

FEDHEALTH MEDICAL SCHEME

MAXIMA SAVER OPTIONS

- **MAXIMA SAVER**
- **MAXIMA SAVER^{GRID}**

ANNEXURE B7 – BENEFITS AND LIMITS

1 JANUARY 2017

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

TABLE OF CONTENTS

A	ENTITLEMENT TO BENEFITS	3			
B	CHARGING OF BENEFITS, LIMITS INCLUDING OVERALL ANNUAL LIMITS AND MEMBERSHIP CATEGORY AND ADDITIONAL BENEFITS	7			
C	PRESCRIBED MINIMUM BENEFITS (PMBS)	8			
D	ANNUAL BENEFITS LIMITS	9			
D1	ALTERNATIVE HEALTHCARE	100			
D2	AMBULANCE SERVICES	100			
D3	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS	10			
D4	BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS	12			
D5	CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS	13			
D6	DENTISTRY	19			
D7	HOSPITALISATION	23			
D8	IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION	33			
D9	INFERTILITY	34			
D10	MATERNITY	35			
D11	MEDICINE AND INJECTION MATERIAL	37			
			D12	MENTAL HEALTH	40
			D13	NON-SURGICAL PROCEDURES AND TESTS	44
			D14	ONCOLOGY	46
			D15	OPTOMETRY	49
			D16	ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANT-ATION AND IMMUNO – SUPPRESSIVE MEDICATION	49
			D17	ADDITIONAL MEDICAL SERVICES	51
			D18	PATHOLOGY AND MEDICAL TECHNOLOGY	52
			D19	PHYSICAL THERAPY	52
			D20	PROSTHESES AND DEVICES INTERNAL AND EXTERNAL	53
			D21	RADIOLOGY	54
			D22	RENAL DIALYSIS CHRONIC	ERROR! BOOKMARK NOT DEFINED.6
			D23	SURGICAL PROCEDURES	57
			D24	SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS	59
			D25	WELLNESS BENEFIT	62
			D26	HEALTH RISK ASSESSMENTS	66

FEDHEALTH MAXIMA SAVER OPTIONS

ANNEXURE B

BENEFITS AND LIMITS

[Effective 1 January 2017 unless otherwise stated below]

A ENTITLEMENT TO BENEFITS

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

“Entitlement to Benefits” rules specific to these options (Saver 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 Saver option:

Any authorised hospitalisation for any condition, (including oncology, alternatives to hospitalisation and psychiatric services), shall be paid at the rates as specified in A3.2 and A4.

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

The sub-option of the Saver Option, the **Saver^{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 is also applicable.

In case of emergencies for Saver^{Grid} admissions, provision will be made for the stabilisation of the condition. Thereafter, provision will be made for transportation to a Saver^{Grid} DSP hospital for further treatment.

A4 Providers In Hospital:

A4.1 A Specialist Network, appointed as the Scheme’s DSP for PMBs (refer Annexure D, paragraph 7.4.3), is applicable for all In and Out of 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, rates applicable as follows:

- 100% of negotiated fee (including Anaesthetists) on all options;

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 Saver 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 A4.1, A4.2 and A4.3:

- 100% of Fedhealth Rate for Maxima Saver options in hospital; and
- 100% of Fedhealth Rate for Maxima Saver options out of hospital.

A5 Providers Out of Hospital:

A5.1 GP Network:

Funded in full at the negotiated rate for all options.

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

A5.2 Nomination of Preferred GP/ Family Practitioner (“PFP”) (applicable to all Saver options):

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 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.

“**Out of Area**” visits will be covered at the negotiated fee, up to a maximum of 2 GP consultations for practitioners on the GP Network only. No benefit will be provided for outside of the GP Network.

A5.3 PFP referral for Specialist Consultations on Saver options:

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 reimbursed at the rate negotiated for Network Specialists.

A6 Out of GP Network:

- 100% of Fedhealth Rate for Saver options.

B. CHARGING OF BENEFITS, LIMITS INCLUDING OVERALL ANNUAL LIMITS AND MEMBERSHIP CATEGORY AND ADDITIONAL BENEFITS

B1 OVERALL ANNUAL LIMIT, BENEFITS AND OTHER LIMITS

B1.1 The column headed “**BENEFITS**” shows how the cost of a valid claim shall be determined for the purpose of reimbursing the member or supplier and the share of such cost that the Scheme will bear. The balance of the share of costs to make up 100% thereof shall be the member’s responsibility, except for prescribed minimum benefits.

B1.2 The column headed “**Limits**” shows the extent to which the benefit is limited annually (or biennially where indicated) or sub-limited in monetary or other terms.

B1.3 There is no Overall Annual Limit on all options.

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 table labelled D below are funded from the members’ PMSA benefit limit. Claims in respect of out of hospital expenses will reflect “**Limited to available savings**” and be marked “**Yes**” against “**Sav**” in the column headed **BENEFITS/ LIMITS**.

Claims for out of hospital expenses will be paid first from the PMSA. Once the PMSA has been depleted, the relevant claims will be paid from accumulated savings, if applicable, except for stated benefits which will be paid from the Major Medical Benefit once the PMSA funds have been depleted (see paragraph D below).

Once these funds have been depleted the relevant claims will be self-funded by the member, unless otherwise stated for a particular benefit in paragraph D below.

Claims for out of hospital expenses for the previous benefit year, which are current and not stale (See Scheme's Main Rule 14.3), shall be funded from the PMSA or accumulated savings, if/ where applicable.

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

B3 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. A 40% co-payment will apply on voluntary use of a non-DSP.

