

Fedhealth Medical Scheme

myFED

Annexure B10 – Benefits and Limits 2024

(To be read in conjunction with Annexure C and D)

[Effective 1 January 2024 unless otherwise stated below]



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**FEDHEALTH MEDICAL SCHEME – myFED
ANNEXURE B
BENEFITS AND LIMITS****[Effective 1 January 2024 unless otherwise stated below]****A ENTITLEMENT TO BENEFITS**

A1 “Entitlement to Benefits” rules specific to this option are listed in the paragraphs to follow to be read in conjunction with Annexure C, D and E.

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, 26.5% capped at a maximum of R29.00 (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 **Hospital Network:**

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

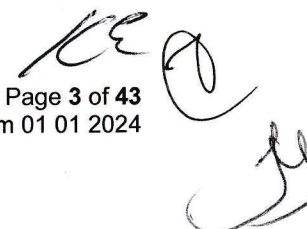
A3.1 **Hospitalisation:**

The myFED option has appointed a hospital network as the Designated Service Provider (“DSP”) for all benefits including Prescribed Minimum Benefits.

An amount of **R14 700** is deductible for the use of Non DSP Providers.

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

A3.2 **DSPs**



Unlimited cover is provided for PMBs 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 at DSP or Government Facilities.

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

A4 Providers In Hospital:

A4.1 A Specialist Network, appointed as the Scheme's DSP for PMB's (refer Annexure D, paragraph 7.4.3), is applicable for all In 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:

- Funded in full at negotiated rate, including Anaesthetists.
-

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

A4.3 Out of Specialist Network:

- 100% of the Fedhealth Rate, subject to a combined limit of R2 500 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:**A4.4.1 GPs In Network In Hospital:**

- Funded in full at the negotiated rate.

A GP network, appointed as the Scheme's DSP for PMBs is applicable for all in hospital consultations and procedures.

A4.4.2 GPs Out of Network In Hospital:

- 100% of the Fedhealth Rate, subject to a combined limit of R2 500 for GPs and Specialist Consultations.

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

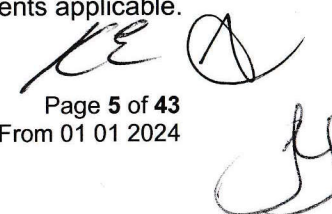
A4.5 Other Healthcare Providers in or out of hospital(excluding GP's) not mentioned in A4.1, A4.2, A4.3, A5.1, A5.2 and A5.3:
100% of Fedhealth Rate, only where specific benefits are provided for, as stipulated in paragraph D below.

A5 Providers Out of Hospital:**A5.1 GP Network:**

- Funded in full at the negotiated rate.

A GP network, appointed as the Scheme's DSP for PMBs is applicable for all out of hospital consultations and procedures. A 40% co-payment will apply for PMBs on voluntary use of a non DSP.

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



A5.2 Out of GP Network

See Out of Network benefit (A5.6)

A5.3 Specialists out of Hospital:

A Specialist Network, appointed as the Scheme's DSP for PMB's (refer Annexure D, paragraph 7.4.3), is applicable for all Out of Hospital (day to day) consultations and procedures. A 40% co-payment will apply for PMBs o voluntary use of a non DSP.

A5.3.1 In Specialist Network, rates applicable as follows:

- Funded in full at the negotiated rate limited to 2 consultation and procedure subject to a maximum total rand amount of R2 000 per family.

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

A5.3.2 Specialists out of Network:

- No benefit

A5.4 GP referral for Specialist Consultations:

Specialist consultations will only be provided for upon referral to such specialist by the member's nominated GP.

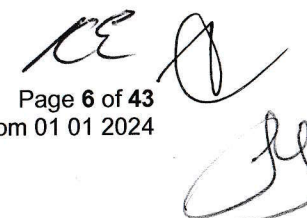
Pre-authorisation will be required for such consultations.

