

FEDHEALTH MEDICAL SCHEME

MAXIMA CORE RANGE

CORE

CORE^{GRID}

ANNEXURE B6 – BENEFITS AND LIMITS

2017

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

[EFFECTIVE 1 JANUARY 2017 UNLESS OTHERWISE STATED BELOW]

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FEDHEALTH MEDICAL SCHEME – MAXIMA CORE OPTIONS

ANNEXURE B6

BENEFITS AND LIMITS

[Effective 1 January 2017 unless otherwise stated below]

A ENTITLEMENT TO BENEFITS

A.1 “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 (Core Range) are listed in the paragraphs to follow.

A.2 Rules applicable to dispensing of medicine:

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

100% of the lower of:

- i) the cost to the supplier plus the negotiated mark-up; or
- ii) the single exit price plus the negotiated dispensing fee to a maximum fee of either the negotiated dispensing fee, or, in the absence of a negotiated fee, 26% capped at a maximum of R26 (VAT exclusive). In addition, no dispensing fee may exceed the maximum fee as dictated by legislation.

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

A.3 Hospitalisation Benefits:

A3.1 Hospitalisation on the Maxima Core Option:

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

A3.2 Hospitalisation on the Maxima Core^{Grid} option:

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

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

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

A4 Providers in Hospital:

A4.1 A Specialist Network, appointed as the Scheme’s DSP for PMB’s (refer Annexure D, paragraph 7.4.3), is applicable for all In Hospital consultations and procedures.

The Specialist Network includes, but is not limited to, the following specialists:

- Anaesthetists
- Dermatology
- Independent Practice Specialist Obstetrics and Gynaecology
- Pulmonology
- Independent Practice Specialist Medicine
- Gastroenterology
- Neurology
- Cardiology
- Psychiatry
- Independent Practice Specialist Neurosurgery
- Ophthalmology
- Orthopaedics
- Otorhinolaryngology (ENT)
- Rheumatology
- Paediatrics Independent Practice Specialist
- Plastic and Reconstructive Surgery
- Surgery/Paediatric surgery Independent Practice Specialist
- Cardio Thoracic Surgery
- Urology
- Maxillo-facial and Oral Surgery

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

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

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

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

- 100% of Fedhealth Rate for all options.

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

A4.4 Other Healthcare Providers (excluding GP's) not mentioned in paragraphs A11.1, A11.2 and A11.3:

All other healthcare providers not mentioned in paragraphs A11.1, A11.2 and/ or A11.3 are provided for as follows:

- 100% of the Fedhealth Rate for Maxima Core options.

A5.1 GP Network

Funded in full at the negotiated rate for all options.

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

A5.2 Out of GP Network

- 100% of Fedhealth Rate for all options.

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

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)

This is no PMSA on this range of options.

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

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

B5 The **Out of Hospital Expense Benefit (OHEB)**
There is no OHEB benefit on this range of options.

B6 Safety Net Benefit – Out of Hospital
There is no Safety Net Benefit on this range of options.

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

B8 Safety Net Level – not applicable to this range of options.

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 CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D1 ALTERNATIVE HEALTHCARE			
D1.1 In and Out of Hospital	No benefit.	No benefit.	
D2 AMBULANCE SERVICES			
	100% of the cost if authorised by the preferred provider. Unlimited. Only one inter-hospital transfer per event. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	100% of the cost if authorised by the preferred provider. Unlimited. Only one inter-hospital transfer per event. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Subject to the contracted ambulance services and prior authorisation. Benefits shall apply in respect of services provided within the Republic of South Africa, Namibia, Botswana, Zimbabwe, Lesotho, Swaziland and Mozambique (below the 22 nd degree parallel).
D2.1 Evacuation Benefit	R250 000 per event. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	R250 000 per event. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Emergency evacuation within Africa after 90 days absence from the Republic of South Africa.
D3 APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS			
D3.1 In and Out of Hospital	No benefit, unless PMB.	No benefit, unless PMB.	For hiring of buying medical or surgical aids as prescribed by a medical practitioner. Refer to paragraph B2.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			Subject to PMB and managed care protocols if deemed clinically appropriate.
D3.1.1 General medical and surgical appliances (including glucometers)	Limited to and included in D3.1, unless if PMB, in which case: OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Limited to and included in D3.1, unless if PMB, in which case: OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Refer D3.1. Diabetic accessories and appliances (with the exception of glucometers) are excluded from D3 and subject to D11.
D3.1.2 Hearing aids and repairs thereof	Limited to and included in D3.1.	Limited to and included in D3.1.	Refer D3.1.
D3.1.3 Large orthopaedic orthotics/ appliances	Limited to and included in D3.1.	Limited to and included in D3.1.	Refer D3.1.
D3.1.4 Stoma products	Limited to and included in D3.1, unless if PMB, in which case: OHEB = n/a Sav = n/a Acc = n/a In Hosp = Yes	Limited to and included in D3.1, unless if PMB, in which case: OHEB = n/a Sav = n/a Acc = n/a In Hosp = Yes	Refer D3.1.
D3.1.5 CPAP apparatus for sleep apnoea	No benefit.	No benefit.	Subject to the relevant managed healthcare programme and to its prior authorisation. Refer D3.1.
D3.1.6 Foot orthotics (including shoes and foot inserts/ levellers)	No benefit.	No benefit.	

