 and B5. OHEB/ Sav = Yes Acc = No In Hosp = No	
<b>D1.2 Out of Hospital Acupuncture, homeopathy, naturopathy, osteopathy, and phytotherapy prescribed medicines where applicable</b>	100% of the lower of cost or Fedhealth Rate.  Refer B2 and B5.  OHEB/ Sav = Yes Acc = No In Hosp = No	100% of the lower of cost or Fedhealth Rate.  Refer B2 and B5.  OHEB/ Sav = Yes Acc = No In Hosp = No	
<b>D2 AMBULANCE SERVICES</b>			
	100% of cost if authorised by the preferred provider.	100% of cost if authorised by the preferred provider.	Subject to the contracted ambulance services and prior authorisation.

<b>SERVICE SUBJECT TO PMB</b>	<b>ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
	Unlimited. Only one inter-hospital transfer per event.  OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited. Only one inter-hospital transfer per event.  OHEB/ Sav = No Acc = No In Hosp = Yes	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).
<b>D2.1 Evacuation Benefit</b>	R250 000 per event.  OHEB/ Sav = No Acc = No In Hosp = Yes	R250 000 per event.  OHEB/Sav = No Acc = No In Hosp = Yes	Emergency evacuation within Africa after 90 days absence from the Republic of South Africa.
<b>D3 APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS</b>			
<b>D3.1 In Hospital</b>	Unlimited. OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited. OHEB/ Sav = No Acc = No In Hosp = Yes	For hiring or buying medical or surgical aids as prescribed by a medical practitioner.
<b>D3.2 Out of Hospital</b>	Limited to R14 000 per member family.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Limited to R14 000 per member family.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	For hiring or buying medical or surgical aids as prescribed by a medical practitioner.

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D3.2.1 General medical and surgical appliances (including glucometers)</b>	Limited to and included in D3.2. If PMB, included in D3.2 and;  OHEB = Yes Sav = No Acc = No In Hosp = Yes	Limited to and included in D3.2. If PMB, included in D3.2 and:  OHEB = Yes Sav = No Acc = No In Hosp = Yes	Refer D3.1.  Diabetic accessories and appliances (with the exception of glucometers) to be pre-authorized and claimed from the chronic medicine benefit D11.3.
<b>D3.2.2 Hearing aids and repairs thereof</b>	Limited to and included in D3.2.	Limited to and included in D3.2.	Refer D3.2.
<b>D3.2.3 Large orthopaedic orthotics/appliances</b>	Limited to and included in D3.2.	Limited to and included in D3.2.	Refer D3.2.
<b>D3.2.4 Stoma products</b>	Limited to and included in D3.2.  <b>With OHEB available:</b> OHEB = Yes Sav = No Acc = Yes In Hosp = No OHEB depleted: Unlimited Sav = No Acc = No In Hosp = Yes	Limited to and included in D3.2.  <b>With OHEB available:</b> OHEB = Yes Sav = No Acc = Yes In Hosp = No <b>OHEB depleted:</b> Unlimited Sav = No Acc = No In Hosp = Yes	Refer D3.2.
<b>D3.2.5 CPAP apparatus for sleep apnoea</b>	Limited to and included in D3.2.	Limited to and included in D3.2. OHEB/ Sav = Yes Acc = No In Hosp = No	Subject to the relevant managed healthcare programme and to its prior authorisation. Refer D3.2.

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D3.2.6 Foot orthotics (including shoes and foot inserts/ levelers)</b>	Limited to R3 910 per beneficiary per annum, and further limited to D3.2.  OHEB/ Sav = Yes Acc = No In Hosp = No	Limited to R3 910 per beneficiary per annum, and further limited to D3.2.  OHEB/Sav = Yes Acc = Yes In Hosp = No	
<b>D3.3 Specific appliances, accessories</b>			
<b>D3.3.1 Oxygen Therapy equipment (not including hyperbaric oxygen treatment)</b>	Unlimited, only if specifically authorised.  OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited, if specifically authorised. OHEB/ Sav = No Acc = No In Hosp = Yes	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 D3.1.
<b>D3.3.2 Home ventilators</b>	Unlimited, only if specifically authorised.  OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited, if specifically authorised. OHEB/ Sav = No Acc = No In Hosp = Yes	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 D3.1.
<b>D3.3.3 Long leg callipers</b>	Unlimited, only if specifically authorised.	Unlimited, if specifically authorised.	Subject to the relevant managed healthcare programme and to its prior authorisation.

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	OHEB/ Sav = No Acc = No In Hosp = Yes	OHEB/ Sav = No Acc = No In Hosp = Yes	Refer D3.1.
<b>D4 BLOOD AND BLOOD EQUIVALENTS AND BLOOD PRODUCTS</b>			
	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.  Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	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.  Unlimited.  Sav = No Acc = No In Hosp = Yes	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 D22.1.)
<b>D5 CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS</b>			
<b>D5.1 In Hospital</b>	100% of the lower of cost or Fedhealth Rate. Unlimited. OHEB/ Sav = No Acc = No In Hosp = Yes	100% of the lower of cost or Fedhealth Rate. Unlimited. OHEB/ Sav = No Acc = No In Hosp = Yes	For medical and dental specialists or general practitioners. Paragraph 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> </ul>

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> <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 GP's Out of Hospital</b>			
<b>D5.2.1 GP's In Network</b>	Refer B2 and B5.  <b>In Network within benefits:</b> OHEB = Yes Sav = No Acc = Yes In Hosp = No  <b>In Network without OHEB benefits:</b> Unlimited Acc = No In Hosp = Yes	Refer B2 and B5.  <b>In Network with OHEB benefits:</b> OHEB = Yes Sav = No Acc = Yes In Hosp = No <b>In Network without OHEB benefits:</b> Unlimited Acc = No In Hosp = Yes	Consultations through Network Provider unlimited once benefits are exhausted.

<b>SERVICE SUBJECT TO PMB</b>	<b>ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
<b>D5.2.2 GP's Out of Network</b>	100% of the lower of cost or Fedhealth Rate. Refer B2 and B5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	100% of the lower of cost or Fedhealth Rate. Refer B2 and B5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Refer D5.1. The above list also applies to services rendered at the supplier's rooms, patient's home or primary healthcare facility.
<b>D5.3 Specialists Out of Hospital</b>			
<b>D5.3.1 Specialists In Network</b>	Refer B2, B5 and A4. <b>In Network within benefits:</b> OHEB/ Sav = Yes Acc = Yes In Hosp = No  <b>In Network without benefits:</b> OHEB/ Sav = No, member to self-fund at negotiated rate. Acc = Yes In Hosp = No	Refer B2, B5 and A4. <b>In Network within benefits:</b> OHEB/ Sav = Yes Acc = Yes In Hosp = No  <b>In Network without benefits:</b> OHEB/ Sav = No, member to self-fund at negotiated rate. Acc = Yes In Hosp = No	
<b>D5.3.2 Specialists Out of Network</b>	Refer B2, B5 and A4. OHEB/ Sav = Yes Acc = Yes In Hosp = No	Refer B2, B5 and A4. OHEB/ Sav = Yes Acc = Yes In Hosp = No	Refer D5.1. The above list also applies to services rendered at the supplier's rooms, patient's home or primary healthcare facility.
<b>D6 DENTISTRY</b>			



<p><b>SERVICE SUBJECT TO PMB</b></p>	<p><b>ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>CONDITIONS/ REMARKS SUBJECT TO PMB</b></p>
<p><b>D6.1 Basic</b></p>	<p>Refer B2 and B5.</p>	<p>Refer B2 and B5.</p>	
<p><b>D6.1.1 Dental practitioners</b></p>	<p>Limited to and included in D6.1.  OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>Limited to and included in D6.1.  OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>Subject to the relevant managed healthcare programme.</p> <p>Basic dentistry including minor oral surgery. Includes removal of teeth and roots, surgical removal of wisdom teeth, exposure of teeth for orthodontic reasons and suturing of traumatic wounds. Oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such dentistry.</p> <p>General anaesthetics, conscious sedation and hospitalisation for dental work will only be granted benefits for the following beneficiaries: Under the age of 7 years; or bony impaction of third molars Paragraph A4 applicable.</p> <p>All general anaesthetics and conscious sedation for dentistry,</p>

