

# FEDHEALTH MEDICAL SCHEME

## MAXIMA RANGE

### BASIS

### BASIS<sup>GRID</sup>

## ANNEXURE B5 – BENEFITS

### 2016

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

[EFFECTIVE 1 JANUARY 2016 UNLESS OTHERWISE STATED BELOW]

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## FEDHEALTH MEDICAL SCHEME – MAXIMA BASIS OPTIONS

### ANNEXURE B

#### BENEFITS AND LIMITS

[Effective 1 January 2016 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 (Basis Range) are listed in the paragraphs to follow.

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

100% of the lower of:

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

**A3.1** Hospitalisation on the Maxima Basis Option:

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

**A3.2 Hospitalisation on the Maxima Basis<sup>Grid</sup>:**

The above sub-options have 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. Paragraph A4 is also applicable.

**A3.4 DSPs**

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

No pre-authorisation will be granted for voluntary non-PMB use of non-DSPs

**A4 Providers in Hospital:**

**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 Maxima Basis 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 for Maxima Basis 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 at the negotiated rate for all options.

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

**A5.2 Nomination of Preferred GP/ Family Practitioner ("PFP") at beneficiary level (applicable to the Basis and Basis<sup>Grid</sup> option only):**

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

Each member, on behalf of himself/ herself, and on behalf of his/ her dependants, shall elect a PFP by following the selection criteria required by the Scheme.

A PFP may be changed at the principal member's and beneficiary discretion once a year during the option selection window period provided from 1 November to 30 November, by completing the selection information as required by the Scheme.

**A5.3 PFP referral for Specialist Consultations on Maxima Basis<sup>Grid</sup>:**

Specialist consultations will only be provided for upon referral to such specialist by the member's nominated PFP. Pre-authorisation will be required for such consultations. Specialist consultations will be re-imbursed at the rate negotiated for Network Specialists.

**A5.4 Out of GP Network**

- 100% of Fedhealth Rate for Maxima Basis options.
- No benefit for Maxima Basis<sup>Grid</sup>, once savings have been depleted.

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 Specialists out of Hospital:**

A Specialist Network, appointed as the Scheme's DSP for PMB's (refer Annexure D, paragraph 7.4.3), is applicable for all Out of Hospital (day to day) consultations and procedures.

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

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

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

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

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

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

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

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

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

**B2 Current Credit Personal Medical Savings Account (PMSA)** – Claims for services stated as being subject to payment from the Current Credit Personal Medical Savings Account (PMSA), as reflected in the columns headed **BENEFITS/ LIMITS** in the 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**.

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

Claims for out of hospital expenses will be paid first from the PMSA. Once the PMSA has been depleted, the relevant claims will be paid from 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 "PMSA" limits 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.
- A5 The Out of Hospital Expense Benefit (OHEB)**  
There is no Out of Hospital Expense Benefit (OHEB) for this range of options.
- B6** 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.

**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 BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> 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.  Sav = Yes In Hosp = No	100% of the lower of the cost or Fedhealth Rate.  Refer B2.  Sav = Yes 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.  Sav = Yes In Hosp = No	100% of the lower of the cost or Fedhealth Rate.  Refer B2.  Sav = Yes In Hosp = No	
<b>D2 AMBULANCE SERVICES</b>			
	100% of the cost if authorised by the preferred provider.  Unlimited.	100% of the cost if authorised by the preferred provider.  Unlimited.	Subject to the contracted ambulance services and prior authorisation. Benefits shall apply in respect of services provided within the Republic of South Africa,

<b>SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB</b>	<b>MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA BASIS<sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
	Only one inter-hospital transfer per event.  Sav = No In Hosp = Yes	Only one inter-hospital transfer per event.  Sav = No In Hosp = Yes	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. Sav = No In Hosp = Yes	R250 000 per event. Sav = No In Hosp = Yes	Emergency evacuation within Africa after 90 days absence from the Republic of South Africa.
<b>D3 APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS</b>			
<b>D3.1 In Hospital and Out of Hospital</b>	Limited to available savings, unless PMB.  Sav = Yes In Hosp = No	Limited to available savings, unless PMB.  Sav = Yes 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.
<b>D3.2 Out of Hospital</b>	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 to paragraph B2.
<b>D3.2.1 General medical and surgical appliances (including glucometers)</b>	Limited to and included in D3.1. If PMB, included in D3.1 and: Sav = Yes In Hosp = Yes	Limited to and included in D3.1. If PMB, included in D3.1 and: Sav = Yes In Hosp = Yes	Refer D3.1. Diabetic accessories and appliances (with the exception of glucometers) are excluded from D3 and subject to D11.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D3.2.2</b> Hearing aids and repairs thereof	Limited to and included in D3.1.	Limited to and included in D3.1.	Refer D3.1.
<b>D3.2.3</b> Large orthopaedic orthotics/ appliances	Limited to and included in D3.1.	Limited to and included in D3.1.	Refer D3.1.
<b>D3.2.4</b> Stoma products	Limited to and included in D3.1, unless PMB.  Sav = No In Hosp = No  Unless PMB, in which case: Sav = No In Hosp = Yes	Limited to and included in D3.1, unless PMB.  Sav = No In Hosp = No  Unless PMB, in which case: Sav = No In Hosp = Yes	Subject to PMB and managed care protocols if deemed clinically appropriate.
<b>D3.2.5</b> CPAP apparatus for sleep apnoea	No benefit.	No benefit.	Subject to the relevant managed healthcare programme and to its prior authorisation. Refer D3.1.
<b>D3.2.6</b> Foot orthotics (including shoes and foot inserts/ levellers)	Limited to R3 910 per beneficiary per annum, and further limited to D3.1. Sav = n/a In Hosp = No	Limited to R3 910 per beneficiary per annum, and further limited to D3.1. Sav = n/a In Hosp = No	
<b>D3.3</b> Specific appliances, accessories			
<b>D3.3.1</b> Oxygen therapy equipment (excluding	Unlimited, if specifically authorised.	Unlimited, if specifically authorised.	Subject to the relevant managed healthcare programme and to its

