

FEDHEALTH MEDICAL SCHEME

MAXIMA ENTRY OPTIONS

- **MAXIMA ENTRYZONE**
- **MAXIMA ENTRYSAVER**

ANNEXURE B8 – BENEFITS AND LIMITS

1 JANUARY 2017

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

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FEDHEALTH –ENTRY 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 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.

A3 Hospitalisation Benefits:

The Maxima EntySaver and EntryZone options have appointed a **Hospital Network** as the Designated Service Provider (“DSP”) for all benefits including Prescribed Minimum Benefits.

An amount of R5 600 is deductible for the use of Non-DSP Providers, unless such use is involuntary, or a Public Service Provider is utilised, in which case, paragraph B3 is applicable.

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.

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, rates applicable as follows:

- 100% of Fedhealth Rate, subject to a combined limit of R2 000 for GPs and Specialist Consultations.

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 in and out of Hospital:

- 100% of Fedhealth Rate for Maxima EntrySaver and EntryZone.

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 EntrySaver option):

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 the EntrySaver option:

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

A6 Out of GP Network:

- 100% of Fedhealth Rate for EntrySaver option.
-

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 deplete (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.

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
<p>D1 ALTERNATIVE HEALTHCARE</p>			
<p>D1.1 In and Out of Hospital Homeopathic consultations and medicine</p>	<p>No benefit.</p>	<p>Limited to available savings. Sav = Yes Acc = n/a In Hosp = No</p>	
<p>D2 AMBULANCE SERVICES</p>			
	<p>100% of cost if authorised by the preferred provider. No limit. Only one inter-hospital transfer per event.</p>	<p>100% of cost if authorised by the preferred provider. No limit. Only one inter-hospital transfer per event.</p>	<p>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 22nd degree parallel).</p>

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
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			
D3.1 In and Out of Hospital	No benefit, unless PMB. Subject to B3. Sav = n/a Acc = n/a In Hosp = No	Limited to available savings, unless PMB. Sav = Yes Acc = n/a In Hosp = No	
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	No benefit. See D3.1. Sav = n/a	Limited to available savings. Sav = Yes	

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Acc = n/a In Hosp = No	Acc = n/a In Hosp = No	
D.3.2.1 Orthoptics	No benefit. Sav = n/a Acc = n/a In Hosp = No	Limited to available savings. Sav = Yes Acc = No In Hosp = No	
D3.2.2 Stoma Products	See D3.1.	See D3.1.	
D3.3 Specific appliances, accessories			
D3.3.1 Oxygen therapy equipment (excluding hyperbaric oxygen treatment)	Unlimited, if specifically authorised. Sav = n/a 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.

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D3.3.2 Home ventilators	Unlimited, if specifically authorised. Sav = n/a 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 = n/a 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			
	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/	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/	Use of blood equivalents is subject to prior authorisation by the relevant managed healthcare programme.

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	or single exit price plus dispensing fee.	or single exit price plus dispensing fee.	Transportation of blood is included. Paragraph A3 and A4 applicable.
D5 CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS			
D5.1 Specialists In hospital			
D5.1.1 In Network	100% of the negotiated fee for medical specialists. Sav = n/a Acc = n/a In Hosp = Yes	100% of the negotiated fee for medical specialists. Sav = No Acc = n/a 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 A3 and A4 applicable. This benefit excludes: <ul style="list-style-type: none"> • Alternative healthcare practitioners (D1) • Dental practitioners, technologists and therapists (D6)

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
			<ul style="list-style-type: none"> • 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)
<p>D5.1.2 Out of Network</p>	<p>100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for medical specialists.</p> <p>Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for medical specialists.</p> <p>Sav = No Acc = n/a 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 A4 applicable.</p>

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
			<p>This benefit excludes:</p> <ul style="list-style-type: none"> • Alternative healthcare practitioners (D1) • Dental practitioners, technologists and therapists (D6) • Ante-natal visits and consultations (D10) • 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>D5.2 GP's in Hospital</p>			

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
<p>D5.2.1 In Network</p>	<p>100% of the negotiated fee for general practitioners.</p> <p>Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>100% of the negotiated fee for general practitioners.</p> <p>Sav = No Acc = n/a 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 A4 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

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
			<p>post-active treatment periods (D14)</p> <ul style="list-style-type: none"> • Additional Medical Services (D17) • Physical therapy (D19)
<p>D5.2.2 Out of Network</p>	<p>100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for general practitioners.</p> <p>Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for general practitioners.</p> <p>Sav = No Acc = n/a 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 A4 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)