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<p>regardless of where it is performed, must be pre-authorized.</p> <p>Lingual and labial frenectomies under GA granted for members under the age of 7, subject to the relevant managed healthcare programme and its prior authorisation.</p>
<b>D6.1.2 Dental therapists</b>	<p>Limited to and included in D6.1.</p> <p>OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>Limited to and included in D6.1.</p> <p>OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>Subject to the relevant managed healthcare programme. Refer D6.1.1.</p>
<b>D6.1.3 Dental technicians</b>	<p>Limited to and included in D6.1.</p> <p>OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>Limited to and included in D6.1.</p> <p>OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>Refer D6.1.1.</p>
<b>D6.2 Advanced</b>	<p>Combined limit with optical benefit R13 100 per member family and R6 590 per beneficiary.</p> <p>OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>Limited to R20 000 per member family and R6 740 per beneficiary.</p> <p>OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>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</p>

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<p>dental technician's fees for all such dentistry.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> <li>• Oral medical procedures. Refer D6.1.1.</li> <li>• Metal base for complete dentures (upper, lower and both)</li> </ul>
<b>D6.2.1 Dental technicians</b>	<p>Limited to and included in D6.2.</p> <p>OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>Limited to and included in D6.2.</p> <p>OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	Refer D6.2.
<b>D6.2.2 Osseo-integrated implants and orthognathic surgery (functional correction of malocclusions)</b>	<p>Limited to and included in D6.2.</p> <p>OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>Limited to and included in D6.2.</p> <p>OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>All services rendered, including the cost of special investigations, hospitalisation, all general and specialist dental practitioners, their assistants and anaesthetists as well as the cost of materials, all implant components, plates, screws, bone and bone equivalents. Paragraph A4 applicable.</p>

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			Includes all stages of treatment required to achieve the end result of placing an implant supported tooth or teeth into spaces left by previous removal of natural teeth, the surgical augmentation of jaw bone and surgical placement and exposure of implant/s.
<b>D6.2.3 Oral surgery</b>	Limited to and included in D6.2.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D6.2.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	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 D6.2.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D6.2.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Subject to the relevant managed healthcare programme and to its prior authorisation.
<b>D6.3 Maxillo-facial surgery</b>	Limited to and included in D23.	Limited to and included in D23.	Refer D23.

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D7 HOSPITALISATION</b>			
<b>D7.1 Private hospitals and unattached operating theatres</b>			
<b>D7.1.1 In Hospital</b>	<p>Unlimited.</p> <p>OHEB/ Sav = No Acc= No In Hosp = Yes</p> <p>Deep Brain Stimulation Implantation (excluding prosthesis per member family) is limited to R247 000 per annum.</p>	<p>Unlimited.</p> <p>Sav = No Acc = n/a In Hosp = No</p> <p>Deep Brain Stimulation Implantation (excluding prosthesis per member family) is limited to R247 000 per annum.</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>Paragraph A4 applicable.</p> <p>Co-payments applicable per option, as per paragraph A12.</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>

<b>SERVICE SUBJECT TO PMB</b>	<b>ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
			<p>No benefits will be granted if prior authorisation requirements are not complied with. Includes acute renal dialysis (See D22.1.)</p> <p>This benefit excludes Hospitalisation for:</p> <ul style="list-style-type: none"> <li>• Osseo-integrated implants and orthognathic surgery (D6)</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> </ul> <p>Refer D24.</p>
<b>D7.1.2 Medicine on discharge from hospital (TTO)</b>	Limited to and included in D7.1.1. OHEB/ Sav = No Acc = No In Hosp = Yes	Limited to and included in D7.1.1. OHEB/ Sav = No Acc = No In Hosp = Yes	Limited to 7 (seven) day supply.  Refer D7.1.1.

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			Except for anti-coagulants where more than seven (7) days supply can be authorized reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
<b>D7.1.3 Casualty/ emergency room visits</b>			
<b>D7.1.3.1 Facility fee</b>	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.  Refer B2 and B5. OHEB/ Sav = Yes Acc = Yes In Hosp = No	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.  Refer B2 and B5. OHEB/ Sav = Yes Acc = Yes In Hosp = No	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
<b>D7.1.3.2 Consultations</b>	Limited to and included in D5.2 and D5.3.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D5.2 and D5.3.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D7.1.3.3 Medicine</b>	Limited to and included in D11.1.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D11.1.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
<b>D7.1.3.4 Trauma Treatment in Casualty</b>	100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate.  Refer B2 and B5.  Sav = Yes Acc = Yes In Hosp = No	100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate.  Refer B2 and B5.  Sav = Yes Acc = Yes In Hosp = No	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
<b>D7.2 Public Hospitals</b>			
<b>D7.2.1 In Hospital</b>	Unlimited.  OHEB/ Sav = No Acc= No In Hosp = Yes  Co-payments applicable as per Annexure E.	Unlimited.  OHEB/ Sav = No Acc= No In Hosp = Yes  Co-payments applicable as per Annexure E.	Subject to the Scheme's contracted managed healthcare programme(s) which include the application of treatment protocols, formularies, pre-authorisation and case management. For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.



<p><b>SERVICE SUBJECT TO PMB</b></p>	<p><b>ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>CONDITIONS/ REMARKS SUBJECT TO PMB</b></p>
			<p>Paragraph A4 applicable. This benefit excludes Hospitalisation for:</p> <ul style="list-style-type: none"> <li>• Osseo-integrated implants and orthognathic surgery (D6)</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>•</li> </ul>
<p><b>D7.2.2 Medicine on discharge from hospital (TTO)</b></p>	<p>Limited to and included in D7.1.1.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Limited to and included in D7.1.1.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Limited to 7 (seven) day supply.</p> <p>Refer D7.1.1.</p> <p>Except for anitcoagulants where more than seven (7) days supply can be authorized reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.</p>

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D7.2.3 Casualty/ emergency room visits</b>			
<b>D7.2.3.1 Facility Fee</b>	Refer B2 and B5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Refer B2 and B5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
<b>D7.2.3.2 Consultations</b>	Limited to and included in D5.2 and D5.3.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D5.2 and D5.3.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
<b>D7.2.3.3 Medicine</b>	Limited to and included in D11.1.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D11.1.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
<b>D7.2.4 Out patient services</b>			
<b>D7.2.4.1 Facility Fee</b>	Refer B2 and B5. OHEB/ Sav = Yes	Refer B2 and B5. OHEB/ Sav = Yes	Refer D5.2 and D5.3.

<b>SERVICE SUBJECT TO PMB</b>	<b>ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
	Acc = Yes In Hosp = No	Acc = Yes In Hosp = No	
<b>D7.2.4.2 Consultations</b>	Limited to and included in D5.2 and D5.3. OHEB/ Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D5.2 and D5.3. OHEB/ Sav = Yes Acc = Yes In Hosp = No	Refer D5.2 and D5.3.
<b>D7.2.4.3 Medicine</b>	Limited to and included in D11.1. OHEB/ Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D11.1. OHEB/ Sav = Yes Acc = Yes In Hosp = No	Refer D11.1.
<b>D7.3 Alternatives to hospitalisation</b>	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.	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.	
<b>D7.3.1 Sub-acute facilities</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	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.