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
hyperbaric oxygen treatment)	Sav = No In Hosp = Yes	Sav = No In Hosp = Yes	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. Sav = No In Hosp = Yes	Unlimited, if specifically authorised. Sav = 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. Sav = No In Hosp = Yes	Unlimited, if specifically authorised. Sav = 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.  Sav = No In Hosp = Yes	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.  Sav = 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 BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> 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.  Sav = No In Hosp = Yes	100% of the lower of the cost or Fedhealth Rate. Unlimited.  Sav = No In Hosp = Yes	For medical and dental specialists or general practitioners. Paragraph A4 applicable.  This benefit excludes: <ul style="list-style-type: none"> <li>• Alternative healthcare practitioners (D1)</li> <li>• Dental practitioners, technologists and Therapists (D6)</li> <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>			

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D5.2.1 GP's In Network</b>	Limited to available savings. Refer B2. <b>In Network with benefits:</b> Sav = Yes In Hosp = No <b>In Network without benefits:</b> Unlimited In Hosp = Yes Consultations through Network Provider unlimited once benefits are exhausted.	Limited to available savings. Refer B2. <b>In Network with benefits:</b> Sav = Yes In Hosp = No <b>In Network without benefits:</b> Sav = No In Hosp = Yes	Refer paragraph A4.5 above.
<b>D5.2.2 GP's Out of Network</b>	100% of the lower of the cost or Fedhealth Rate.  Limited to available Savings. Refer B2.  Sav = Yes In Hosp = No	100% of the lower of the cost or Fedhealth Rate.  Limited to available savings. Refer B2.  Sav = 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.  See paragraph A5 above.
<b>D5.3 Specialists Out of Hospital</b>			
<b>D5.3.1 Specialists In Network</b>	Limited to available savings.  Refer B2 and A5.5.  Sav = Yes In Hosp = No	Limited to available savings.  Refer B2 and A5.5.  Sav = Yes In Hosp = No	

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D5.3.2 Specialists Out of Network</b>	Limited to available savings. Refer B2 and A5.5.  Sav = Yes In Hosp = No	Limited to available savings. Refer B2 and A5.5.  Sav = 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.
<b>D6 DENTISTRY</b>			
<b>D6.1 Basic</b>	Limited to available savings.	Limited to available savings.	
<b>D6.1.1 Dental Practitioners</b>	Limited to and included in D6.1.  <b>Dental benefit:</b> Once savings are depleted (see paragraph B2), the following is covered on the Major Medical Benefit, subject to Dental Risk Company Provider Network protocols -  <b>Limits apply to the below benefits as follows:</b> <ul style="list-style-type: none"> <li>• Fissure sealant (for beneficiaries under the age of 14 only) – 2 per beneficiary per quadrant per day to a maximum of 8 per day, and 1 per tooth per annum</li> <li>• Local Anaesthetic – 1 per beneficiary per visit</li> <li>• Sterilised instrumentation – 1 per beneficiary per visit</li> </ul>	Limited to and included in D6.1.  <b>Dental benefit:</b> Once savings are depleted (see paragraph B2), the following is covered on the Major Medical Benefit, subject to Dental Risk Company Provider Network protocols -  <b>Limits apply to the below benefits as follows:</b> <ul style="list-style-type: none"> <li>• Fissure sealant (for beneficiaries under the age of 14 only) – 2 per beneficiary per quadrant per day to a maximum of 8 per day, and 1 per tooth per annum</li> <li>• Local Anaesthetic – 1 per beneficiary per visit</li> <li>• Sterilised instrumentation – 1 per beneficiary per visit</li> </ul>	Subject to the relevant managed healthcare programme.  Paragraph A4 applicable. Basic dentistry including minor oral surgery.  Includes removal of teeth and roots, surgical removal of wisdom teeth, exposure of teeth for orthodontic reasons and suturing of traumatic wounds.  Oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such surgery.  General anaesthetics, conscious sedation and hospitalisation for

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<ul style="list-style-type: none"> <li>• Infection Control (gloves and mask) – 2 per beneficiary per visit</li> </ul> <p><b>The following is limited to 2 per beneficiary per annum:</b></p> <ul style="list-style-type: none"> <li>• Consultations</li> <li>• Intra Oral Radiographs</li> <li>• Scale and Polishing</li> <li>• Topical Application of Fluoride (for beneficiaries between the age of 3 and 12 only)</li> </ul> <p><b>The following is limited to 4 per beneficiary per annum:</b></p> <ul style="list-style-type: none"> <li>• Resin Fillings (anterior)</li> <li>• Resin Fillings</li> <li>• Non-surgical extractions (clinically motivated)</li> <li>• Surgical Removal of tooth</li> <li>• Treatment of Septic Socket</li> </ul> <p><b>The following is limited to 1 per beneficiary every 24 months, for beneficiaries 21 years and older only:</b></p> <ul style="list-style-type: none"> <li>• Complete Denture maxillary and mandibular</li> <li>• Complete Denture maxillary or mandibular</li> </ul>	<ul style="list-style-type: none"> <li>• Infection Control (gloves and mask) – 2 per beneficiary per visit</li> </ul> <p><b>The following is limited to 2 per beneficiary per annum:</b></p> <ul style="list-style-type: none"> <li>• Consultations</li> <li>• Intra Oral Radiographs</li> <li>• Scale and Polishing</li> <li>• Topical Application of Fluoride (for beneficiaries between the age of 3 and 12 only)</li> </ul> <p><b>The following is limited to 4 per beneficiary per annum:</b></p> <ul style="list-style-type: none"> <li>• Resin Fillings (anterior)</li> <li>• Resin Fillings</li> <li>• Non-surgical extractions (clinically motivated)</li> <li>• Surgical Removal of tooth</li> <li>• Treatment of Septic Socket</li> </ul> <p><b>The following is limited to 1 per beneficiary every 24 months, for beneficiaries 21 years and older only:</b></p> <ul style="list-style-type: none"> <li>• Complete Denture maxillary and mandibular</li> <li>• Complete Denture maxillary or mandibular</li> </ul>	<p>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> <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>



SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<ul style="list-style-type: none"> <li>• Partial Denture (resin base):               <ul style="list-style-type: none"> <li>○ 1 Tooth</li> <li>○ 2 Teeth</li> <li>○ 3 Teeth</li> <li>○ 4 Teeth</li> <li>○ 5 Teeth</li> <li>○ 6 Teeth</li> <li>○ 7 Teeth</li> <li>○ 8 Teeth</li> <li>○ 9 Teeth and more</li> </ul> </li> <li>• Rebase complete or partial denture (lab)</li> <li>• Repair Denture</li> <li>• Reline complete or partial denture (chair side)</li> <li>• Add tooth to existing partial dentures</li> <li>• Impression to repair/ addition</li> </ul> <p>General anaesthetics, conscious sedation and hospitalisation for dental work will only be granted benefits for beneficiaries under the age of 7 years.</p> <p>Sav = Yes In Hosp = No</p>	<ul style="list-style-type: none"> <li>• Partial Denture (resin base):               <ul style="list-style-type: none"> <li>○ 1 Tooth</li> <li>○ 2 Teeth</li> <li>○ 3 Teeth</li> <li>○ 4 Teeth</li> <li>○ 5 Teeth</li> <li>○ 6 Teeth</li> <li>○ 7 Teeth</li> <li>○ 8 Teeth</li> <li>○ 9 Teeth and more</li> </ul> </li> <li>• Rebase complete or partial denture (lab)</li> <li>• Repair Denture</li> <li>• Reline complete or partial denture (chair side)</li> <li>• Add tooth to existing partial dentures</li> <li>• Impression to repair/ addition</li> </ul> <p>General anaesthetics, conscious sedation and hospitalisation for dental work will only be granted benefits for beneficiaries under the age of 7 years.</p> <p>Sav = Yes In Hosp = No</p>	
<b>D6.1.2 Dental therapists</b>	Subject to available savings.  Sav = Yes	Subject to available savings.  Sav = Yes	Subject to the relevant managed healthcare programme.

<b>SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB</b>	<b>MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA BASIS<sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
	In Hosp = No	In Hosp = No	Refer D6.1.1.
<b>D6.1.3 Dental Technicians</b>	Subject to available savings.  Sav = Yes In Hosp = No	Subject to available savings.  Sav = Yes In Hosp = No	Refer D6.1.1.
<b>D6.2 Advanced</b>	Subject to available savings.  Refer B2.  Sav = Yes In Hosp = No	Subject to available savings.  Refer B2.  Sav = 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).
<b>D6.2.1 Dental technicians</b>	Limited to and included in D6.2.  Sav = Yes In Hosp = No	Limited to and included in D6.2.  Sav = Yes In Hosp = No	Refer D6.2.
<b>D6.2.2 Osseo-integrated implants and orthognathic surgery (functional correction of malocclusions)</b>	No benefit.	No benefit.	Subject to the relevant managed healthcare programme and to its prior authorisation. All services rendered, including the cost of special investigations,

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			<p>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.</p> <p>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.</p>
<b>D6.2.3 Oral surgery</b>	<p>Limited to and included in D6.2.</p> <p>Sav = Yes In Hosp = No</p>	<p>Limited to and included in D6.2.</p> <p>Sav = Yes In Hosp = No</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>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.</p> <p>Paragraph A4 applicable.</p>

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<b>D6.2.4 Orthodontic treatment</b>	Limited to and included in D6.2.  Sav = Yes In Hosp = No	Limited to and included in D6.2.  Sav = 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.	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.  Sav = No In Hosp = Yes  Deep Brain Stimulation – no benefit.	Unlimited.  <b>An amount of R10 000 is deductible for the use of Non-DSP Providers</b> , unless such use is involuntary (Paragraph <b>A3 and A4</b> applicable)  Sav = No In Hosp = Yes  Deep Brain Stimulation – no benefit.	Subject to the Scheme’s contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management. Paragraph A4 applicable.  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

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			<p>general wards, unless there is acceptable medical motivation.</p> <p>This benefit excludes: Hospitalisation for:</p> <ul style="list-style-type: none"> <li>• Osseo-integrated implants and orthognathic surgery (D6)</li> <li>• Maternity (D10)</li> <li>• Mental Health (D12)</li> <li>• Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> <li>• 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>Sav = No In Hosp = Yes</p>	<p>Limited to and included in D7.1.1.</p> <p>Sav = 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>

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<b>D7.1.3 Casualty/ emergency rooms</b>			
<b>D7.1.3.1 Facility Fee</b>	100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate.  Subject to available savings. Refer B2.  Sav = Yes In Hosp = No	100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate.  Subject to available savings. Refer B2.  Sav = Yes In Hosp = No	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
<b>D7.1.3.2 Consultations</b>	Limited to and included in D5.2 and D5.3. Sav = Yes In Hosp = No	Limited to and included in D5.2 and D5.3. Sav = Yes In Hosp = No	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
<b>D7.1.3.3 Medicine</b>	Limited to and included in D11.1.  Sav = Yes In Hosp = No	Limited to and included in D11.1.  Sav = Yes In Hosp = No	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
<b>D7.1.3.4 Trauma Treatment in Casualty</b>	A co-payment of R500 is applicable on the Casualty Benefit.	A co-payment of R500 is applicable on the Casualty Benefit.	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given

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	<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.</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.</p> <p>Refer B2.</p> <p>Sav = Yes Acc = Yes In Hosp = No</p>	<p>by the relevant managed healthcare programme.</p>
<b>D7.2 Public Hospitals</b>			
<b>D7.2.1 In Hospital</b>	<p>Unlimited.</p> <p>Sav = Yes In Hosp = Yes</p> <p>Co-payments applicable as per D7.1.1.</p>	<p>Unlimited.</p> <p>Sav = Yes In Hosp = Yes</p> <p>Co-payments applicable as per D7.1.1.</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 and surgical items.</p> <p>This benefit excludes: Hospitalisation for:</p> <ul style="list-style-type: none"> <li>• Osseo-integrated implants and</li> </ul>

<b>SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB</b>	<b>MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA BASIS<sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
			<ul style="list-style-type: none"> <li>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.  Sav = No In Hosp = Yes	Limited to and included in D7.1.1.  Sav = 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>	Subject to available savings. Refer B2.  Sav = Yes In Hosp = No	Subject to available savings. Refer B2.  Sav = 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