B4 CO-PAYMENTS (PER EVENT) APPLICABLE IN HOSPITAL/ FACILITY

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

C PRESCRIBED MINIMUM BENEFITS (PMBs)

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. PMBs are payable at 100% of cost, or 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 SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{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 Homeopathic consultations and medicine	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. Sav = Yes In Hosp = No	
D2 AMBULANCE SERVICES	100% of cost if authorised by the preferred provider. No limit. Only one inter-hospital transfer per event.	100% of cost if authorised by the preferred provider. No limit. Only one inter-hospital transfer per event.	Subject to the contracted ambulance services and prior authorisation. Benefits shall apply in respect of services provided within the Republic of South Africa, Namibia, Botswana, Zimbabwe, Lesotho, Swaziland and Mozambique (below the 22 nd degree parallel).
D2.1 Evacuation Benefit	R250 000 per event.	R250 000 per event.	Emergency evacuation within Africa after 90 days absence from South Africa.
D3 APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS			

MAXIMA SAVER RANGE

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D3.1 In Hospital	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.
D3.1.1 General medical and surgical appliances (including glucometers)	See D3.1.	See D3.1.	Diabetic accessories and appliances (with the exception of glucometers) to be preauthorised and claimed from the chronic medicine benefit D11.2.
D3.2 Out of Hospital	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. Sav = Yes In Hosp = No	
D.3.2.1 Orthoptics	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. Sav = Yes In Hosp = No	
D3.2.2 Stoma Products	See D3.1.	See D3.1.	

MAXIMA SAVER RANGE

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D3.3 Specific appliances, accessories			
D3.3.1 Oxygen therapy equipment (excluding hyperbaric oxygen treatment)	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, out of hospital refer D3.1.
D3.3.2 Home ventilators	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.
D3.3.3 Long leg callipers	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.
D4 BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS			

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<p>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.</p> <p>Sav = No In Hosp - Yes</p>	<p>100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals and/ or single exit price plus dispensing fee.</p> <p>Sav = No In Hosp - Yes</p>	<p>Use of blood equivalents is subject to prior authorisation by the relevant managed healthcare programme.</p> <p>Transportation of blood is included.</p> <p>Paragraph A3 and A5 applicable.</p>
D5 CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS			
D5.1 Specialists In hospital			
D5.1.1 In Network	<p>100% of the negotiated fee, for medical specialists.</p> <p>Sav = No In Hosp = Yes</p>	<p>100% of the negotiated fee, for medical specialists.</p> <p>Sav = No In Hosp = Yes</p>	<p>Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management.</p> <p>Paragraph A3 and A5 applicable.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> • Alternative healthcare practitioners (D1)

MAXIMA SAVER RANGE

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> • 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)
D5.1.2 Out of Network	100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for medical specialists. Sav = No In Hosp = Yes	100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for medical specialists. Sav = No In Hosp = Yes	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management.

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA SAVER^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
			<p>Paragraph A3 and A5 applicable. This benefit excludes:</p> <ul style="list-style-type: none"> • Alternative healthcare practitioners (D1) • Dental practitioners, technologists and therapists (D6) • Ante-natal visits and consultations (D10) • 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 SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D5.2 GP's in Hospital			
D5.2.1 In Network	100% of the negotiated fee, for general practitioners. Sav = No In Hosp = Yes	100% of the negotiated fee, for general practitioners. Sav = No In Hosp = Yes	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management. Paragraph A5 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

MAXIMA SAVER RANGE

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			post-active treatment periods (D14) • Additional Medical Services (D17) • Physical therapy (D19)
D5.2.2 Out of Network	100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for general practitioners. Sav = No In Hosp = Yes	100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for general practitioners. Sav = No In Hosp = Yes	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management. Paragraph A5 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)

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> • Psychiatrists, psychologists, psychometrists and registered counsellors (D12) • Oncologists, haematologists and credentialed medical practitioners, during active and post-active treatment periods (D14) • Additional Medical Services (D17) • Physical therapy (D19)
<p>D5.3 GP's Out of Hospital</p> <p>In and out of GP Network</p>	<p>Limited to available savings. Sav = Yes In Hosp = No</p> <p>GP Network benefit: Once savings are depleted, visits at a Nominated Network GP covered from the Major Medical Benefit, unlimited. See paragraph A5.</p> <p>PFP Nomination required.</p>	<p>Limited to available savings. Sav = Yes In Hosp = No</p> <p>GP Network benefit: Once savings are depleted, visits at a Nominated Network GP covered from the Major Medical Benefit, unlimited. See paragraph A5.</p> <p>PFP Nomination required.</p>	

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	For out of area usage, 100% of the negotiated fee for contracted general practitioners on the GP Network only, No benefit outside of the GP Network. Limited to 2 x visits per family per annum. Sav = No In Hosp = Yes	For out of area usage, 100% of the negotiated fee for contracted general practitioners on the GP Network only, No benefit outside of the GP Network. Limited to 2 x visits per family per annum. Sav = No In Hosp = Yes	
D.5.4 Specialists Out of Hospital	Limited to available savings. Referral from nominated PFP required for Specialist Consultations. Sav = Yes In Hosp = No	Limited to available savings. Referral from nominated PFP required for Specialist Consultations. Sav = Yes In Hosp = No	
D6 DENTISTRY			
D6.1 Basic	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. Sav = Yes In Hosp = No	Subject to the relevant managed healthcare programme. Basic dentistry including minor oral surgery.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<p>Dental benefit: Once savings are depleted (see paragraph B2), the following is covered on the Major Medical Benefit, subject to Dental Risk Company Provider Network protocols -</p> <p>Limits apply to the below benefits as follows:</p> <p>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 Local Anaesthetic – 1 per beneficiary per visit Sterilised instrumentation – 1 per beneficiary per visit Infection Control (gloves and mask) – 2 per beneficiary per visit</p> <p>The following is limited to 2 per beneficiary per annum:</p> <p>Consultations Intra Oral Radiographs Scale and Polishing</p>	<p>Dental benefit: Once savings are depleted (see paragraph B2), the following is covered on the Major Medical Benefit, subject to Dental Risk Company Provider Network protocols</p> <p>Limits apply to the below benefits as follows:</p> <p>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 Local Anaesthetic – 1 per beneficiary per visit Sterilised instrumentation – 1 per beneficiary per visit Infection Control (gloves and mask) – 2 per beneficiary per visit</p> <p>The following is limited to 2 per beneficiary per annum:</p> <p>Consultations Intra Oral Radiographs Scale and Polishing</p>	<p>Oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such surgery.</p> <p><i>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.</i></p> <p>Includes removal of teeth and roots, removal of wisdom teeth, exposure of teeth for orthodontic reasons and suturing of traumatic wounds.</p> <p>All general anaesthetics and conscious sedation for dentistry, regardless of where it is performed, must be pre-authorized.</p>