<b>SERVICE SUBJECT TO PMB</b>	<b>ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
<b>D7.3.2 Physical rehabilitation facilities</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	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.
<b>D7.3.3 Terminal Care Benefit</b>	Limited to R27 900 per member family, unless prescribed minimum benefit.  OHEB/ Sav = No Acc = No In Hosp = Yes	Limited to R27 900 per member family, unless prescribed minimum benefit.  OHEB/ Sav = No Acc = No In Hosp = Yes	For Hospice treatment. 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.
<b>D7.3.4 Nursing services</b>			
<b>D7.3.4.1 Nursing agencies</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation.
<b>D7.3.4.2 Private Nurse Practitioners</b>	Unlimited.  OHEB/ Sav = No	Unlimited.  OHEB/ Sav = No	Subject to the relevant managed healthcare programme and to its prior authorisation.

<b>SERVICE SUBJECT TO PMB</b>	<b>ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
	Acc = No In Hosp = Yes	Acc = No In Hosp = Yes	This benefit includes psychiatric nursing but excludes midwifery services.  Also refer to paragraph D17.6.
<b>D7.4. Post hospitalisation</b>	Limited to and included in D7, subject to 30 days following hospitalisation.  OHEB/ Sav = No Acc = No In Hosp = Yes	Limited to and included in D7, subject to 30 days following hospitalisation.  OHEB/ Sav = No Acc = No In Hosp = Yes	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 D7.4.	Limited to and included in D7.4.	Refer D7.4.
<b>D7.4.2 Occupational therapy</b>	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
<b>D7.4.3 Speech therapy</b>	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
<b>D7.4.4 Pathology</b>	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
<b>D7.4.5 General radiology</b>	Limited to and included in D7.4	Limited to and included in D7.4.	Refer D7.4.
<b>D7.4.6 Dietician Consultations</b>	Limited to 2 consultations per admission, and included in D7.4.	Limited to 2 consultations per admission, and included in D7.4.	

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS 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 medicines including mother-to-child transmission, rape and post-exposure prophylaxis</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited.  Sav = No Acc = n/a In Hosp = Yes	Subject to the Scheme's contracted managed healthcare programmes which include the application of treatment protocols, medicine formularies, pre-authorisation and case management. Refer paragraph D7.4 of Annexure D.
<b>D8.2 Related medicine</b>	Limited to and included in D8.1.	Limited to and included in D8.1.	Refer D8.1.
<b>D8.3 Related Pathology</b>	Limited to and included in D8.1.	Limited to and included in D8.1.	Pathology as specified by the relevant managed healthcare programme for out of hospital.
<b>D8.4 HIV Counselling and Testing (HCT)</b>	Limited to and included in D8.1.	Limited to and included in D8.1.	As specified by the relevant managed healthcare programme.
<b>D8.5 All other services</b>	Limited to and included in D1 to D7 and D9 to D24.  OHEB/ Sav = No Acc = No In Hosp = Yes	Limited to and included in D1 to D7 and D9 to D24.  Sav = No Acc = n/a In Hosp = Yes	

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D9 INFERTILITY</b>			
	<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 Uniform Patient Fee Schedule for public hospitals.</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 Uniform Patient Fee Schedule for public hospitals.</p>	<p>Subject to the relevant managed healthcare programme. Paragraph A4 applicable. This benefit includes the following procedures or interventions: Hysterosalpingogram The following blood tests:</p> <ul style="list-style-type: none"> <li>• Day 3 FSH/ 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>• Chlamydia</li> <li>• Day 21 Progesterone</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> </ul>

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> <li>Treatment of local infections.</li> </ul>
<b>D10 MATERNITY</b>			
<b>D10.1 Confinement in hospital</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Subject to the Scheme's contracted managed healthcare programme(s) which include the application of treatment protocols, formularies, pre-authorisation and case management. For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.  Delivery by a general practitioner or medical specialist and the services of the attendant paediatrician and/ or anaesthetists are included. Included in global obstetric fee is post-natal care by a general practitioner and medical specialist up to and including the six week post-natal consultation.  Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation.



<b>SERVICE SUBJECT TO PMB</b>	<b>ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
<b>D10.1.1 Medicine on discharge from hospital (TTO)</b>	Limited to and included in D11.1.1.  OHEB/ Sav = No Acc = No In Hosp = Yes	Limited to and included in D11.1.1.  OHEB/ Sav = No Acc = No In Hosp = Yes	Limited to 7 (seven) day supply.  Refer D11.1.1.
<b>D10.1.2 Confinement in a registered birthing unit</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes  4 x post-natal midwife consultations per pregnancy, in and out of hospital.	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes  4 x post-natal midwife consultations per pregnancy, in and out of hospital.	For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.  Delivery by a midwife. Hire of water bath included in D3.1.
<b>D10.2 Confinement out of hospital</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes  4 x post-natal midwife consultations per pregnancy, in and out of hospital.	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes  4 x post-natal midwife consultations per pregnancy, in and out of hospital.	Subject to the relevant managed healthcare programme and to its prior authorisation.  For the delivery by a general practitioner or midwife. Hire of water bath and oxygen cylinder included in D3.1.
<b>D10.2.1 Consumables and pharmaceuticals</b>	Unlimited. OHEB/ Sav = No Acc = No	Unlimited. OHEB/ Sav = No Acc = No	Registered medicines, dressings and materials supplied by a midwife – out of hospital.

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	In Hosp = Yes	In Hosp = Yes	
<b>D10.3 Related maternity services</b>	Refer B2, B5 and A4. Specified pregnancy related tests and procedures  2 x 2D pregnancy scans per beneficiary per maternity event.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Refer B2, B5 and A4. Specified pregnancy related tests and procedures  2 x 2D pregnancy scans per beneficiary per maternity event.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	
<b>D11 MEDICINE AND INJECTION MATERIAL</b>			
D11.1 Routine (acute) medicine	Limited to R17 800 per member family and R8 980 per beneficiary.  Refer B2 and B5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Limited to R17 800 per member family and R8 980 per beneficiary.  Refer B2 and B5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Subject to the relevant managed healthcare programme.  The Medicine Exclusion List and the Pharmacy Products Management Document, relevant managed healthcare programmes and protocols are applicable. 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</li> </ul>

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> <li>• 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 included in D7.1.1.  OHEB/ Sav = No Acc = No In Hosp = Yes	Limited to and included in D7.1.1.  OHEB/ Sav = No Acc = No In Hosp = Yes	Limited to 7 (seven) day supply.  Medicine on discharge from hospital for Maternity related admissions is subject to D10.1.1.  Except where more than seven (7) days supply can be authorized reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
<b>D11.2 Pharmacy Advised Therapy Schedules 0,1 and 2 medicine advised and dispensed by a pharmacist</b>	OHEB = No Sav = Yes Acc = No In Hosp = No	OHEB = No Sav = Yes Acc = No In Hosp = No	
<b>D11.3 Chronic medicine</b>	Limited to R42 300 per member family and R25 400 per beneficiary. Medication for Ultimax chronic list may be obtained from a	Limited to R25 400 per member family and R13 600 per beneficiary. Medication for full chronic list may be obtained from a service	Subject to the relevant managed healthcare programme and to its prior authorisation and applicable formularies.