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D3.2 Specific appliances, accessories			
D3.2.1 Oxygen therapy equipment (excluding hyperbaric oxygen treatment)	Unlimited, if specifically authorised. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Unlimited, if specifically authorised. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment forms part of the relevant managed healthcare programme, out of hospital refer D3.1.
D3.2.2 Home ventilators	Unlimited, if specifically authorised. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Unlimited, if specifically authorised. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment forms part of the relevant managed healthcare programme. Refer D3.1.
D3.2.3. Long leg callipers	Unlimited, if specifically authorised. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Unlimited, if specifically authorised. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation. Refer D3.1.
D4 BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS			
	100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Fedhealth Tariff, or Uniform Patient Fee Schedule for public hospitals and/ or single exit price plus dispensing fee.	100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Fedhealth Tariff, or Uniform Patient Fee Schedule for public hospitals and/ or single exit price plus dispensing fee.	Use of blood equivalents is subject to prior authorisation by the relevant managed healthcare programme. Transportation of blood is included.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Unlimited. Sav = n/a In Hosp = Yes	Unlimited. Sav = n/a In Hosp = Yes	Authorised Erythropoietin is included (See D22.1.)
D5 CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS			
D5.1 In hospital	100% of the lower of the cost or Fedhealth Rate. Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	100% of the lower of the cost or Fedhealth Rate. Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	For medical and dental specialists or general practitioners. Paragraph A4 applicable. This benefit excludes: <ul style="list-style-type: none"> • Alternative healthcare practitioners (D1) • Dental practitioners, technologists and Therapists (D6) • Ante-natal visits and consultations (D10) • Psychiatrists, psychologists, psychometrists and registered counsellors (D12) • Oncologists, haematologists and credentialed medical practitioners, during active and post-active treatment periods (D14) • Additional Medical Services (D17) • Physical therapy (D19)

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D5.2 GP's Out of Hospital			
D5.2.1 GP's In Network	No benefit.	No benefit.	Consultations through Network Provider unlimited once benefits are exhausted. No co-payment applicable once in Safety Net. (Refer B6).
D5.2.2 GP's Out of Network	No benefit.	No benefit.	Refer D5.1. This list also applies to services rendered at the supplier's rooms, patient's home or primary healthcare facility. A co-payment will apply once in safety net, where applicable.
D5.3 Specialists Out of Hospital			
D5.3.1 Specialists In Network	No benefit.	No benefit.	No co-payment applicable once in Safety Net (where applicable). Refer B6.
D5.3.2 Specialists Out of Network	No benefit.	No benefit.	Refer D5.1. This list also applies to services rendered at the supplier's rooms, patient's home or primary healthcare facility. A co-payment will apply once the Safety Net Level has been reached, where applicable.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D6 DENTISTRY			
			<p>Subject to the relevant managed healthcare programme. General anaesthetics, conscious sedation and hospitalisation for dental work will only be granted benefits for beneficiaries:</p> <ul style="list-style-type: none"> • Under the age of 7 years; or • Bony impaction of third molars <p>All general anaesthetics and conscious sedation for dentistry, regardless of where it is performed, must be pre-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>
D6.1 Basic			
D6.1.1 Dental Practitioners	No benefit.	No benefit.	
D6.1.2 Dental therapists	No benefit.	No benefit.	
D6.1.3 Dental Technicians	No benefit.	No benefit.	

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D6.2 Advanced	No benefit.	No benefit.	
D6.2.1 Dental technicians	No benefit.	No benefit.	
D6.2.2 Osseo-integrated implants and orthognathic surgery (functional correction of malocclusions)	No benefit.	No benefit.	
D6.2.3 Oral surgery	No benefit.	No benefit.	
D6.2.4 Orthodontic treatment	No benefit.	No benefit.	
D6.2.5 Maxillo-facial Surgery	Limited to and included in D23.	Limited to and included in D23.	
D7 HOSPITALISATION			
D7.1 Private hospitals and unattached operating theatres			
D7.1.1 In Hospital	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Unlimited. An amount of R10 000 is deductible for the use of Non- DSP Providers , unless such use is involuntary. (Paragraph A3 applicable)	Subject to the Scheme's contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management. Paragraph A4 applicable.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		<p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Co-payments applicable per option, as per paragraph A12, and are also applicable in day wards and day clinics.</p> <p>For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation.</p> <p>No benefits will be granted if prior authorisation requirements are not complied with.</p> <p>This benefit excludes: Hospitalisation for:</p> <ul style="list-style-type: none"> • Osseo-integrated implants and orthognathic surgery (D6) • Maternity (D10) • Mental Health (D12) • Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> Refractive surgery (D23) Refer D24
D7.1.2 Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.1. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Limited to and included in D7.1.1. OHEB/ Sav = n/a Acc = n/a 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.
D7.1.3 Casualty/ emergency rooms			
D7.1.3.1 Facility Fee	No benefit.	No benefit.	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
D7.1.3.2 Consultations	No benefit.	No benefit.	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.1.3.3 Medicine	No benefit.	No benefit.	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
D7.1.3.4 Trauma Treatment in Casualty	A co-payment of R500 is applicable on the Casualty Benefit. 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate.	A co-payment of R500 is applicable on the Casualty Benefit. 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate.	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme.
D7.2 Public Hospitals			
D7.2.1 In Hospital	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes Co-payments applicable as per D7.1.1.	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes Co-payments applicable as per D7.1.1.	Subject to the Scheme's managed healthcare programme(s) which include the application of treatment protocols, formularies, pre- authorisation and case management. Paragraph A4 applicable. For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<p>This benefit excludes Hospitalisation for:</p> <ul style="list-style-type: none"> • Osseo-integrated implants and orthognathic surgery (D6) • Maternity (D10) • Mental Health (D12) • Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) • Renal dialysis Chronic (D22) • Refractive surgery (D23)
D7.2.2 Medicine on discharge from hospital (TTO)	<p>Limited to and included in D7.1.1.</p> <p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Limited to and included in D7.1.1.</p> <p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>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.</p>
D7.2.3 Casualty/ emergency room visits			
D7.2.3.1 Facility Fee	No benefit.	No benefit.	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			healthcare programme for <i>bona fide</i> emergencies.
D7.2.3.2 Consultations	No benefit.	No benefit.	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
D7.2.3.3 Medicine	No benefit.	No benefit.	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
D7.2.4 Outpatient services			
D7.2.4.1 Facility Fee	No benefit.	No benefit.	Refer D5.2 and D5.3
D7.2.4.2 Consultations	No benefit.	No benefit.	Refer D5.2 and D5.3.
D7.2.4.3 Medicine	No benefit.	No benefit.	Limited to and included in D11.1.
D7.3 Alternatives to hospitalisation	100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth 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