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA SAVER^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
	<p>Topical Application of Fluoride (for beneficiaries between the age of 3 and 12 only)</p> <p>The following is limited to 4 per beneficiary per annum:</p> <ul style="list-style-type: none"> • Resin Fillings (anterior) • Resin Fillings • Non-surgical extractions (clinically motivated) • Surgical Removal of tooth • Treatment of Septic Socket <p>The following is limited to 1 per beneficiary every 24 months, for beneficiaries 21 years and older only:</p> <ul style="list-style-type: none"> • Complete Denture maxillary and mandibular • Complete Denture maxillary or mandibular • Partial Denture (resin base): • 1 Tooth • 2 Teeth 	<p>Topical Application of Fluoride (for beneficiaries between the age of 3 and 12 only)</p> <p>The following is limited to 4 per beneficiary per annum:</p> <ul style="list-style-type: none"> • Resin Fillings (anterior) • Resin Fillings • Non-surgical extractions (clinically motivated) • Surgical Removal of tooth • Treatment of Septic Socket <p>The following is limited to 1 per beneficiary every 24 months, for beneficiaries 21 years and older only:</p> <ul style="list-style-type: none"> • Complete Denture maxillary and mandibular • Complete Denture maxillary or mandibular • Partial Denture (resin base): • 1 Tooth • 2 Teeth 	

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<ul style="list-style-type: none"> • 3 Teeth • 4 Teeth • 5 Teeth • 6 Teeth • 7 Teeth • 8 Teeth • 9 Teeth and more • Rebase complete or partial denture (lab) • Repair Denture • Reline complete or partial denture (chair side) • Add tooth to existing partial dentures • Impression to repair/ addition <p>General anaesthetics, conscious sedation and hospitalisation for dental work will only be granted benefits for beneficiaries under the age of 7 years.</p>	<ul style="list-style-type: none"> • 3 Teeth • 4 Teeth • 5 Teeth • 6 Teeth • 7 Teeth • 8 Teeth • 9 Teeth and more • Rebase complete or partial denture (lab) • Repair Denture • Reline complete or partial denture (chair side) • Add tooth to existing partial dentures • Impression to repair/ addition <p>General anaesthetics, conscious sedation and hospitalisation for dental work will only be granted benefits for beneficiaries under the age of 7 years.</p>	
D6.2 Advanced dentistry	<p>Limited to available savings.</p> <p>Sav = Yes In Hosp = No</p>	<p>Limited to available savings.</p> <p>Sav = Yes In Hosp = No</p>	

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7 HOSPITALISATION			
D7.1 Private hospitals and unattached operating theatres			
D7.1.1 In Hospital	<p>Unlimited</p> <p>100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or Fedhealth Rate, for accommodation, use of the operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>Sav = No In Hosp = Yes</p>	<p>Unlimited</p> <p>100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or Fedhealth Rate, for accommodation, use of the operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</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>Sav = No In Hosp = Yes</p>	<p>Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management.</p> <p>Paragraph A3 applicable.</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>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA SAVER^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
			<p>Co-payments applicable per option, as per paragraph B4 and Annexure E.</p> <p>Acute renal dialysis is included (See D22.1)</p> <p>This benefit excludes Hospitalisation for the following:</p> <ul style="list-style-type: none"> • Osseo-integrated implants and orthognathic surgery (Advanced Dentistry D6) (D6) • Dentistry (D6) • Maternity (D10) • Mental Health (D12) • Oncology (D14) • Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive Medication (D16) • Refractive surgery (D23) • Renal dialysis chronic (D22) • Joint Replacements

MAXIMA SAVER RANGE

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.1.2 Medicine on discharge from hospital (TTO)	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.
D7.1.3 Out of Hospital			
D7.1.3.1 Casualty/ Emergency room visits			
D7.1.3.1.1 Facility Fee	Limited to available savings. 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. Sav = Yes In Hosp = No	Limited to available savings. 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. Sav = Yes In Hosp = No	Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.1.3.1.2 Consultation		Limited to available savings. Sav = Yes In Hosp = No	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.
D7.1.3.1.3 Medicine	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. Sav = Yes In Hosp = No	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.
D7.1.3.1.4 Trauma Treatment in Casualty	A co-payment of R500 is applicable on the Casualty Benefit. 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate. Refer B2. Sav = Yes Acc = Yes In Hosp = No	A co-payment of R500 is applicable on the Casualty Benefit. 100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Fedhealth Rate. Refer B2. Sav = Yes Acc = Yes In Hosp = No	D24 also applicable. Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.2 Public Hospitals			
D7.2.1 In Hospital	<p>100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or Fedhealth Rate, or Uniform Patient Fee Schedule public hospitals for accommodation, use of the operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>Unlimited.</p> <p>Sav = No In Hosp = Yes</p>	<p>100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or Fedhealth Rate, or Uniform Patient Fee Schedule public hospitals for accommodation, use of the operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>Unlimited.</p> <p>Sav = No In Hosp = Yes</p>	<p>Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management</p> <p>Co-payments applicable per option, as per paragraph B4.</p> <p>Paragraph A3 applicable.</p> <p>This benefit excludes Hospitalisation for:</p> <ul style="list-style-type: none"> • Osseo-integrated implants and orthognathic surgery (Advanced Dentistry D6) (D6) • Maternity (D10) (D10) • Mental Health (D12) (D12)