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<p>service provider of choice, within the annual chronic benefit limit.</p> <p>Thereafter, 26 PMB's provided for from a service provider of choice, subject to a Comprehensive formulary, unlimited.</p> <p>Voluntary use of out of formulary medication = 40% co-payment, not refundable from savings, for voluntary use of out of formulary medication.</p>	<p>provider of choice, within the annual chronic benefit limit.</p> <p>Thereafter, 26 PMB's provided for from a provider of choice, subject to a Comprehensive formulary, unlimited.</p> <p>Voluntary non-use of formulary medication = 40% co-payment.</p>	<p>Restricted to a maximum of one month's supply, unless specifically pre-authorized.</p> <p>Includes diabetic disposables such as syringes, needles, strips and lancets.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> <li>• In-hospital medicine (D7)</li> <li>• Anti-retroviral drugs (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>
<p><b>D11.4 Female Health Benefit</b></p> <ul style="list-style-type: none"> <li>• Oral Contraceptives</li> <li>• Contraceptive Injections</li> <li>• Contraceptive Patches</li> <li>• Contraceptive Vaginal Rings</li> <li>• Contraceptive Implants</li> <li>• Intrauterine Devices or Systems</li> </ul>	<p>Unlimited.</p> <p>OHEB/ Sav = No Acc = No In Hosp – Yes</p>	<p>Unlimited.</p> <p>OHEB/ Sav = No Acc = No In Hosp – Yes</p>	<p>Subject to a list of contraceptives.</p> <p>Excluding oral contraceptives prescribed for other conditions.</p> <p>Excluding consultations and procedural costs.</p>
<p><b>D11.5 Specialised Drugs Non Oncology</b></p>	<p>Combined limit with Specialised Drugs for Oncology (D14.1.3) of R313 000 per member family.</p>	<p>Combined limit with Specialised Drugs for Oncology (D14.1.3)</p>	<p>The non-oncology specialised drug list is a continuously evolving list of high cost drugs, used for the</p>

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<p>OHEB/ Sav = No Acc = No In Hosp – Yes</p>	<p>of R313 000 per member family.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes Subject to PMB's.</p>	<p>treatment of chronic conditions. This list includes but is not limited to biological drugs (biological therapy for inflammatory arthritis, inflammatory bowel disease, chronic demyelinating polyneuropathies, chronic hepatitis, botulinum toxin, palivizumab).</p> <p>Unless otherwise stated, for any other diseases where the use of the drug is deemed appropriate by the managed health care organization, drugs will be funded from this benefit subject to the relevant healthcare programme and its prior authorisation.</p> <p>Subject to a published list.</p> <p>Where a drug is deemed cost-effective versus standard chemotherapy it may be excluded from this benefit limit, subject to D14.1.</p>
<p><b>D11.5.1 Biological Drugs applicable to monoclonal antibodies and</b></p>	<p>Limited to and included in D11.5.</p>	<p>Limited to and included in D11.5.</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation for the treatment of:</p>

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
interleukins			<ul style="list-style-type: none"> <li>• Multiple Sclerosis (as per the Prescribed Minimum Benefit Algorithm)</li> <li>• Inflammatory Arthritis</li> <li>• Inflammatory Bowel Disease</li> <li>• Chronic Hepatitis (where interferon is authorised for chronic hepatitis, the associated antiviral ribavirin will be authorised from the chronic benefit)</li> </ul>
<b>D11.5.2 Human Immunoglobulin for chronic use</b>	Limited to and included in D11.5.	Limited to and included in D11.5.	Subject to the relevant managed healthcare programme and to its prior authorisation.
<b>D11.5.3 Iron Chelating Agents for chronic use</b>	Limited to and included in D11.5.	Limited to and included in D11.5.	Subject to the relevant managed healthcare programme and to its prior authorisation, for the use of Iron Chelating Agents for: Chronic Iron overload with drugs such as Deferasirox Prevention of RSV infection Psoriasis
<b>D11.5.4 Sevelamer (Renagel®), Lanthanum (Fosrenol®) and Cinacalcet</b>	Limited to and included in D11.5.	Limited to and included in D11.5.	Subject to the relevant managed healthcare programme and to its prior authorisation, for the use of non-calcium phosphate binders and calcimimetics for:

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
(Sensipar®)			Renal osteodystrophy as a result of chronic kidney disease
<b>D11.5.5 Botulinum toxin-containing products</b>	Limited to and included in D11.5.	Limited to and included in D11.5.	Subject to the relevant managed healthcare programme and to its prior authorisation, for the treatment of dystonia's and spasms.
<b>D11.5.6 Specialised Drugs used in the management of macular degeneration and macular oedema applicable to monoclonal antibodies, Intravitreal Implants, photosensitizing agents</b>	Limited to R49 500 per member family and included in D11.5, subject to clinical protocols.	Limited to R49 500 per member family and included in D11.5, subject to clinical protocols.	Subject to the relevant managed healthcare programme and to its prior authorisation for the treatment of Retinal disorders.
<b>D11.6 Specialised drugs for Oncology</b>	Combined limit with Specialised Drugs for Non Oncology (D11.5) of R313 000 per member family and included in D14.1.3. OHEB/ Sav = No Acc = No In Hosp = Yes	Combined limit with Specialised Drugs for Non Oncology D11.5) of R313 000 per member family and included in D14.1.3. OHEB/ Sav = No Acc = No In Hosp = Yes	Refer D14.1.3.

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D12 MENTAL HEALTH</b>			
	Limited to R38 400 per member family.	Limited to R36 300 per member family.	
<b>D12.1.1 In Hospital</b>	<p>Limited to and included in D12.</p> <p>Limited to a maximum of three days' hospitalisation for beneficiaries admitted by a general practitioner or specialist physician.</p> <p>Additional hospitalisation to be motivated by the medical practitioner and pre-authorized by the relevant managed healthcare programme.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Limited to and included in D12.</p> <p>Limited to a maximum of three days' hospitalisation for beneficiaries admitted by a general practitioner or specialist physician.</p> <p>Additional hospitalisation to be motivated by the medical practitioner and pre-authorized by the relevant managed healthcare programme.</p> <p>OHEB/ Sav = No Acc = n/a In Hosp = Yes</p>	<p>Subject to the Scheme's contracted managed healthcare programme(s) which include the application of treatment protocols, formularies, pre-authorization and case management.</p> <p>Paragraph A4 applicable. For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals, surgical items, procedures, consultations/ visits, assessments, therapy, treatment and/ or counselling performed by general practitioners, psychiatrists, psychologists, psychometrists or registered counsellors. Rehabilitation programme includes hospital-based management up to 21 days per beneficiary, per benefit year. Benefits for the cost of private wards are paid at the same rate as for</p>



SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			general wards, unless there is acceptable medical motivation.
<b>D12.1.2 Medicine on discharge from hospital (TTO)</b>	Limited to and included in D7.1.1.  OHEB/ Sav = No Acc = No In Hosp = Yes	Limited to and included in D7.1.1.  Sav = No Acc = n/a In Hosp = Yes	Limited to 7 (seven) day supply.  Refer D7.1.1.  Except where 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>	Refer B2, B5 and A4.  Limited to and included in D17, including out of hospital Psychologist and Psychiatrist consultations.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Refer B2, B5 and A4.  Limited to and included in D17, including out of hospital Psychologist and Psychiatrist consultations.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Psychologist and Psychiatrist consultations are mutually inclusive of the benefit provided for in Additional Medical Services. If performed by psychiatrists, general practitioners, psychologists, psychometrists or registered counsellors at the supplier's rooms or in a medical facility, including a registered public hospital out-patient department.
<b>D12.2.1 Non-Prescribed Minimum Benefit consultations/ visits. Procedures, assessments,</b>	Limited to and included I D12.2.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Limited to and included I D12.2.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	For procedures performed by general practitioners, psychiatrists, psychologists, psychometrists or registered counsellors at the supplier's rooms or in any facility or

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
therapy, treatment and/ or counselling			at any place, including a public hospital.
<b>D12.2.2 Prescribed Minimum Benefit procedures</b>	Included in D12, once limit is depleted then unlimited  OHEB = Yes Sav = No Acc = No In Hosp = Yes	Included in D12, once limit is depleted then unlimited  OHEB = Yes Sav = No Acc = No In Hosp = Yes	See D12.2.1.  Paragraph A4 applicable.
<b>D12.2.3 Medicine</b>	Limited to and included in D11.1. OHEB/ Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D11.1. Sav = Yes Acc = n/a In Hosp = No	
<b>D12.3 Rehabilitation for substance abuse</b>	Limited to and included in D12 and D12.2.2 and the Regulations.  <b>Within limits</b> , 100% of the negotiated fee, or in the absence of such fee, 100% of Uniform Patient Fee Schedule for public hospitals. Thereafter Prescribed Minimum Benefits managed according to managed healthcare protocols.	Limited to and included in D12 and D12.2.2 and the Regulations.  <b>Within limits</b> , 100% of the negotiated fee, or in the absence of such fee, 100% of Uniform Patient Fee Schedule for public hospitals. Thereafter Prescribed Minimum Benefits managed according to managed healthcare protocols.	Subject to the Scheme's contracted managed healthcare programme(s) which include the application of treatment protocols, formularies, pre-authorisation and case management, for in hospital treatment only.  For accommodation, use of hospital equipment, pharmaceuticals, surgical items and medicine supplied during treatment programme.