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> • Psychiatrists, psychologists, psychometrists and registered counsellors (D12) • Oncologists, haematologists and credentialed medical practitioners, during active and post-active treatment periods (D14) • Additional Medical Services (D17) • Physical therapy (D19)
D5.3 GP's Out of Hospital In and out of GP Network	No benefit. Sav = n/a Acc = n/a In Hosp = No	Limited to available savings. PFP Nomination required. Sav = Yes Acc = n/a In Hosp = No	

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
		<p>GP Network benefit: Once savings are depleted, visits at a Nominated Network GP covered from the Major Medical Benefit, unlimited. See paragraph B2. 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.</p> <p>Sav = No Acc = n/a In Hosp = Yes</p>	
<p>D.5.4 Specialists Out of Hospital</p>	<p>No benefit. Sav = n/a Acc = n/a In Hosp = No</p>	<p>Limited to available savings.</p> <p>Referral from nominated PFP required for Specialist Consultations.</p>	

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
		<p>Sav = Yes Acc = n/a In Hosp = No</p>	
<p>D6 DENTISTRY</p>			
<p>D6.1 Basic</p>	<p>No benefit. Sav = n/a Acc = n/a In Hosp = No</p>	<p>Limited to available savings. Sav = Yes Acc = n/a In Hosp = No</p>	<p>Subject to the relevant managed healthcare programme. Basic dentistry including minor oral surgery, except for EntryZone. Oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such surgery. Lingual and labial frenectomies under GA granted for members under the age of 7, subject to the relevant managed healthcare</p>

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
			<p>programme and its prior authorization.</p> <p>All general anaesthetics and conscious sedation for dentistry, regardless of where it is performed, must be pre-authorized.</p>
<p>D6.2 Advanced dentistry</p>	<p>No benefit.</p> <p>Sav = n/a Acc = n/a In Hosp = No</p>	<p>Limited to available savings.</p> <p>Sav = Yes Acc = No In Hosp = No</p>	
<p>D7 HOSPITALISATION</p>			
<p>D7.1 Private hospitals and unattached operating theatres</p>			

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
<p>D7.1.1 In Hospital</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 R5 600 is deductible for the use of Non-DSP Providers, unless such use is involuntary, or Public Service Provider is utilised.</p> <p>Sav = n/a Acc = n/a 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 R5 600 is deductible for the use of Non-DSP Providers, unless such use is involuntary, or Public Service Provider is utilised.</p> <p>Sav = No Acc = n/a 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 A4applicable.</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 ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
			<p>No benefits will be granted if prior authorisation requirements are not complied with. Co-payments applicable per option, as per 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) (D6) • Maternity (D10) (D10) • Mental Health (D12) (D12) • Oncology (D14) (D14) • Organ and Haemopoietic stem cell (bone marrow) transplantation and

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
			<p>immunosuppressive Medication (D16) (D16)</p> <ul style="list-style-type: none"> • Refractive surgery (D23) (D23) • Renal dialysis chronic (D22) (D22) • Joint Replacements
<p>D7.1.2 Medicine on discharge from hospital (TTO)</p>	<p>Limited to and included in D7.1.1.</p> <p>Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Limited to and included in D7.1.1.</p> <p>Sav = No 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>
<p>D7.1.3 Out of Hospital</p>			
<p>D7.1.3.1 Casualty/ Emergency room visits</p>			

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.1.3.1.1 Facility Fee	No benefit. 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 = n/a Acc = n/a 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 Acc = n/a 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.
D7.1.3.1.2 Consultation	No benefit. Sav = n/a Acc = n/a In Hosp = No	Limited to available savings. Sav = Yes Acc = n/a 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	No benefit. Sav = n/a Acc = n/a	Limited to available savings. Sav = Yes Acc = n/a	Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	In Hosp = No	In Hosp = No	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.
D7.2 Public Hospitals			
D7.2.1 In Hospital	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	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 for public hospitals for	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols,

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
	<p>accommodation, use of the operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>accommodation, use of the operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>Sav = No Acc = n/a In Hosp = Yes</p>	<p>formularies, pre-authorisation and case management</p> <p>Co-payments applicable per option, as per paragraph B4.</p> <p>Paragraph A4 applicable.</p> <p>This benefit excludes:</p> <p>Hospitalisation for:</p> <ul style="list-style-type: none"> • Osseo-integrated implants and orthognathic surgery (Advanced Dentistry D6) (D6) • Dentistry (D6) • Maternity (D10) (D10) • Mental Health (D12) (D12) • Organ and Haemopoietic stem cell (bone marrow) transplantation and