MAXIMA SAVER RANGE

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> • Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) (D16) • Renal dialysis chronic (D22) (D22) • Refractive surgery (D23) (D23) • Joint Replacements (D20)
D7.2.2 Medicine on discharge from hospital (TTO)	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.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.2.3. Casualty/ Emergency room visits			
D7.2.3.1. Facility Fee	<p>Limited to available savings.</p> <p>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.</p> <p>Sav = Yes In Hosp = No</p>	<p>Limited to available savings.</p> <p>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.</p> <p>Sav = Yes In Hosp = No</p>	<p>Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.</p>
D7.2.3.2 Consultation	<p>Limited to available savings.</p> <p>Sav = Yes In Hosp = No</p>	<p>Limited to available savings.</p> <p>Sav = Yes In Hosp = No</p>	<p>Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.</p>
D7.2.3.3 Medicine	<p>Limited to available savings.</p> <p>Sav = Yes In Hosp = No</p>	<p>Limited to available savings.</p> <p>Sav = Yes In Hosp = No</p>	<p>Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare</p>

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			programme for <i>bona fide</i> emergencies.
D7.2.4 Outpatient services	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. Sav = Yes In Hosp = No	
D7.2.4.1 Facility fee	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. Sav = Yes In Hosp = No	
D7.2.4.2 Consultation	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. Sav = Yes In Hosp = No	
D7.2.4.3 Medicine	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. Sav = Yes In Hosp = No	
D7.3 Alternatives to hospitalisation	Unlimited at PMB level of care only.	Unlimited at PMB level of care only.	Paragraph A3 applicable.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.3.1 Physical rehabilitation facilities	Unlimited at PMB level of care only.	Unlimited at PMB level of care only.	
D7.3.2 Terminal Care Benefit	Limited to R27 900, unless prescribed minimum benefit.	Limited to R27 900, unless prescribed minimum benefit.	
D7.3.3 Nursing Services			
D7.3.3.1 Nursing Agencies	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.
D7.3.3.2 Private Nurse Practitioners	Unlimited. Sav = No In Hosp = Yes	Unlimited. Sav = No In Hosp = Yes	This benefit includes psychiatric nursing but excludes midwifery services. Also refer to D17.3.
D7.3.4 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.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			No benefit will be provide for any back or spinal surgery where the conservative back and neck rehabilitation programme is not undertaken prior to the request for surgery. Where there is an existing co-payment on spinal surgery, the co-payment will still apply
D7.4 Post Hospitalisation	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 commencement of treatment. The 30 day period is applicable form the date of discharge only.
D7.4.1 Physiotherapy	Limited to and included in D7.4.	Limited to and included in D7.4.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D7.4.2 Occupational therapy	Limited to and included in D7.4.	Limited to and included in D7.4.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D7.4.3 Speech therapy	Limited to and included in D7.4.	Limited to and included in D7.4.	Subject to the relevant managed healthcare programme and to its prior authorisation.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.6.4 Pathology	Limited to and included in D7.4.	Limited to and included in D7.4.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D7.6.5 General radiology	Limited to and included in D7.4.	Limited to and included in D7.4.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D7.5.6 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			
	Unlimited at 100% of the negotiated fee, or, in the absence fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals and paragraph 7.2 of Annexure D.	Unlimited at 100% of the negotiated fee, or, in the absence fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals and paragraph 7.2 of Annexure D.	Subject to the relevant management healthcare programmes, which includes the application of treatment protocols, medicine formularies, pre-authorisation and case management.
D8.1 Anti-retroviral medicine	Limited to and included in D8 and subject to State protocols.	Limited to and included in D8 and subject to State protocols.	
D8.2 Related medicine	See D11.1.	See D11.1.	

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D8.3 HIV counselling and Testing (HCT)	Limited to and included in D8.	Limited to and included in D8.	
D8.4 Consultation	Limited to and included in D8.	Limited to and included in D8.	
D8.5 All other services	Limited to and included in D1 to D7 and D9 to D23.	Limited to and included in D1 to D7 and D9 to D23.	
D9 INFERTILITY			
	<p>100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals.</p> <p>PMB in State Facility are managed according to managed healthcare protocols and further 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, or Uniform Patient Fee Schedule for public hospitals.</p> <p>PMB in State Facility are managed according to managed healthcare protocols and further 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>Subject to the relevant managed healthcare programme and to its prior authorisation. Paragraph A3 and A5 applicable. This benefit includes the following procedures or interventions:</p> <ul style="list-style-type: none"> • Hysterosalpingo-gram • The following blood tests: • Day 3 FSH/ LH • Day 3 Oestradiol • Thyroid function (TSH) • Prolactin • Rubella • HIV • VDRL

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> • Chlamydia • Day 21 Progesterone • Laparoscopy • Hysteroscopy • Surgery (uterus and tubal) • Manipulation of ovulation defects and deficiencies • Semen analysis (volume; count; mobility; morphology; MAR test) • Basic counselling and advice on sexual behaviour, temperature charts, etc. • Treatment of local infections •
D10 MATERNITY			
D10.1 Confinement in hospital	100% of the negotiated fee, or, in the absence of such fee, 100% _ or Uniform Patient Fee Schedule for public hospitals, for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. Unlimited.	100% of the negotiated fee, or, in the absence of such fee, 100% or Uniform Patient Fee Schedule for public hospitals, for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. Unlimited.	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management. Delivery by a general practitioner or medical specialist and the services

