

FEDHEALTH MEDICAL SCHEME
MAXIMA STANDARD
MAXIMA STANDARD^{Elect}
OPTIONS
ANNEXURE B4 – 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

A.	ENTITLEMENT TO BENEFITS	3	D11	MEDICINE AND INJECTION MATERIAL	33
B.	OVERALL ANNUAL LIMIT, BENEFITS AND OTHER LIMITS	7	D12	MENTAL HEALTH	36
C	PRESCRIBED MINIMUM BENEFITS (PMB'S)	9	D13	NON-SURGICAL PROCEDURES AND TESTS	39
D	ANNUAL BENEFITS LIMITS	9	D14	ONCOLOGY	41
D1	ALTERNATIVE HEALTHCARE	10	D15	OPTOMETRY	44
D2	AMBULANCE SERVICES ERROR! BOOKMARK NOT DEFINED.1		D16	ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION	46
D3	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS ERROR! BOOKMARK NOT DEFINED.1		D17	ADDITIONAL MEDICAL SERVICES	47
D4	BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS	144	D18	PATHOLOGY AND MEDICAL TECHNOLOGY	48
D5	CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS	144	D19	PHYSICAL THERAPY	49
D6	DENTISTRY	16	D20	PROSTHESES AND DEVICES INTERNAL AND EXTERNAL	49
D7	HOSPITALISATION ERROR! BOOKMARK NOT DEFINED.0		D21	RADIOLOGY	53
D8	IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION	29	D22	RENAL DIALYSIS CHRONIC	55
D9	INFERTILITY ERROR! BOOKMARK NOT DEFINED.0		D23	SURGICAL PROCEDURES	56
D10	MATERNITY	31	D24	SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS	59
			D25	WELLNESS BENEFIT	61
			D26	HEALTH RISK ASSESSMENTS	655

MAXIMA STANDARD RANGE OPTIONS**ANNEXURE B4****BENEFITS AND LIMITS**

[Effective 1 January 2017 unless otherwise stated below]

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 (Standard Range) are listed in the paragraphs to follow.

A2 Rules applicable to dispensing of 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.

A.3 Hospitalisation Benefits:**A3.1 Hospitalisation on the Standard 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.

Hospitalisation on the Standard^{Elect} :

The sub-option of the Standard Option, the **Standard^{Elect} Option has appointed a Hospital Network** as the Designated Service Provider (“DSP”) for all benefits including Prescribed Minimum Benefits.

An amount of R10 000 is deductible for the use of Non-DSP Providers, unless such use is involuntary.

The Hospital Network provides for any authorised hospitalisation for any condition, (including oncology, alternatives to hospitalisation and psychiatric services), which shall be paid at 100% of the negotiated rate. Paragraphs A4.2 and A4.3 also applicable.

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:

- 100% of Fedhealth Rate for 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 GPs) 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.

A5.4 Out of GP Network:

- 100% of Fedhealth Rate for the Maxima Standard and Standard^{Elect} 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.

A5.5 Specialists out of Hospital:

The **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 (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 (Sav) will be self-funded at the negotiated rate and will accumulate towards the Safety Net Level at 100% of the negotiated rate.

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

- 100% of Fedhealth Rate for 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.

Where applicable, claims for members with day to day benefits (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.

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

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

B. OVERALL ANNUAL LIMIT, BENEFITS AND OTHER LIMITS

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

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

Claims for out of hospital expenses will be paid first from the PMSA. Once the PMSA has been depleted, the relevant claims will be self funded by the member.

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

- B3 Benefits** – The column headed **BENEFITS/ LIMITS** reflects the cost at which the scheme will reimburse the member or the supplier in respect of a claim. Any cost in excess of the funding level reflected in this column will be the responsibility of the member, except for Prescribed Minimum Benefits, which will be funded at cost, subject to the utilisation of DSPs and/or formularies where applicable.
- B4 Limits** – The column headed **BENEFITS/ LIMITS** reflects the extent to which each benefit is limited or sub-limited in monetary or other terms
- B5 The Out of Hospital Expense Benefit (OHEB)**
There is no Out of Hospital Expense Benefit (OHEB) for this range of options.
-

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 20% co-payment for Maxima Standard and Standard^{Elect}, unless paragraph A5.5 is applicable, once accumulated costs have exceeded the following cumulative levels:

Maxima Standard	
Member	R11 200
Add per adult dependant	R8 600
Add per child dependant	R2 880 up to a maximum of three child dependants
Maxima Standard^{Elect}	
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 the member’s dependants be withdrawn during such year. 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 medicine formularies (as indicated in Annexure D, where applicable).

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

D ANNUAL BENEFITS LIMITS

See contents of table below .

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D1 ALTERNATIVE HEALTHCARE			
D1.1 In Hospital - Acupuncture, homoeopathy, naturopathy, osteopathy and phytotherapy consultations and treatment by registered practitioners	100% of the lower of the cost or Fedhealth Rate, limited to available savings. Refer B2. Sav = Yes Acc = No In Hosp = No	100% of the lower of the cost or Fedhealth Rate, limited to available savings. Refer B2. SavSav = Yes Acc = No In Hosp = No	
D1.2 Out of Hospital - Acupuncture, homoeopathy, naturopathy, osteopathy and phytotherapy prescribed medicines where applicable	100% of the lower of the cost or Fedhealth Rate, limited to available savings. Refer B2. Sav = Yes Acc = No In Hosp = No	100% of the lower of the cost or Fedhealth Rate, limited to available savings. Refer B2. Sav = Yes Acc = No In Hosp = No	