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			programme for <i>bona fide</i> emergencies.
<b>D7.2.3.2 Consultations</b>	Limited to and included in D5.2 and D5.3.  Sav = Yes In Hosp = No	Limited to and included in D5.2 and D5.3.  Sav = Yes In Hosp = No	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
<b>D7.2.3.3 Medicine</b>	Limited to and included in D11.1.  Sav = Yes In Hosp = No	Limited to and included in D11.1.  Sav = 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>	Subject to available savings. Refer B2.  Sav = Yes In Hosp = No	Subject to available savings. Refer B2.  Sav = 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.  Sav = Yes In Hosp = No	Limited to and included in D5.2 and D5.3.  Sav = Yes In Hosp = No	Refer D5.2 and D5.3.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D7.2.4.3 Medicine</b>	Limited to and included in D11.1.  Sav = Yes In Hosp = No	Limited to and included in D11.1.  Sav = Yes In Hosp = No	Limited to and included in D11.1.
<b>D7.3 Alternatives to hospitalisation</b>	100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate.	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>	Limited to PMB level of care.  Sav = No In Hosp = Yes	Limited to PMB level of care.  Sav = No In Hosp = Yes	Refer D7.3.
<b>D7.3.2 Sub-acute facilities</b>	Limited to PMB level of care.  Sav = No In Hosp = Yes	Limited to PMB level of care.  Sav = 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.  Sav = No In Hosp = Yes	Limited to R27 900 per member family, unless prescribed minimum benefit.  Sav = No In Hosp = Yes	Refer D7.3.

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<b>D7.3.4 Nursing Services</b>			
<b>D7.3.4.1 Nursing Agencies</b>	Unlimited.  Sav = No In Hosp = Yes	Unlimited.  Sav = 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.
<b>D7.3.4.2 Private Nurse Practitioners</b>	Unlimited. Sav = No In Hosp = Yes	Unlimited. Sav = 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.	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-payments on spinal surgery, the co-payments will still apply
<b>D7.4 Post Hospitalisation</b>	Limited to D7, subject to 30 days following hospitalisation.	Limited to D7, subject to 30 days following hospitalisation.	Subject to the relevant managed healthcare programme and to its prior authorisation before

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	Sav = No In Hosp = Yes	Sav = No In Hosp = Yes	commencement of treatment. The 30 day period is applicable from the date of discharge only.
<b>D7.4.1 Physiotherapy</b>	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
<b>D7.4.2 Occupational therapy</b>	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
<b>D7.4.3 Speech therapy</b>	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
<b>D7.4.4 Pathology</b>	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
<b>D7.4.5 General radiology</b>	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
<b>D7.4.6 Dietician Consultations</b>	Limited to 2 consultations per admission, and included in D7.4.	Limited to 2 consultations per admission, and included in D7.4.	
<b>D8 IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION</b>			
<b>D8.1 Anti-retroviral medicine, including mother-to-child transmission, rape and post exposure prophylaxis</b>	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.
<b>D8.2 Related medicine</b>	Limited to and included in D8.1.	Limited to and included in D8.1.	Refer D11.1 and D11.4 and D8.1.

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<b>D8.3 Related pathology</b>	Limited to and included in D8.1.	Limited to and included in D8.1.	Pathology as specified by the relevant managed healthcare programme for out of hospital.
<b>D8.4 HIV Counselling and Testing (HCT)</b>	Limited to and included in D8.1.	Limited to and included in D8.1.	As specified by the relevant managed healthcare programme.
<b>D8.5 All other services</b>	Limited to and included in D1 to D7 and D9 to D24.	Limited to and included in D1 to D7 and D9 to D24.	
<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.</p> <p>Sav = n/a</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 = n/a</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"> <li>• Hysterosalpingo-gram</li> <li>• The following blood tests:</li> <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> </ul>

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	In Hosp = Yes	In Hosp = Yes	<ul style="list-style-type: none"> <li>• VDRL</li> <li>• Chlamydia</li> <li>• Day 21 Progesterone</li> <li>• Laparoscopy</li> <li>• Hysteroscopy</li> <li>• Surgery (uterus and tubal</li> <li>• Manipulation of ovulation defects and deficiencies</li> <li>• Semen analysis (volume; count; mobility; morphology; MAR test)</li> <li>• Basic counselling and advice on sexual behaviour, temperature charts, etc.</li> <li>• Treatment of local infections.</li> </ul>
<b>D10 MATERNITY</b>			
<b>D10.1 Confinement in hospital</b>	Unlimited.  Sav = No In Hosp = Yes	Unlimited, subject to A4.  Sav = 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 accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.

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			<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>Sav = No In Hosp = Yes</p>	<p>Limited to and included in D11.2.</p> <p>Sav = 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>Sav = No In Hosp = Yes</p> <p>4 x post-natal midwife consultations per pregnancy, in and out of hospital.</p>	<p>Unlimited.</p> <p>Sav = No In Hosp = Yes</p> <p>4 x post-natal midwife consultations per pregnancy, in and out of hospital.</p>	<p>For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>Delivery by a midwife.</p> <p>Hire of water bath included in D3.1.</p>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<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> Sav = No In Hosp = Yes	Unlimited.  <ul style="list-style-type: none"> <li>• 4 x post-natal midwife consultations per pregnancy.</li> </ul> Sav = 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.  Sav = No In Hosp = Yes	Unlimited.  Sav = 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 and A5.5. <ul style="list-style-type: none"> <li>• Specified pregnancy related tests and procedures</li> <li>• <b>consultations with a midwife, Network GP or Network Gynaecologist</b> limited to 6 x ante and/ or post natal consultations or a mixture thereof</li> <li>• Antenatal classes to the value of R950 conducted by Private Nurses;</li> <li>• 2 x 2D scans;</li> <li>• 1 x amniocentesis</li> </ul> Once savings have been depleted, the above benefits will	Refer B2 and A5.5. <ul style="list-style-type: none"> <li>• Specified pregnancy related tests and procedures</li> <li>• <b>consultations with a midwife, Network GP or Network Gynaecologist</b> limited to 6 x ante and/ or post natal consultations or a mixture thereof</li> <li>• Antenatal classes to the value of R950 conducted by Private Nurses;</li> <li>• 2 x 2D scans;</li> <li>• 1 x amniocentesis</li> </ul> Once savings have been depleted, the above benefits will	