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			alternative facility will be subject to the same benefits that apply to hospitalisation.
D7.3.1 Physical rehabilitation facilities	Limited to PMB level of care. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Limited to PMB level of care. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Refer D7.3.
D7.3.2 Sub-acute facilities	Limited to PMB level of care. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Limited to PMB level of care. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Refer D7.3.
D7.3.3 Terminal Care Benefit	Limited to R27 900 per member family, unless prescribed minimum benefit. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Limited to R27 900 per member family, unless prescribed minimum benefit. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Refer D7.3.
D7.3.4 Nursing Services			
D7.3.4.1 Nursing Agencies	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			Benefits for clinical procedures and treatment during stay in alternative facility will be subject to the same benefits that apply to hospitalisation.
D7.3.4.2 Private Nurse Practitioners	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	This benefit includes psychiatric nursing but excludes midwifery services. Also refer to paragraph D17.9.
D7.3.5 Back rehabilitation programme	100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate.	100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate.	Subject to the relevant managed healthcare programme. No benefit will be provide for any back or spinal surgery where the conservative back and neck rehabilitation programme is not undertaken prior to the request for surgery. Where there is an existing copayment on spinal surgery, the copayment will still apply
D7.4 Post Hospitalisation	Limited to D7, subject to 30 days following hospitalisation. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Limited to D7, subject to 30 days following hospitalisation. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation before commencement of treatment. The 30 day period is applicable from the date of discharge only.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.4.1 Physiotherapy	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
D7.4.2 Occupational therapy	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
D7.4.3 Speech therapy	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
D7.4.4 Pathology	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
D7.4.5 General radiology	Limited to and included in D7.4.	Limited to and included in D7.4.	Refer D7.4.
D7.4.6 Dietician Consultations	Limited to 2 consultations per admission, and included in D7.4.	Limited to 2 consultations per admission, and included in D7.4.	
D8 IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION			
D8.1 Anti-retroviral medicine, including mother-to-child transmission, rape and post exposure prophylaxis	Unlimited. In Hosp = Yes	Unlimited. In Hosp = Yes	Subject to the Scheme's contracted managed healthcare programmes which include the application of treatment protocols, medicine formularies, pre-authorisation and case management. Refer paragraph 7.4 of Annexure D.
D8.2 Related medicine	Limited to and included in D8.1.	Limited to and included in D8.1.	Refer D11.1 and D11.4 and D8.1.
D8.3 Related pathology	Limited to and included in D8.1.	Limited to and included in D8.1.	Pathology as specified by the relevant managed healthcare programme for out of hospital.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D8.4 HIV Counselling and Testing (HCT)	Limited to and included in D8.1.	Limited to and included in D8.1.	As specified by the relevant managed healthcare programme.
D8.5 All other services	Limited to and included in D1 to D7 and D9 to D24.	Limited to and included in D1 to D7 and D9 to D24.	
D9 INFERTILITY			
	<p>Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.</p> <p>100% of the negotiated fee, or in the absence of such fee, 100% of the cost if the negotiated Designated Service Provider (DSP) is used, or Uniform Patient Fee Schedule for public hospitals.</p> <p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.</p> <p>100% of the negotiated fee, or in the absence of such fee, 100% of the cost if the negotiated Designated Service Provider (DSP) is used, or Uniform Patient Fee Schedule for public hospitals.</p> <p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation. Paragraph A4 applicable.</p> <p>This benefit includes the following procedures or interventions:</p> <ul style="list-style-type: none"> • Hysterosalpingo-gram • The following blood tests: <ul style="list-style-type: none"> ○ Day 3 FSH/ LH ○ Day 3 Oestradiol ○ Thyroid function (TSH) ○ Prolactin ○ Rubella ○ HIV ○ VDRL ○ Chlamydia ○ Day 21 Progesterone • Laparoscopy • Hysteroscopy • Surgery (uterus and tubal

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> • Manipulation of ovulation defects and deficiencies • Semen analysis (volume; count; mobility; morphology; MAR test) • Basic counselling and advice on sexual behaviour, temperature charts, etc. Treatment of local infections.
D10 MATERNITY			
D10.1 Confinement in hospital	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Unlimited. Voluntary non-use of the Hospital Network will attract a co-payment of R10 000. OHEB/ Sav = n/a Acc = n/a 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. Delivery by a general practitioner or medical specialist and the services of the attendant paediatrician and/ or anaesthetists are included. Included in global obstetric fee is post-natal care by a general practitioner and a medical