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Elective C-Section = R5 300 co-payment applicable. See Annexure E. Sav = No In Hosp = Yes	Voluntary non-use of the Hospital Network will attract a co-payment of R10 000. Elective C-Section = R5 300 co-payment applicable. See Annexure E. Sav = No In Hosp = Yes	of the attendant paediatrician and/or anaesthetists are included. Included in global obstetric fee is post-natal care by a general practitioner and medical specialists up to and including the six week post-natal consultation. Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation. Paragraphs A3 and A5 applicable.
D10.1.1 Confinement in a registered birthing unit	Limited to and included in D10.1.	Limited to and included in D10.1.	Delivery by a midwife. Hire of water bath and oxygen cylinder included in D3.1.
D10.1.2 Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.1.	Limited to and included in D7.1.1.	Limited to 7 (seven) day supply.
D10.2 Confinement out of hospital	Limited to and included in D10.1, subject to A5 and A6. Sav = No Acc = No In Hosp = Yes	Limited to and included in D10.1, subject to A5 and A6. Sav = No Acc = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation. For delivery by a general practitioner or midwife.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{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	Registered medicine, dressings and materials supplied by a midwife out of hospital limited to and included in D10.1.	Registered medicine, dressings and materials supplied by a midwife out of hospital limited to and included in D10.1.	
D10.3 Related Maternity Services <ul style="list-style-type: none"> • Antenatal consultations • Antenatal classes • Post natal consultations • Scans • Amniocentesis 	Limited to available savings. Sav = Yes Acc = n/a In Hosp = No	Limited to available savings. Sav = Yes Acc = n/a In Hosp = No	See paragraphs D5.3 and B2.
D11 MEDICINE AND INJECTION MATERIAL			
D11.1 Routine (acute) medicine	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. Sav = Yes In Hosp = No	Paragraph A4 applicable.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D11.1.1 Medicine on discharge from hospital (TTO)	<p>Limited to and included in D7.1.1.</p> <p>In respect of legally prescribed medicine.</p> <p>100% of the lower of:</p> <p>(i) the cost to the supplier plus the negotiated mark-up, or</p> <p>(ii) the single exit price plus the negotiated dispensing fee to a maximum fee as dictated by legislation.</p> <p>Both subject to the reimbursement limit, i.e., Maximum Generic Price or Medicine Price List. Levies and co-payments to apply where relevant.</p> <p>Sav = No In Hosp = Yes</p>	<p>Limited to and included in D7.1.1.</p> <p>In respect of legally prescribed medicine.</p> <p>100% of the lower of:</p> <p>(i) the cost to the supplier plus the negotiated mark-up, or</p> <p>(ii) the single exit price plus the negotiated dispensing fee to a maximum fee as dictated by legislation.</p> <p>Both subject to the reimbursement limit, i.e., Maximum Generic Price or Medicine Price List. Levies and co-payments to apply where relevant.</p> <p>Sav = No In Hosp = Yes</p>	<p>Limited to a seven day supply.</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>
D11.2 Chronic medicine	<p>In respect of legally prescribed medicine, PMB conditions only-unlimited benefit, according to the Basic formulary.</p>	<p>In respect of legally prescribed medicine, PMB conditions only-unlimited benefit, according to the Basic formulary.</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation and the Restricted formulary to a maximum of one month's supply, unless specifically pre-authorised.</p>

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<p>A co-payment of 40% will apply to voluntary use of non-formulary medicine and voluntary use of non-DSP.</p> <p>100% of the lower of:</p> <p>(i) the cost to the supplier plus the negotiated mark-up, or</p> <p>(ii) the single exit price plus the negotiated dispensing fee to a maximum fee as dictated by legislation.</p> <p>Both subject to the reimbursement limit, i.e., Maximum Generic Price or Medicine Price List. Levies and co-payments to apply where relevant.</p>	<p>A co-payment of 40% will apply to voluntary use of non-formulary medicine and voluntary use of non-DSP.</p> <p>100% of the lower of:</p> <p>(i) the cost to the supplier plus the negotiated mark-up, or</p> <p>(ii) the single exit price plus the negotiated dispensing fee to a maximum fee as dictated by legislation.</p> <p>Both subject to the reimbursement limit, i.e., Maximum Generic Price or Medicine Price List. Levies and co-payments to apply where relevant.</p>	<p>MPL applies.</p> <p>Includes diabetics, disposables such as syringes, needles, strips and lancets.</p> <p>This benefit excludes:</p> <p>In hospital medicine (D7)</p> <p>Anti-retroviral drugs (D8)</p> <p>Oncology medicine (D14)</p> <p>Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</p>
D11.3 Specialised drugs for Non Oncology	No benefit.	No benefit.	No benefit provided for facility fees on all options.
D11.4 Specialised drugs for Oncology	No benefit.	No benefit.	No benefit provided for facility fees on all options.
D11.5 Female Health Benefit • Oral Contraceptives	Contraceptives payable from Major Medical Benefit.	Contraceptives payable from Major Medical Benefit.	Subject to a list of contraceptives.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<ul style="list-style-type: none"> • Contraceptive Injections • Contraceptive Patches • Contraceptive Vaginal Rings • Contraceptive Implants • Intrauterine Devices or Systems 			<p>Excluding oral contraceptives prescribed for other conditions.</p> <p>Excluding consultations and procedural costs.</p>
D12 MENTAL HEALTH			
<p>D12.1 In Hospital</p> <p>Consultations and visits, procedures, assessments, therapy, treatment and/ or counselling</p>	<p>Limited to R21 400 per member family per annum, subject to the use of the Mental Health DSP.</p> <p>Hospital admissions will require pre-authorisation.</p> <p>100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or the Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for accommodation,</p>	<p>Limited to R21 400 per member family per annum, 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>Hospital admissions will require pre-authorisation.</p>	<p>Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management.</p> <p>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>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA SAVER^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
	<p>use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items and procedures performed by general practitioners and psychiatrists.</p> <p>Limited to a maximum of 3 days hospitalisation for beneficiaries admitted by a general practitioner or specialist physician. 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>100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or the Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items and procedures performed by general practitioners and psychiatrists.</p> <p>Limited to a maximum of 3 days hospitalisation for beneficiaries admitted by a general practitioner or specialist physician. 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>Paragraph A3 applicable. Additional hospitalisation to be motivated by the contracted medical practitioner and pre-authorized by the relevant managed healthcare programme.</p>