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D2 AMBULANCE SERVICES			
	100% of the cost if authorised by the preferred provider. Unlimited. Only one inter-hospital transfer per event. Sav = No Acc = No In Hosp = Yes	100% of the cost if authorised by the preferred provider. Unlimited. Only one inter-hospital transfer per event. Sav = No Acc = No In Hosp = Yes	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 nd degree parallel).
D2.1 Evacuation Benefit	R250 000 per event. Sav = No Acc = No In Hosp = Yes	R250 000 per event. Sav = No Acc = No In Hosp = Yes	Emergency evacuation within Africa after 90 days absence from the Republic of South Africa.
D3 APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS			
D3.1 In Hospital and Out of Hospital	Limited to available savings, unless PMB. Sav = Yes Acc = No In Hosp = No	Limited to available savings, unless PMB. Sav = Yes Acc = No In Hosp = No	Subject to PMB and managed care protocols if deemed clinically appropriate. For hiring of buying medical or surgical aids as prescribed by a medical practitioner.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Limited to R10 500 in the in the Above Threshold Benefit (see B6).	Limited to R10 500 in the in the Above Threshold Benefit (see B6).	
D3.2 Out of Hospital	Limited to and included in D3.1.	Limited to and included in D3.1.	For hiring of buying medical or surgical aids as prescribed by a medical practitioner. Refer B2.
D3.2.1 General medical and surgical appliances (including glucometers)	Limited to and included in D3.1. If PMB, included in D3.1 and: Sav = No Acc = No In Hosp = Yes	Limited to and included in D3.1. If PMB, included in D3.1 and: Sav = No Acc = No In Hosp = Yes	Refer D3.1. Diabetic accessories and appliances (with the exception of glucometers) are excluded from D3 and subject to D11.
D3.2.2 Hearing aids and repairs thereof	Limited to and included in D3.1.	Limited to and included in D3.1.	Refer D3.1.
D3.2.3 Large orthopaedic orthotics/ appliances	Limited to and included in D3.1.	Limited to and included in D3.1.	Refer D3.1.
D3.2.4 Stoma products	Unlimited Sav = No Acc = No In Hosp = Yes	Unlimited Sav = No Acc = No In Hosp = Yes	Refer D3.1.
D3.2.5 CPAP apparatus for sleep apnoea	Limited to and included in D3.1.	Limited to and included in D3.1.	Subject to the relevant managed healthcare programme and to its prior authorisation. Refer D3.1.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D3.2.6 Foot orthotics (including shoes and foot inserts/ levellers)	Limited to and included in D3.1. Sav = Yes Acc = No In Hosp = No Limited to R3 910 per beneficiary per annum, once in Above Threshold Benefit. (see B6).	Limited to and included in D3.1 Sav = Yes Acc = No In Hosp = No Limited to R3 910 per beneficiary per annum, once in Above Threshold Benefit. (see B6).	
D3.3 Specific appliances, accessories			
D3.3.1 Oxygen therapy equipment (excluding hyperbaric oxygen treatment)	Unlimited, if specifically authorised. Sav = No Acc = No In Hosp = Yes	Unlimited, if specifically authorised. 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.
D3.3.2 Home ventilators	Unlimited, if specifically authorised. Sav = No Acc = No In Hosp = Yes	Unlimited, if specifically authorised. 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.
D3.3.3 Long leg callipers	Unlimited, if specifically authorised. Sav = No Acc = No In Hosp = Yes	Unlimited, if specifically authorised. Sav = No Acc = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation. Refer D3.1.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D4 BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS			
	<p>100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Fedhealth Tariff, or Uniform Patient Fee Schedule for public hospitals and/ or single exit price plus dispensing fee.</p> <p>Unlimited.</p> <p>Sav = No Acc = No In Hosp = Yes</p>	<p>100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Fedhealth Tariff, or Uniform Patient Fee Schedule for public hospitals and/ or single exit price plus dispensing fee.</p> <p>Unlimited.</p> <p>Sav = No Acc = No In Hosp = Yes</p>	<p>Use of blood equivalents is subject to prior authorisation by the relevant managed healthcare programme.</p> <p>Transportation of blood is included.</p> <p>Authorised Erythropoietin is included (See D22.1.)</p>
D5 CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS			
D5.1 In hospital	<p>100% of the lower of the cost or Fedhealth Tariff.</p> <p>Unlimited.</p> <p>Sav = No Acc = No In Hosp = Yes</p>	<p>100% of the lower of the cost or Fedhealth Tariff.</p> <p>Unlimited.</p> <p>Sav = No Acc = No In Hosp = Yes</p>	<p>For medical and dental specialists or general practitioners.</p> <p>Paragraph A4 applicable.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> • Alternative healthcare practitioners (D1) • Dental practitioners, technologists and Therapists (D6) • Ante-natal visits and consultations (D10)

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> • Psychiatrists, psychologists, psychometrists and registered counsellors (D12) • Oncologists, haematologists and credentialed medical practitioners, during active and post-active treatment periods (D14) • Additional Medical Services (D17) • Physical therapy (D19)
D5.2 GP's Out of Hospital			
D5.2.1 GP's In Network	Unlimited with no accumulation Sav – No Acc – No In Hosp - No	Unlimited with no accumulation Sav – No Acc – No In Hosp - No	Consultations through Network Provider unlimited once benefits are exhausted. No co-payment applicable once in Safety Net. (Refer B6)
D5.2.2 GP's Out of Network	100% of the lower of the cost or Fedhealth Rate, limited to available savings. Refer B2 and B5. Sav = Yes Acc = Yes In Hosp = No	100% of the lower of the cost or Fedhealth Rate, limited to available savings, Refer B2 and B5. 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. Co-payments will apply once the Safety Net Level has been reached.
D5.3 Specialists Out of Hospital			

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D5.3.1 Specialists In Network	Refer B2, B5 and A5.5. In Network within benefits: Sav = Yes Acc = Yes In Hosp = No In Network without benefits: Sav = No, member to self-fund at negotiated rate. Acc = Yes In Hosp = No	Refer B2, B5 and A5.5. In Network within benefits: Sav = Yes Acc = Yes In Hosp = No In Network without benefits: Sav = No, member to self-fund at negotiated rate. Acc = Yes In Hosp = No	No co-payment applicable once in Safety Net. (Refer B6).
D5.3.2 Specialists Out of Network	Refer B2, B5 and A5.5. SavSav = Yes Acc = Yes In Hosp = No	Refer B2, B5 and A5.5. 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. Co-payments will apply once the Safety Net Level has been reached.
D6 DENTISTRY			
D6.1 Basic			
D6.1.1 Dental Practitioners	Limited to available savings. Refer B2 and B5. Sav = Yes	Limited to available savings. Refer B2 and B5. Sav = Yes	Subject to the relevant managed healthcare programme. Paragraph A4 applicable.