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<p>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>
D10.1.1 Medicine on discharge from hospital (TTO)	<p>Limited to and included in D11.2.</p> <p>Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Limited to and included in D11.2.</p> <p>Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Refer D11.2.</p> <p>Limited to 7 (seven) days supply.</p>
D10.1.2 Confinement in a registered birthing unit	<p>Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p> <p>4 x post-natal midwife consultations per pregnancy, in and out of hospital.</p>	<p>Unlimited. OHEB/ Sav = n/a Acc = n/a 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. Delivery by a midwife.</p> <p>Hire of water bath included in D3.1.</p>
D10.2 Confinement out of hospital	<p>Unlimited.</p> <ul style="list-style-type: none"> • 4 x post-natal midwife consultations per pregnancy. <p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Unlimited.</p> <ul style="list-style-type: none"> • 4 x post-natal midwife consultations per pregnancy. <p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>For delivery by a general practitioner or midwife.</p>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			Hire of water bath and oxygen cylinder included in D3.1.
D10.2.1 Consumables and pharmaceuticals	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Registered medicine, dressings and materials supplied by a midwife out of hospital.
D10.3 Related maternity services	No benefit.	No benefit.	
D11 MEDICINE AND INJECTION MATERIAL			
D11.1 Routine (acute) medicine	No benefit.	No benefit.	Subject to the relevant managed healthcare programme. The Medicine Exclusion List and the Pharmacy Products Management Document, relevant managed healthcare programmes and protocols are applicable. This benefit excludes: <ul style="list-style-type: none"> • In-hospital medicine (D7) • Anti-retroviral medicine (D8) • Oncology medicine (D14) • Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) • Renal dialysis Chronic (D22)

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D11.2 Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.1. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Limited to and included in D7.1.1. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Limited to 7 (seven) day supply. Medicine on discharge from hospital for Maternity related admissions is subject to D10.1.1. Except for anti-coagulants were more than seven (7) days supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
D11.3 Pharmacy Advised Therapy Schedules 0, 1 and 2 medicine advised by pharmacist	No benefit.	No benefit.	
D11.4 Chronic medicine	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.	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.	Subject to the relevant managed healthcare programme and to its prior authorisation and applicable formularies. Restricted to a maximum of one month's supply, unless specifically pre-authorised. Includes diabetic disposables such as syringes, needles, strips and lancets.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	This benefit excludes: <ul style="list-style-type: none"> • In-hospital medicine (D7) • Anti-retroviral drugs (D8) • Oncology medicine (D14) • Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication(D16) • Renal dialysis Chronic (D22)
D11.5 Female Health Benefit <ul style="list-style-type: none"> • Oral Contraceptives • Contraceptive Injections • Contraceptive Patches • Contraceptive Vaginal Rings • Contraceptive Implants • Intrauterine Devices or Systems 	Unlimited, for oral and injectable contraceptives only. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Unlimited, for oral and injectable contraceptives only. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Subject to a list of contraceptives. Excluding oral contraceptives prescribed for other conditions. Excluding consultations and procedural costs.
D11.6 Specialised Drugs Non Oncology	No benefit.	No benefit.	No benefit provided for facility fees on all options.
D11.7 Specialised Drugs for Oncology	No benefit.	No benefit.	Refer D14.1.3.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D12 MENTAL HEALTH			
D12.1.1 In Hospital	<p>Limited to R22 600 per member family, subject to the use of the Mental Health DSP.</p> <p>Limited to and included in D12.</p> <p>Limited to a maximum of 3 days hospitalisation for beneficiaries admitted by a general practitioner or specialist physician.</p> <p>Additional hospitalisation to be motivated by the medical practitioner and pre-authorised by the relevant managed healthcare programme.</p> <p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Limited to R22 600 per member family, subject to the use of the Mental Health DSP.</p> <p>An amount of R10 000 is deductible for the use of Non-DSP Providers, unless such use is involuntary. (Paragraph A3 applicable)</p> <p>Limited to and included in D12.</p> <p>Limited to a maximum of 3 days hospitalisation for beneficiaries admitted by a general practitioner or specialist physician.</p> <p>Additional hospitalisation to be motivated by the medical practitioner and pre-authorised by the relevant managed healthcare programme.</p> <p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Subject to the Scheme's managed healthcare programme(s) which include the application of treatment protocols, formularies, pre- authorisation and case management.</p> <p>Paragraph A4 applicable. 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. 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.</p>
D12.1.2 Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.1.	Limited to and included in D7.1.1.	Refer D7.1.1.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Limited to 7 (seven) days supply. Except for anti-coagulants were more than seven (7) days supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
D12.2 Out of hospital	Refer B9 for PMB's only.	Refer B9 for PMB's only.	
D12.2.1 Non-Prescribed Minimum Benefit consultations and visits, procedures, assessments, therapy, treatment and/ or counselling	No benefit.	No benefit.	If performed by psychiatrists, general practitioners, psychologists, psychometrists or registered counsellors at the suppliers rooms or in a medical facility including a registered public hospital outpatient department. For procedures performed by general practitioners, psychiatrists, psychologists, psychometrists or registered counsellors at the supplier's rooms or in any facility or at any place, including a public hospital.
D12.2.2 Prescribed Minimum Benefit procedures	Included in D12, once limit is depleted then unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Included in D12, once limit is depleted then unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	See D12.2.1. Paragraph A4 applicable.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D12.2.3 Medicine	Limited to and included in D11.1.	Limited to and included in D11.1.	Limited to and included in D11.1 and D11.4.
D12.3 Rehabilitation for substance abuse	<p>Limited to and included in D12 and D12.2.2 and the Regulations.</p> <p>Within limits, 100% of the negotiated fee, or in the absence of such fee, 100% of the cost if the negotiated Designated Service Provider (DSP) is used, or Uniform Patient Fee Schedule for public hospitals.</p> <p>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.</p> <p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Limited to and included in D12 and D12.2.2 and the Regulations.</p> <p>Within limits, 100% of the negotiated fee, or in the absence of such fee, 100% of the cost if the negotiated Designated Service Provider (DSP) is used, or Uniform Patient Fee Schedule for public hospitals.</p> <p>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.</p> <p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation for in-hospital treatment only.</p> <p>For accommodation, use of hospital equipment, pharmaceuticals, surgical items and medicine supplied during treatment programme.</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>
D12.3.1 Medicine on discharge from hospital (TTO)	<p>Limited to and included in D7.1.2.</p> <p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Limited to and included in D7.1.2.</p> <p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Refer D7.1.2.</p> <p>Limited to 7 (seven) days supply.</p>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} 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.
D13 NON-SURGICAL PROCEDURES AND TESTS			
D13.1 In hospital	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Unlimited. OHEB/ Sav = n/a Acc = n/a 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"> • Psychiatry and psychology (D12) • Optometric examinations (D15) • Pathology (D18) • Radiology (D21)

