

*Fedhealth Medical Scheme*

**EXEC**  
**ANNEXURE B2 – 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>D12</b>	<b>MENTAL HEALTH</b>	<b>34</b>
<b>B.</b>	<b>OVERALL ANNUAL LIMIT, BENEFITS AND OTHER LIMITS</b>	<b>7</b>	<b>D13</b>	<b>NON-SURGICAL PROCEDURES AND TESTS</b>	<b>37</b>
<b>C</b>	<b>PRESCRIBED MINIMUM BENEFITS (PMB'S)</b>	<b>9</b>	<b>D14</b>	<b>ONCOLOGY</b>	<b>39</b>
<b>D</b>	<b>ANNUAL BENEFITS LIMITS</b>	<b>9</b>	<b>D15</b>	<b>OPTOMETRY</b>	<b>41</b>
<b>D1</b>	<b>ALTERNATIVE HEALTHCARE</b>	<b>100</b>	<b>D16</b>	<b>ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION</b>	<b>43</b>
<b>D2</b>	<b>AMBULANCE SERVICE</b> ERROR! BOOKMARK NOT DEFINED.0		<b>D17</b>	<b>ADDITIONAL MEDICAL SERVICES</b>	<b>44</b>
<b>D3</b>	<b>APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS</b>	<b>111</b>	<b>D18</b>	<b>PATHOLOGY AND MEDICAL TECHNOLOGY</b>	<b>44</b>
<b>D4</b>	<b>BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS</b> ERROR! BOOKMARK NOT DEFINED.3		<b>D19</b>	<b>PHYSICAL THERAPY</b>	<b>45</b>
<b>D5</b>	<b>CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS</b>	<b>144</b>	<b>D20</b>	<b>PROSTHESES AND DEVICES INTERNAL AND EXTERNAL</b>	<b>46</b>
<b>D6</b>	<b>DENTISTRY</b>	<b>16</b>	<b>D21</b>	<b>RADIOLOGY</b>	<b>49</b>
<b>D7</b>	<b>HOSPITALISATION</b>	<b>19</b>	<b>D22</b>	<b>RENAL DIALYSIS CHRONIC</b>	<b>51</b>
<b>D8</b>	<b>IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION</b>	<b>26</b>	<b>D23</b>	<b>SURGICAL PROCEDURES</b>	<b>51</b>
<b>D9</b>	<b>INFERTILITY</b>	<b>27</b>	<b>D24</b>	<b>SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS</b>	<b>53</b>
<b>D10</b>	<b>MATERNITY</b>	<b>27</b>	<b>D25</b>	<b>WELLNESS BENEFIT</b>	<b>56</b>
<b>D11</b>	<b>MEDICINE AND INJECTION MATERIAL</b>	<b>29</b>	<b>D26</b>	<b>HEALTH RISK ASSESSMENTS</b>	<b>59</b>

**FEDHEALTH MEDICAL SCHEME – MAXIMA EXEC OPTIONS**

**ANNEXURE B**

**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 (Exec Range) 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:

- i) the cost to the supplier plus the negotiated mark-up; or
- ii) the single exit price plus the negotiated dispensing fee to a maximum fee of either the negotiated dispensing fee, or, in the absence of a negotiated fee, 26% 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:**

**A3.1 Hospitalisation on the Exec Option:**

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 for all options, including Anaesthetists.

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

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

- 200% of Fedhealth Rate on all options

All consultations and procedures outside of the Specialist Network will be reimbursed at the lesser of cost or up to a maximum of the above rates. Co-payments are applicable for consultations and procedures charged in excess of the above-mentioned rates.

**A4.4 GPs In Hospital:**

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

**GPs In Network In Hospital:**

Funded in full at the negotiated rate for all options.

**GPs Out of Network In Hospital:**

100% of the Fedhealth Rate for all options.

**A4.5 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:

- 100% of the Fedhealth Rate on all options.

**A5 Providers Out of Hospital:**

**A5.1 GP Network**

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

**Funded in full for all options at the negotiated 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.

**A5.2 Out of GP Network**

- 100% of Fedhealth Rate for all options; and

**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 Maxima Exec

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 rate.

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.

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

**A5.6 Out of Specialist Network, rates applicable as follows:**

- 100% of Fedhealth Rate for Maxima Exec

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 charged in excess of the above-mentioned rates. Claims will accumulate towards the Safety Net Level at 100% of the 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 benefit limit and/ or the OHEB. Claims in respect of out of hospital expenses will be marked “**Yes**” against “OHEB/ Sav” in the column headed **BENEFITS/ LIMITS**.

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

Claims for out of hospital expenses will be paid first from the PMSA. Once the PMSA has been depleted, the relevant claims will be paid from 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 Expense Benefit (OHEB)** funds certain out of hospital expenses up to the following limits:

<b>Maxima Exec</b>	
Member	R5 390
Add per adult dependant	R4 200
Add per child dependant	R700

**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 level 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 and a 10% co-payment for Maxima Exec, unless paragraph A5.5 is applicable, once accumulated costs have exceeded the following cumulative levels:

<b>Maxima Exec</b>	
Member	R11 200
Add per adult dependant	R8 600
Add per child dependant	R2 880 up to a maximum of three child dependants

**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 the



member's dependants withdrawn during such year. The Safety Net Level and all benefit limits are prorated. 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 benefit limits indicated in this annexure, where applicable. PMB's are payable at 100% of cost, or at 100% of cost at the relevant Designated Service Provider and/ or within medicine formularies (as indicated in Annexure D, where applicable).

The Prescribed Minimum Benefits are available in conjunction with the Scheme's contracted managed care programmes, which include the application of treatment protocols, medicine formularies, pre-authorisation and case management. These measures have been implemented to ensure appropriate and effective delivery of Prescribed Minimum Benefits. See Annexure D – Paragraph 7 for a full explanation.