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
	<p>Acc = Yes In Hosp = No</p>	<p>Acc = Yes In Hosp = No</p>	<p>Basic dentistry including minor oral surgery, except for Standard^{Grid Plus}. Includes removal of teeth and roots, surgical removal of wisdom teeth, exposure of teeth for orthodontic reasons and suturing of traumatic wounds, except for Standard^{Grid Plus}.</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, except for Standard^{Grid Plus}.</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"> • Under the age of 7 years; or • Bony impaction of third molars <p>All general anaesthetics and conscious sedation for dentistry, regardless of where it is performed, must be pre-authorised.</p> <p>Lingual and labial frenectomies under GA granted for members under the age of 7, subject to the relevant</p>

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			managed healthcare programme and its prior authorization.
D6.1.2 Dental therapists	Limited to and included in D6.1.1. Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D6.1.1. Sav = Yes Acc = Yes In Hosp = No	Subject to the relevant managed healthcare programme. Refer D6.1.1.
D6.1.3 Dental Technicians	Limited to and included in D6.1.1. Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D6.1.1. Sav = Yes Acc = Yes In Hosp = No	Refer D6.1.1.
D6.2 Advanced	Limited to R20 000 per member family and R6 740 per beneficiary. Sav = Yes Acc = Yes In Hosp = No	Limited to R20 000 per member family and R6 740 per beneficiary. Sav = Yes Acc = Yes In Hosp = No	Subject to the relevant managed healthcare programme. Advanced dentistry including services for inlays, crowns, bridges, mounted study models, metal base partial dentures, the treatment by periodontists, prosthodontists, and dental technician's fees for all such dentistry. This benefit excludes oral medical procedures. Refer D6.1.1. Metal base for complete dentures (upper, lower or both).
D6.2.1 Dental technicians	Limited to and included in D6.2. Sav = Yes	Limited to and included in D6.2. Sav = Yes	Refer D6.2.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Acc = Yes In Hosp = No	Acc = Yes In Hosp = No	
D6.2.2 Osseo-integrated implants and orthognathic surgery (functional correction of malocclusions)	Limited to and included in D6.2. Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D6.2. 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.
D6.2.3 Oral surgery	Limited to and included in D6.2. Sav = Yes Acc = Yes	Limited to and included in D6.2. Sav = Yes Acc = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	In Hosp = No	In Hosp = No	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
D6.2.4 Orthodontic treatment	Limited to and included in D6.2. Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D6.2. Sav = Yes Acc = Yes In Hosp = No	Subject to prior authorisation by the relevant managed healthcare programme.
D6.2.5 Maxillo-facial Surgery	Limited to and included in D23.	Limited to and included in D23.	Refer D23.
D7 HOSPITALISATION			
D7.1 Private hospitals and unattached operating theatres			
D7.1.1 In Hospital	Unlimited. Sav = No Acc = No In Hosp = Yes Deep Brain Stimulation Implantation (excluding prosthesis)	Unlimited. An amount of R10 000 is deductible for the use of Non-DSP Providers , unless such use is involuntary. (Paragraph A3 applicable)	Subject to the relevant contracted managed healthcare programme(s), which includes the application of treatment protocols, formularies, pre-authorisation and case management. Paragraph A4 applicable.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	per member family) is limited to R247 000 per annum.	Sav = No Acc = No In Hosp = Yes Deep Brain Stimulation Implantation (excluding prosthesis per member family) is limited to R247 000 per annum.	Co-payments applicable per option, as per Annexure E, and are also applicable in day wards and day clinics. For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation. No benefits will be granted if prior authorisation requirements are not complied with. Includes acute renal dialysis (See D22.1) This benefit excludes hospitalisation for: <ul style="list-style-type: none"> • Osseo-integrated implants and orthognathic surgery (D6) • Maternity (D10) • Mental Health (D12)

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> • Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) • Refractive surgery (D23) <p>Refer D24.</p>
D7.1.2 Medicine on discharge from hospital (TTO)	<p>Limited to and included in D7.1.1.</p> <p>Sav = No Acc = No In Hosp = Yes</p>	<p>Limited to and included in D7.1.1.</p> <p>Sav = No Acc = No In Hosp = Yes</p>	<p>Limited to 7 (seven) day supply.</p> <p>Reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.</p> <p>Refer D7.1.1.</p>
D7.1.3 Casualty/ emergency rooms			
D7.1.3.1 Facility Fee	<p>100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate. Refer B2.</p> <p>Sav = Yes Acc = Yes In Hosp = No</p>	<p>100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate. Refer B2.</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 for <i>bona fide</i> emergencies.</p>

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.1.3.2 Consultations	Limited to and included in D5.2 and D5.3. Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D5.2 and D5.3. Sav = Yes Acc = Yes In Hosp = No	Refer D5.2 and D5.3.
D7.1.3.3 Medicine	Limited to and included in D11.1. Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D11.1. Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D11.1.
D7.1.3.4 Trauma Treatment in Casualty	A co-payment of R500 is applicable on the Casualty Benefit. 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate. Refer B2. Sav = Yes Acc = Yes In Hosp = No	A co-payment of R500 is applicable on the Casualty Benefit. 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate. Refer B2. Sav = n/a Acc = n/a 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.
D7.2 Public Hospitals			