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
			<p>immunosuppressive medication (D16) (D16)</p> <ul style="list-style-type: none"> • Renal dialysis chronic (D22) (D22) • Refractive surgery (D23) (D23) • Joint Replacements (D20)
<p>D7.2.2 Medicine on discharge from hospital (TTO)</p>	<p>Limited to and included in D7.1.1.</p> <p>Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Limited to and included in D7.1.1.</p> <p>Sav = No Acc = n/a In Hosp = Yes</p>	<p>Limited to 7 (seven) day supply.</p> <p>Refer D7.1.1.</p> <p>Except for anti-coagulants were more than seven (7) days supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.</p>
<p>D7.2.3. Casualty/ Emergency room visits</p>			

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.2.3.1. Facility Fee	No benefit.	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 Acc = n/a 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.
D7.2.3.2 Consultation	No benefit. Sav = n/a Acc = n/a In Hosp = No	Limited to available savings. Sav = Yes Acc = n/a 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.
D7.2.3.3 Medicine	No benefit. Sav = n/a	Limited to available savings. Sav = Yes	Will be included in the hospital benefit if a retrospective authorisation is given by the

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Acc = n/a In Hosp = No	Acc = n/a In Hosp = No	relevant managed healthcare programme for <i>bona fide</i> emergencies.
D7.2.4 Outpatient services	No benefit. Sav = n/a Acc = n/a In Hosp = No	Limited to available savings. Sav = Yes Acc = n/a In Hosp = No	
D7.2.4.1 Facility fee	No benefit. Sav = n/a Acc = n/a In Hosp = No	Limited to available savings. Sav = Yes Acc = n/a In Hosp = No	
D7.2.4.2 Consultation	No benefit. Sav = n/a Acc = n/a In Hosp = No	Limited to available savings. Sav = Yes Acc = n/a In Hosp = No	
D7.2.4.3 Medicine	No benefit. Sav = n/a	Limited to available savings. Sav = Yes	

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Acc = n/a In Hosp = No	Acc = n/a In Hosp = No	
D7.2.5 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 co-payment on spinal surgery, the co-payment will still apply
D7.3 Alternatives to hospitalisation	Unlimited at PMB level of care only.	Unlimited at PMB level of care only.	Paragraph A3 applicable.
D7.3.1 Physical rehabilitation facilities	Unlimited at PMB level of care only.	Unlimited at PMB level of care only.	

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
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 = n/a Acc = n/a In Hosp = Yes	Unlimited. Sav = No Acc = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation. Benefits for clinical procedures and treatment during stay in alternative facility will be subject to the same benefits that apply to hospitalisation.
D7. 3.3.2 Private Nurse Practitioners	Unlimited. Sav = n/a Acc = n/a In Hosp = Yes	Unlimited. Sav = No Acc = No In Hosp = Yes	This benefit includes psychiatric nursing but excludes midwifery services. Also refer to D17.3.
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

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			prior authorisation before commencement of treatment. The 30 day period is applicable from the date of discharge only.
D7.6.1 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.
D7.6.2 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.
D7.6.3 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.
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.

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
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. See D11.2.	Limited to and included in D8 and subject to State protocols.	
D8.2 Related medicine	See D11.2. Limited to and included in D8 and subject to State protocols.	See D11.1.	

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER 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.	See 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</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</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation. Paragraph A3 and A4 applicable. This benefit includes the following procedures or interventions:</p> <ul style="list-style-type: none"> • Hysterosalpingo-gram • The following blood tests: <ul style="list-style-type: none"> ○ Day 3 FSH/ LH ○ Day 3 Oestradiol ○ Thyroid function (TSH) ○ Prolactin