**D ANNUAL BENEFITS LIMITS**

See contents of table below.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC 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, homoeopathy, naturopathy, osteopathy and phytotherapy consultations and treatment by registered practitioners</b>	100% of the lower of the cost or Fedhealth Rate.  Refer B2 and B5.  OHEB/ Sav = Yes Acc = No In Hosp = No	
<b>D1.2 Out of Hospital - Acupuncture, homoeopathy, naturopathy, osteopathy and phytotherapy prescribed medicines where applicable</b>	100% of the lower of the cost or Fedhealth Rate.  Refer B2 and B5.  OHEB/ Sav = Yes Acc = No In Hosp = No	
<b>D2 AMBULANCE SERVICE</b>	100% of the cost if authorised by the preferred provider.  Unlimited. Only one inter-hospital transfer per event.	Subject to the contracted ambulance services and prior authorisation. Benefits shall apply in respect of services provided within the Republic of South Africa, Namibia, Botswana, Zimbabwe, Lesotho, Swaziland and Mozambique (below the 22 <sup>nd</sup> degree parallel).
<b>D2.1 Evacuation Benefit</b>	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.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D3 APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS</b>		
<b>D3.1 In Hospital and Out of Hospital</b>	<p>Limited to available savings/ OHEB, unless PMB.</p> <p>OHEB/ Sav = Yes Acc = No In Hosp = No</p> <p>Limited to R14 000 in the in the Above Threshold Benefit (see B6).</p>	<p>Subject to PMB and managed care protocols if deemed clinically appropriate.</p> <p>For hiring of buying medical or surgical aids as prescribed by a medical practitioner.</p>
<b>D3.2 Out of Hospital</b>	Limited to and included in D3.1.	For hiring of buying medical or surgical aids as prescribed by a medical practitioner. Refer to paragraph B2.
<b>D3.2.1 General medical and surgical appliances (including glucometers)</b>	<p>Limited to and included in D3.1. If PMB, included in D3.1 and:</p> <p>OHEB = Yes Sav = No Acc = No In Hosp = Yes</p>	<p>Refer D3.1.</p> <p>Diabetic accessories and appliances (with the exception of glucometers) are excluded from D3 and subject to D11.</p>
<b>D3.2.2 Hearing aids and repairs thereof</b>	Limited to and included in D3.1.	Refer D3.1.
<b>D3.2.3 Large orthopaedic orthotics/ appliances</b>	Limited to and included in D3.1.	Refer D3.1.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D3.2.4 Stoma products</b>	<p>Limited to and included in D3.1.</p> <p><b>With OHEB available:</b> OHEB = Yes Sav = No Acc = Yes In Hosp = No</p> <p><b>OHEB depleted:</b> Unlimited Sav = No Acc = No In Hosp = Yes</p>	Refer D3.1.
<b>D3.2.5 CPAP apparatus for sleep apnoea</b>	<p>Limited to and included in D3.1.</p> <p>OHEB/ Sav = Yes Acc = No In Hosp = No</p>	Subject to the relevant managed healthcare programme and to its prior authorisation. Refer D3.1.
<b>D3.2.6 Foot orthotics (including shoes and foot inserts/ levellers)</b>	<p>Limited to and included in D3.1.</p> <p>OHEB = Yes Sav = Yes Acc = No In Hosp = No</p> <p>Limited to R3 910 per beneficiary per annum, once in the Above Threshold Benefit (See B6).</p>	

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D3.3 Specific appliances, accessories</b>		
<b>D3.3.1 Oxygen therapy equipment (excluding hyperbaric oxygen treatment)</b>	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, 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. Refer D3.1.
<b>D3.3.3. Long leg callipers</b>	Unlimited, if specifically authorised. OHEB/ Sav = No Acc = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation. Refer D3.1.
<b>D4 BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS</b>		
	100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals and/ or single exit price plus dispensing fee.  Unlimited.  OHEB/ 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)

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D5 CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS</b>		
<b>D5.1 In hospital</b>	100% of the lower of the cost or Fedhealth Rate.  Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	For medical and dental specialists or general practitioners. Paragraph A3 and A4 applicable. This benefit excludes: <ul style="list-style-type: none"> <li>• Alternative healthcare practitioners (D1)</li> <li>• Dental practitioners, technologists and Therapists (D6)</li> <li>• Ante-natal visits and consultations (D10)</li> <li>• Psychiatrists, psychologists, psychometrists and registered counsellors (D12)</li> <li>• Oncologists, haematologists and credentialed medical practitioners, during active and post-active treatment periods (D14)</li> <li>• Additional Medical Services (D17)</li> <li>• Physical therapy (D19)</li> </ul>
<b>D5.2 GP's Out of Hospital</b>		
<b>D5.2.1 GP's In Network</b>	Refer A5, B2 and B5.  <b>In Network with OHEB benefits:</b>  OHEB = Yes Sav = No Acc = Yes In Hosp = No	Consultations through Network Provider unlimited once benefits are exhausted. No co-payment applicable once in Safety Net. (Refer B6).

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<b>In Network without OHEB benefits:</b> Unlimited Acc = No In Hosp = Yes	
<b>D5.2.2 GP's Out of Network</b>	100% of the lower of the cost or Fedhealth Rate.  Refer B2 and B5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Refer D5.1. This list also applies to services rendered at the supplier's rooms, patient's home or primary healthcare facility. A co-payment will apply once in safety net, where applicable. See paragraph A5 above.
<b>D5.3 Specialists Out of Hospital</b>		
<b>D5.3.1 Specialists In Network</b>	Refer B2, B5 and A5.5.  <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	No co-payment applicable once in Safety Net (where applicable).  Refer B6.
<b>D5.3.2 Specialists Out of Network</b>	Refer B2, B5 and A5.5. OHEB/ Sav = Yes Acc = Yes In Hosp = No	Refer D5.1. This list also applies to services rendered at the supplier's rooms, patient's home or primary healthcare facility. A co-payment will apply