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.2.1 In Hospital	Unlimited. Sav = No Acc = No In Hosp = Yes Co-payments applicable as per Annexure E.	Unlimited. 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. Paragraph A4A3 applicable. Co-payments are applicable in day wards and day clinics. For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. This benefit excludes: Hospitalisation for: <ul style="list-style-type: none"> • Osseo-integrated implants and orthognathic surgery (D6) • Maternity (D10) • Mental Health (D12) • Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) • Renal dialysis Chronic (D22) • Refractive surgery (D23)
D7.2.2 Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.1. av = No Acc = No	Limited to and included in D7.1.1. Sav = No Acc = No	Limited to 7 (seven) day supply.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	In Hosp = Yes	In Hosp = Yes	Reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme. Refer D7.1.1.
D7.2.3 Casualty/ emergency room visits			
D7.2.3.1 Facility Fee	Refer B2 and B5. Sav = Yes Acc = Yes In Hosp = No	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.
D7.2.3.2 Consultations	Limited to and included in D5.2 and D5.3. Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D5.2 and D5.3. Sav = Yes Acc = Yes In Hosp = No	Refer D5.2 and D5.3.
D7.2.3.3 Medicine	Limited to and included in D11.1. Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D11.1. Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D11.1.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.2.4 Out patient services			
D7.2.4.1 Facility Fee	Refer B2 and B5. Sav = Yes Acc = Yes In Hosp = No	Refer B2 and B5. Sav = Yes Acc = Yes In Hosp = No	I be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
D7.2.4.2 Consultations	Limited to and included in D5.2 and D5.3. Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D5.2 and D5.3. Sav = Yes Acc = Yes In Hosp = No	Refer D5.2 and D5.3.
D7.2.4.3 Medicine	Limited to and included in D11.1. Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D11.1. Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D11.1.
D7.3 Alternatives to hospitalisation	100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Tariff.	100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Tariff.	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.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.3.1 Physical rehabilitation facilities	Limited to PMB level of care. Sav = No Acc = No In Hosp = Yes, limited to PMB level of care.	Limited to PMB level of care. Sav = No Acc = No In Hosp = Yes, limited to PMB level of care.	Refer D7.3.
D7.3.2 Sub-acute facilities	Limited to PMB level of care. Sav = No Acc = No In Hosp = Yes	Limited to PMB level of care. Sav = No Acc = No In Hosp = Yes	Refer D7.3.
D7.3.3 Terminal Care Benefit	Limited to R27 900 per member family, unless prescribed minimum benefit. Sav = No Acc = No In Hosp = Yes	Limited to R27 900 per member family, unless prescribed minimum benefit. Sav = No Acc = No In Hosp = Yes	Refer D7.3.
D7.3.4 Nursing Services			
D7.3.4.1 Nursing Agencies	Unlimited. Sav = No Acc = No In Hosp = Yes	Unlimited. 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 alternative facility will be subject to the same benefits that apply to hospitalisation.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.3.4.2 Private Nurse Practitioners	Unlimited. Sav = No Acc = No In Hosp = Yes	Unlimited. Sav = No Acc = No In Hosp = Yes	This benefit includes psychiatric nursing but excludes midwifery services. Also refer to paragraph D17.9.
D7.3.5 Back rehabilitation programme	100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate.	100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate.	Subject to the relevant managed healthcare programme. No benefit 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 copayment on spinal surgery, the copayment will still apply.
D7.4 Post Hospitalisation	Limited to D7, subject to 30 days following hospitalisation. Sav = No Acc = No In Hosp = Yes	Limited to D7, subject to 30 days following hospitalisation. 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 form the date of discharge only.
D7.4.1 Physiotherapy	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
D7.4.2 Occupational therapy	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
D7.4.3 Speech therapy	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.4.4 Pathology	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
D7.4.5 General radiology	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
D7.4.6 Dietician Consultations	Limited to 2 consultations per admission, and included in D7.4.	Limited to 2 consultations per admission, and included in D7.4.	
D8 IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION			
D8.1 Anti-retroviral medicine, including mother-to-child transmission, rape and post exposure prophylaxis	Unlimited. In Hosp = Yes	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.
D8.2 Related medicine	Limited to and included in D8.1.	Limited to and included in D8.1.	Refer D11.1 and D11.4 and D8.1.
D8.3 Related pathology	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.
D8.4 HIV Counselling and Testing (HCT)	Limited to and included in D8.1.	Limited to and included in D8.1.	As specified by the relevant managed healthcare programme.
D8.5 All other services	Limited to and included in D1 to D7 and D9 to D24.	Limited to and included in D1 to D7 and D9 to D24.	