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D13.2 Out of hospital	No benefit.	No benefit.	For all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.
D13.2.1 Non-surgical procedures in practitioners rooms			
D13.2.1.1 Specific non-surgical procedures in practitioners rooms <ul style="list-style-type: none"> • Routine diagnostic upper and lower gastro-intestinal fibre optic endoscopy (excluding rigid sigmoidoscopy and anoscopy) • 24Hr Oesophageal PH studies • Breast fine needle biopsy • Cystoscopy • Oesophageal motility studies • Prostrate needle biopsy • 	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	For all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist. Paragraph A4 applicable.
D13.3 Sleep Studies			

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D13.3.1 Diagnostic Polysomnograms in and out of hospital	No benefit.	No benefit.	
D13.3.2 CPAP Titration in and out of hospital	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 and/or OHEB, at the applicable Fedhealth Rate.
D14 ONCOLOGY			
D14.1 Active Treatment Period	Limited to R250 000 per member family. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes Entry-level protocols apply. ICON is the DSP. Voluntary use of non-DSP = 40% co-payment.	Limited to R250 000 per member family. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes Enty-level protocols apply. ICON is the DSP. Voluntary use of non-DSP = 40% co-payment.	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 materials used in radiotherapy and chemotherapy.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<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>
D14.1.1 Medicine	<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>	
D14.1.2 Radiology and pathology	<p>Limited to and included in D 14.1.</p>	<p>Limited to and included in D 14.1.</p>	<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>
D14.1.2.1 PET and PET-CT	<p>Limited to and included in D14.1 and two per family per annum, restricted to staging of malignant tumours.</p>	<p>Limited to and included in D14.1 and two per family per annum, restricted to staging of malignant tumours.</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p>

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation. A4 not applicable. Only in credentialed specialist practice.
D14.1.3 Specialised Drugs for Oncology	No benefit.	No benefit.	No benefit provided for facility fees on all options.
D14.1.4 Flushing of J line and/ or Port	Limited to and included in D14.1. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Limited to and included in D14.1. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation. For oncologists, haematologists and credentialed medical practitioners, treatment and materials.
D14.1.5 Brachytherapy Materials (including seeds and disposables)	No benefit.	No benefit.	
D14.2 Pre and Post-active treatment period (surgical resection of tumour, chemotherapy and radiotherapy)	Limited to and included in D14 for life following the active treatment period, except for PMB. OHEB/ Sav = n/a	Limited to and included in D14 for life following the active treatment period, except for PMB. OHEB/ Sav = n/a	For consultations by oncologists, haematologists and credentialed medical practitioners, specified radiology and pathology, performed by pathologists,

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Acc = n/a In Hosp = Yes	Acc = n/a In Hosp = Yes	radiologists and haematologists, during the specified remission period. Should the condition regress, the active treatment benefit D14.1 will be reinstated. Paragraph A4 applicable, excluding pathology and radiology.
D15 OPTOMETRY			
(Unmanaged)	No benefit.	No benefit.	
D16 ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION			
	Limited to R250 000 per member family. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Limited to R250 000 per member family. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic graft and autologous grafts derived from the South African Bone Marrow Registry. Organ harvesting is limited to the Republic of South Africa. Paragraph A4 applicable, unless otherwise stated.
D16.1 Corneal Grafts	No Benefit.	No Benefit.	Organ harvesting includes local and imported corneal grafts.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			Paragraph A4 applicable, unless otherwise stated.
D16.2 Haemopoietic stem cell (bone marrow) transplantation	Limited to and included in D16.	Limited to and included in D16.	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
D16.3 Immuno- suppressive medicine	Limited to and included in D16.	Limited to and included in D16.	Refer D16.
D16.4 Post transplantation biopsies and scans	Limited to and included in D16.	Limited to and included in D16.	Refer D16.
D16.5 Radiology and pathology	Limited to and included in D16.	Limited to and included in D16.	Refer D16. For specified radiology and pathology services performed by pathologists, radiologists and haematologists, associated with the transplantation treatment. A4 not applicable.
D17 ADDITIONAL MEDICAL SERVICES			
In and Out of Hospital: <ul style="list-style-type: none"> • Dietetics • Occupational Therapy • Speech Therapy • Audiology 	No benefit, unless PMB.	No benefit, unless PMB.	Subject to managed healthcare programme and to its prior authorisation.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<ul style="list-style-type: none"> • Genetic Counselling • Hearing Aid Acoustics • Orthoptics • Podiatry • Private Nurse Practitioners • Social Workers 			
D18 PATHOLOGY AND MEDICAL TECHNOLOGY			
D18.1 In hospital	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	For all tests performed by a pathologist or medical technologist.
D18.2 Out of hospital	No benefit.	No benefit.	For all tests performed by a pathologist or medical technologist and a specified list of pathology tariff codes for general practitioners. This benefit excludes a specified list of pathology tariff codes included in: <ul style="list-style-type: none"> • the maternity benefit (D10) • the oncology benefit during the active and/ or post active treatment period (D14)