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
	<p>1998 in Annexure A, paragraph 9, Code 902M.</p>	<p>1998 in Annexure A, paragraph 9, Code 902M.</p>	<ul style="list-style-type: none"> ○ Rubella ○ HIV ○ VDRL ○ Chlamydia ○ Day 21 Progesterone ● Laparoscopy ● Hysteroscopy ● Surgery (uterus and tubal) ● Manipulation of ovulation defects and deficiencies ● Semen analysis (volume; count; mobility; morphology; MAR test) ● Basic counselling and advice on sexual behaviour, temperature charts, etc. ● Treatment of local infections
<p>D10 MATERNITY</p>			
<p>D10.1 Confinement in hospital</p>	<p>100% of the negotiated fee, or, in the absence of such fee, 100% of</p>	<p>100% of the negotiated fee, or, in the absence of such fee, 100% of</p>	<p>Subject to the relevant contracted managed healthcare</p>

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
	<p>the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals, for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>PMB level of care, limited to and included in A4 and B3.</p> <p>Voluntary non-PMB C-Sections will attract a co-payment of R10 000.</p> <p>Voluntary non-use of the Hospital Network will attract a co=payment of R10 000.</p> <p>Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals, for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>PMB level of care.</p> <p>Voluntary non-PMB C-Sections will attract a co-payment of R10 000.</p> <p>Voluntary non-use of the Hospital Network will attract a co=payment of R10 000.</p> <p>Sav = No Acc = n/a In Hosp = Yes</p>	<p>programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management.</p> <p>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 medical specialists up to and 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> <p>Paragraphs A3 and A4 applicable.</p>

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
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 = n/a In Hosp = Yes	Limited to and included in D10.1, subject to A5 and A6. Sav = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation. For delivery by a general practitioner or midwife. Hire of water bath and oxygen cylinder included in D3.1.
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.	

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D10.3 Related Maternity Services <ul style="list-style-type: none"> • Antenatal consultations • Antenatal classes • Post natal consultations • Scans • Amniocentesis 	No benefit. Sav = n/a In Hosp = Yes-No	Limited to available savings. Sav = Yes In Hosp = No	See paragraphs D5.3 and B2, excluding EntryZone
D11 MEDICINE AND INJECTION MATERIAL			
D11.1 Routine (acute) medicine	No benefit. Sav = n/a Acc = n/a In Hosp = No	Limited to available savings. Sav = Yes Acc = n/a In Hosp = No	Paragraph A4 applicable.
D11.1.1 Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.1. In respect of legally prescribed medicine. 100% of the lower of: (i) the cost to the supplier plus the negotiated mark-up, or	Limited to and included in D7.1.1. In respect of legally prescribed medicine. 100% of the lower of: (i) the cost to the supplier plus the negotiated mark-up, or	Limited to a 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.

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</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 = n/a Acc = n/a In Hosp = Yes</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 Acc = n/a In Hosp = Yes</p>	
<p>D11.2 Chronic medicine</p>	<p>In respect of legally prescribed medicine, PMB conditions only-unlimited benefit, according to the Basic formulary.</p> <p>A co-payment of 40% will apply to voluntary use of non-formulary</p>	<p>In respect of legally prescribed medicine, PMB conditions only-unlimited benefit, according to the Basic formulary.</p> <p>A co-payment of 40% will apply to voluntary use of non-formulary</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation and the Basic formulary to a maximum of one month's supply, unless specifically pre-authorised. MPL applies.</p>

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
	<p>medicine and voluntary use of non-DSP. 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 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>medicine and voluntary use of non-DSP. 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 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>Includes diabetics, disposables such as syringes, needles, strips and lancets.</p> <p>This benefit excludes:</p> <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)
<p>D11.3 Specialised drugs for Non Oncology</p>	<p>No benefit.</p>	<p>No benefit.</p>	<p>Except for Beta-interferon for the treatment of Multiple Sclerosis as per the PMB Algorithm and subject to Regulation 15(H) and 15(I) and the relevant managed</p>

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
			<p>healthcare programme and to its prior authorisation.</p>
<p>D11.4 Specialised drugs for Oncology</p>	<p>No benefit.</p>	<p>No benefit.</p>	<p>No benefit provided for facility fees on all options.</p>
<p>D11.5 Female Health Benefit</p> <ul style="list-style-type: none"> • Oral Contraceptives • Contraceptive Injections • Contraceptive Patches • Contraceptive Vaginal Rings • Contraceptive Implants • Intrauterine Devices or Systems 	<p>Oral contraceptives payable from Major Medical Benefit.</p> <p>(excludes contraceptive injections, contraceptive patches, contraceptive vaginal rings, contraceptive implants and intrauterine devices or systems)</p>	<p>Contraceptives payable from Major Medical Benefit.</p>	<p>Subject to a list of contraceptives.</p> <p>Excluding oral contraceptives prescribed for other conditions.</p> <p>Excluding consultations and procedural costs.</p>