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D9 INFERTILITY			
	<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.</p> <p>Sav = No Acc = No In Hosp = Yes</p>	<p>Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.</p> <p>100% of the negotiated fee, or in the absence of such fee, 100% of the cost if the negotiated Designated Service Provider (DSP) is used, or Uniform Patient Fee Schedule for public hospitals.</p> <p>Sav = No Acc = No In Hosp = Yes</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation. Paragraph A4 applicable. This benefit includes the following procedures or interventions:</p> <ul style="list-style-type: none"> • Hysterosalpingo-gram • The following blood tests: <ul style="list-style-type: none"> ○ Day 3 FSH/ LH ○ Day 3 Oestradiol ○ Thyroid function (TSH) ○ Prolactin ○ Rubella ○ HIV ○ VDRL ○ Chlamydia ○ Day 21 Progesterone • Laparoscopy • Hysteroscopy • Surgery (uterus and tubal) • Manipulation of ovulation defects and deficiencies • Semen analysis (volume; count; mobility; morphology; MAR test) • Basic counselling and advice on sexual behaviour, temperature charts, etc. <ul style="list-style-type: none"> • Treatment of local infections.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D10 MATERNITY			
D10.1 Confinement in hospital	Unlimited. Sav = No Acc = No In Hosp = Yes	Unlimited. 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 a medical specialist up to an 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.
D10.1.1 Medicine on discharge from hospital (TTO)	Limited to and included in D11.2.	Limited to and included in D11.2.	Refer D11.2.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Sav = No Acc = No In Hosp = Yes	Sav = No Acc = No In Hosp = Yes	Limited to 7 (seven) days supply.
D10.1.2 Confinement in a registered birthing unit	Unlimited. Sav = No Acc = No In Hosp = Yes 4 x post-natal midwife consultations per pregnancy, in and out of hospital.	Unlimited 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.
D10.2 Confinement out of hospital	Unlimited. Sav = No Acc = No In Hosp = Yes 4 x post-natal midwife consultations per pregnancy, in and out of hospital.	Unlimited. 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 delivery by a general practitioner or midwife. Hire of water bath and oxygen cylinder included in D3.1.
D10.2.1 Consumables and pharmaceuticals	Unlimited. Sav = No Acc = No In Hosp = Yes	Unlimited. Sav = No Acc = No In Hosp = Yes	Registered medicine, dressings and materials supplied by a midwife out of hospital.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D10.3 Related maternity services	Refer B2, B5 and A5.5. <ul style="list-style-type: none"> • Specified pregnancy related tests and procedures • 2 x 2D pregnancy scans per beneficiary Sav = Yes Acc = Yes In Hosp = No	Refer B2, B5 and A5.5. <ul style="list-style-type: none"> • Specified pregnancy related tests and procedures • 2 x 2D pregnancy scans per beneficiary Sav = Yes Acc = Yes In Hosp = No	
D11 MEDICINE AND INJECTION MATERIAL			
D11.1 Routine (acute) medicine	Limited to R10 200 per member family and R5 120 per beneficiary. Refer B2 and B5. Sav = Yes Acc = Yes In Hosp = No	Limited to R10 200 per member family and R5 120 per beneficiary. Refer B2 and B5. 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"> • In-hospital medicine (D7) • Anti-retroviral medicine (D8) • Oncology medicine (D14) • Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			Renal dialysis Chronic (D22)
D11.2 Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.1. Sav = No Acc = No In Hosp = Yes	Limited to and included in D7.1.1. Sav = No Acc = No In Hosp = Yes	Limited to 7 (seven) day supply. Reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme. Medicine on discharge from hospital for Maternity related admissions is subject to D10.1.1.
D11.3 Pharmacy Advised Therapy Schedules 0, 1 and 2 medicine advised by pharmacist	Sav = Yes Acc = No In Hosp = No	Sav = Yes Acc = No In Hosp = No	
D11.4 Chronic medicine	Limited to R10 200 per member family and R5 120 per beneficiary. Medication for full chronic list to be obtained from the Designated Service Provider (DSP), within the annual chronic benefit limit, subject to the Restrictive formulary. Thereafter, 26 PMB's provided for from the Designated Service	Limited to R10 200 per member family and R5 120 per beneficiary. Medication for full chronic list to be obtained from the Designated Service Provider (DSP), within the annual chronic benefit limit, subject to the Restrictive formulary. Thereafter, 26 PMB's provided for from the Designated Service	Subject to the relevant managed healthcare programme and to its prior authorisation and applicable formularies. Restricted to a maximum of one month's supply, unless specifically pre-authorised. Includes diabetic disposables such as syringes, needles, strips and lancets.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Provider (DSP), subject to the Restricted formulary, unlimited. Non DSP = 40% co-payment, for voluntary use of non-DSP. Voluntary non-use of formulary medication = 40% co-payment. Sav = No Acc = No In Hosp = Yes	Provider (DSP), subject to the Restricted formulary, unlimited. Non DSP = 40% co-payment, for voluntary use of non-DSP. Voluntary non-use of formulary medication = 40% co-payment. Sav = No Acc = No In Hosp = Yes	This benefit excludes: <ul style="list-style-type: none"> • In-hospital medicine (D7) • Anti-retroviral drugs (D8) • Oncology medicine (D14) • Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) • Renal dialysis Chronic (D22)
D11.5 Female Health Benefit <ul style="list-style-type: none"> • Oral Contraceptives • Contraceptive Injections • Contraceptive Patches • Contraceptive Vaginal Rings • Intrauterine Devices or Systems 	Unlimited. Sav = No Acc = No In Hosp = Yes	Unlimited. Sav = No Acc = No In Hosp = Yes	Subject to a list of contraceptives. Prescribed Oral contraceptives not for other purposes than contraception. Consultations and procedural costs are excluded from the Female Health Benefit.
D11.6 Specialised Drugs for Non Oncology	No benefit.	No benefit.	No benefit provided for facility fees on all options.
D11.7 Specialised Drugs for Oncology	No benefit.	No benefit.	Refer D14.1.3.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D12 MENTAL HEALTH			
	Limited to R22 600 per member family.	Limited to R22 600	
D12.1.1 In Hospital	<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-authorised by the relevant managed healthcare programme.</p> <p>Sav = No Acc = No In Hosp = Yes</p>	<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-authorised by the relevant managed healthcare programme.</p> <p>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.</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 practitioner, psychiatrists, psychologists, psychometrists or registered counsellors.</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>
D12.1.2 Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.1.	Limited to and included in D7.1.1.	Refer D7.1.1.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Sav = No Acc = No In Hosp = Yes	Sav = No Acc = No In Hosp = Yes	Reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme. Limited to 7 (seven) days supply.
D12.2 Out of hospital	Limited to and included in D17, including out of hospital Psychologist and Psychiatrist consultations.	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 Additional Medical Services.
D12.2.1 Non-Prescribed Minimum Benefit consultations and visits, procedures, assessments, therapy, treatment and/ or counselling	Refer B2, B5 and A5.5. Sav = Yes Acc = No In Hosp = No	Refer B2, B5 and A5.5. 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.
D12.2.2 Prescribed Minimum Benefit procedures	Limited to and included in D12. Sav = No Acc = No In Hosp = Yes	Limited to and included in D12. Sav = No Acc = No In Hosp = Yes	See D12.2.1. Paragraph A4 applicable.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D12.2.3 Medicine	Limited to and included in D11.1 and D11.4. Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D11.1 and D11.4. Sav = Yes Acc = Yes In Hosp = No	Limited to and included in D11.1 and D11.4.
D12.3 Rehabilitation for substance abuse	Limited to and included in D12 and D12.2.2 and the Regulations. Within limits , 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. Sav = No Acc = No In Hosp = Yes	Limited to and included in D12 and D12.2.2 and the Regulations. Within limits , 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. 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.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D12.3.1 Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.2. Sav = No Acc = No In Hosp = Yes	Limited to and included in D7.1.2. Sav = No Acc = No In Hosp = Yes	Refer D7.1.2. Reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme. Limited to 7 (seven) days supply.
D13 NON-SURGICAL PROCEDURES AND TESTS			
D13.1 In hospital	Unlimited. Sav = No Acc = No In Hosp = Yes	Unlimited. 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, 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"> • Psychiatry and psychology (D12) • Optometric examinations (D15) • Pathology (D18) • Radiology (D21)

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D13.2 Out of hospital	Refer B2, B5 and A5.5. Sav = Yes Acc = Yes In Hosp = No	Refer B2, B5 and A5.5. Sav = Yes Acc = Yes In Hosp = No	For all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.
D13.2.1 Non surgical procedures in practitioners rooms			
D13.2.1.1 Specific non-surgical procedures in practitioners rooms <ul style="list-style-type: none"> • Routine diagnostic upper and lower gastro-intestinal fibre optic endoscopy (excluding rigid sigmoidoscopy and anoscopy) • 24Hr Oesophageal PH studies • Breast fine needle biopsy • Cystoscopy • Oesophageal motility studies • Prostrate needle biopsy 	Unlimited. Sav = No Acc = No In Hosp = Yes	Unlimited. 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.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D13.3 Sleep Studies			
D13.3.1 Diagnostic Polysomnograms in and out of hospital	Refer B2, B5 and A5.5. Sav = Yes Acc = Yes In Hosp = No	Refer B2, B5 and A5.5. Sav = Yes Acc = Yes In Hosp = No	
D13.3.2 CPAP Titration in and out of hospital	Unlimited. Sav = No Acc = No In Hosp = Yes	Unlimited. 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. Non-authorised claims to be paid from Savings, at the applicable Fedhealth Tariff.
D14 ONCOLOGY			
D14.1 Active Treatment Period	Limited to R400 000 per member family. Within benefits: Preferred Provider = ICON Co-payment = None Sav = No Acc = No In Hosp = Yes	Limited to R400 000 per member family. Within benefits: Preferred Provider = ICON Co-payment = None Sav = No Acc = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation. Paragraph A4 applicable, unless otherwise stated. ICON Entry-level protocols apply