A5.5 Nomination of General Practitioner at beneficiary level

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

A main member, on behalf of himself/ herself, and on behalf of his/ her dependants can nominated at least 2 GP's or a dependant can only nominate their own GP, by following the selection criteria required by the Scheme.

A GP may be changed at the principal member's and beneficiary discretion every 6 months.



A5.6 “Out of Network” visits will be covered at the negotiated fee for non-nominated practitioners on the GP Network and the Fedhealth Rate for practitioners not on the GP Network, up to a maximum of 2 GP consultations only per beneficiary.

A5.7 Basic Dental Providers

Subject to a contracted list of dentists

A6 Co-payments are applicable, on the hospital/ facility bill as listed in the co-payment schedule contained in Annexure E. Procedural co-payments as listed in Annexure E, are applicable in addition to the Hospital Benefits co-payments (where/ if applicable) listed in paragraph A3 above.

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

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

B2 Current Credit Personal Medical Savings Account (PMSA)

This option is not a savings option – not applicable

B3 Benefits – The column headed **BENEFITS/ LIMITS** reflects the cost at which the Scheme will reimburse the member or the supplier in respect of a claim.

Any cost in excess of the funding level reflected in this column will be the responsibility of the member, except for Prescribed Minimum Benefits, which will be funded at cost, subject to the utilisation of DSPs and/ or formularies where applicable.

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

B5 The Out of Hospital Expense Benefit (OHEB)

There is no Out of Hospital Expense Benefit (OHEB) for this option.

B6 Safety Net Benefit

There is no Safety Net Benefit for this option.

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

C PRESCRIBED MINIMUM BENEFITS (PMB's)

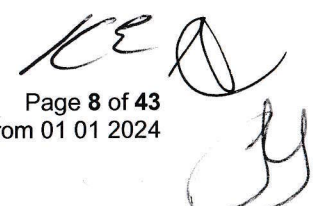
Prescribed Minimum Benefits as shown in Annexure A of the General Regulations, made in terms of the Medical Schemes Act 131 of 1998, override all benefit limits indicated in this Annexure, where applicable. PMB's are payable at 100% of cost, or at 100% of cost at the relevant Designated Service Provider (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.

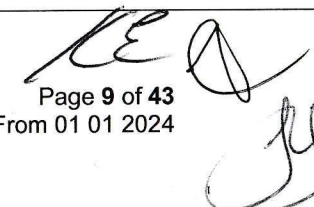
See Annexure D – Paragraph 7 for a full explanation.

D ANNUAL BENEFITS LIMITS

See contents of table below.



Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D1 ALTERNATIVE HEALTHCARE		<div style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2023/12/08 REGISTRAR OF MEDICAL SCHEMES </div>
D1.1 In Hospital – Acupuncture, homoeopathy, naturopathy, osteopathy and phytotherapy consultations and treatment by registered practitioners	No benefit.	
D1.2 Out of Hospital – Acupuncture, homoeopathy, naturopathy, osteopathy and phytotherapy prescribed medicines where applicable	No benefit.	
D2 AMBULANCE SERVICES		
	100% of cost if authorised by the preferred provider. Limited to and payable from risk. Only on inter-hospital transfer per event. In Hosp = Yes	Subject to the contracted ambulance services and prior authorisation. Benefits shall apply in respect of services provided within the Republic of South Africa, Namibia, Botswana, Zimbabwe, Lesotho, Swaziland and Mozambique (below the 22 nd degree parallel).
D2.1 Evacuation Benefit	R261 000 per event. In Hosp = Yes	Emergency evacuation within Africa after 90 days absence from the Republic of South Africa.
D3 APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS		