<b>SERVICE SUBJECT TO PMB</b>	<b>ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
	<p>Limited to on rehabilitation programme per beneficiary per annum subject to pre- authorisation in hospital.</p> <p>OHEB/ Sav = No Acc = No In Hosp – Yes</p>	<p>Limited to on rehabilitation programme per beneficiary per annum subject to pre- authorisation in hospital.</p> <p>OHEB/ Sav = No Acc = No In Hosp – Yes</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>
<b>D12.3.1 Medicine on Discharge from hospital (TTO)</b>	<p>Limited to and included in D7.1.2.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Limited to and included in D7.1.2.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Limited to 7 (seven) day supply. Refer D7.1.1.</p> <p>Except for anti-coagulants where more than seven (7) days supply can be authorized reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.</p>
<b>D13 NON SURGICAL PROCEDURES AND TESTS</b>			
<b>D13.1 In Hospital</b>	<p>Unlimited.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Unlimited.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Subject to the Scheme's contracted managed healthcare programme(s) which include the application of treatment protocols, formularies, pre-authorisation and case management, in hospital only.</p> <p>Paragraph A4 applicable.</p>

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<p>For all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.</p> <p>This benefit excludes:</p> <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>	Refer B2, B5 and A4.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Refer B2, B5 and A4.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	For all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.
<b>D13.2.1 Non surgical procedures in practitioner's rooms</b>			
<b>D13.2.1.1 Specific non surgical procedures in practitioner's rooms:</b> <ul style="list-style-type: none"> <li>• Routine diagnostic upper and lower gastro-intestinal fibre optic</li> </ul>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Includes related consultation materials, pathology and radiology if done on the same day.  For all non-surgical procedures performed by a general practitioner,

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<p>endoscopy (excluding rigid sigmoidoscopy and anoscopy)</p> <ul style="list-style-type: none"> <li>• 24HR oesophageal PH studies</li> <li>• Breast fine needle biopsy</li> <li>• Cytoscopy</li> <li>• Oesophageal motility studies</li> <li>• Prostate needle biopsy</li> </ul>			<p>medical specialist or clinical technologist.</p> <p>Paragraph A4 applicable.</p>
<b>D13.3 Sleep studies</b>			
<b>D13.3.1 Diagnostic Polysomnograms in and out of hospital</b>	<p>Refer B2, B5 and A4.</p> <p>OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>Refer B2, B5 and A4.</p> <p>OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	
<b>D13.3.1.2 CPAP Titration – In and out of hospital</b>	<p>Unlimited.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Unlimited.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>If authorised by the relevant managed healthcare programme for patients with obstructive sleep apnoea who meet the criteria for CPAP and where requested by the relevant specialist.</p> <p>Non-authorized claims to be paid from OHEB/ Savings at Fedhealth Rate.</p>

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D14 ONCOLOGY</b>			
<b>D14.1 Active treatment period</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes  Enhanced protocols apply. ICON is the Preferred Provider.	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes  Enhanced protocols apply. ICON is the Preferred Provider.	Subject to the relevant managed healthcare programme and to its prior authorisation.  Paragraph A4 applicable, unless otherwise stated.  Enhanced Protocols apply.  For oncologists, haematologists and credentialed medical practitioners, consultations, visits, treatment and materials used in radiotherapy and chemotherapy.  Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit.  Paragraphs D1 – D13 and D15 – D24 apply.
<b>D14.1.1 Medicine</b>	Limited to and included in D14.1.	Limited to and included in D14.1.	

<b>SERVICE SUBJECT TO PMB</b>	<b>ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
<b>D14.1.2 Radiology and Pathology</b>	Limited to and included in D14.1.	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme, protocols and to its prior authorisation.  For specified radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with oncology treatment.  A4 not applicable.
<b>D14.1.2.1 PET and PET-CT</b>	Limited to and included in D14.1 and two per family per annum, restricted to staging of malignant tumours.  OHEB/ Sav = No Acc = No In Hosp = Yes	Limited to and included in D14.1 and two per family per annum, restricted to staging of malignant tumours.  OHEB/ Sav = No Acc = No In Hosp = Yes	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.  A4 not applicable.  Only in a credentialed specialist practice.
<b>D14.1.3 Specialised Drugs for Oncology</b>	Limited to R313 000 and included in D14.1.  OHEB/ Sav = No	Combined limit with Specialised Drugs for Non Oncology (D11.5) for	The Oncology Specialised Drug List is a continuously evolving list of drugs used for the treatment of cancers and certain haematological

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Acc = No In Hosp = Yes	R313 000 and included in D14.1.  OHEB/ Sav = No Acc = No In Hosp = Yes	conditions. This list includes but is not limited to targeted therapies e.g. biologicals, tyrosine kinase inhibitors, and other non genericised chemotherapeutic agents.  Subject to the relevant managed healthcare programme and to its prior authorisation.  Subject to a published list. Where a drug is deemed cost-effective versus standard chemotherapy it may be excluded from this benefit limit, subject to D14.1.
<b>D14.1.4 Flushing of J line and/or Port</b>	Limited to and included in D14.1.  OHEB/ Sav = No Acc = No In Hosp = Yes	Limited to and included in D14.1.  OHEB/ Sav = No Acc = No In Hosp = Yes	Subject to the relevant managed healthcare programme.  For oncologists, haematologists and credentialed medical practitioners, treatment and materials.
<b>D14.1.5 Brachytherapy Materials (including seeds and disposables)</b>	Limited to R50 000 and included in D14.1.	Limited to R50 000 and included in D14.1.	Subject to the relevant managed healthcare programme.  For oncologists, haematologists and credentialed medical practitioners, treatment and materials.



SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D14.2 Pre and Post-active treatment period (surgical resection of tumour, chemotherapy and radiotherapy)</b>	<p>Limited to and included in D14 for life following the active treatment period, except of PMB.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Limited to and included in D14 for life following the active treatment period, except of PMB.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</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>Should the condition regress, the active treatment benefit D14.1 will be reinstated.</p> <p>Paragraph A4 applicable, excluding pathology and radiology.</p>
<b>D15 OPTOMETRY (Unmanaged)</b>			
	<p>Combined limit with Advanced Dentistry Benefit (D6) of R13 100 per member family and R6 590 per beneficiary.</p> <p>Refer B2, B5.and A4.</p> <p>OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>Limited to R9 170 per member family and R3 010 per beneficiary.</p> <p>Refer B2, B5 and A4. OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>Where prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.</p>
<b>D15.1 Optometric refraction (test)</b>	<p>Limited to and included in D15.</p>	<p>Limited to and included in D15.</p>	