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D12 MENTAL HEALTH			
D12.1 In Hospital Consultations and visits, procedures, assessments, therapy, treatment and/ or counselling	PMB level of care, limited to and included in paragraphs A4 and B3, subject to the use of the Mental Health DSP. An amount of R5 600 is deductible for the use of Non-DSP Providers , unless such use is involuntary, or Public Service Provider is utilised. Hospital admissions will require pre-authorization. 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	PMB level of care, limited to and included in paragraphs A4 and B3, subject to the use of the Mental Health DSP. An amount of R5 600 is deductible for the use of Non-DSP Providers , unless such use is involuntary, or Public Service Provider is utilised. Hospital admissions will require pre-authorization. 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	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorization and case management. Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation. 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</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
	<p>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.</p> <p>Additional hospitalisation to be motivated by the medical practitioner and pre-authorised by the relevant managed healthcare programme.</p> <p>Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>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.</p> <p>Additional hospitalisation to be motivated by the medical practitioner and pre-authorised by the relevant managed healthcare programme.</p> <p>Sav = No Acc = n/a In Hosp = Yes</p>	

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER 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	No benefit. Sav = n/a Acc = n/a In Hosp = No	Limited to available savings. Sav = Yes Acc = n/a 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

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			or at any place, including a public hospital.
D12.2.1 Prescribed Minimum Benefit procedures	Limited to and included in D12. Sav = n/a Acc = n/a In Hosp = Yes	Limited to and included in D12. Sav = No Acc = n/a In Hosp = Yes	
D12.2.2 Medicine	Limited to and included in D11.2 and D12.1.	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	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	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

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<p>accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals, surgical items and medicine supplied during treatment programme.</p> <p>Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals, surgical items and medicine supplied during treatment programme.</p> <p>Sav = No Acc = n/a In Hosp = Yes</p>	<p>annum, subject to pre- authorisation in hospital.</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)	Limited to and included in D7.1.1.	Limited to and included in D7.1.1.	<p>Limited to 7 (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>

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
<p>D13 NON-SURGICAL PROCEDURES AND TESTS</p>			
<p>D13.1 In hospital</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 all non-surgical procedures performed by a general practitioner, medical specialists or clinical technologists.</p> <p>Limited to and included in paragraphs A4 and B3.</p> <p>Sav = n/a Acc = n/a 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 all non-surgical procedures performed by a general practitioner, medical specialists or clinical technologists.</p> <p>Sav = No Acc = n/a 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, in hospital only.</p> <p>Paragraphs A3, A4 and B3 applicable.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> • Psychiatry and Psychology (D12) • Optometric examinations (D15) • Pathology (D18) • Radiology (D21)

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D13.2 Out of Hospital	No benefit.	Limited to available savings. Sav = Yes Acc = n/a 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	
D14 ONCOLOGY			
D14.1 Active period	PMB level of care with DSP. 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	PMB level of care with DSP. 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	Subject to the relevant managed healthcare programme and to its prior authorisation. ICON is the DSP on all three options. A 40% co-payment is

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
	<p>oncologists, haematologists and credentialed medical practitioners, consultations, visits, treatment and materials used in radiotherapy and chemotherapy.</p> <p>Within benefits:</p> <p>Preferred Provider = ICON Co-payment = None Sav = No Acc = No In Hosp = Yes</p> <p>Without benefits:</p> <p>DSP = ICON, subject to Entry-level protocols.</p> <p>Co-payment = 40% for voluntary Non-DSP use.</p> <p>Sav = No Acc = No In Hosp = Yes</p>	<p>oncologists, haematologists and credentialed medical practitioners, consultations, visits, treatment and materials used in radiotherapy and chemotherapy.</p> <p>Within benefits:</p> <p>Preferred Provider = ICON Co-payment = None Sav = No Acc = No In Hosp = Yes</p> <p>Without benefits:</p> <p>DSP = ICON, subject to Entry-level protocols.</p> <p>Co-payment = 40% for voluntary Non-DSP use.</p> <p>Sav = No Acc = No In Hosp = Yes</p>	<p>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 ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D14.1.1 Medicine	Limited to and included in D14.1. See D11.2.	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	No benefit.	No benefit.	Subject to relevant managed healthcare programme.