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D12.1.1 Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.1.	Limited to and included in D7.1.1.	Limited to 7 (seven) day 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 Non-Prescribed Minimum Benefit consultations and visits, procedures, assessments, therapy, treatment and/ or counselling	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. 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.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D12.2.1 Prescribed Minimum Benefit procedures	Limited to and included in D12. Sav = No In Hosp = Yes	Limited to and included in D12. Sav = No In Hosp = Yes	
D12.2.2 Medicine	Limited to and included in D11.1 and D11.2.	Limited to and included in D11.1 and D11.2.	
D12.3 Rehabilitation for substance abuse	Limited to and included in D12 and D12.2.1 and the Regulations. Within limits , 100% of the negotiated fee, or, in the absence of such fee, 100% of the cost if the negotiated Designated Service Provider (DSP) is used, or the, or Uniform Patient Fee Schedule for public hospitals for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals, surgical items and medicine supplied during treatment programme. Sav = No In Hosp = Yes	Limited to and included in D12 and D12.2.1 and the Regulations. Within limits , 100% of the negotiated fee, or, in the absence of such fee, 100% of the cost if the negotiated Designated Service Provider (DSP) is used, or the, or Uniform Patient Fee Schedule for public hospitals for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals, surgical items and medicine supplied during treatment programme. Sav = No In Hosp = Yes	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management. Limited to one rehabilitation programme per beneficiary per annum, subject to pre-authorisation in hospital. Rehabilitation programme includes hospital-based management up to 21 days per beneficiary, per benefit year.

MAXIMA SAVER RANGE

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation.
D12.3.1 Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.1.	Limited to and included in D7.1.1.	Limited to 7 (seven) day 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.
D13 NON-SURGICAL PROCEDURES AND TESTS			
D13.1 In hospital	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or the Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for all non-surgical procedures performed by a general practitioner, medical specialists or clinical technologists. Unlimited.	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or the Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for all non-surgical procedures performed by a general practitioner, medical specialists or clinical technologists. Unlimited.	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management, in hospital only. Paragraphs A3, A5 and B3 applicable.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} 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	This benefit excludes: Psychiatry and Psychology (D12) Optometric examinations (D15) Pathology (D18) Radiology (D21)
D13.2 Out of Hospital	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. Sav = Yes In Hosp = No	Surgical and non-surgical procedures listed in D24.2 covered from Major Medical Benefit, subject to the relevant managed healthcare programme and to its prior authorisation.
D13.3 Sleep Studies			
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.	

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D14 ONCOLOGY			
D14.1 Active period	<p>Limited to R250 000 per member family.</p> <p>100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologists and credentialed medical practitioners, consultations, visits, treatment and materials used in radiotherapy and chemotherapy.</p> <p>Within benefits: DSP = ICON Co-payment = None</p> <p>Sav = No Acc = No In Hosp = Yes</p> <p>Without benefits: DSP = ICON, subject to Entry-level protocols.</p>	<p>Limited to R250 000 per member family.</p> <p>100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologists and credentialed medical practitioners, consultations, visits, treatment and materials used in radiotherapy and chemotherapy.</p> <p>Within benefits: DSP = ICON Co-payment = None</p> <p>Sav = No Acc = No In Hosp = Yes</p> <p>Without benefits: DSP = ICON, subject to Entry-level protocols.</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>ICON is the DSP on all three options. A 40% co-payment is applicable, for voluntary non-DSP utilisation. ICON Entry-level Protocols apply.</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>Excluding Specialised Drugs. See D14.1.3.</p> <p>Paragraph A3, A4 and B3 applicable, unless otherwise stated.</p>

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Co-payment = 40% for voluntary Non-DSP use. Sav = No Acc = No In Hosp = Yes	Co-payment = 40% for voluntary Non-DSP use. Sav = No Acc = No In Hosp = Yes	
D14.1.1 Medicine	Limited to and included in D14.1.	Limited to and included in D14.1.	Paragraph A3 not applicable.
D14.1.2 Radiology and pathology	Limited to and included in D14.1. 100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or the Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals, for specified radiology and pathology services, performed by pathologists, radiologists and haematologists associated with oncology treatment.	Limited to and included in D14.1. 100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or the Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals, for specified radiology and pathology services, performed by pathologists, radiologists and haematologists associated with oncology treatment.	Subject to the relevant managed healthcare programme, protocols and to its prior authorisation. Paragraph A3 not applicable.
D14.1.2.1 PET AND PET-CT	Limited to an included in D14.1 and 2 per family per annum, restricted to staging of malignant tumours.	Limited to an included in D14.1 and 2 per family per annum, restricted to staging of malignant tumours.	Subject to relevant managed healthcare programme.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
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. 100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologist and credentialed medical practitioners, treatment and materials.	Limited to and included in D14.1. 100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologist and credentialed medical practitioners, treatment and materials.	Subject to the relevant managed healthcare programme.
D14.2 Pre and Post active Treatment period (surgical resection of tumour, chemotherapy and radiotherapy)	Limited to and included in D14.1 for life following the active treatment period, except for prescribed minimum benefits. 100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologist and credentialed medical practitioners, specified radiology and pathology services, performed by pathologists, radiologists	Limited to and included in D14.1 for life following the active treatment period, except for prescribed minimum benefits. 100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologist and credentialed medical practitioners, specified radiology and pathology services, performed by pathologists, radiologists	For consultations by oncologists, haematologists and credentialed medical practitioners, specified radiology and pathology, performed by pathologists, radiologists and haematologists, during the specified remission period. Should the condition regress, the active treatment benefit D14.1 will be re-instated.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	and haematologists during the specified remission period. Sav = No In Hosp = Yes	and haematologists during the specified remission period. Sav = No In Hosp = Yes	Paragraph A3 applicable, excluding pathology and radiology.
D15 OPTOMETRY			
	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. Sav = Yes In Hosp = No	
D16 ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANT-ATION AND IMMUNO –SUPPRESSIVE MEDICATION			
	Limited to R250 000 per member family. 100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for the work and harvesting of the organ/s or haemopoietic stem cell (bone marrow) and the transplantation thereof.	Limited to R250 000 per member family. 100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for the work and harvesting of the organ/s or haemopoietic stem cell (bone marrow) and the transplantation thereof.	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic graft and autologous grafts derived from the South African Bone Marrow Registry. Paragraph A3 and A4 applicable, unless otherwise stated, unless PMB.