<b>SERVICE SUBJECT TO PMB</b>	<b>ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
<b>D15.2 Frames</b>	R1 440 sub-limit per beneficiary. Limited to and included in D15.	Limited to and included in D15.	Including repairs.
<b>D15.3 Lenses</b>			
<b>D15.3.1 Single vision lenses</b>	Limited to and included in D15.	Limited to and included in D15.	
<b>D15.3.2 Bifocal lenses</b>	Limited to and included in D15.	Limited to and included in D15.	
<b>D15.3.3 Multifocal lenses</b>	Limited to and included in D15.	Limited to and included in D15.	
<b>D15.4 Special lenses</b>	Limited to and included in D15.	Limited to and included in D15.	
<b>D15.5 Lens add-ons</b>	Limited to and included in D15.	Limited to and included in D15.	
<b>D15.6 Contact lenses</b>	Limited to and included in D15.	Limited to and included in D15.	
<b>D15.7 Low vision appliances</b>	Limited to and included in D3.2.1.	Limited to and included in D3.2.1.	
<b>D15.8 Ocular prostheses</b>	Limited to and included in D20.2.	Limited to and included in D20.2.	When prescribed by a registered optometrist, ophthalmologist, ocularist, medical practitioner or supplementary optical or medical practitioner.
<b>D15.9 Readers (From a registered optometrist, ophthalmologist or</b>	Refer B2 and B5. OHEB/ Sav = Yes	Refer B2 and B5. OHEB/ Sav = Yes	

<b>SERVICE SUBJECT TO PMB</b>	<b>ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
<b>supplementary optical practitioner)</b>	Acc = Yes In Hosp = No	Acc = Yes In Hosp = No	
<b>D15.10 Diagnostic procedures</b>	Limited to and included in D15.	Limited to and included in D15.	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) TRANSPLANTATION</b>			
	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Haemopoetic stem cell (bone marrow) transplantation is limited to allogenic graft and autologous grafts derived from the South African Bone Marrow Registry.  Organ harvesting is limited to the Republic of South Africa.  Paragraph A4 applicable, unless otherwise stated.
<b>D16.1 Corneal Grafts</b>	Limited to R18 700 per beneficiary, subject to D16.	Limited to R18 700 per beneficiary, subject to D16.	Organ harvesting includes local and imported corneal grafts.  Paragraph A4 applicable, unless otherwise stated.
<b>D16.2 Haemopoietic stem cell (bone marrow) transplantation</b>	Limited to and included in D16.	Limited to and included in D16.	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			grafts derived from the South African Bone Marrow Registry.
<b>D16.3 Immuno-suppressive medicine</b>	Limited to and included in D16.	Limited to and included in D16.	Refer D16.
<b>D16.4 Post transplantation biopsies and scans</b>	Limited to and included in D16.	Limited to and included in D16.	Refer D16.
<b>D16.5 Radiology and pathology</b>	Limited to and included in D16.	Limited to and included in D16.	Refer D16.  For specified radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.  A4 not applicable.
<b>D17 ADDITIONAL MEDICAL SERVICES</b>			
	Limited to available day to day benefits.  R15 700 per family. Refer B2 and B5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Limited to available day to day benefits.  Limited to R15 700 per family. Refer B2 and B5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b><i>D17.1 Dietetics</i></b>			
<b>D17.1.1 In Hospital</b>	Unlimited. OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited. OHEB/ Sav = No Acc = No In Hosp = Yes	
<b>D17.1.2 Out of Hospital</b>	Limited to D17.	Limited to D17.	
<b><i>D17.2 Occupational therapy</i></b>			
<b>D17.2.1 In Hospital</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	
<b>D17.2.2 Out of Hospital</b>	Limited to D17.	Limited to D17.	
<b><i>D17.3 Speech therapy</i></b>			
<b>D17.3.1 In Hospital</b>	Unlimited. OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited. OHEB/ Sav = No Acc = No In Hosp = Yes	
<b>D17.3.2 Out of Hospital</b>	Limited to D17.	Limited to D17.	
<b>D17.4 Orthoptics</b>	Limited to and included in D17.	Limited to and included in D17.	

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
(In and Out of Hospital)			
<b>D17.5 Podiatry (In and Out of Hospital)</b>	Limited to and included in D17.	Limited to and included in D17.	
<b>D17.6 Private nurse practitioners (In and Out of Hospital)</b>	Limited to and included in D17.	Limited to and included in D17.	Nursing services are included in the Alternatives to Hospitalisation benefit D7.3, if pre-authorized by the relevant managed healthcare programme.
<b>D17.7 Social workers (In and Out of Hospital)</b>	Limited to and included in D17.	Limited to and included in D17.	
<b>D17.8 Audiology and Hearing Aid\Acoustics (In and Out of Hospital)</b>	Limited to and included in D17.	Limited to and included in D17.	
<b>D17.9 Genetic Counselling (In and Out of Hospital)</b>	Limited to and included in D17.	Limited to and included in D17.	
<b>D18 PATHOLOGY AND MEDICAL TECHNOLOGY</b>			
<b>D18.1 In Hospital</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	For all tests performed by a pathologist or medical technologist.

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D18.2 Out of hospital</b>	Refer B2 and B5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Refer B2 and B5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	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</li> <li>• 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> <ul style="list-style-type: none"> <li>• <b>Physiotherapy</b></li> <li>• <b>Biokinetics</b></li> </ul>	Unlimited. OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited. OHEB/ Sav = No Acc = No In Hosp = Yes	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> <ul style="list-style-type: none"> <li>• <b>Physiotherapy</b></li> <li>• <b>Biokinetics</b></li> </ul>	Refer B2 and B5. Unlimited, with benefits: OHEB/ Sav = Yes	Refer B2 and B5. Unlimited, with benefits: OHEB/ Sav = Yes	

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<ul style="list-style-type: none"> <li><b>Chiropractics</b></li> </ul>	<p>Acc = Yes In Hosp = No</p> <p>Without benefits, member to self-fund until Safety Net Benefit limit is reached.</p> <p>Unlimited within Safety Net Benefit. OHEB/ Sav = No Acc = n/a In Hosp = Yes</p>	<p>Acc = Yes In Hosp = No</p> <p>Without benefits, member to self-fund until Safety Net Benefit limit is reached.</p> <p>Unlimited within Safety Net Benefit. OHEB/ Sav = No Acc = n/a In Hosp = Yes</p>	
<b>D20 PROSTHESIS AND DEVICES INTERNAL AND EXTERNAL</b>			
<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 prostheses and devices. This includes bone cement, bone graft substitutes and bone anchors</b></p>	<p>All benefits are subject to the sub-limits as indicated below.</p> <p>Any items not specifically listed below, are included in the unlisted and internal prostheses and devices sub-limit.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>All benefits are subject to the sub-limits as indicated below.</p> <p>Any items not specifically listed below, are included in the unlisted and internal prostheses and devices sub-limit.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>This benefit excludes osseo-integrated implants for the purpose of replacing a missing tooth or teeth.</p>



<b>SERVICE SUBJECT TO PMB</b>	<b>ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
<i>D20.1.1 Cardiac system:</i>			
<b>D20.1.1.1 Cardiac Pacemakers (including bi-ventricular pacemakers) and defibrillators</b>	R53 124 per family per annum.	R52 651 per family per annum.	
<b>D20.1.1.2 Cardiac Stents (including the carrier) and drug eluting balloons</b>	R45 078 per family per annum.	R45 078 per family per annum.	
<b>D20.1.1.3 Cardiac Valves</b>	R40 109 per family per annum.	R40 109 per family per annum.	
<i>D20.1.2 Endovascular devices:</i>			
<b>D20.1.2.1 Aorta stent grafts</b>	R53 124 per family per annum.	R52 651 per family per annum.	
<b>D20.1.2.2 Carotid Stents</b>	R19 286 per family per annum.	R19 286 per family per annum.	
<b>D20.1.2.3 Detachable platinum coils (Cerebral aneurysm coils)</b>	R47 800 per family per annum.	R45 670 per family per annum.	
<b>D20.1.2.4 Embolic protection devices</b>	R47 800 per family per annum.	R47 800 per family per annum.	
<b>D20.1.2.5 Peripheral arterial</b>	R36 086 per family per annum.	R36 086 per family per annum.	