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER 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	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	For consultations by oncologists, haematologists and credentialed medical practitioners, specified radiology and pathology, performed by pathologists, radiologists and haematologists, during the specified remission period.

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
	<p>credentialed medical practitioners, specified radiology and pathology services, performed by pathologists, radiologists and haematologists during the specified remission period.</p> <p>Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>credentialed medical practitioners, specified radiology and pathology services, performed by pathologists, radiologists and haematologists during the specified remission period.</p> <p>Sav = No Acc = n/a In Hosp = Yes</p>	<p>Should the condition regress, the active treatment benefit D14.1 will be re-instated.</p> <p>Paragraph A3 applicable, excluding pathology and radiology.</p>
<p>D15 OPTOMETRY</p>			
	<p>No benefit.</p> <p>Sav = n/a Acc = n/a In Hosp = No</p>	<p>Limited to available savings.</p> <p>Sav = Yes Acc = n/a In Hosp = No</p>	

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
<p>D16 ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANT-ATION AND IMMUNO –SUPPRESSIVE MEDICATION</p>			
	<p>Subject to PMB level of care</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 work and harvesting of the organ/s or haemopoietic stem cell (bone marrow) and the transplantation thereof.</p> <p>Sav = n/a Acc = n/a In Hosp = Yes</p>	<p>Subject to PMB level of care .</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 work and harvesting of the organ/s or haemopoietic stem cell (bone marrow) and the transplantation thereof.</p> <p>Sav = No Acc = n/a In Hosp = Yes</p>	<p>Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic graft and autologous grafts derived from the South African Bone Marrow Registry.</p> <p>Paragraph A3 and A4 applicable, unless otherwise stated, unless PMB.</p> <p>Organ harvesting is limited to the Republic of South Africa.</p>
<p>D16.1 Corneal Grafts</p>	<p>No benefit.</p>	<p>No benefit.</p>	
<p>D16.2 Haemopoietic stem cell (bone marrow) transplantation</p>	<p>Limited to and included in D16.</p>	<p>Limited to and included in D16.</p>	<p>Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous</p>

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			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 radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.	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 radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.	See D16. Paragraph A3 not applicable.

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
<p>D17 ADDITIONAL MEDICAL SERVICES</p>			
<p>D17.1 In and Out of hospital</p> <ul style="list-style-type: none"> • Occupational Therapy • Speech Therapy • Dietetics • Genetic Counselling • Hearing Aid Acoustics • Orthoptics • Podiatry • Private Nurse Practitioners • Social Workers 	<p>No benefit, unless PMB.</p> <p>Sav = n/a Acc = n/a In Hosp = No</p>	<p>Limited to available savings, unless PMB or pre-authorized for In-Hospital treatment.</p> <p>Sav = Yes Acc = n/a In Hosp = No</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation before commencement of treatment.</p> <p>All benefits under paragraph D17 are subject to referral by the treating provider.</p> <p>Subject to PMB and managed care protocols if deemed clinically appropriate.</p> <p>Nursing services are included in the Alternatives to Hospitalisation benefit D7.3 if pre-authorized by the relevant managed healthcare programme.</p>

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER 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	No benefit. Sav = n/a Acc = n/a In Hosp = No	Limited to available savings. Sav = Yes Acc = n/a 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	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	Subject to referral by the treating provider. Subject to the relevant managed healthcare programme and to its

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Rate, or Uniform Patient Fee Schedule for public hospitals. Sav = n/a Acc = n/a In Hosp = Yes	Rate, or Uniform Patient Fee Schedule for public hospitals. Sav = No Acc = n/a In Hosp = Yes	prior authorisation before commencement of treatment.
D19.2 Out of hospital	No benefit. Sav = n/a Acc = n/a In Hosp = No	Limited to available savings. Sav = Yes Acc = n/a 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	Subject to PMB level of care. R1000 benefit limit for non-PMBs per family per annum.	Subject to PMB level of care. R1000 benefit limit for non-PMBs per family per annum.	Subject to the relevant managed healthcare programme and to its prior authorisation.