<b>SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB</b>	<b>MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA BASIS<sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
	be payable from the Major Medical Benefit, subject to the stated benefit limits above.	be payable from the Major Medical Benefit, subject to the stated benefit limits above.	
<b>D11 MEDICINE AND INJECTION MATERIAL</b>			
<b>D11.1 Routine (acute) medicine</b>	Subject to available savings. Refer B2.  Sav = Yes In Hosp = No	Subject to available savings. Refer B2.  Sav = Yes In Hosp = No	Subject to the relevant managed healthcare programme. The Medicine Exclusion List and the Pharmacy Products Management Document, relevant managed healthcare programmes and protocols are applicable. This benefit excludes: <ul style="list-style-type: none"> <li>• In-hospital medicine (D7)</li> <li>• Anti-retroviral medicine (D8)</li> <li>• Oncology medicine (D14)</li> <li>• Organ and haemopoietic 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.  Sav = No In Hosp = Yes	Limited to and included in D7.1.1.  Sav = 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.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			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 In Hosp = No	Sav = Yes In Hosp = No	
<b>D11.4 Chronic medicine</b>	Prescribed Minimum Benefits Only.  Only 26 PMB's provided for from the Designated Service Provider (DSP), subject to a Restrictive formulary, unlimited.  Non DSP = 40% co-payment, for voluntary use of non-DSP.  Voluntary non-use of formulary medication = 40% co-payment.  Sav = No  In Hosp = Yes	Prescribed Minimum Benefits Only.  Only 26 PMB's provided for from the Designated Service Provider (DSP), subject to a Restrictive formulary, unlimited.  Non DSP = 40% co-payment, for voluntary use of non-DSP.  Voluntary non-use of formulary medication = 40% co-payment.  Sav = No  In Hosp = Yes	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.  This benefit excludes: <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)</li> </ul>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			transplantation and immunosuppressive medication (D16) • Renal dialysis Chronic (D22)
<b>D11.5 Female Health Benefit</b> <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>	Unlimited.  Sav = No In Hosp = Yes	Unlimited.  Sav = No In Hosp = Yes	Subject to a list of contraceptives.  Excluding oral contraceptives prescribed for other conditions.  Excluding consultations and procedural costs.
<b>D11.6 Specialised Drugs Non Oncology</b>	No benefit.	No benefit.	No benefit provided for facility fees on all options.
<b>D11.7 Specialised Drugs for Oncology</b>	No benefit.	No benefit.	No benefit provided for facility fees on all options.
<b>D12 MENTAL HEALTH</b>			
	Limited to R22 600 per member family.	Limited to R22 600 per member family, subject to the use of the Mental Health DSP.	

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<p><b>D12.1.1 In Hospital</b></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-authorized by the relevant managed healthcare programme.</p> <p>Sav = No In Hosp = Yes</p>	<p>Limited to and included in D12.</p> <p><b>An amount of R10 000 is deductible for the use of Non-DSP Providers</b>, unless such use is involuntary (Paragraph <b>A3</b> and <b>A4</b> applicable)</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>Sav = No In Hosp = Yes</p>	<p>Subject to the Scheme's managed healthcare programme(s) which include the application of treatment protocols, formularies, pre-authorization 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> <p>Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation.</p>

<b>SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB</b>	<b>MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA BASIS<sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
<b>D12.1.2 Medicine on discharge from hospital (TTO)</b>	Limited to and included in D7.1.1.  Sav = No In Hosp = Yes	Limited to and included in D7.1.1.  Sav = 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.	Limited to and included in D17.	
<b>D12.2.1 Non-Prescribed Minimum Benefit consultations and visits, procedures, assessments, therapy, treatment and/ or counselling</b>	Subject to available savings. Refer B2 and A5.5.  Sav = Yes In Hosp = No	Subject to available savings. Refer B2 and A5.5.  Sav = Yes 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>	Included in D12, once limit is depleted then unlimited	Included in D12, once limit is depleted then unlimited	See D12.2.1.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Sav = No In Hosp = Yes	Sav = No In Hosp = Yes	Paragraph A4 applicable.
<b>D12.2.3 Medicine</b>	Limited to and included in D11.1.  Sav = Yes In Hosp = No	Limited to and included in D11.1.  Sav = 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.  Sav = No In Hosp = Yes	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.  Sav = 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>SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB</b>	<b>MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA BASIS<sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
<b>D12.3.1 Medicine on discharge from hospital (TTO)</b>	Limited to and included in D7.1.2.  Sav = No In Hosp = Yes	Limited to and included in D7.1.2.  Sav = No In Hosp = Yes	Refer D7.1.2.  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.  Sav = No In Hosp = Yes	Unlimited.  Sav = 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>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D13.2 Out of hospital</b>	Subject to available savings. Refer B2 and A5.5.  Sav = Yes In Hosp = No	Subject to available savings. Refer B2 and A5.5.  Sav = Yes In Hosp = No	For all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.
<b>D13.2.1 Non-surgical procedures in 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> </ul>	Unlimited.  Sav = No In Hosp = Yes	Unlimited.  Sav = No In Hosp = Yes	For all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.  Paragraph A4 applicable.



<b>SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB</b>	<b>MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA BASIS<sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
<b>D13.3 Sleep Studies</b>			
<b>D13.3.1 Diagnostic Polysomnograms in and out of hospital</b>	Subject to available savings. Refer B2 and A5.5.  Sav = Yes In Hosp = No	Subject to available savings. Refer B2 and A5.5.  Sav = Yes In Hosp = No	
<b>D13.3.2 CPAP Titration in and out of hospital</b>	No benefit.	No benefit.	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 Rate.
<b>D14 ONCOLOGY</b>			
<b>D14.1 Active Treatment Period</b>	Limited to R250 000 per member family.  Sav = No In Hosp = Yes  Entry-level protocols apply.  ICON is the DSP.	Limited to R250 000 per member family.  Sav = No In Hosp = Yes  Entry-level protocols apply.  ICON is the DSP.	Subject to the relevant managed healthcare programme and to its prior authorisation. Paragraph A4 applicable, unless otherwise stated.  ICON Entry-level protocols apply  For oncologists, haematologists and credentialed medical practitioners, consultations, visits, treatment and