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
stent grafts			
<b>D20.1.3 Orthopaedic prosthesis and devices:</b>			If preferred provider is used, negotiated contract applies. Orthotic and Prosthetic Schedule to apply as prescribed by a medical practitioner.
<b>D20.1.3.1 Elbow replacement</b>	R42 594 per family per annum.	R40 109 per family per annum.	
<b>D20.1.3.2 Hip replacement</b>	R42 594 per family per annum.  ICPS is the Designated Service Provider.	R40 109 per family per annum.  ICPS is the Designated Service Provider.	Subject to the relevant managed healthcare programme and its prior authorisation.  No pre-authorisation will be granted for non-PMB hip surgery where the DSP is not used.  Bilateral prostheses will be reimbursed to the lower of the claimed amount or the maximum of double the value of a single prosthesis.
<b>D20.1.3.3 Knee replacement</b>	R42 594 per family per annum.  ICPS is the Designated Service Provider.	R40 109 per family per annum.  ICPS is the Designated Service Provider.	Subject to the relevant managed healthcare programme and its prior authorisation.

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<p>No pre-authorisation will be granted for non-PMB Knee surgery where the DSP is not used.</p> <p>Bilateral prostheses will be reimbursed to the lower of the claimed amount or the maximum of double the value of a single prosthesis.</p>
<b>D20.1.3.4</b> Shoulder replacement	R42 594 per family per annum.	R40 109 per family per annum.	
<b>D20.1.3.5</b> Bone lengthening devices	R42 594 per family per annum.	R42 594 per family per annum.	
<b>D20.1.3.6</b> Spinal plates and screws	R42 594 per family per annum.	R42 594 per family per annum.	
<b>D20.1.3.7</b> Other approved spinal implantable devices and intervertebral discs	R42 594 per family per annum.	R42 594 per family per annum.	
<b>D20.1.3.8</b> Total ankle replacement	Limited to and included in D20.1.5.	Limited to and included in D20.1.5.	
<b><i>D2.1.4 Ophthalmic system:</i></b>			
<b>D20.1.4.1</b> Intraocular Lens	R2 958 per lens limited to 2 per beneficiary.	R2 958 per lens limited to 2 per beneficiary.	Post cataract removal.

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			Bilateral prostheses will be reimbursed to the lower of the claimed amount or the maximum of double the value of a single prosthesis.
<b>D20.1.5 Unlisted internal prostheses and devices</b>	All unlisted internal prostheses have a combined benefit limit of R33 010 per family.	All unlisted internal prostheses have a combined benefit limit of R32 537 per family.	
<b>D20.2 Prostheses and devices</b>  • <b>External</b>	100% of negotiated fee or in the absence of such fee, 100% of the lower of cost or Orthotic and Prosthetic Schedule as prescribed by a medical practitioner.  Limited to R19 600 per member family if preferred provider is not used.  OHEB/ Sav = No Acc = No In Hosp = Yes	100% of negotiated fee or in the absence of such fee, 100% of the lower of cost or Orthotic and Prosthetic Schedule as prescribed by a medical practitioner.  Limited to R19 700 per family if preferred provider is not used.  OHEB/ Sav = No Acc = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation. 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>	Unlimited.  OHEB/ Sav = No	Unlimited.  OHEB/ Sav = No	For diagnostic radiology tests and ultrasound scans.

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Acc = No In Hosp = Yes	Acc = No In Hosp = Yes	<p>Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.</p> <p>Bone densitometry scans performed in a credentialed specialist practice, limited to one per beneficiary per annum either in or out of hospital.</p>
<b>D21.1.2 Out of hospital</b>	Refer B2 and B5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Refer B2 and B5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	<p>This benefit excludes a specified list of radiology tariff codes included in:</p> <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> <p>Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units. Bone densitometry scans performed in a credentialed specialist practice, limited to one per beneficiary per annum either in or out of hospital.</p>

<p><b>SERVICE SUBJECT TO PMB</b></p>	<p><b>ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b></p>	<p><b>CONDITIONS/ REMARKS SUBJECT TO PMB</b></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 included in D7.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</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 included in D7.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>Oncology requests will be limited to and included in D14.1.2.</p> <p>Specified 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 colonoscopy) (only in credentialed practices), limited to one per beneficiary per annum restricted to the evaluation of symptomatic patients only</li> <li>• MDCT Coronary angiography (only in credentialed practices), limited to one per beneficiary per annum restricted to the</li> </ul>

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			evaluation of symptomatic patients only.
<b>D21.2.3 PET and PET CT</b>	Limited to and included in D14.1.2.1.	Limited to and included in D14.1.2.1.	Refer D14.1.2.1.
<b>D22 RENAL DIALYSIS CHRONIC</b>			
<b>D22.1 Haemodialysis and peritoneal dialysis</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation.  For all services, medicine and materials associated with the cost of renal dialysis. Authorised Erythropoietin is included in D4. This benefit excludes acute renal dialysis, included in D7.  Paragraph A4 applicable.
<b>D22.2 Radiology and pathology</b>	Limited to and included in D22.1.	Limited to and included in D22.1.	For specified radiology and pathology services. As specified by the relevant managed healthcare programme.
<b>D23 SURGICAL PROCEDURES</b>			
<b>D23.1 In hospital and unattached operating</b>	Unlimited.	Unlimited.	Subject to the Scheme's contracted managed healthcare programme(s)

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>theatres</b>	OHEB/ Sav = No Acc = No In Hosp = Yes	OHEB/ Sav = No Acc = No In Hosp = Yes	<p>which include the application of treatment protocols, formularies, pre-authorisation and case management. Paragraph A2 applicable.</p> <p>For surgical procedures performed by a general or dental practitioner, medical or dental specialist. This benefit excludes:</p> <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>	Refer B2 and B5.  OHEB/ Sav = Yes Acc = No In Hosp = No	Subject to available savings.  OHEB = n/a Sav = Yes Acc = No In Hosp = No	Subject to the relevant managed healthcare programme and to its prior authorisation.



SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D23.1.2 Maxillo-facial surgery</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	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 D6.  This benefit excludes: <ul style="list-style-type: none"> <li>• Osseo-integrated implants (D6)</li> <li>• Orthognathic surgery (D6)</li> <li>• Oral surgery (D6)</li> <li>• Impacted wisdom teeth (D6)</li> </ul>
<b>D23.1.3 Transcatheter Aortic Valve Implantation and repairs (TAVI)</b>	Limited to and included in D23.1.  Valves, including percutaneous valves and repairs thereof, limited to and included in D20.1.5  OHEB/ Sav = No Acc = No In Hosp = Yes	Limited to and included in D23.1.  Valves, including percutaneous valves and repairs thereof, limited to and included in D20.1.5  OHEB/ Sav = No Acc = No In Hosp = Yes	

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<p><b>D23.2 Out of hospital in practitioner's rooms</b></p>	<p>Limited to and included in D23.1.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Limited to and included in D23.1.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation. For surgical procedures performed by a general practitioner or specialist.</p> <p>Only where a hospital procedure is performed in the practitioner's rooms and is approved, will it be limited to and included in D7.</p> <p>Paragraph A4 applicable. This benefit excludes:</p> <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>
<p><b>D23.2.1 Specific surgical procedures in practitioner's rooms</b></p> <ul style="list-style-type: none"> <li>• Circumcision</li> <li>• Laser tonsillectomy</li> <li>• Vasectomy</li> </ul>	<p>Limited to and included in D23.1.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Limited to and included in D23.1.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Includes related consultation, materials, pathology and radiology if done on same day.</p> <p>For all surgical procedures performed by a general practitioner, medical specialist or clinical technologist.</p>