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		<p>once the Safety Net Level has been reached, where applicable.</p> <p>See paragraph A4.5 above</p>
<b>D6 DENTISTRY</b>		
<b>D6.1 Basic</b>	Refer B2 and B5.	
<b>D6.1.1 Dental Practitioners</b>	<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>Paragraph A4 applicable. Basic dentistry including minor oral surgery.</p> <p>Includes removal of teeth and roots, surgical removal of wisdom teeth, exposure of teeth for orthodontic reasons and suturing of traumatic wounds.</p> <p>Oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such surgery.</p> <p>General anaesthetics, conscious sedation and hospitalisation for dental work will only be granted benefits for beneficiaries:</p> <ul style="list-style-type: none"> <li>• Under the age of 7 years; or</li> <li>• Bony impaction of third molars</li> </ul>



SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		<p>All general anaesthetics and conscious sedation for dentistry, 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 authorization.</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>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>Refer D6.1.1.</p>
<b>D6.2 Advanced</b>	<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.</p> <p>Advanced dentistry including services for inlays, crowns, bridges, mounted study models, metal base partial dentures, the treatment by periodontists, prosthodontists, and dental technician's fees for all such dentistry.</p>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		This benefit excludes oral medical procedures. Refer D6.1.1. Metal base for complete dentures (upper, lower or both).
<b>D6.2.1 Dental technicians</b>	Limited to and included in D6.2.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Refer D6.2.
<b>D6.2.2 Osseo-integrated implants and orthognathic surgery (functional correction of malocclusions)</b>	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. 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, and bone or bone equivalents.  Paragraph A4 applicable.  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	Subject to the relevant managed healthcare programme and to its prior authorisation. Consultations, visits, removal of teeth, para-orthodontic surgical procedures and preparation of

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	In Hosp = No	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	Subject to prior authorisation by the relevant managed healthcare programme.
<b>D6.2.5 Maxillo-facial Surgery</b>	Limited to and included in D23.	Refer D23.
<b>D7 HOSPITALISATION</b>		
<b>D7.1 Private hospitals and unattached operating theatres</b>		
<b>D7.1.1 In Hospital</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes  Deep Brain Stimulation Implantation (excluding prosthesis per member family) is limited to R247 000 per annum.	Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation.  No benefits will be granted if prior authorisation requirements are not complied with. This benefit excludes: Hospitalisation for: <ul style="list-style-type: none"> <li>• Osseo-integrated implants and orthognathic surgery (D6)</li> <li>• Maternity (D10)</li> <li>• Mental Health (D12)</li> </ul>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> <li>• Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> <li>• Refractive surgery (D23)</li> </ul> <p>Refer D24.</p>
<b>D7.1.2 Medicine on discharge from hospital (TTO)</b>	<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. Refer D7.1.1.</p> <p>Except for anti-coagulants were more than seven (7) days supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme</p>
<b>D7.1.3 Casualty/ emergency rooms</b>		
<b>D7.1.3.1 Facility Fee</b>	<p>100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate.</p> <p>Refer B2 and B5.</p> <p>OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>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.</p>
<b>D7.1.3.2 Consultations</b>	<p>Limited to and included in D5.2 and D5.3.</p> <p>OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>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.</p>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D7.1.3.3 Medicine</b>	<p>Limited to and included in D11.1.</p> <p>OHEB/ Sav = Yes Acc = Yes In Hosp = No</p>	<p>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.</p>
<b>D7.1.3.4 Trauma Treatment in Casualty</b>	<p>A co-payment of R500 is applicable on the Casualty Benefit.</p> <p>100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate.</p> <p>Refer B2 and B5.</p> <p>Sav = Yes Acc = Yes In Hosp = No</p>	<p>D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme.</p>
<b>D7.2 Public Hospitals</b>		
<b>D7.2.1 In Hospital</b>	<p>Unlimited.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes Co-payments applicable as per Annexure E.</p>	<p>Subject to the Scheme's managed healthcare programme(s) which include the application of treatment protocols, formularies, pre- authorisation and case management.</p> <p>Paragraph A3 and A4 applicable. For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. This benefit excludes:</p>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		Hospitalisation for: <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>
<b>D7.2.2 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 7 (seven) day supply.  Refer D7.1.1.  Except for anti-coagulants were more than seven (7) days supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
<b>D7.2.3 Casualty/ emergency room visits</b>		
<b>D7.2.3.1 Facility Fee</b>	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.	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	OHEB/ Sav = Yes Acc = Yes In Hosp = No	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	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 Outpatient services</b>		
<b>D7.2.4.1 Facility Fee</b>	Refer B2 and B5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	Refer D5.2 and D5.3
<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	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.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D7.3 Alternatives to hospitalisation</b>	100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate.	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>D7.3.1 Physical rehabilitation facilities</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Refer D7.3.
<b>D7.3.2 Sub-acute facilities</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Refer D7.3.
<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	Refer D7.3.
<b>D7.3.4 Nursing Services</b>		
<b>D7.3.4.1 Nursing Agencies</b>	Unlimited.  OHEB/ Sav = No Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation.



SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	In Hosp = Yes	Benefits for clinical procedures and treatment during stay in alternative facility will be subject to the same benefits that apply to hospitalisation.
<b>D7.3.4.2 Private Nurse Practitioners</b>	Unlimited. OHEB/ Sav = No Acc = No In Hosp = Yes	This benefit includes psychiatric nursing but excludes midwifery services. Also refer to paragraph D17.9.
<b>D7.3.5 Back rehabilitation programme</b>	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate.	Subject to the relevant managed healthcare programme.  No benefit will be provide for any back or spinal surgery where the conservative back and neck rehabilitation programme is not undertaken prior to the request for surgery. Where there is an existing co-payment on spinal surgery, the co-payment will still apply
<b>D7.4 Post Hospitalisation</b>	Limited to 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.	Refer D7.4.
<b>D7.4.2 Occupational therapy</b>	Limited to and included in D7.4.	Refer D7.4.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D7.4.3</b> Speech therapy	Limited to and included in D7.4.	Refer D7.4.
<b>D7.4.4</b> Pathology	Limited to and included in D7.4.	Refer D7.4.
<b>D7.4.5</b> General radiology	Limited to and included in D7.4.	Refer D7.4.
<b>D7.4.6</b> Dietician Consultations	Limited to 2 consultations per admission, and included in D7.4.	
<b>D8 IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION</b>		
<b>D8.1</b> Anti-retroviral medicine, including mother-to-child transmission, rape and post exposure prophylaxis	Unlimited.  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 7.4 of Annexure D.
<b>D8.2</b> Related medicine	Limited to and included in D8.1.	Refer D11.1 and D11.4 and D8.1.
<b>D8.3</b> Related pathology	Limited to and included in D8.1.	Pathology as specified by the relevant managed healthcare programme for out of hospital.
<b>D8.4</b> HIV Counselling and Testing (HCT)	Limited to and included in D8.1.	As specified by the relevant managed healthcare programme.
<b>D8.5</b> All other services	Limited to and included in D1 to D7 and D9 to D24.	