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> the organ and Haemopoietic stem cell (bone marrow) transplantation benefit (D16) the renal dialysis chronic benefit (D22)
D19 PHYSICAL THERAPY			
D19.1 In hospital – Physiotherapy Biokinetics	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Subject to referral by the treating provider. Subject to the relevant managed healthcare programme and to its prior authorisation before commencement of treatment.
D19.2 Out of hospital Physiotherapy Biokinetics Chiropractors	No benefit.	No benefit.	
D20 PROSTHESES AND DEVICES INTERNAL AND EXTERNAL			
D20.1 Prostheses and devices internal (surgically implanted) including all accompanying	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.

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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	Any items not specifically listed below, are included in the unlisted and internal prostheses and devices sub-limit. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes R5 300 deductible on all joint replacements. (See Annexure E).	Any items not specifically listed below, are included in the unlisted and internal prostheses and devices sub-limit. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes R5 300 deductible on all joint replacements. (See Annexure E).	This benefit excludes osseo-integrated implants for the purpose of replacing a missing tooth/ teeth.
D20.1.1 Cardiac system:			
D20.1.1.1 Cardiac Pacemakers	In line with State level of care.	In line with State level of care.	
D20.1.1.2 Bi-ventricular pacemakers and Implantable Cardioverter Defibrillators (ICDs)	No benefit for CRT, refer to "Conditions/ Remarks" for ICD.	No benefit for CRT, refer to "Conditions/ Remarks" for ICD.	No benefit for ICDs in the setting of primary prevention; For ICDs in the setting of secondary prevention; funding is subject to the relevant managed healthcare programme and to its prior authorisation.
D20.1.1.3 Cardiac Stents (including the carrier) and drug eluting balloons	Subject to clinical protocols in line with State level of care.	Subject to clinical protocols in line with State level of care.	
D20.1.1.4 Cardiac Valves	Subject to clinical protocols in line with State level of care.	Subject to clinical protocols in line with State level of care.	

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D20.1.2 Endovascular devices:			
D20.1.2.1 Aorta stent grafts	R52 651 per family per annum.	R52 651 per family per annum.	
D20.1.2.2 Detachable platinum coils (Cerebral aneurysm coils)	R45 670 per family per annum.	R45 670 per family per annum.	
D20.1.3 Orthopaedic prosthesis and devices:			
D20.1.3.1 Elbow replacement	Limited to and included in D20.1.5.	Limited to and included in D20.1.5.	
D20.1.3.2 Hip replacement	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.
D20.1.3.3 Knee replacement	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 knee surgery where the DSP is not used.
D20.1.3.4 Shoulder replacement	Limited to and included in D20.1.5.	Limited to and included in D20.1.5.	

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D20.1.3.5 Total ankle replacement	No benefit.	No benefit.	
D20.1.4 Ophthalmic system:			
D20.1.4.1 Intraocular Lens	R2 958 per lens limited to 2 per beneficiary.	R2 958 per lens limited to 2 per beneficiary.	Post cataract removal. Bilateral prostheses will be reimbursed to the lower of the claimed amount of the maximum of double the value of a single prosthesis.
D20.1.5 Unlisted internal prostheses and devices	All unlisted internal prostheses have a combined benefit limit of R22 480 per family.	All unlisted internal prostheses have a combined benefit limit of R22 480 per family.	
D20.2 Prostheses and devices external	<p>Limited to R10 500 per family if preferred provider is not used.</p> <p>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.</p> <p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Limited to R10 500 per family if preferred provider is not used.</p> <p>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</p> <p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	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 CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D21 RADIOLOGY			
D21.1 General Radiology			
D21.1.1 In hospital	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Unlimited. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	For diagnostic radiology tests and ultrasound scans. Authorisation is not required for MRI scans for low field peripheral joint examination or dedicated limb units. Bone densitometry scans performed in a credentialed specialist practice limited to one per beneficiary per annum either in or out of hospital.
D21.1.2 Out of hospital	No benefit.	No benefit.	This benefit excludes a specified list of radiology tariff codes included in: <ul style="list-style-type: none"> • the maternity benefit(D10) • the oncology benefit during the active and/ or post active treatment period (D14) • the organ and Haemopoietic stem cell transplantation benefit (D16) • the renal dialysis chronic benefit (D22)