MAXIMA SAVER RANGE

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} 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	Organ harvesting is limited to the Republic of South Africa.
D16.1 Corneal Grafts	No benefit.	No benefit.	
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 medication	Limited to and included in D16.	Limited to and included in D16.	See D16. Paragraph A3 not applicable.
D16.4 Post transplantation biopsies and scans	Limited to and included in D16.	Limited to and included in D16.	See D16.
D16.5 Radiology and pathology	Limited to and included in D16. 100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologist and credentialed medical practitioners, specified	Limited to and included in D16. 100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologist and credentialed medical practitioners, specified	See D16. Paragraph A3 not applicable.

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	radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.	radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.	
D17 ADDITIONAL MEDICAL SERVICES			
D17.1 In and Out of hospital <ul style="list-style-type: none"> • Occupational Therapy • Speech Therapy • Dietetics • Genetic Counselling • Hearing Aid Acoustics • Orthoptics • Podiatry • Private Nurse Practitioners • Social Workers 	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. Sav = Yes In Hosp = No	Subject to the relevant managed healthcare programme and to its prior authorisation before commencement of treatment. All benefits under paragraph D17 are subject to referral by the treating provider. Subject to PMB and managed care protocols if deemed clinically appropriate. Nursing services are included in the Alternatives to Hospitalisation benefit D7.3 if pre-authorised by the relevant managed healthcare programme.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D18 PATHOLOGY AND MEDICAL TECHNOLOGY			
D18.1 In Hospital	Limited to and included in D7.1.1. 100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for all tests performed by a pathologists or medical technologists.	Limited to and included in D7.1.1. 100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for all tests performed by a pathologists or medical technologists.	For all tests performed by a pathologist or medical technologist.
D18.2 Out of hospital	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. Sav = Yes In Hosp = No	
D19 PHYSICAL THERAPY			
D19.1 In hospital • Biokinetics • Physiotherapy	Limited to and included in D7.1.1. 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. Sav = No Acc = n/a	Limited to and included in D7.1.1. 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. Sav = No Acc = n/a	Subject to referral by the treating provider. Subject to the relevant managed healthcare programme and to its prior authorisation before commencement of treatment.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	In Hosp = Yes	In Hosp = Yes	
D19.2 Out of hospital	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. Sav = Yes In Hosp = No	
D20 PROSTHESES AND DEVICES INTERNAL AND EXTERNAL			
D20.1 Prostheses and devices internal (surgically implanted) including all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prosthesis and devices. This includes bone cement,	Subject to PMB level of care.	Subject to PMB level of care.	Subject to the relevant managed healthcare programme and to its prior authorisation.

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
bone graft substitutes and bone anchors			
D20.2 Protheses and devices external	Limited to R9 940 per member family.	Limited to R9 940 per member family.	
D21 RADIOLOGY			
D21.1 General radiology			
D21.1.1 In hospital	Limited to and included in D7.1.1. 100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for diagnostic radiology tests and ultrasound scans. Sav = No In Hosp = Yes	Limited to and included in D7.1.1. 100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for diagnostic radiology tests and ultrasound scans. Sav = No In Hosp = Yes	
D21.1.2 Out of hospital	Limited to available savings. Sav = Yes In Hosp = No	Limited to available savings. Sav = Yes In Hosp = No	

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D21.2 Specialised Radiology- In and Out of hospital	Limited to and included in D7.1.1. 100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or the Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals. MRIs and CT Scans in and out of Hospital: A co-payment of R1 900 is applicable for non-PMBs, subject to pre-authorization and managed care protocols	Limited to and included in D7.1.1. 100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or the Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals. MRIs and CT Scans in and out of Hospital: A co-payment of R1 900 is applicable for non-PMBs, subject to pre-authorization and managed care protocols	Subject to the relevant managed healthcare programme and to its prior authorisation. Oncology requests will be limited and included in D14.1.2. Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following: <ul style="list-style-type: none"> • CT Scans • MUGA scans • MRI scans • Radio isotope studies • CT colonography (virtual colonoscopy) (only in credentialed practises), limited to one per beneficiary per annum restricted to the evaluation of symptomatic patients only • MDCT Coronary Angiography (only in credentialed practices) to one per beneficiary per

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			annum restricted to the evaluation of symptomatic patients only.
D22 RENAL DIALYSIS CHRONIC			
	<p>Limited to R250 000 per member family.</p> <p>In line with minimum State entry criteria.</p> <p>Sav = No In Hosp = Yes</p>	<p>Limited to R250 000 per member family</p> <p>In line with minimum State entry criteria.</p> <p>Sav = No In Hosp = Yes</p>	Paragraph A3 applicable, unless otherwise stated.
D22.1 Haemodialysis and peritoneal dialysis	Limited to and included in D22.	Limited to and included in D22.	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>Authorised Erythropoietin is included in D4. This benefit excludes:</p> <ul style="list-style-type: none"> • acute renal dialysis is included in D7. <p>Paragraph A3 applicable.</p>