<b>SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB</b>	<b>MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA BASIS<sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
	Voluntary use of non-DSP = 40% co-payment.	Voluntary use of non-DSP = 40% co-payment.	<p>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>	<p>Limited to and included in D 14.1.</p> <p>Voluntary use of non-DSP = 40% co-payment.</p>	<p>Limited to and included in D 14.1.</p> <p>Voluntary use of non-DSP = 40% co-payment.</p>	
<b>D14.1.2 Radiology and pathology</b>	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/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> 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>	Limited to and included in D14.1 and two per family per annum, restricted to staging of malignant tumours.  Sav = 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 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.
<b>D14.1.3 Specialised Drugs for Oncology</b>	No benefit.	No benefit.	No benefit provided for facility fees on all options.
<b>D14.1.4 Flushing of J line and/ or Port</b>	Limited to and included in D14.1.  Sav = No In Hosp = Yes	Limited to and included in D14.1.  Sav = 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.
<b>D14.1.5 Brachytherapy Materials (including seeds and disposables)</b>	No benefit.	No benefit.	
<b>D14.2 Pre and Post-active treatment period (surgical resection of</b>	Limited to and included in D14 for life following the active treatment period, except for PMB.	Limited to and included in D14 for life following the active treatment period, except for PMB.	For consultations by oncologists, haematologists and credentialed medical practitioners, specified

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<p><b>tumour, chemotherapy and radiotherapy)</b></p>	<p>Sav = No In Hosp = Yes</p>	<p>Sav = No In Hosp = Yes</p>	<p>radiology and pathology, performed by pathologists, radiologists and haematologists, during the specified remission period.</p> <p>Should the condition regress, the active treatment benefit D14.1 will be reinstated.</p> <p>Paragraph A4 applicable, excluding pathology and radiology.</p>
<p><b>D15 OPTOMETRY</b></p>			
<p><b>(Unmanaged)</b></p>	<p>The following benefits are paid for directly from risk, subject to the use of the Optical Network Provider:</p> <p>1 comprehensive consultation per beneficiary in a two year benefit cycle;</p> <p>1 pair of single vision or bifocal lenses per beneficiary in a two year benefit cycle;</p> <p>Sav = No In Hosp = Yes</p>	<p>The following benefits are paid for directly from risk, subject to the use of the Optical Network Provider:</p> <p>1 comprehensive consultation per beneficiary in a two year benefit cycle;</p> <p>1 pair of single vision or bifocal lenses per beneficiary in a two year benefit cycle;</p> <p>Sav = No In Hosp = Yes</p>	<p>When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.</p>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D15.1 Optometric refraction (test)</b>	Limited to and included in D15.	Limited to and included in D15.	
<b>D15.2 Frames</b>	Sub-limit for frames = R182 per beneficiary in a two year benefit cycle. Savings can be used for enhanced frames.  Sav = Yes In Hosp = No	Sub-limit for frames = R182 per beneficiary in a two year benefit cycle. Savings can be used for enhanced frames.  Sav = Yes In Hosp = No	Including repairs.
<b>D15.3 Lenses</b>			
<b>D15.3.1 Single vision lenses</b>	Limited to and included in D15.	Limited to and included in D15.	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.3.2 Bifocal lenses</b>	Limited to and included in D15.	Limited to and included in D15.	
<b>D15.3.3 Multifocal lenses</b>	Limited to and included in D15.  Subject to available savings.	Limited to and included in D15.  Subject to available savings.	
<b>D15.4 Special lenses</b>	Limited to and included in D15.  Subject to available savings.	Limited to and included in D15.  Subject to available savings.	
<b>D15.5 Lens add-ons</b>	Limited to and included in D15.  Subject to available savings.	Limited to and included in D15.  Subject to available savings.	

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D15.6 Contact lenses</b>	Limited to and included in D15.  Subject to available savings.	Limited to and included in D15.  Subject to available savings.	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.7 Low vision appliances</b>	Limited to and included in D31.	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.	Limited to and included in D20.2.	When prescribed by a registered optometrist, ocularist, ophthalmologist or supplementary optical practitioner.
<b>D15.9 Readers from a registered optometrist, ophthalmologist or supplementary optical practitioner</b>	Refer B2.  Sav = Yes In Hosp = No	Refer B2.  Sav = Yes In Hosp = No	When supplied by an optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.10 Diagnostic procedures</b>	Limited to and included in D15.	Limited to and included in D15.	Section 22A (15) of the Medicine and Related Substance Act 101 of 1965 permits applicable.
<b>D16 ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNO-SUPPRESSIVE MEDICATION</b>			
	Limited to R250 000 per member family.  Sav = No In Hosp = Yes	Limited to R250 000 per member family.  Sav = 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.

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			Organ harvesting is limited to the Republic of South Africa. Paragraph A4 applicable, unless otherwise stated.
<b>D16.1 Corneal Grafts</b>	No benefit.	No benefit.	Organ harvesting includes local and imported corneal grafts.  Paragraph A4 applicable, unless otherwise stated.
<b>D16.2 Haemopoietic stem cell (bone marrow) transplantation</b>	Limited to and included in D16.	Limited to and included in D16.	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
<b>D16.3 Immuno- suppressive medicine</b>	Limited to and included in D16.	Limited to and included in D16.	Refer D16.
<b>D16.4 Post transplantation biopsies and scans</b>	Limited to and included in D16.	Limited to and included in D16.	Refer D16.
<b>D16.5 Radiology and pathology</b>	Limited to and included in D16.	Limited to and included in D16.	Refer D16. For specified radiology and pathology services performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.  A4 not applicable.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<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>	Subject to available savings.  Refer B2.  Sav = Yes In Hosp = No	Subject to available savings.  Refer B2.  Sav = Yes 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.
<b>D18 PATHOLOGY AND MEDICAL TECHNOLOGY</b>			
<b>D18.1 In hospital</b>	Unlimited.  Sav = No In Hosp = Yes	Unlimited.  Sav = No In Hosp = Yes	For all tests performed by a pathologist or medical technologist.
<b>D18.2 Out of hospital</b>	Subject to available savings.  Refer B2. Sav = Yes In Hosp = No	Subject to available savings.  Refer B2. Sav = 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> </ul>



SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> <li>the oncology benefit during the active and/ or post active treatment period (D14)</li> <li>the organ and Haemopoietic stem cell (bone marrow) transplantation benefit (D16)</li> <li>the renal dialysis chronic benefit (D22)</li> </ul>
<b>D19 PHYSICAL THERAPY</b>			
<b>D19.1 In hospital – Physiotherapy Biokinetics</b>	Unlimited.  Sav = No In Hosp = Yes	Unlimited.  Sav = 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>	Limited to available savings. Refer B2.  Sav = Yes In Hosp = No	Limited to available savings. Refer B2.  Sav = Yes In Hosp = No	
<b>D20 PROSTHESES AND DEVICES INTERNAL AND EXTERNAL</b>			
<b>D20.1 Prostheses and devices internal (surgically implanted) including all</b>	All benefits are subject to the sub-limits as indicated below.	All benefits are subject to the sub-limits as indicated below.	Subject to the relevant managed healthcare programme and to its prior authorisation.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<p><b>accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prosthesis and devices. This includes bone cement, bone graft substitutes and bone anchors</b></p>	<p>Any items not specifically listed below, are included in the unlisted and internal prostheses and devices sub-limit.</p> <p>Sav = No</p> <p>In Hosp = Yes</p> <p>R5 300 deductible on all joint replacements. (See Annexure E).</p>	<p>Any items not specifically listed below, are included in the unlisted and internal prostheses and devices sub-limit.</p> <p>Sav = No</p> <p>In Hosp = Yes</p> <p>R5 300 deductible on all joint replacements. (See Annexure E).</p>	<p>This benefit excludes osseo-integrated implants for the purpose of replacing a missing tooth/ teeth.</p>
<p><b><i>D20.1.1 Cardiac system:</i></b></p>			
<p><b>D20.1.1.1 Cardiac Pacemakers</b></p>	<p>In line with State level of care.</p>	<p>In line with State level of care.</p>	
<p><b>D20.1.1.2 Bi-ventricular pacemakers and Implantable Cardioverter Defibrillators (ICDs)</b></p>	<p>No benefit.</p>	<p>No benefit.</p>	
<p><b>D20.1.1.3 Cardiac Stents (including the carrier) and drug eluting balloons</b></p>	<p>Subject to clinical protocols in line with State level of care.</p>	<p>Subject to clinical protocols in line with State level of care.</p>	
<p><b>D20.1.1.4 Cardiac Valves</b></p>	<p>Subject to clinical protocols in line with State level of care.</p>	<p>Subject to clinical protocols in line with State level of care.</p>	

<b>SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB</b>	<b>MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA BASIS<sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
<b><i>D20.1.2 Endovascular devices:</i></b>			
<b>D20.1.2.1 Aorta stent grafts</b>	R52 651 per family per annum.	R52 651 per family per annum.	
<b>D20.1.2.2 Detachable platinum coils (Cerebral aneurysm coils)</b>	R45 670 per family per annum.	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>	Limited to and included in D20.1.5.	Limited to and included in D20.1.5.	
<b>D20.1.3.2 Hip replacement</b>	Limited to and included in D20.1.5.  Designated Service Provider = ICPS, subject to Fedhealth Protocols. Co-payment = R5 300	Limited to and included in D20.1.5.  Designated Service Provider = ICPS, subject to Fedhealth Protocols. Co-payment = R5 300	Subject to the relevant managed healthcare programme and to its prior authorisation.  No pre-authorisation will be granted to non-PMB hip surgery where the DSP is not used.
<b>D20.1.3.3 Knee replacement</b>	Limited to and included in D20.1.5.	Limited to and included in D20.1.5.	Subject to the relevant managed healthcare programme and to its prior authorisation.

<b>SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB</b>	<b>MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>MAXIMA BASIS<sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</b>	<b>CONDITIONS/ REMARKS SUBJECT TO PMB</b>
	Designated Service Provider = ICPS, subject to Fedhealth Protocols. Co-payment = R5 300	Designated Service Provider = ICPS, subject to Fedhealth Protocols. Co-payment = R5 300	No pre-authorisation will be granted to non-PMB knee surgery where the DSP is not used.
<b>D20.1.3.4 Shoulder replacement</b>	Limited to and included in D20.1.5.	Limited to and included in D20.1.5.	
<b>D20.1.3.5 Total ankle replacement</b>	No benefit.	No benefit.	
<b>D20.1.4 Ophthalmic system:</b>			
<b>D20.1.4.1 Intraocular Lens</b>	R2 958 per lens limited to 2 per beneficiary.	R2 958 per lens limited to 2 per beneficiary, subject to the use of the Efficient Specialist DSP Network for day surgery. See paragraph A5 above	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 R22 480 per family.	All unlisted internal prostheses have a combined benefit limit of R22 480 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 R10 500 per family if preferred provider is not used.	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.	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 BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Sav = No In Hosp = Yes	Sav = No In Hosp = Yes	
<b>D21 RADIOLOGY</b>			
<b>D21.1 General Radiology</b>			
<b>D21.1.1 In hospital</b>	Unlimited.  Sav = No In Hosp = Yes	Unlimited.  Sav = 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>	Subject to available savings.  Refer B2.  Sav = Yes In Hosp = No	Subject to available savings.  Refer B2.  Sav = 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>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			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>D21.2 Specialised radiology (in and out of hospital)</b>	<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><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>Sav = No In Hosp = Yes</p>	<p>100% of the negotiated fee, or in the absence of such fee, the lower of the cost or Fedhealth Rate, limited to and included in D7.</p> <p><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>Sav = No In Hosp = Yes</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>Oncology requests will be limited 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> </ul>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> <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>
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.
<b>D22 RENAL DIALYSIS CHRONIC</b>			
D22.1 Haemodialysis and peritoneal dialysis	Limited to R250 000 per member family.  In line with minimum State entry criteria.  Sav = No In Hosp = Yes	Limited to R250 000 per member family.  In line with minimum State entry criteria.  Sav = 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.
D22.2 Radiology and pathology	Limited to and included in D22.1.	Limited to and included in D22.1.	For specified radiology and pathology services.  As specified by the relevant managed healthcare programme.