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<p>Without benefits: DSP = ICON, subject to Entry level protocols. Co-payment = 40% for voluntary Non-DSP use.</p> <p>Sav = No Acc = No In Hosp = Yes</p>	<p>Without benefits: DSP = ICON, subject to Entry level protocols. Co-payment = 40% for voluntary Non-DSP use.</p> <p>Sav = No Acc = No In Hosp = Yes</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. Paragraphs D1 – D13 and D15 – D24 apply.</p>
D14.1.1 Medicine	Limited to and included in D14.1.	Limited to and included in D14.1. Non-DSP = 40% co-payment.	
D14.1.2 Radiology and pathology	Limited to and included in D 14.1.	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 SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D14.1.2.1 PET and PET-CT	Limited to and included in D14.1 and two per family per annum, restricted to staging of malignant tumours. 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. 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 credentialed specialist practice.
D14.1.3 Specialised Drugs for Oncology	No benefit.	No benefit.	No benefit provided for facility fees on all options.
D14.1.4 Flushing of J line and/ or Port	Limited to and included in D14.1. Sav = No Acc = No In Hosp = Yes	Limited to and included in D14.1. Sav = No Acc = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation. For oncologists, haematologists and credentialed medical practitioners, treatment and materials.
D14.1.5 Brachytherapy Materials (including seeds and disposables)	Limited to R39 900 and included in D14.1.	Limited to R39 900 and included in D14.1.	Subject to the relevant managed healthcare programme. For oncologists, haematologists and credentialed medical practitioners, treatment and materials.
D14.2 Pre and Post-active treatment period (surgical resection of	Limited to and included in D14 for a period of 12 (twelve) months following the active treatment period, except for PMB.	Limited to and included in D14 for a period of 12 (twelve) months following the active treatment period, except for PMB.	For consultations by oncologists, haematologists and credentialed medical practitioners, specified radiology and pathology, performed by

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
tumour, chemotherapy and radiotherapy)	Sav = No Acc = No In Hosp = Yes	Sav = No Acc = No In Hosp = Yes	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.
D15 OPTOMETRY			
(Unmanaged)	Limited to R9 170 per member family and R3 010 per beneficiary. Refer B2, B5 and A5.5. Sav = Yes Acc = Yes In Hosp = No	Limited to R9 170 per member family and R3 010 per beneficiary. Refer B2, B5 and A5.5. Sav = Yes Acc = Yes In Hosp = No	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.1 Optometric refraction (test)	Limited to and included in D15.	Limited to and included in D15.	
D15.2 Frames	Limited to and included in D15.	Limited to and included in D15.	Including repairs.
D15.3 Lenses			

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D15.3.1 Single vision lenses	Limited to and included in D15.	Limited to and included in D15.	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.3.2 Bifocal lenses	Limited to and included in D15.	Limited to and included in D15.	
D15.3.3 Multifocal lenses	Limited to and included in D15.	Limited to and included in D15.	
D15.4 Special lenses	Limited to and included in D15.	Limited to and included in D15.	
D15.5 Lens add-ons	Limited to and included in D15.	Limited to and included in D15.	
D15.6 Contact lenses	Limited to and included in D15.	Limited to and included in D15.	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.7 Low vision appliances	Limited to and included in D3. 1.	Limited to and included in D3. 1.	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.8 Ocular prostheses	Limited to and included in D20.2.	Limited to and included in D20.2.	When prescribed by a registered optometrist, ophthalmologist, ocularist or supplementary optical practitioner.
D15.9 Readers from a registered optometrist, ophthalmologist or	Refer B2 and B5. Sav = Yes Acc = Yes	Refer B2 and B5. Sav = Yes Acc = Yes	When supplied by an optometrist, ophthalmologist or supplementary optical practitioner.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
supplementary optical practitioner	In Hosp = No	In Hosp = No	
D15.10 Diagnostic procedures	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.
D16 ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION			
	Limited to R400 000 per member family. Sav = No Acc = No In Hosp = Yes	Limited to R400 000 per member family. 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.
D16.1 Corneal Grafts	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.
D16.2 Haemopoietic stem cell (bone marrow) transplantation	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 grafts derived

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			from the South African Bone Marrow Registry.
D16.3 Immuno suppressive medicine	Limited to and included in D16.	Limited to and included in D16.	Refer D16.
D16.4 Post transplantation biopsies and scans	Limited to and included in D16.	Limited to and included in D16.	Refer D16.
D16.5 Radiology and pathology	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.
D17 ADDITIONAL MEDICAL SERVICES			
In and Out of Hospital: <ul style="list-style-type: none"> • Dietetics • Occupational Therapy • Speech Therapy • Audiology • Genetic Counselling • Hearing Aid Acoustics 	Limited to available savings, unless PMB. Refer B2. Sav = Yes Acc = No In Hosp = No	Limited to available savings, unless PMB. Refer B2. Sav = Yes Acc = No In Hosp = No	All benefits under paragraph D17 are subject to referral by the treating provider. Subject to PMB and managed care protocols if deemed clinically appropriate.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<ul style="list-style-type: none"> • Orthoptics • Podiatry • Private Nurse Practitioners • Social Workers 	Subject to a combined limit with Physical Therapy (D19.2) of R10 500 in the Above Threshold Benefit. (see B6).	Subject to a combined limit with Physical Therapy (D19.2) of R10 500 in the Above Threshold Benefit. (see B6).	
D18 PATHOLOGY AND MEDICAL TECHNOLOGY			
D18.1 In hospital	Unlimited. Sav = No Acc = No In Hosp = Yes	Unlimited. Sav = No Acc = No In Hosp = Yes	For all tests performed by a pathologist or medical technologist.
D18.2 Out of hospital	Refer B2 and B5. Sav = Yes Acc = Yes In Hosp = No	Refer B2 and B5. 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"> • the maternity benefit (D10) • the oncology benefit during the active and/ or post active treatment period (D14) • the organ and Haemopoietic stem cell (bone marrow) transplantation benefit (D16) • the renal dialysis chronic benefit (D22)