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
<p>delivery of these internal prosthesis and devices. This includes bone cement, bone graft substitutes and bone anchors</p>			
<p>D20.2 Protheses and devices external</p>	<p>See D20.1.</p>	<p>See D20.1.</p>	
<p>D21 RADIOLOGY</p>			
<p>D21.1 General radiology</p>			
<p>D21.1.1 In hospital</p>	<p>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.</p> <p>Sav = n/a</p>	<p>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.</p> <p>Sav = No</p>	

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER 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	
D21.1.2 Out of hospital	No benefit.	Limited to available savings. Sav = Yes Acc = n/a In Hosp = No	
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 R2 500 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 R2 500 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

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
			<ul style="list-style-type: none"> • 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 annum restricted to the evaluation of symptomatic patients only.
<p>D22 RENAL DIALYSIS CHRONIC</p>			
	<p>PMB level of care in State Facility, limited to A4 and B3.</p>	<p>PMB level of care in State Facility, limited to A4 and B3.</p>	<p>Paragraph A3 applicable, unless otherwise stated.</p>

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER 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 cost, or Uniform Patient Fee Schedule for public hospitals for all services, medicine and materials associated with the cost of renal dialysis.</p> <p>Sav = n/a Acc = n/a In Hosp = Yes</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 all services, medicine and materials associated with the cost of renal dialysis.</p> <p>Sav = No Acc = n/a In Hosp = Yes</p>	
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.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> • Acute renal dialysis is included in D7. <p>Paragraph A3 applicable.</p>

<p>SERVICE SUBJECT TO PMB</p>	<p>MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C</p>	<p>CONDITIONS/ REMARKS SUBJECT TO PMB</p>
<p>D22.2 Radiology and pathology</p>	<p>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.</p>	<p>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.</p>	<p>For specified radiology and pathology services. As specified by the relevant managed healthcare programme.</p>
<p>D23 SURGICAL PROCEDURES</p>			
<p>D23.1 In Hospitals and unattached operating theatres</p>	<p>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 practitioner or medical specialist.</p>	<p>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 practitioner or medical specialist.</p>	<p>Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management. This benefit excludes:</p> <ul style="list-style-type: none"> • Osseo-integrated implants (D6)

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	Sav = n/a Acc = n/a In Hosp = Yes Surgical extraction of wisdom teeth is excluded on this option. Colonoscopies covered in DSP only, unless PMB and/ or involuntary.	Sav = No Acc = n/a In Hosp = Yes Surgical extraction of wisdom teeth is excluded on this option.	<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)	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 the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other	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 the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other	Subject to the relevant managed healthcare programme and to its prior authorisation. This benefit excludes: <ul style="list-style-type: none"> • Osseo-integrated implantation (D6) • Orthognathic surgery (D6) • Oral surgery (D6) • Impacted wisdom teeth on

SERVICE SUBJECT TO PMB	MAXIMA ENTRYZONE BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA ENTRYSAVER BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	surgery not specifically mentioned in D6. Sav = n/a Acc = n/a In Hosp = Yes	surgery not specifically mentioned in D6. Sav = No Acc = n/a In Hosp = Yes	Maxima EntrySaver and EntryZone. (D6) Paragraph A3 and A4 applicable.
D23.1.3 Transcatheter Aortic Valve Implantation and repairs (TAVI)	No benefit.	No benefit.	
D23.2 Out of hospital in practitioner's rooms	No benefit.	Limited to D23.1, and further limited to the list in D24.2.	

D24 SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS

D24.1 Procedures paid from the Hospital Benefit if done in a day clinic, day ward or the outpatient section of a Hospital.

Benefits of 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 self-funded by the member. If application for pre-authorization is made post the procedure, there will be a R1 000 charge that will be self-funded by the member.

Co-payments applicable per option as per paragraph B4.

Overnight admission will not be covered except for Prescribed Minimum Benefits.

Paragraph A3, A4 and B3 applicable.

D24.1.1 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.

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 Cholangiopancreatography (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 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 the doctor's rooms or suitably equipped procedure room(s):

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-authorisation from the Scheme's managed care provider.

Paragraph A3, A4 and B3 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 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 fee.

- 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
- Cauterisation of warts
- Bartholin cyst excision

D25 WELLNESS BENEFIT	
	100% of the lower of the cost or Fedhealth Rate for listed procedures and tests, limited to and payable from Risk For medicines and injection materials: See D11.1, except for child immunisations, as included in D25.5. Excludes consultations and costs for all procedures within this programme. (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.
D25.4.2 General Practitioner Consultation (In Network GP's only)	1 consultation per beneficiary per annum on EntryZone only.
D25.4.3 HIV Test	1 every year for all lives.
D25.4.4 Nurse benefit	1 consultation per beneficiary per annum.

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
	PCV₇ (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), 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.
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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