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D24 SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS</b>			
<p><b>D24.1 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 R1000 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). Co-payments applicable per option as per paragraph A12.</p> <p>Overnight admissions will not be covered except for Prescribed Minimum Benefits.</p> <p>Paragraphs A4 and D5.2.1 applicable.</p>			
<b>D24.1.1</b>	<p><b>Ear Nose and Throat (ENT) procedures</b> Nasal polypectomy, Antrostomy, Nasal cautery, Deep proof puncture, Ethmoidectomy, Nasal and sinus endoscopy, Drainage of sinuses, Turbinectomy, Tonsillectomy with adenoidectomy younger than 12 years of age, Myringotomy and grommets, Drainage of ear abscess, Removal of foreign bodies, Nasal plugging for epistaxis.</p>		
<b>D24.1.2</b>	<p><b>Gynaecological procedures</b> Bartholin cyst excision, Dilation and Curettage (D&amp;C), Polypectomy, Hysteroscopy, Diagnostic laparoscopy, Laparoscopic sterilisation, Cone biopsy, Cauterisation of cervix, Cauterisation of warts, Colposcopy,</p>		
<b>D24.1.3</b>	<p><b>Orthopaedic procedures</b> Arthroscopy diagnostic, with meniscectomy, with debridement, Carpal tunnel release, Ganglion excision, Removal of small hardware (plates, k-wires, screws), Bunionectomy (unilateral), Epidural block, Intra-articular hydrocortisone injection, Tennis</p>		

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
elbow release, Intra-articular synvisc injection to be paid from the PMSA.			
<b>D24.1.4</b>	<b>Ophthalmic procedures</b> Cataract extraction, Lens implant, Melbomian cyst excision, Pterygium excision, Dachrocystorrhinostomy.		
<b>D24.1.5</b>	<b>Urological procedures</b> Circumcision, Vasectomy, Cystoscopy diagnostic or with urethral dilation, Orchidopexy.		
<b>D24.1.6</b>	<b>Other procedures</b> Excision of superficial benign tumours, Gastroscopy, Colonoscopy, Fibreoptic sigmoidoscopy, Paediatric rigid sigmoidoscopy, Breast biopsy, Endoscopic Retrograde Cholangiopancreatography (ERCP), Bronchoscopy, Hernia repair, (unilateral inguinal and femoral), Drainage of superficial abscesses, surgical extraction of impacted wisdom teeth and multiple dental extractions, Apicectomy, Superficial wound debridement, Minor perianal surgery, Stripping of varicose veins, Hickman line insertion or a-port line insertion, Superficial foreign body removal, Excision of ingrown toenail.		
<b>D24.2</b>	<p><b>Procedures performed in a doctor's rooms or suitably equipped procedure room</b></p> <p>Benefits for these procedures will be granted from the in-hospital benefit, subject to the relevant managed healthcare programme and provided the member has obtained pre-authorisation from the scheme's managed care provider. 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.</p> <p>Paragraph A4 and D5.2.1 applicable.</p> <p>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. 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. 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> </ul>		

SERVICE SUBJECT TO PMB	ULTIMAX BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<ul style="list-style-type: none"> <li>• Indirect Laryngoscopy</li> <li>• Surgical removal of impacted wisdom teeth</li> <li>• Intravenous administration of bolus injections for medicines that include antimicrobials and Immunoglobulins (payment of immunoglobulins is subject to D11.6)</li> <li>• Fine needle aspiration breast 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> <li>•</li> </ul>			
<b>D25 WELLNESS BENEFIT</b>			
	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: See D11.1, except for child immunisations, as included in D25.5. Excludes consultations and costs for all procedures within this programme. All benefits subject to the use of the contracted wellness network provider.		
<b>D25.1 Woman's Health</b>			
<b>D25.1.1 Breast Cancer Screening/ Mammogram</b>	1 test every three years for woman aged 50 to 74 years old per beneficiary.		
<b>D25.1.2 Cervical Cancer Screening (PAP smear)</b>	1 test every three years for woman aged 21 to 65 years old per beneficiary. (Liquid based cytology will be reimbursed up to the rate of a standard PAP smear)		

<b>D25.2 Geriatric Health</b>		
<b>D25.2.1 Pneumococcal Immunisation</b>	1 per lifetime for all lives aged 65 and older per beneficiary.	
<b>D25.2.2 Bone Densitometry</b>	1 per lifetime for woman aged 65 and older per beneficiary.	
<b>D25.2.3 Colorectal Cancer Screening (faecal occult blood test)</b>	1 test every 2 years for all lives from age 50 to 75 years old per beneficiary.	
<b>D25.3 Cardiac Health (Cholesterol Screening [Full Lipogram])</b>	1 test every 5 years, for all lives aged 20 and older per beneficiary.	
<b>D25.4 General Wellness</b>		
<b>D25.4.1 Flu Immunisation</b>	1 every year for all lives per beneficiary.	
<b>D25.4.2 HIV Test</b>	1 every year for all lives per beneficiary.	
<b>D25.5 Child Immunisations</b>		
<b>Age of child</b>	<b>Vaccine</b>	<b>Dispensed</b>
<b>At Birth</b>	<b>Tuberculosis (Bacilles Calmette Guerin)</b>	<b>Right arm</b>
	<b>OPV (0) Oral Polio Vaccine</b>	<b>Drops by mouth</b>

<b>6 Weeks</b>	<b>OPV (1) Oral Polio Vaccine</b>	<b>Drops by month</b>
	<b>RV (1) Rotavirus Vaccine</b>	<b>Liquid by mouth</b>
	<b>DTaP-IPV//Hib (1), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b combined</b>	<b>Left thigh</b>
	<b>Hep B (1) Hepatitis B Vaccine</b>	<b>Right thigh</b>
	<b>PCV<sub>7</sub> (1) Pneumococcal Conjugated Vaccine</b>	<b>Right thigh</b>
<b>10 Weeks</b>	<b>DTaP-IPV//Hib (2), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b combined</b>	<b>Left thigh</b>
	<b>Hep B (2) Hepatitis B Vaccine</b>	<b>Right thigh</b>
<b>14 Weeks</b>	<b>RV (2) Rotavirus Vaccine (should not be administered after 24 weeks)</b>	<b>Liquid by mouth</b>
	<b>DTaP-IPV//Hib (3), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b combined</b>	<b>Left thigh</b>
	<b>Hep B (3) Hepatitis B Vaccine</b>	<b>Right thigh</b>
	<b>PCV<sub>7</sub> (2) Pneumococcal Conjugated Vaccine</b>	<b>Right thigh</b>
<b>9 Months</b>	<b>Measles Vaccine (1)</b>	<b>Left thigh</b>

	<b>PCV<sub>7</sub> (3) Pneumococcal Conjugated Vaccine</b>	<b>Right thigh</b>
<b>18 Months</b>	<b>DTaP-IPV//Hib (4), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b combined</b>	<b>Left arm</b>
	<b>Measles Vaccine (2)</b>	<b>Right arm</b>
<b>6 Years</b>	<b>Td Vaccine Tetanus and reduced strength of diphtheria Vaccine</b>	<b>Left arm</b>
<b>12 Years</b>	<b>Td Vaccine Tetanus and reduced strength of diphtheria Vaccine</b>	<b>Left arm</b>
<b>D26 HEALTH RISK ASSESSMENTS</b>		
	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: See D11.1. Excludes consultations and costs for all procedures within this programme. All benefits subject to the use of the contracted wellness network provider.	
<b>D26.1 Wellness Screening</b> <ul style="list-style-type: none"> <li>• Blood pressure;</li> <li>• Finger prick cholesterol; and</li> <li>• Glucose test</li> </ul>	1 test per beneficiary per annum.	
<b>D26.2 Preventative Screening</b> <ul style="list-style-type: none"> <li>• Hip to waist ratio;</li> </ul>	1 test per beneficiary per annum.	



<ul style="list-style-type: none"><li>• <b>Body fat percentage;</b></li><li>• <b>Flexibility;</b></li><li>• <b>Posture; and</b></li><li>• <b>Fitness</b></li></ul>	
<b>D26.3 Additional Biokinetics Assessments</b>	Additional Biokinetics Assessments for High risk and Emerging risk members limited to 3 per beneficiary per annum

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