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<p>Authorisation is not required for MRI scans for low field peripheral joint examination or dedicated limb units.</p> <p>Bone densitometry scans performed in a credentialed specialist practice limited to one per beneficiary per annum either in or out of hospital.</p> <p>A co-payment will apply once the Safety Net Level has been reached, where applicable.</p>
<p>D21.2 Specialised radiology (in and out of hospital)</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>MRIs and CT Scans in and out of Hospital: A co-payment of R1 900 is applicable for non-PMBs, subject to pre-authorisation and managed care protocols. OHEB/ Sav = n/a Acc = n/a 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>MRIs and CT Scans in and out of Hospital: A co-payment of R1 900 is applicable for non-PMBs, subject to pre-authorisation and managed care protocols. OHEB/ Sav = n/a Acc = n/a 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"> • CT scans • Muga scans • MRI scans • Radio isotope studies

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> • CT colonography (virtual colonography only in credentialed practices) limited to one per beneficiary per annum restricted to the evaluation of symptomatic patients only • MDCT Coronary Angiography (only in credentialed practices), limited to one per beneficiary per annum restricted to the evaluation of symptomatic patients only.
D21.2.1 PET and PET CT	Limited to and included in D14.1.2.1.	Limited to and included in D14.1.2.1.	Refer D14.1.2.1.
D22 RENAL DIALYSIS CHRONIC			
D22.1 Haemodialysis and peritoneal dialysis	Limited to R250 000 per member family. In line with minimum State entry criteria. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Limited to R250 000 per member family. In line with minimum State entry criteria. OHEB/ Sav = n/a Acc = n/a 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.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<p>This benefit excludes acute renal dialysis, included in D7.</p> <p>Paragraph A4 applicable.</p>
D22.2 Radiology and pathology	Limited to and included in D22.1.	Limited to and included in D22.1.	<p>For specified radiology and pathology services.</p> <p>As specified by the relevant managed healthcare programme.</p>
D23 SURGICAL PROCEDURES			
D23.1 In hospital and unattached operating theatres	<p>Unlimited.</p> <p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Unlimited.</p> <p>OHEB/ Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Subject to the Scheme's managed healthcare programme(s) which include the application of treatment protocols, formularies, pre-authorisation and case management.</p> <p>For surgical procedures performed by a general or dental practitioner or medical or dental specialist.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> • Osseo-integrated implants (D6) • Orthognathic and oral surgery (D6) • Maternity (D10) • Organ and Haemopoietic stem cell (bone marrow)

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			Transplantation and immunosuppressive medication (D16)
D23.1.1 Refractive surgery	No benefit.	No benefit.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D23.1.2 Maxillo-facial surgery	Unlimited. R3 700 co-payment on surgical removal of impacted wisdom teeth. (See Annexure E) OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Unlimited. R3 700 co-payment on surgical removal of impacted wisdom teeth. (See Annexure E) OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	For the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in D6. This benefit excludes: <ul style="list-style-type: none"> • Osseo-integrated implants (D6) • Orthognathic surgery (D6) • Oral surgery (D6)
D23.1.3 Transcatheter Aortic Valve Implantation and repairs (TAVI)	No benefit.	No benefit.	
D23.2 Out of hospital in practitioner's rooms	Limited to and included in D23.1. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Limited to and included in D23.1. OHEB/ Sav = n/a Acc = n/a In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation. Paragraph A4 applicable.

SERVICE/ ANNEXURE REFERENCE SUBJECT TO PMB	MAXIMA CORE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<p>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:</p> <ul style="list-style-type: none"> • Osseo-integrated implants (D6) • Orthognathic and oral surgery (D6) • Maternity (D10) • Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)
<p>D23.2.1 Specific surgical procedures in practitioner's rooms</p> <ul style="list-style-type: none"> • Circumcision • Laser tonsillectomy • Vasectomy 	<p>Limited to and included in D23.1.</p>	<p>Limited to and included in D23.1.</p>	<p>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.</p>

SERVICE SUBJECT TO PMB	MAXIMA CORE BENEFITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D24 SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS			
D24.1	<p>Procedures paid from hospital benefit if done in a day clinic, day ward or outpatient section of a hospital Benefits for these procedures will be granted from the in-hospital benefit if pre-authorized. If the procedure is performed without pre-authorization, the full amount will be paid from the members PMSA (where applicable) or self-funded by the member and will not accumulate towards the safety net. If application for pre-authorization is made post the procedure, there will be a R1000 charge that will be paid from the member's PMSA (where applicable) or self-funded by the member (with no accumulation to safety net).</p> <p>Co-payments applicable per option as per Annexure E.</p> <p>Overnight admissions will not be covered except for Prescribed Minimum Benefits.</p> <p>Paragraph A5 and D5.2.1 applicable.</p>		
D24.1.1	<p>Ear Nose and Throat (ENT) procedures Nasal polypectomy, Antrostomy, Nasal cautery, Deep proof puncture, Ethmoidectomy, Nasal and sinus endoscopy, Drainage of sinuses, Turbinectomy, Tonsillectomy with adenoidectomy younger than 12 years of age, Myringotomy and grommets, Drainage of ear abscess, Removal of foreign bodies, Nasal plugging for epistaxis.</p>		
D24.1.2	<p>Gynaecological procedures Bartholin cyst excision, Dilation and Curettage (D&C), Polypectomy, Hysteroscopy, Diagnostic laparoscopy, Laparoscopic sterilisation, Cone biopsy, Cauterisation of cervix, Cauterisation of warts, Colposcopy,</p>		
D24.1.3	<p>Orthopaedic procedures Arthroscopy diagnostic, with meniscectomy, with debridement, Carpal tunnel release, Ganglion excision, Removal of small hardware (plates, k-wires, screws), Bunionectomy (unilateral), Epidural block, Intra-articular hydrocortisone injection, Tennis elbow release, Intra-articular synvisc injection, Knee Arthroscopy due to Osteoarthritis/gonarthrosis to be paid from the PMSA.</p>		