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2023/12/08

REGISTRAR OF MEDICAL SCHEMES

FEDHEALTH MEDICAL SCHEME
myFED

Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D3.1 In Hospital	No benefit, unless PMB level of care. PMB: In Hosp = Yes	Subject to PMB and managed care protocols if deemed clinically appropriate. For hiring or buying of medical or surgical aids as prescribed by a medical practitioner.
D3.2 Out of Hospital	No benefit, unless PMB level of care. PMB: In Hosp = Yes	Subject to PMB and managed care protocols if deemed clinically appropriate. For hiring of buying medical or surgical aids as prescribed by a medical practitioner
D3.2.1 General medical and surgical appliances (including glucometers)	No benefit, unless PMB level of care. PMB: In Hosp = Yes	Diabetic accessories and appliances (with the exception of glucometers) to be preauthorised and claimed from the chronic medicine benefit (D11.4).
D3.2.2 Hearing aids and repairs thereof	No benefit, unless PMB level of care. PMB: In Hosp = Yes	Subject to PMB and managed care protocols if deemed clinically appropriate.
D3.2.3 Large orthopaedic orthotics/ appliances	No benefit, unless PMB level of care. PMB: In Hosp = Yes	Subject to PMB and managed care protocols if deemed clinically appropriate.
D3.2.4 Stoma products	No benefit, unless PMB level of care. PMB: In Hosp = Yes	Subject to PMB and managed care protocols if deemed clinically appropriate. For hiring or buying of medical or surgical aids as prescribed by a medical practitioner

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D3.2.5 CPAP apparatus for sleep apnoea	No benefit, unless PMB level of care. PMB: In Hosp = Yes	Subject to PMB and managed care protocols if deemed clinically appropriate.
D3.2.6 Foot orthotics (including shoes and foot inserts/ levellers)	No benefit, unless PMB level of care. PMB: In Hosp = Yes	Subject to PMB and managed care protocols if deemed clinically appropriate.
D3.3 Specific appliances, accessories		
D3.3.1 Oxygen therapy equipment (excluding hyperbaric oxygen treatment)	No benefit, unless PMB level of care. PMB: In Hosp = Yes	Subject to PMB and managed care protocols if deemed clinically appropriate.
D3.3.2 Home ventilators	No benefit, unless PMB level of care. PMB: In Hosp = Yes	Subject to PMB and managed care protocols if deemed clinically appropriate.
D3.3.3. Long leg callipers	No benefit, unless PMB level of care. PMB: In Hosp = Yes	Subject to PMB and managed care protocols if deemed clinically appropriate.
D4 BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS		
	Limited to and payable from risk	Use of blood equivalents is subject to prior authorisation by the relevant managed healthcare programme.

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Service Subject to PMB	myFED 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>In Hosp = Yes</p>	<p>Transportation of blood is included.</p> <p>Authorised Erythropoietin is included in the Haemodialysis benefit (D22.1.).</p>
D5 CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS		
D5.1 In hospital <ul style="list-style-type: none"> General Practitioner Medical Specialist 	<p>Limited to and payable from risk Paragraph A4 applicable.</p> <p>Subject to a combined limit of R2 500 per family for non-network GP and Specialist consultations and procedures in hospital. Hospital admissions will require a referral from a General Practitioner and pre-authorisation.</p> <p>Where the hospital admission is requested by a Specialist, a referral from a contracted General Practitioner, or non-contracted General Practitioner to the Specialist is required, as well as pre-authorisation. If no referral is received from a GP a 40% co-payment will apply on the specialists account.</p>	<p>Subject to the relevant managed healthcare programme and its prior authorisation.</p> <p>Paragraph A3 applicable.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> Alternative healthcare practitioners (D1) Dental practitioners, technologists and Therapists (D6) Ante-natal visits and consultations (D10) 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
D5.2 Out of Hospital		

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REGISTRAR OF MEDICAL SCHEMES

Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D5.2.1 GP's In Network	<p>Unlimited if clinically appropriate and subject to the use of the nominated contracted General Practitioner's and relevant managed healthcare programmes.</p> <p>A Specialist requires a referral from a contracted General Practitioner, or non-contracted General Practitioner and is further subject to the relevant managed healthcare programme.</p> <p>Consultations with Nurse Practitioners in the Nurses Network, where applicable, limited to the Fedhealth negotiated rate.</p>	Utilisation monitoring protocols and monitoring become effective after 10 visits per beneficiary.
D5.2.1.1 Dispensing General Practitioner	Unlimited if clinically appropriate as part of the GP negotiated contract	Refer to the conditions/remarks under GP's In Network (D5.2.1)
D5.2.1.2 Non-dispensing General Practitioner	Unlimited subject to the acute formulary.	Refer to the conditions/remarks under GP's In Network (D5.2.1)
D5.2.1.3 Psychiatric consultations	2 x consultations per family per annum.	Not subject to the utilisation monitoring protocols and monitoring become effective after 10 visits per beneficiary
D5.2.2 GP's Out of Network	2 x non-nominated or non-network consultations per beneficiary per annum	
D5.2.3 Primary Care Drug Therapy Pharmacists Consultations	Limited to and payable from risk.	
D5.2.3 Specialists In Network	Funded in full at the negotiated rate limited to 2 consultation and procedure subject to a maximum total rand amount of R2 000 per family.	

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
	Prescribed Minimum Benefits above these benefits are covered in Designated Service Provider and managed according to managed healthcare protocols. A Specialist requires a referral from a General Practitioner, or a 40% co-payment will apply.	
D5.2.4 Specialists Out of Network	No benefit.	
D6 DENTISTRY		
D6.1 Basic	Subject to the Dental Provider Network and limited to a list of approved procedures and dental tariff codes.	
D6.1.1 Dental Practitioners	Subject to the Dental Provider Network and limited to a list of approved procedures and dental tariff codes.	Subject to the relevant managed healthcare programme. Surgical extraction of wisdom teeth are excluded.
D6.1.2 Dental therapists	Subject to the Dental Provider Network and limited to a list of approved procedures and dental tariff codes.	Refer to conditions/remarks under dental practitioners (D6.1.1)
D6.1.3 Dental Technicians	Subject to the Dental Provider Network and limited to a list of approved procedures and dental tariff codes.	
D6.2 Advanced dentistry,	No benefit.	
D6.2.1 Dental technicians	No benefit	
D6.2.2 Osseo-integrated implants and orthognathic surgery (functional correction of malocclusions)	No benefit.	

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REGISTRAR OF MEDICAL SCHEMES

Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D6.2.3 Oral surgery	No benefit.	
D6.2.4 Orthodontic treatment	No benefit.	
D6.2.5 Maxillo-facial Surgery	Limited and included in the surgical procedure benefit (D23).	
D7 HOSPITALISATION		
D7.1 Private hospitals and unattached operating theatres		
D7.1.1. In Hospital	<p>Limited to and payable from risk at 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>Hospital Network: A Hospital Network is the Designated Service Provider ("DSP"), for all benefits including Prescribed Minimum Benefits.</p> <p>A R14 700 co-pay will apply outside of Designated Service Provider, unless such use is involuntary. Hospital admissions will require a referral from a contracted General Practitioner, as well as pre-authorisation.</p> <p>Where the hospital admission is requested by a Specialist, a referral from a contracted General Practitioner, or non-contracted General Practitioner to the Specialist is required, as well as 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>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>This benefit excludes Hospitalisation for:</p> <ul style="list-style-type: none"> • Osseo-integrated implants and orthognathic surgery (D6) • Maternity (D10) • Mental Health (D12) • Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)

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REGISTRAR OF MEDICAL SCHEMES

Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
		<ul style="list-style-type: none"> • Refractive surgery (D23) • Dentistry • Investigation and diagnostic work-up • Surgery for oesophageal reflux • Auditory brain implants • Internal nerve stimulators, including procedures, devices and processors • Brachytherapy for Prostate Cancer • Non- cancerous breast conditions • Renal dialysis chronic (D22)
D7.1.1.1 Deep Brain Stimulation	No Benefit	
D7.1.2 Medicine on discharge from hospital (TTO)	Limited to and payable from risk. If included on hospital account or if obtained from pharmacy on day of discharge, pay from Private hospitals and unattached operating theatres (D7.1), otherwise limited to and included in Routine medication (D11.1) In Hosp = Yes	Limited to a 7 days' supply. Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
D7.1.3 Casualty/emergency room		
D7.1.3.1 Facility Fee	No benefit	
D7.1.3.2 Consultations	No benefit	
D7.1.3.3 Medicine	No benefit	