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC 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 the cost if the negotiated Designated Service Provider (DSP) is used, or Uniform Patient Fee Schedule for public hospitals. OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation. Paragraph A4 applicable.</p> <p>This benefit includes the following procedures or interventions:</p> <ul style="list-style-type: none"> <li>• Hysterosalpingo-gram</li> <li>• The following blood tests: <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> </ul> </li> <li>• Laparoscopy</li> <li>• Hysteroscopy</li> <li>• Surgery (uterus and tubal)</li> <li>• Manipulation of ovulation defects and deficiencies</li> <li>• Semen analysis (volume; count; mobility; morphology; MAR test)</li> <li>• Basic counselling and advice on sexual behaviour, temperature charts, etc.</li> <li>• Treatment of local infections.</li> </ul>
<b>D10 MATERNITY</b>		
<b>D10.1 Confinement in hospital</b>	Unlimited.	Subject to the Scheme's managed healthcare programme(s) which include the application of

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC 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>treatment protocols, formularies, pre-authorisation and case management.</p> <p>For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>Delivery by a general practitioner or medical specialist and the services of the attendant paediatrician and/ or anaesthetists are included.</p> <p>Included in global obstetric fee is post-natal care by a general practitioner and a medical specialist up to an including the six week post-natal consultation.</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>D10.1.1 Medicine on discharge from hospital (TTO)</b>	<p>Limited to and included in D11.2.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>Refer D11.2.</p> <p>Limited to 7 (seven) days supply.</p>
<b>D10.1.2 Confinement in a registered birthing unit</b>	<p>Unlimited.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>Delivery by a midwife.</p>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	4 x post-natal midwife consultations per pregnancy, in and out of hospital.	Hire of water bath included in D3.1.
<b>D10.2 Confinement out of hospital</b>	Unlimited.  <ul style="list-style-type: none"> <li>• 4 x post-natal midwife consultations per pregnancy.</li> </ul> OHEB/ Sav = No Acc = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation.  For delivery by a general practitioner or midwife.  Hire of water bath and oxygen cylinder included in D3.1.
<b>D10.2.1 Consumables and pharmaceuticals</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Registered medicine, dressings and materials supplied by a midwife out of hospital.
<b>D10.3 Related maternity services</b>	Refer B2, B5 and A5.5. <ul style="list-style-type: none"> <li>• Specified pregnancy related tests and procedures</li> <li>• 2 x 2D pregnancy scans per beneficiary</li> </ul> OHEB/ Sav = Yes Acc = Yes In Hosp = No	
<b>D11 MEDICINE AND INJECTION MATERIAL</b>		
<b>D11.1 Routine (acute) medicine</b>	Limited to R11 900 per member family and R6 430 per beneficiary.	Subject to the relevant managed healthcare programme.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Refer B2 and B5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	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 stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> <li>• Renal dialysis Chronic (D22)</li> </ul>
<b>D11.2 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 7 (seven) day supply.  Medicine on discharge from hospital for Maternity related admissions is subject to D10.1.1.  Except for anti-coagulants were more than seven (7) days supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
<b>D11.3 Pharmacy Advised Therapy Schedules 0, 1 and 2 medicine advised by pharmacist</b>	Sav = Yes Acc = No In Hosp = No	
<b>D11.4 Chronic medicine</b>	Limited to R11 900 per member family and R6 430 per beneficiary.	Subject to the relevant managed healthcare programme and to its prior authorisation and applicable formularies.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<p>Medication for full chronic list to be obtained from the Designated Service Provider (DSP), subject to a Restrictive formulary, within the annual chronic benefit limit.</p> <p>Thereafter, 26 PMB's provided for from the Designated Service Provider (DSP), subject to a Restrictive formulary, unlimited.</p> <p>Non DSP = 40% co-payment, for voluntary use of non-DSP Voluntary non-use of formulary medication = 40% co-payment.</p> <p>OHEB /Sav = No Acc = No In Hosp = Yes</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>D11.5 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>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>D11.6 Specialised Drugs Non Oncology</b></p>	<p>Combined limit with Specialised Drugs for Oncology (D14.1.3) of R156 000 per member family.</p>	<p>The non-oncology specialised drug list is a continuously evolving list of high cost drugs, used for the treatment of chronic conditions. This list includes but is not limited to biological drugs</p>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<p>OHEB/ Sav = No Acc = No In Hosp = Yes Subject to PMB's.</p>	<p>(biological therapy for inflammatory arthritis, inflammatory bowel disease, chronic demyelinating polyneuropathies, chronic hepatitis, botulinum toxin, palivizumab). Unless otherwise stated, for any other diseases where the use of the drug is deemed appropriate by the managed health care organization, drugs will be funded from this benefit subject to 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>D11.6.1 Biological Drugs applicable to monoclonal antibodies and interleukins</b></p>		<p>Subject to the relevant managed healthcare programme and to its prior authorisation for the treatment of:</p> <ul style="list-style-type: none"> <li>• Multiple Sclerosis (as per 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>
<p><b>D11.6.2 Human Immuno-globulin for chronic use</b></p>		<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p>



SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D11.6.3 Iron chelating agents for chronic use</b>		Subject to the relevant managed healthcare programme and to its prior authorisation, for the use of Iron Chelating Agents for: <ul style="list-style-type: none"> <li>• Chronic Iron overload with drugs such as Deferasirox</li> <li>• Prevention of RSV with drugs such as Palivizumab (Synagis), limited to D11.6 where clinical criteria are met infection</li> <li>• Psoriasis</li> </ul>
<b>D11.6.4 Sevelamer (Renagel®), Lanthanum (Fosrenol®) and Cinacalcet (Sensipar®)</b>		Subject to the relevant managed healthcare programme and to its prior authorisation, for the use of non-calcium phosphate binders and calcimimetics for: Renal osteodystrophy as a result of chronic kidney disease
<b>D11.6.5 Botulinum toxin-containing products</b>		Subject to the relevant managed healthcare programme and to its prior authorisation, for the treatment of dystonia's and spasms.
<b>D11.6.6 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 D11.6. Subject to a 20% co-payment.	Subject to the relevant managed healthcare programme and to its prior authorisation for the treatment of Retinal disorders.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D11.7 Specialised Drugs for Oncology</b>	<p>Combined limit with Specialised Drugs for Non Oncology (D11.6) of R156 000 per member family and included in D14.1.3.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	Refer D14.1.3.
<b>D12 MENTAL HEALTH</b>		
	Limited to R28 900 per member family.	
<b>D12.1.1 In Hospital</b>	<p>Limited to and included in D12.</p> <p>Limited to a maximum of 3 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>Subject to the Scheme's managed healthcare programme(s) which include the application of treatment protocols, formularies, pre- authorisation and case management.</p> <p>Paragraph A4 applicable.</p> <p>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 practitioner, psychiatrists, psychologists, psychometrists or registered counsellors.</p> <p>Rehabilitation programme includes hospital-based management up to 21 days per beneficiary, per benefit year.</p>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		Benefits for the cost of private wards are paid at the same rate as for 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	Refer D7.1.1.  Limited to 7 (seven) days supply.  Except for anti-coagulants were more than seven (7) days supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
<b>D12.2 Out of hospital</b>	Limited to and included in D17, including out of hospital Psychologist and Psychiatrist consultations.	Psychologist and Psychiatrist consultations are mutually inclusive of the benefit provided for in Additional Medical Services.
<b>D12.2.1 Non-Prescribed Minimum Benefit consultations and visits, procedures, assessments, therapy, treatment and/ or counselling</b>	Refer B2, B5 and A5.5.  OHEB/ Sav = Yes Acc = No In Hosp = No	If performed by psychiatrists, general practitioners, psychologists, psychometrists or registered counsellors at the suppliers rooms or in a medical facility including a registered public hospital outpatient department. For procedures performed by general practitioners, psychiatrists, psychologists, psychometrists or registered counsellors at the supplier's rooms or in any facility or at any place, including a public hospital.
<b>D12.2.2 Prescribed Minimum Benefit procedures</b>	Limited to and included in D12.  OHEB = Yes	See D12.2.1.  Paragraph A4 applicable.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Sav = No Acc = No In Hosp = Yes	
<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 and D11.4.
<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 the cost if the negotiated Designated Service Provider (DSP) is used, or Uniform Patient Fee Schedule for public hospitals. Thereafter Prescribed Minimum Benefits managed according to managed healthcare protocols.  Limited to one rehabilitation programme per beneficiary per annum, subject to pre- authorisation in hospital.  OHEB/ Sav = No Acc = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation for in-hospital treatment only.  For accommodation, use of hospital equipment, pharmaceuticals, surgical items and medicine supplied during treatment programme.  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 general wards, unless there is acceptable medical motivation.
<b>D12.3.1 Medicine on discharge from hospital (TTO)</b>	Limited to and included in D7.1.2.	Refer D7.1.2.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	OHEB/ Sav = No Acc = No In Hosp = Yes	Limited to 7 (seven) days supply.  Except for anti-coagulants were more than seven (7) days supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
<b>D13 NON-SURGICAL PROCEDURES AND TESTS</b>		
<b>D13.1 In hospital</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Subject to the Scheme's managed healthcare programme(s) which include the application of treatment protocols, formularies, pre-authorisation and case management in hospital only.  Paragraph A4 applicable.  For all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist. This benefit excludes: <ul style="list-style-type: none"> <li>• Psychiatry and psychology (D12)</li> <li>• Optometric examinations (D15)</li> <li>• Pathology (D18)</li> <li>• Radiology (D21)</li> </ul>
<b>D13.2 Out of hospital</b>	Refer B2, B5 and A5.5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	For all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D13.2.1 Non-surgical procedures in practitioners rooms</b>		
<b>D13.2.1.1 Specific non-surgical procedures in practitioners rooms</b> <ul style="list-style-type: none"> <li>• Routine diagnostic upper and lower gastro-intestinal fibre optic endoscopy (excluding rigid sigmoidoscopy and anoscopy)</li> <li>• 24Hr Oesophageal PH studies</li> <li>• Breast fine needle biopsy</li> <li>• Cystoscopy</li> <li>• Oesophageal motility studies</li> <li>• Prostrate needle biopsy</li> <li>•</li> </ul>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	For all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.  Paragraph A4 applicable.
<b>D13.3 Sleep Studies</b>		
<b>D13.3.1 Diagnostic Polysomnograms in and out of hospital</b>	Refer B2, B5 and A5.5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	
<b>D13.3.2 CPAP Titration in and out of hospital</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	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.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		Non-authorized claims to be paid from Savings and/or OHEB, at the applicable Fedhealth Rate.
<b>D14 ONCOLOGY</b>		
<b>D14.1 Active Treatment Period</b>	<p>Limited to R500 000 per member family.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p> <p>ICON is the Designated Service Provider.</p> <p>Mid-level protocols apply.</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation. Paragraph A4 applicable, unless otherwise stated.</p> <p>For oncologists, haematologists and credentialed medical practitioners, consultations, visits, treatment and materials used in radiotherapy and chemotherapy.</p> <p>Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit.</p> <p>Paragraphs D1 – D13 and D15 – D24 apply.</p>
<b>D14.1.1 Medicine</b>	Limited to and included in D 14.1.	
<b>D14.1.2 Radiology and pathology</b>	Limited to and included in D 14.1.	<p>Subject to the relevant managed healthcare programme, protocols and to its prior authorisation.</p> <p>For specified radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with oncology treatment.</p> <p>A4 not applicable.</p>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D14.1.2.1 PET and PET-CT</b>	<p>Limited to and included in D14.1 and two per family per annum, restricted to staging of malignant tumours.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>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.</p> <p>A11 not applicable.</p> <p>Only in credentialed specialist practice.</p>
<b>D14.1.3 Specialised Drugs for Oncology</b>	<p>Combined limited with Specialised Drugs for Non Oncology (D11.6) for R156 000 and included in D14.1.</p> <p>OHEB/ Sav = No Acc = No In Hosp = Yes</p>	<p>The Oncology Specialised Drug List is a continuously evolving list of drugs used for the treatment of cancers and certain haematological conditions. This list includes but is not limited to targeted therapies e.g. biologicals, tyrosine kinase inhibitors, and other non genericised chemotherapeutic agents.</p> <p>Subject to the relevant managed healthcare programme and to 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>
<b>D14.1.4 Flushing of J line and/ or Port</b>	<p>Limited to and included in D14.1.</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 oncologists, haematologists and credentialed medical practitioners, treatment and materials.</p>



SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D14.1.5 Brachytherapy Materials (including seeds and disposables)</b>	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.
<b>D14.2 Pre and Post-active treatment period (surgical resection of tumour, chemotherapy and radiotherapy)</b>	Limited to and included in D14 for life following the active treatment period, except for PMB. OHEB/ Sav = No Acc = No In Hosp = Yes	For consultations by oncologists, haematologists and credentialed medical practitioners, specified radiology and pathology, performed by pathologists, radiologists and haematologists, during the specified remission period.  Should the condition regress, the active treatment benefit D14.1 will be reinstated.  Paragraph A4 applicable, excluding pathology and radiology.
<b>D15 OPTOMETRY</b>		
<b>(Unmanaged)</b>	Limited to R9 170 per member family and R3 010 per beneficiary.  Refer B2, B5 and A5.5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.1 Optometric refraction (test)</b>	Limited to and included in D15.	

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D15.2 Frames</b>	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.	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.3.2 Bifocal lenses</b>	Limited to and included in D15.	
<b>D15.3.3 Multifocal lenses</b>	Limited to and included in D15.	
<b>D15.4 Special lenses</b>	Limited to and included in D15.	
<b>D15.5 Lens add-ons</b>	Limited to and included in D15.	
<b>D15.6 Contact lenses</b>	Limited to and included in D15.	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.7 Low vision appliances</b>	Limited to and included in D3.1.	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.8 Ocular prostheses</b>	Limited to and included in D20.2.	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.9 Readers from a registered optometrist, ophthalmologist</b>	Refer B2 and B5. OHEB/ Sav = Yes	When supplied by an optometrist, ophthalmologist or supplementary optical practitioner.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
or supplementary optical practitioner	Acc = Yes In Hosp = No	
<b>D15.10 Diagnostic procedures</b>	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>		
	Limited to R500 000 per member family.  OHEB/ Sav = No Acc = No In Hosp = Yes	Haemopoietic 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.	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.	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
<b>D16.3 Immuno- suppressive medicine</b>	Limited to and included in D16.	Refer D16.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D16.4 Post transplantation biopsies and scans</b>	Limited to and included in D16.	Refer D16.
<b>D16.5 Radiology and pathology</b>	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>		
<b>In and Out of Hospital:</b> <ul style="list-style-type: none"> <li>• Dietetics</li> <li>• Occupational Therapy</li> <li>• Speech Therapy</li> <li>• Audiology</li> <li>• Genetic Counselling</li> <li>• Hearing Aid Acoustics</li> <li>• Orthoptics</li> <li>• Podiatry</li> <li>• Private Nurse Practitioners</li> <li>• Social Workers</li> </ul>	Limited to available savings, unless PMB.  Refer B2 and B5.  OHEB/ Sav = Yes Acc = No In Hosp = No  Subject to a combined limit with Physical Therapy (D19.2) of R15 700 per member family in the Above Threshold Benefit, (see B6).	All benefits under paragraph D17 are subject to referral by the treating provider.  Subject to PMB and managed care protocols if deemed clinically appropriate.  Psychologist and Psychiatrist consultations are mutually inclusive of the benefit provided for in Additional Medical Services
<b>D18 PATHOLOGY AND MEDICAL TECHNOLOGY</b>		
<b>D18.1 In hospital</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	For all tests performed by a pathologist or medical technologist.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC 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	For all tests performed by a pathologist or medical technologist and a specified list of pathology tariff codes for general practitioners.  This benefit excludes a specified list of pathology tariff codes included in: <ul style="list-style-type: none"> <li>• the maternity benefit (D10)</li> <li>• the oncology benefit during the active and/ or post active treatment period (D14)</li> <li>• the organ and Haemopoietic stem cell (bone marrow) transplantation benefit (D16)</li> <li>• the renal dialysis chronic benefit (D22)</li> </ul> A co-payment will apply once the Safety Net Level has been reached, where applicable.
<b>D19 PHYSICAL THERAPY</b>		
<b>D19.1 In hospital – Physiotherapy Biokinetics</b>	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 Physiotherapy Biokinetics Chiropractors</b>	Refer B2 and B5.  OHEB/ Sav = Yes Acc = No In Hosp = No	A co-payment will apply once the Safety Net Level has been reached, where applicable.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Subject to a combined limit with Additional Medical Services (D17) of R15 700 per member family in the Above Threshold Benefit, (see B6).	
<b>D20 PROSTHESES AND DEVICES INTERNAL AND EXTERNAL</b>		
<b>D20.1 Prostheses and devices internal (surgically implanted) including all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prosthesis and devices. This includes bone cement, bone graft substitutes and bone anchors</b>	<p>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>R3 700 deductible on all joint replacements. (See Annexure E)</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/ teeth.</p>
<i>D20.1.1 Cardiac system:</i>		
<b>D20.1.1.1 Cardiac Pacemakers</b>	R43 895 per family per annum.	
<b>D20.1.1.2 Bi-ventricular pacemakers and Implantable Cardioverter Defibrillators (ICDs)</b>	Limited to and included in D20.1.5.	For ICDs in the setting of primary prevention; For ICDs in the setting of secondary prevention; funding is subject to the relevant managed healthcare programme and to its prior authorisation.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D20.1.1.3 Cardiac Stents (including the carrier) and drug eluting balloons</b>	R45 078 per family per annum.	
<b>D20.1.1.4 Cardiac Valves</b>	R40 109 per family per annum.	
<b><i>D20.1.2 Endovascular devices:</i></b>		
<b>D20.1.2.1 Aorta stent grafts</b>	R52 651 per family per annum.	
<b>D20.1.2.2 Detachable platinum coils (Cerebral aneurysm coils)</b>	R45 670 per family per annum.	
<b><i>D20.1.3 Orthopaedic prosthesis and devices:</i></b>		
<b>D20.1.3.1 Elbow replacement</b>	R31 354 per family per annum.	
<b>D20.1.3.2 Hip replacement</b>	R31 354 per family per annum.  Designated Service Provider = ICPS, subject to Fedhealth Protocols. A co-payment of R3 700 applicable.	Bilateral prostheses will be reimbursed to the lower of the claimed amount or the maximum of double the value of a single prosthesis.  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.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D20.1.3.3 Knee replacement</b>	R31 354 per family per annum.  Designated Service Provider = ICPS, subject to Fedhealth Protocols. A co-payment of R3 700 applicable.	Bilateral prostheses will be reimbursed to the lower of the claimed amount or the maximum of double the value of a single prosthesis. Subject to the relevant managed healthcare programme and its prior authorisation.  No pre-authorisation will be granted for non-PMB knee surgery where the DSP is not used.
<b>D20.1.3.4 Shoulder replacement</b>	R31 354 per family per annum.	
<b>D20.1.3.5 Total ankle replacement</b>	Limited to and included in D20.1.5.	
<b><i>D20.1.4 Ophthalmic system:</i></b>		
<b>D20.1.4.1 Intraocular Lens</b>	R2 958 per lens limited to 2 per beneficiary.	Post cataract removal. Bilateral prostheses will be reimbursed to the lower of the claimed amount of 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 R26 266 per family.	
<b>D20.2 Prostheses and devices external</b>	100% of the negotiated fee or in the absence of such fee, 100% of the lower of cost of Orthotic and Prosthetic Schedule as prescribed by a medical practitioner.  Limited to R15 600 per family if preferred provider is not used.	If preferred provider is used, negotiated contract applies.  Orthotic and Prosthetic Schedule to apply as prescribed by a medical practitioner.



SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	OHEB/ Sav = No Acc = No In Hosp = Yes	
<b>D21 RADIOLOGY</b>		
<b>D21.1 General Radiology</b>		
<b>D21.1.1 In hospital</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	For diagnostic radiology tests and ultrasound scans.  Authorisation is not required for MRI scans for low field peripheral joint examination or 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.
<b>D21.1.2 Out of hospital</b>	Refer B2 and B5.  OHEB/ Sav = Yes Acc = Yes In Hosp = No	This benefit excludes a specified list of radiology tariff codes included in: <ul style="list-style-type: none"> <li>• the maternity benefit (D10)</li> <li>• the oncology benefit during the active and/ or post active treatment period (D14)</li> <li>• the organ and Haemopoietic stem cell transplantation benefit (D16)</li> <li>• the renal dialysis chronic benefit (D22)</li> </ul> Authorisation is not required for MRI scans for low field peripheral joint examination or dedicated limb units.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		<p>Bone densitometry scans performed in a credentialed specialist practice limited to one per beneficiary per annum either in or out of hospital.</p> <p>A co-payment will apply once the Safety Net Level has been reached, where applicable.</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><b>MRIs and CT Scans in and out of Hospital:</b> A co-payment of R1 900 is applicable for non-PMBs, subject to pre-authorisation and managed care protocols.</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>Oncology requests will be limited and included in D14.1.2.</p> <p>Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following:</p> <ul style="list-style-type: none"> <li>• CT scans</li> <li>• Muga scans</li> <li>• MRI scans</li> <li>• Radio isotope studies</li> <li>• CT colonography (virtual colonography 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 evaluation of symptomatic patients only.</li> </ul>
<p><b>D21.2.1 PET and PET CT</b></p>	<p>Limited to and included in D14.1.2.1.</p>	<p>Refer D14.1.2.1.</p>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D22 RENAL DIALYSIS CHRONIC</b>		
<b>D22.1 Haemodialysis and peritoneal dialysis</b>	Limited to R500 000 per member family.  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.	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 theatres</b>	Unlimited.  OHEB/ Sav = No Acc = No In Hosp = Yes	Subject to the Scheme's managed healthcare programme(s) which include the application of treatment protocols, formularies, pre-authorisation and case management.  For surgical procedures performed by a general or dental practitioner or medical or dental specialist. This benefit excludes: <ul style="list-style-type: none"> <li>• Osseo-integrated implants (D6)</li> <li>• Orthognathic and oral surgery (D6)</li> </ul>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> <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>	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.
<b>D23.1.2 Maxillo-facial surgery</b>	Unlimited.  R3 500 co-payment on surgical removal of impacted wisdom teeth. (See Annexure E)  OHEB/ Sav = No Acc = No In Hosp = Yes	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>•</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	

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D23.2 Out of hospital in practitioner's rooms</b>	Limited to and included in D23.1.  OHEB/ Sav = No Acc = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation. Paragraph A4 applicable.  For surgical procedures performed by a general practitioner or specialist. Only where a hospital procedure is performed in the practitioner's rooms and is approved, will it be limited to and included in D7 and overall annual limit. This benefit excludes: <ul style="list-style-type: none"> <li>• Osseo-integrated implants (D6)</li> <li>• Orthognathic and oral surgery (D6)</li> <li>• Maternity (D10)</li> <li>• Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> </ul>
<b>D23.2.1 Specific surgical procedures in practitioner's rooms</b> <ul style="list-style-type: none"> <li>• Circumcision</li> <li>• Laser tonsillectomy</li> <li>• Vasectomy</li> </ul>	Limited to and included in D23.1.	Includes related consultation, materials, pathology and radiology if done on same day. For all surgical procedures performed by a general practitioner, medical specialist or clinical technologist.
<b>D24 SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS</b>		
<b>D24.1 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 safety net).		