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<b>D23 SURGICAL PROCEDURES</b>			
<b>D23.1 In hospital and unattached operating theatres</b>	Unlimited.  Sav = No  In Hosp = Yes	Unlimited.  Sav = 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> <li>• Maternity (D10)</li> <li>• Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> </ul>
<b>D23.1.1 Refractive surgery</b>	No benefit.	No benefit.	Subject to the relevant managed healthcare programme and to its prior authorisation.
<b>D23.1.2 Maxillo-facial surgery</b>	Unlimited.	Unlimited.	For the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other



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	R3 700 co-payment on surgical removal of impacted wisdom teeth. (See Annexure E)  Sav = No In Hosp = Yes	R3 700 co-payment on surgical removal of impacted wisdom teeth. (See Annexure E)  Sav = No In Hosp = Yes	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> </ul>
<b>D23.1.3 Transcatheter Aortic Valve Implantation and repairs (TAVI)</b>	No benefit.	No benefit.	
<b>D23.2 Out of hospital in practitioner's rooms</b>	Limited to and included in D23.1.  Sav = No In Hosp = Yes	Limited to and included in D23.1.  Sav = 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> </ul>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA BASIS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA BASIS <sup>GRID</sup> 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> </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.	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</b>	<p><b>Procedures paid from hospital benefit if done in a day clinic, day ward or outpatient section of a hospital</b> Benefits for these procedures will be granted from the in-hospital benefit, if pre-authorised. If the procedure is performed without pre-authorisation, the full amount will be paid from the members PMSA (where applicable) or self-funded by the member and will not accumulate towards the safety net. If application for pre-authorisation is made post the procedure, there will be a R1000 charge that will be paid from the member's PMSA (where applicable) or self-funded by the member (with no accumulation to the safety net).</p> <p>Co-payments applicable per option as per Annexure E.</p> <p>Overnight admissions will not be covered except for Prescribed Minimum Benefits. Paragraphs A4 and D5.2.1 applicable.</p>		
<b>D24.1.1</b>	<p><b>Ear Nose and Throat (ENT) procedures</b> Nasal polypectomy, Antrostomy, Nasal cautery, Deep proof puncture, Ethmoidectomy, Nasal and sinus endoscopy, Drainage of sinuses, Turbinectomy, Tonsillectomy with adenoidectomy younger than 12 years of age, Myringotomy and grommets, Drainage of ear abscess, Removal of foreign bodies, Nasal plugging for epistaxis.</p>		

<b>D24.1.2</b>	<p><b>Gynaecological procedures</b> Bartholin cyst excision, Dilation and Curettage (D&amp;C), Polypectomy, Hysteroscopy, Diagnostic laparoscopy, Laparoscopic sterilisation, Cone biopsy, Cauterisation of cervix, Cauterisation of warts, Colposcopy,</p>
<b>D24.1.3</b>	<p><b>Orthopaedic procedures</b> Arthroscopy diagnostic, with meniscectomy, with debridement, Carpal tunnel release, Ganglion excision, Removal of small hardware (plates, k-wires, screws), Bunionectomy (unilateral), Epidural block, Intra-articular hydrocortisone injection, Tennis 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, 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.</p>
<b>D24.2</b>	<p><b>Procedures performed in a doctor's rooms or suitably equipped procedure room</b> Benefits for these procedures will be granted from the in-hospital benefit, subject to the relevant managed healthcare programme and provided the 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 B9 and D5.2.1 applicable.</p> <p>Where these procedures are performed in hospital, they will not be recognised as a hospital event unless pre-authorisation for admission has been obtained from the scheme's managed care provider. Where the member fails to obtain pre-authorisation, reimbursement will be restricted to the member's available PMSA balance and, where applicable, this will not accumulate to the safety net level. Where appropriate pre-authorisation has been obtained, the hospital benefit will be granted as an ambulatory admission at the lesser of 100% of the Fedhealth Rate or the equivalent outpatient facility fee.</p>

<p>(See list below)</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>• Surgical removal of impacted wisdom teeth</li> <li>• Intravenous administration of bolus injections for medicines that include antimicrobials and Immunoglobulins (payment of immunoglobulins is subject to D11.6)</li> <li>• Fine needle aspiration breast biopsy</li> <li>• Excision of nailbed</li> <li>• Drainage of abscess or cyst</li> <li>• Injection of varicose veins</li> <li>• Excision of superficial benign tumours</li> <li>• Superficial foreign body removal</li> <li>• Nasal plugging for epistaxis</li> <li>• Cauterisation of warts</li> <li>• Bartholin cyst excision</li> </ul>	
<b>D25 WELLNESS BENEFIT</b>	
	<p>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, except for child immunisations, as included in D25.5. Excludes consultations and costs for all procedures within this programme. All benefits subject to the use of the contracted wellness network provider.</p>
<b>D25.1 Woman's Health</b>	

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<b>D25.1.1 Breast Cancer Screening/ Mammogram</b>	1 test every three years for woman aged 50 to 74 years old.	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.	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>	No benefit.	No benefit.	
<b>D25.2.2 Bone Densitometry</b>	No benefit.	No benefit.	
<b>D25.2.3 Colorectal Cancer Screening (faecal occult blood test)</b>	No benefit.	No benefit.	
<b>D25.3 Cardiac Health (Cholesterol Screening [Full Lipogram])</b>	1 test every 5 years, for all lives aged 20 and older.	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.	1 every year for all lives.	
<b>D25.4.2 General Practitioners Consultation</b>	No benefit.	No benefit.	

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(In Network GP's only)			
D25.4.3 HIV Test	1 every year for all lives.	1 every year 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 month
	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 <sub>7</sub> (1) Pneumococcal Conjugated Vaccine		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

6 Years	<b>Td Vaccine Tetanus and reduced strength of diphtheria Vaccine</b>	Left arm
12 Years	<b>Td Vaccine Tetanus and reduced strength of diphtheria Vaccine</b>	Left arm
<b>26 HEALTH RISK ASSESSMENTS</b>		
	<p>100% of the lower of the cost or Fedhealth Rate for listed procedures and tests, limited to and payable from Risk          For medicines and injection materials: See D11.1.          Excludes consultations and costs for all procedures within this programme.          All benefits subject to the use of the contracted wellness network provider.</p>	
<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.	
D26.3 Additional Biokineticists Assessments	For high risk and emerging risk members, limited to 3 per beneficiary per annum	

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