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			Co-payments will apply once the Safety Net Level has been reached.
D19 PHYSICAL THERAPY			
D19.1 In Hospital Physiotherapy Biokinetics	Unlimited. Sav = No Acc = No In Hosp = Yes	Unlimited. 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.
D19.2 Out of hospital Physiotherapy Biokinetics Chiropractors	Limited to available savings, unless PMB. Refer B2 and B5. Subject to a combined limit with Additional Medical Services (D17) of R10 500 per member family in the Above Threshold Benefit, (see B6).	Limited to available savings, unless PMB. Refer B2 and B5. Subject to a combined limit with Additional Medical Services (D17) of R10 500 per member family in the Above Threshold Benefit, (see B6).	Co-payments will apply once the Safety Net Level has been reached.
D20 PROSTHESES AND DEVICES INTERNAL AND EXTERNAL			
D20.1 Prostheses and devices internal (surgically implanted) including all accompanying temporary or	All benefits are subject to the sub-limits as indicated below. Any items not specifically listed below, are included in the unlisted	All benefits are subject to the sub-limits as indicated below. Any items not specifically listed below, are included in the unlisted	Subject to the relevant managed healthcare programme and to its prior authorisation.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
permanent devices used to assist with the guidance, alignment or delivery of these internal prosthesis and devices. This includes bone cement, bone graft substitutes and bone anchors	and internal prostheses and devices sub-limit. Sav = No Acc = No In Hosp = Yes R3 700 deductible on all joint replacements. (See Annexure E).	and internal prostheses and devices sub-limit. Sav = No Acc = No In Hosp = Yes R3 700 deductible on all joint replacements. (See Annexure E).	This benefit excludes osseo-integrated implants for the purpose of replacing a missing tooth/ teeth.
<i>D20.1.1 Cardiac system:</i>			
D20.1.1.1 Cardiac Pacemakers	R23 775 per family per annum.	R23 775 per family per annum.	
D20.1.1.2 Bi-ventricular pacemakers and Implantable Cardioverter Defibrillators (ICDs)	Limited to and included in D20.1.5.	Limited to and included in D20.1.5.	For ICDs in the setting of primary prevention, funding is limited to and included in D20.1.5. For ICDs in the setting of secondary prevention, funding is subject to the relevant managed healthcare programme and to its prior authorisation.
D20.1.1.3 Cardiac Stents (including the carrier) and drug eluting balloons	R23 775 per family per annum.	R23 775 per family per annum.	

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D20.1.1.4 Cardiac Valves	R23 775 per family per annum.	R23 775 per family per annum.	
<i>D20.1.2 Endovascular devices:</i>			
D20.1.2.1 Aorta stent grafts	R52 651 per family per annum.	R52 651 per family per annum.	
D20.1.2.2 Detachable platinum coils (Cerebral aneurysm coils)	R43 289 per family per annum.	R43 289 per family per annum.	
<i>D20.1.3 Orthopaedic prosthesis and devices:</i>			
D20.1.3.1 Elbow replacement	R25 083 per family per annum.	R25 083 per family per annum.	
D20.1.3.2 Hip replacement	R25 083 per family per annum. Designated Service Provider = ICPS, subject to Fedhealth Protocols. A co-payment of R3 700 applicable.	R25 083 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 SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D20.1.3.3 Knee replacement	R25 083 per family per annum. Designated Service Provider = ICPS, subject to Fedhealth Protocols. A co-payment of R3 700 applicable.	R25 083 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.
D20.1.3.4 Shoulder replacement	R25 083 per family per annum.	R25 083 per family per annum.	
D20.1.3.5 Total ankle replacement	Limited to and included in D20.1.5.	Limited to and included in D20.1.5.	
D20.1.4 Ophthalmic system:			
D20.1.4.1 Intraocular Lens	R2 958 per lens limited to 2 per beneficiary.	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.
D20.1.5 Unlisted internal prostheses and devices	All unlisted internal prostheses have a combined benefit limit of R22 480 per family per annum.	All unlisted internal prostheses have a combined benefit limit of R22 480 per family per annum.	

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D20.2 Prostheses and devices external	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 R10 500 per family if preferred provider is not used. 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 of Orthotic and Prosthetic Schedule as prescribed by a medical practitioner. Limited to R10 500 per family if preferred provider is not used. Sav = No Acc = No In Hosp = Yes	If preferred provider is used, negotiated contract applies. Orthotic and Prosthetic Schedule to apply as prescribed by a medical practitioner.
D21 RADIOLOGY			
D21.1 General Radiology			
D21.1.1 In hospital	Unlimited. Sav = No Acc = No In Hosp = Yes	Unlimited. 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.
D21.1.2 Out of hospital	Refer B2 and B5.	Refer B2 and B5.	This benefit excludes a specified list of radiology tariff codes included in:

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Sav = Yes Acc = Yes In Hosp = No	Sav = Yes Acc = Yes In Hosp = No	<ul style="list-style-type: none"> • the maternity benefit (D10) • the oncology benefit during the active and/ or post active treatment period (D14) • the organ and Haemopoietic stem cell transplantation benefit (D16) • the renal dialysis chronic benefit (D22) <p>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.</p> <p>Co-payments will apply once the Safety Net Level has been reached.</p>
D21.2 Specialised radiology (in and out of hospital)	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. MRIs and CT Scans in and out of Hospital: A co-payment of R1 900 is applicable for non-PMBs, subject to	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. MRIs and CT Scans: A co-payment of R1 900 is payable from savings (or self funded if savings are exhausted) for non-	Subject to the relevant managed healthcare programme and to its prior authorisation. Oncology requests will be limited and included in D14.1.2. Specific authorisations are required in addition to any authorisation that may

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	pre-authorisation and managed care protocols. Sav = No Acc = No In Hosp = Yes	PMBs, in and out of hospital benefits. Sav = No Acc = No In Hosp = Yes	have been obtained for hospitalisation, for the following: <ul style="list-style-type: none"> • CT scans • Muga scans • MRI scans • Radio isotope studies • CT colonography (virtual colonography only in credentialed practices) limited to one per beneficiary per annum restricted to the evaluation of symptomatic patients only • MDCT Coronary Angiography (only in credentialed practices), limited to one per beneficiary per annum restricted to the evaluation of symptomatic patients only.
D21.2.1 PET and PET CT	Limited to and included in D14.1.2.1.	Limited to and included in D14.1.2.1.	Refer D14.1.2.1.
D22 RENAL DIALYSIS CHRONIC			
D22.1 Haemodialysis and peritoneal dialysis	Limited to R400 000 per member family. Sav = No Acc = No In Hosp = Yes	Limited to R400 000 per member family. Sav = No Acc = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<p>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.</p> <p>Paragraph A4 applicable.</p>
D22.2 Radiology and pathology	Limited to and included in D22.	Limited to and included in D22.	<p>For specified radiology and pathology services.</p> <p>As specified by the relevant managed healthcare programme.</p>
D23 SURGICAL PROCEDURES			
D23.1 In hospital and unattached operating theatres	Unlimited. Sav = No Acc = No In Hosp = Yes	Unlimited. Sav = No Acc = No In Hosp = Yes	<p>Subject to the Scheme's contracted managed healthcare programme(s) which include the application of treatment protocols, formularies, pre-authorisation and case management.</p> <p>For surgical procedures performed by a general or dental practitioner or medical or dental specialist.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> • Osseo-integrated implants (D6) • Orthognathic and oral surgery (D6)