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<p>Co-payments applicable per option as per Annexure E.</p> <p>Overnight admissions will not be covered except for Prescribed Minimum Benefits.</p> <p>Paragraph A5.5 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 elbow release, Intra-articular synovial injection, Knee Arthroscopy due to Osteoarthritis/gonarthrosis to be paid from the PMSA.</p>	
<b>D24.1.4</b>	<p><b>Ophthalmic procedures</b> Cataract extraction, Lens implant, Melbomian cyst excision, Pterygium excision, Dacryocystorhinostomy.</p>	
<b>D24.1.5</b>	<p><b>Urological procedures</b> Circumcision, Vasectomy, Cystoscopy diagnostic or with urethral dilation, Orchidopexy.</p>	
<b>D24.1.6</b>	<p><b>Other procedures</b> Excision of superficial benign tumours, Gastroscopy, Colonoscopy, Fiberoptic 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, Apicoectomy, 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.</p>	

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D24.2	<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 A5.5 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.</p> <p>Where the member fails to obtain pre-authorisation, reimbursement will be restricted to the member's available PMSA balance and, where applicable, this will not accumulate to the safety net level.</p> <p>Where appropriate pre-authorisation has been obtained, the hospital benefit will be granted as an ambulatory admission at the lesser of 100% of the Fedhealth Rate or the equivalent outpatient facility fee.</p> <p>(See the following list)</p>	
	<ul style="list-style-type: none"> <li>• Gastroscopy (no general anaesthetic will be paid for)</li> <li>• Colonoscopy (no general anaesthetic will be paid for)</li> <li>• Flexible Sigmoidoscopy</li> <li>• Indirect Laryngoscopy</li> <li>• 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> </ul>	

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<ul style="list-style-type: none"> <li>• Nasal plugging for epistaxis</li> <li>• Cauterisation of warts</li> <li>• Bartholin cyst excision</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.	
<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.	
<b>D25.1.2 Cervical Cancer Screening (PAP Smear)</b>	1 test every three years for woman aged 21 to 65 years old.	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.	
<b>D25.2.2 Bone Densitometry</b>	1 per lifetime for woman aged 65 and older.	
<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.	



SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D25.3 Cardiac Health (Cholesterol Screening [Full Lipogram])</b>	1 test every 5 years, for all lives aged 20 and older.	
<b>D25.4 General Wellness</b>		
<b>D25.4.1 Flu Immunisation</b>	1 every year for all lives.	
<b>D25.4.2 HIV Test</b>	1 every year per beneficiary, for all lives.	
<b>D25.5 Child Immunisations</b>		

Age of child	Vaccine	Dispensed
<b>At Birth</b>	<b>Tuberculosis (Bacilles Calmette Guerin)</b>	Right arm
	<b>OPV (0) Oral Polio Vaccine</b>	Drops by mouth
<b>6 Weeks</b>	<b>OPV (1) Oral Polio Vaccine</b>	Drops by mouth
	<b>RV (1) Rotavirus Vaccine</b>	Liquid by mouth
	<b>DTaP-IPV//Hib (1), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and Haemophilus influenza type b combined</b>	Left thigh
	<b>Hep B (1) Hepatitis B Vaccine</b>	Right thigh

	<b>PCV<sub>7</sub> (1) Pneumococcal Conjugated Vaccine</b>	Right thigh
<b>10 Weeks</b>	<b>DTaP-IPV//Hib (2), Diptheria, Tetanus, accelular Petussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenza</i> type b combined</b>	Left thigh
	<b>Hep B (2) Hepatitis B Vaccine</b>	Right thigh
<b>14 Weeks</b>	<b>RV (2) Rotavirus Vaccine (should not be administered after 24 weeks)</b>	Liquid by mouth
	<b>DTaP-IPV//Hib (3), Diptheria, Tetanus, accelular Petussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenza</i> type b combined</b>	Left thigh
	<b>Hep B (3) Hepatitis B Vaccine</b>	Right thigh
	<b>PCV<sub>7</sub> (2) Pneumococcal Conjugated Vaccine</b>	Right thigh
<b>9 Months</b>	<b>Measles Vaccine (1)</b>	Left thigh
	<b>PCV<sub>7</sub> (3) Pneumococcal Conjugated Vaccine</b>	Right thigh
<b>18 Months</b>	<b>DTaP-IPV//Hib (4), Diptheria, Tetanus, accelular Petussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenza</i> type b combined</b>	Left arm
	<b>Measles Vaccine (2)</b>	Right arm

<b>6 Years</b>	<b>Td Vaccine Tetanus and reduced strength of diphtheria Vaccine</b>	Left arm
<b>12 Years</b>	<b>Td Vaccine Tetanus and reduced strength of diphtheria Vaccine</b>	Left arm
<b>D26 HEALTH RISK ASSESSMENTS</b>	100% of the lower of the cost or Fedhealth Rate for listed procedures and tests, limited to and included in D7.1.1. For medicines and injection materials: See D11.1. Excludes consultations and costs for all procedures within this programme.	
<b>D26.1 Wellness Screening</b> <ul style="list-style-type: none"> <li>• Blood pressure;</li> <li>• Finger prick cholesterol;</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> <li>• Body fat percentage;</li> <li>• Flexibility;</li> <li>• Posture; and</li> <li>• Fitness</li> </ul>	1 test per beneficiary per annum.	
<b>D26.3 Additional Biokineticists Assessments</b>	For high risk and emerging risk members, limited to 3 per beneficiary per annum.	

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