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D22.2 Radiology and pathology	Limited to and included in D22. 100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or the Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for specified radiology and pathology services.	Limited to and included in D22. 100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or the Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for specified radiology and pathology services.	For specified radiology and pathology services. As specified by the relevant managed healthcare programme.
D23 SURGICAL PROCEDURES			
D23.1 In Hospitals and unattached operating theatres	Limited to and included in D7.1.1. 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 for surgical procedures performed by a general or dental practitioner, medical or dental specialist. Sav = No In Hosp = Yes	Limited to and included in D7.1.1. 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 for surgical procedures performed by a general or dental practitioner, medical or dental specialist. Sav = No In Hosp = Yes	Subject to the relevant contracted 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, for Maxima Saver only. This benefit excludes: <ul style="list-style-type: none"> • Osseo-integrated implants (D6)

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			<ul style="list-style-type: none"> • Orthognathic and oral surgery (D6) • Maternity (D10) • Organ and Haemopoietic cell (bone marrow) transplantation and immunosuppressive medication (D16)
D23.1.1 Refractive surgery	No benefit.	No benefit.	
D23.1.2 Maxillo-facial surgery (in hospital)	<p>Limited to and included in D7.1.1.</p> <p>100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in D6.</p> <p>R5 300 co-payment on surgical removal of impacted wisdom teeth, see Annexure E.</p> <p>Sav = No</p>	<p>Limited to and included in D7.1.1.</p> <p>100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in D6.</p> <p>R5 300 co-payment on surgical removal of impacted wisdom teeth, see Annexure E.</p> <p>Sav = No</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> • Osseo-integrated implantation (D6) • Orthognathic surgery (D6) • Oral surgery (D6) <p>Paragraph A3 applicable.</p>

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	In Hosp = Yes	In Hosp = Yes	
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. Sav = No In Hosp = Yes	Limited to and included in D23.1. Sav = No In Hosp = Yes	
D24 SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS			
<p>D24.1 Procedures paid from the Hospital Benefit if done in a day clinic, day ward or the outpatient section of a Hospital.</p> <p>Benefits of 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 self-funded by the member. If application for pre-authorisation is made post the procedure, there will be a R1 000 charge that will be self-funded by the member.</p> <p>Co-payments applicable per option as per paragraph B4.</p> <p>Overnight admission will not be covered except for Prescribed Minimum Benefits.</p> <p>Paragraph A3, A5 and B3 applicable.</p>			
<p>D24.1.1 Ear Nose and Throat (ENT) procedures</p> <p>Nasal polypectomy, Antrostomy, Nasal cautery, Deep proof puncture, Ethmoidectomy, Nasal and sinus endoscopy, drainage of sinuses,</p>			

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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.			
D24.1.2 Gynaecological procedures Bartholin cyst excision, Dilation and Curettage (D&C), Diagnostic D&C, Polypectomy, Hysteroscopy, Diagnostic laparoscopy, Laparoscopic sterilisation, Cone biopsy, Cauterisation of cervix, Cauterisation of warts, Colposcopy.			
D24.1.3 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 by the member or the Approved Disease Benefit.			
D24.1.4 Ophthalmic procedures Cataract extraction, Lens implant, Melbomian cyst excision, Pterygium excision, Dacryocystorhinostomy.			
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, Paediatrician rigid sigmoidoscopy, Breast biopsy, Endoscopic Retrograde Cholangiopancreaography (ERCP), Bronchoscopy, Hernia repair (unilateral inguinal and femoral), Drainage of superficial abscesses, (surgical extraction of impacted wisdom teeth and multiple dental extractions on Maxima Saver only), Apicectomy, Superficial wound			

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
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>D24.2 Procedures performed in the doctor's rooms or suitably equipped procedure room(s):</p> <p>Benefits for these procedures will be granted from the in-Hospital benefit, subject to the relevant managed healthcare programme provided the member has obtained pre-authorization from the Scheme's managed care provider. Paragraph A3, A4 and B3 applicable.</p> <p>Where these procedures are performed in Hospital, they will not be recognised as a Hospital event unless pre –authorization for admission has been obtained from the Scheme's managed care provider. Where appropriate pre-authorization 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 fee.</p> <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 • Intravenous administration of bolus injections for medicines that include antimicrobials and immunoglobulin's (payment for immunoglobulin's is subject to D11.5) • Removal of impacted wisdom teeth on the Maxima Saver option only • 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 			

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<ul style="list-style-type: none"> • Cauterisation of warts • Baetholin cyst excision 			
D25 WELLNESS BENEFIT	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. (See D25.4.2) All benefits subject to the use of the contracted wellness network provider.		
D25.1 Woman's Health			
D25.1.1 Breast Cancer Screening/ Mammogram	1 test every three years for woman aged 50 to 74 years old.		
D25.1.2 Cervical Cancer Screening	1 test every three years for woman aged 21 to 65 years old. (Liquid based cytology will be reimbursed up to the rate of a standard PAP smear)		
D25.3 Cardiac Health (Cholesterol Screening [Full Lipogram])	1 test every 5 years, for all lives aged 20 and older.		
D25.4 General Wellness			
D25.4.1 Flu Immunisation	1 every year per beneficiary for all lives.		

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D25.4.2 General Practitioner Consultation (In Network GP's only)	No benefit.		
D25.4.3 HIV Test	1 every year for all lives.		
25.5 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

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	PCV ₇ (1) Pneumococcal Conjugated 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), Diptheria, Tetanus, accelular Petussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenza</i> type b combined		Left thigh
	Hep B (3) Hepatitis B Vaccine		Right thigh
	PCV ₇ (2) Pneumococcal Conjugated Vaccine		Right thigh
9 Months	Measles Vaccine (1)		Left thigh
	PCV ₇ (3) Pneumococcal Conjugated Vaccine		Right thigh

SERVICE SUBJECT TO PMB	MAXIMA SAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA SAVER ^{GRID} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
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 included in D7.1.1. 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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