SERVICE SUBJECT TO PMB	MAXIMA CORE BENEFITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D24.1.4	Ophthalmic procedures Cataract extraction, Lens implant, Melbomian cyst excision, Pterygium excision, Dachrocystorrhinostomy.		
D24.1.5	Urological procedures Circumcision, Vasectomy, Cystoscopy diagnostic or with urethral dilation, Orchidopexy.		
D24.1.6	Other procedures Excision of superficial benign tumours, Gastroscopy, Colonoscopy, Fibreoptic sigmoidoscopy, Paediatric rigid sigmoidoscopy, Breast biopsy, Endoscopic Retrograde Cholangiopancreatography (ERCP), Bronchoscopy, Hernia repair, (unilateral inguinal and femoral), Drainage of superficial abscesses, surgical extraction of impacted wisdom teeth and multiple dental extractions, Apicoectomy, Superficial wound debridement, Minor perianal surgery, Stripping of varicose veins, Hickman line insertion or a-port line insertion, Superficial foreign body removal, Excision of ingrown toenail.		
D24.2	Procedures performed in a doctor's rooms or suitably equipped procedure room Benefits for these procedures will be granted from the in-hospital benefit, subject to the relevant managed healthcare programme and provided the member has obtained pre-authorisation from the scheme's managed care provider. Where the member fails to obtain pre-authorisation, reimbursement will be restricted to the member's available PMSA balance (where applicable) and, where applicable, this will not accumulate to the safety net level. Paragraph B9 and D5.2.1 applicable. Where these procedures are performed in hospital, they will not be recognised as a hospital event unless pre-authorisation for admission has been obtained from the scheme's managed care provider. Where the member fails to obtain pre-authorisation, reimbursement will be restricted to the member's available PMSA balance and, where applicable, this will not accumulate to the safety net level. Where appropriate pre-authorisation has been obtained, the hospital benefit will be granted as an ambulatory admission at the lesser of 100% of the Fedhealth Rate or the equivalent outpatient facility fee. (See the following page for procedure list)		

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<ul style="list-style-type: none"> • Gastroscopy (no general anaesthetic will be paid for) • Colonoscopy (no general anaesthetic will be paid for) • Flexible Sigmoidoscopy • Indirect Laryngoscopy • Removal of impacted wisdom teeth • Intravenous administration of bolus injections for medicines that include antimicrobials and Immunoglobulins (payment of immunoglobulins is subject to D11.6) • Fine needle aspiration breast biopsy • Excision of nailbed • Drainage of abscess or cyst • Injection of varicose veins • Excision of superficial benign tumours • Superficial foreign body removal • Nasal plugging for epistaxis • Cauterisation of warts • Bartholin cyst excision 			
D25 WELLNESS BENEFIT			
<p>100% of the lower of the cost or Fedhealth Rate for listed procedures and tests, limited to and payable from Risk</p> <p>For medicines and injection materials: See D11.1, except for child immunisations, as included in D25.5.</p> <p>Excludes consultations and costs for all procedures within this programme, except for D25.4.2 for Maxima Core options.</p> <p>All benefits subject to the use of the contracted wellness network provider.</p>			
D25.1 Woman's Health			

SERVICE SUBJECT TO PMB	MAXIMA CORE BENEFITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA CORE ^{GRID} BENEFITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D25.1.1 Breast Cancer Screening/ Mammogram	1 test every three years for woman aged 50 to 74 years old.		
D25.1.2 Cervical Cancer Screening (PAP Smear)	1 test every three years for woman aged 21 to 65 years old.		Liquid based cytology will be reimbursed up to the rate of a standard pap smear.
D25.2 Geriatric Health			
D25.2.1 Pneumococcal Immunisation	No benefit.		
D25.2.2 Bone Densitometry	No benefit.		
D25.2.3 Colorectal Cancer Screening (faecal occult blood test)	No benefit.		
D25.3 Cardiac Health (Cholesterol Screening [Full Lipogram])	1 test every 5 years, for all lives aged 20 and older.		
D25.4 General Wellness			
D25.4.1 Flu Immunisation	1 every year for all lives.		
D25.4.2 General Practitioners Consultation (In Network GP's only)	1 consultation per beneficiary per annum.		

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D25.4.3 HIV Test	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), Diptheria, Tetanus, accelular Petussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenza</i> type b combined		Left thigh
	Hep B (1) Hepatitis B Vaccine		Right thigh
10 Weeks	DTaP-IPV//Hib (2), Diptheria, Tetanus, accelular Petussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenza</i> type b combined		Left thigh
	Hep B (2) Hepatitis B Vaccine		Right thigh

14 Weeks	RV (2) Rotavirus Vaccine (should not be administered after 24 weeks)	Liquid by mouth
	DTaP-IPV//Hib (3), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b combined	Left thigh
	Hep B (3) Hepatitis B Vaccine	Right thigh
	PCV₇ (2) Pneumococcal Conjugated Vaccine	Right thigh
9 Months	Measles Vaccine (1)	Left thigh
	PCV₇ (3) Pneumococcal Conjugated Vaccine	Right thigh
18 Months	DTaP-IPV//Hib (4), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b combined	Left arm
	Measles Vaccine (2)	Right arm
6 Years	Td Vaccine Tetanus and reduced strength of diphtheria Vaccine	Left arm
12 Years	Td Vaccine Tetanus and reduced strength of diphtheria Vaccine	Left arm

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

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