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> • Maternity (D10) Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)
D23.1.1 Refractive surgery	Refer B2 and B5. Sav = Yes Acc = No In Hosp = No	Refer B2 and B5. Sav = Yes Acc = No In Hosp = No	Subject to the relevant managed healthcare programme and to its prior authorisation.
D23.1.2 Maxillo-facial surgery	Unlimited. R3 700 co-payment on surgical removal of impacted wisdom teeth. (See Annexure E) Sav = No Acc = No In Hosp = Yes	Unlimited. R3 700 co-payment on surgical removal of impacted wisdom teeth. (See Annexure E) 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"> • Osseo-integrated implants (D6) • Orthognathic surgery (D6) • Oral surgery (D6) • Impacted wisdom teeth (D6)
D23.1.3 Transcatheter Aortic Valve Implantation and repairs (TAVI)	Limited to and included in D23.1. Valves, including percutaneous valves and repairs thereof, limited to and included in D20.1.5. 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. Sav = No Acc = No In Hosp = Yes	

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D23.2 Out of hospital in practitioner's rooms	Limited to and included in D23.1. Sav = No Acc = No In Hosp = Yes	Limited to and included in D23.1. 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"> • Osseo-integrated implants (D6) • Orthognathic and oral surgery (D6) • Maternity (D10) • Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) •
D23.2.1 Specific surgical procedures in practitioner's rooms <ul style="list-style-type: none"> • Circumcision • Laser tonsillectomy • Vasectomy 	Limited to and included in D23.1.	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.

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D24 SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS			
D24.1	<p>Procedures paid from hospital benefit if done in a day clinic, day ward or outpatient section of a hospital 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).</p> <p>Overnight admissions will not be covered except for Prescribed Minimum Benefits.</p> <p>Paragraph A5.5 and D5.2.1 applicable.</p>		
D24.1.1	<p>Ear Nose and Throat (ENT) procedures 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>		
D24.1.2	<p>Gynaecological procedures Bartholin cyst excision, Dilation and Curettage (D&C), Polypectomy, Hysteroscopy, Diagnostic laparoscopy, Laparoscopic sterilisation, Cone biopsy, Cauterisation of cervix, Cauterisation of warts, Colposcopy,</p>		
D24.1.3	<p>Orthopaedic procedures 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 synvisc injection, Knee Arthroscopy due to Osteoarthritis/gonarthrosis to be paid from the PMSA.</p>		
D24.1.4	<p>Ophthalmic procedures Cataract extraction, Lens implant, Melbomian cyst excision, Pterygium excision, Dachrocystorrhinostomy.</p>		

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D24.1.4	Ophthalmic procedures Cataract extraction, Lens implant, Melbomian cyst excision, Pterygium excision, Dachrocystorrhinostomy.		
D24.1.6	Other procedures 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.		
D24.2	Procedures performed in a doctor's rooms or suitably equipped procedure room 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. Paragraph A5.5 and D5.2.1 applicable. 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 Tariff or the equivalent outpatient facility fee. (See the following page for procedure list) <ul style="list-style-type: none"> • Gastroscopy (no general anaesthetic will be paid for) • Colonoscopy (no general anaesthetic will be paid for) 		

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<ul style="list-style-type: none"> • Flexible Sigmoidoscopy • Indirect Laryngoscopy • Removal of impacted wisdom teeth • Intravenous administration of bolus injections for medicines that include antimicrobials and Immunoglobulins (payment of immunoglobulin's is subject to D11.6) • Fine needle aspiration breast biopsy • Excision of nailbed • Drainage of abscess or cyst • Injection of varicose veins • Excision of superficial benign tumours • Superficial foreign body removal • Nasal plugging for epistaxis • Cauterisation of warts • Batholin cyst excision 		
D25 WELLNESS BENEFIT			
	100% of the lower of the cost or Scheme tariff 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.		
D25.1 Woman's Health			
D25.1.1 Breast Cancer Screening/ Mammogram	1 test every three years for woman aged 50 to 74 years old.		

SERVICE SUBJECT TO PMB	MAXIMA STANDARD BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA STANDARD ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D25.1.2 Cervical Cancer Screening (PAP smear)	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).		
D25.3 Cardiac Health (Cholesterol Screening [Full Lipogram])	1 test every 5 years, for all lives aged 20 and older.		
D25.4 General Wellness			
D25.4.1 Flu Immunisation	1 every year for all lives.		
D25.4.2 HIV Test	1 every year per beneficiary, for all lives.		
D25.5 Child Immunisations			

Age of child	Vaccine	Dispensed
At Birth	Tuberculosis (Bacilles Calmette Guerin)	Right arm
	OPV (0) Oral Polio Vaccine	Drops by mouth
6 Weeks	OPV (1) Oral Polio Vaccine	Drops by mouth
	RV (1) Rotavirus Vaccine	Liquid by mouth
	DTaP-IPV//Hib (1), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b combined	Left thigh
	Hep B (1) Hepatitis B Vaccine	Right thigh
	PCV ₇ (1) Pneumococcal Conjugated Vaccine	Right thigh
10 Weeks	DTaP-IPV//Hib (2), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b combined	Left thigh
	Hep B (2) Hepatitis B Vaccine	Right thigh
14 Weeks	RV (2) Rotavirus Vaccine (should not be administered after 24 weeks)	Liquid by mouth
	DTaP-IPV//Hib (3), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b combined	Left thigh

	Hep B (3) Hepatitis B Vaccine	Right thigh
	PCV₇ (2) Pneumococcal Conjugated Vaccine	Right thigh
9 Months	Measles Vaccine (1)	Left thigh
	PCV₇ (3) Pneumococcal Conjugated Vaccine	Right thigh
18 Months	DTaP-IPV//Hib (4), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b combined	Left arm
	Measles Vaccine (2)	Right arm
6 Years	Td Vaccine Tetanus and reduced strength of diphtheria Vaccine	Left arm
12 Years	Td Vaccine Tetanus and reduced strength of diphtheria Vaccine	Left arm

D26 HEALTH RISK ASSESSMENTS	
	100% of the lower of the cost or Scheme tariff 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.
D26.1 Wellness Screening <ul style="list-style-type: none"> • Blood pressure; • Finger prick cholesterol; • Glucose test 	1 test per beneficiary per annum.
D26.2 Preventative Screening <ul style="list-style-type: none"> • Hip to waist ratio; • Body fat percentage; • Flexibility; • Posture; and • Fitness 	1 test per beneficiary per annum.
D26.3 Additional Biokineticists Assessments	3 tests per beneficiary per annum.

ooooOOOOoooo