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REGISTRAR OF MEDICAL SCHEMES

Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D7.4.1 Trauma Treatment in Casualty	A co-payment of R800 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.	Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for (if medically established).
D7.2 Public Hospitals		
D7.2.1 In Hospital	Limited to and payable from risk at 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 accommodation, use of the operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.	Subject to the relevant contracted managed healthcare programme(s) which include the application of treatment protocols, formularies pre-authorisation and case management. Paragraph A3 applicable. This benefit excludes Hospitalisation for benefits listed under the conditions/remarks under the in hospitalisation benefit (D.7.1.1).
D7.2.2 Medicine on discharge from hospital (TTO)	Limited to and payable from risk. Refer to TTO's in D7.1.2 In Hosp= Yes	Limited to a 7 days' supply. Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
D7.2.3 Casualty/emergency room	No benefit	
D7.2.4 Outpatients services	No benefit	
D7.3 Alternatives to hospitalisation	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 and to its prior authorisation.

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REGISTRAR OF MEDICAL SCHEMES

Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
	No benefit, unless PMB level of care. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.	Where scheme rule criteria for an in hospital authorisation is met, an authorisation in an out of hospital setting can be allowed in lieu of the in hospital authorisation provided that it will be less costly.
D7.3.1 Physical rehabilitation facilities	Limited to PMB level of care.	
D7.3.2 Sub-acute facilities	Limited to PMB level of care.	
D7.3.3 Terminal Care Benefit	No benefit, unless PMB level of care.	
D7.3.4 Nursing Services		
D7.3.4.1 Nursing Agencies	No benefit.	
D7.3.4.2 Private Nurse Practitioners	No benefit.	
D7.3.5 Back rehabilitation programme	No benefit	
D7.4 Post Hospitalisation	No benefit	
D8 IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION		
D8.1 Anti-retroviral medicine	Limited to and payable from risk at PMB level of care	Subject to the Scheme's contracted managed healthcare programme which include the application of treatment protocols, medicine formularies, pre-authorisation and case management. Refer paragraph 7.4 of Annexure D.

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REGISTRAR OF MEDICAL SCHEMES

Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D8.2 Related medicine	Limited to and included in the immune deficiency benefit (D8).	Refer the conditions/remarks under the routine/chronic and the Anti-retroviral medicine benefit (D11.1 and D11.4 and D8.1).
D8.3 Related pathology	Limited to and included in the immune deficiency benefit (D8).	Pathology as specified by the relevant managed healthcare programme.
D8.4 Consultations	Limited to and included in the immune deficiency benefit (D8).	Refer the conditions/remarks under the routine/chronic and the Anti-retroviral medicine benefit (D8.1).
D8.5 All other services	Limited to and included in all other benefits except for Immune deficiency syndrome benefit (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>PMBs covered in DSP and 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>Limited to and payable from risk at PMB level of care</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>This benefit includes the following procedures or interventions:</p> <ul style="list-style-type: none"> • Hysterosalpingo-gram <p>The following blood tests:</p> <ul style="list-style-type: none"> • Day 3mFSH/LH • Day 3 Oestradiol • Thyroid function (TSH) • Prolactin • Rubella

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REGISTRAR OF MEDICAL SCHEMES

Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
		<ul style="list-style-type: none"> • HIV • VDRL • Chamydia • 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 advise on sexual behaviour, temperature charts, etc. • Treatment of local infections
D10 MATERNITY		
D10.1 Confinement in hospital	<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, for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>Subject to PMB level of care</p> <p>Hospital admissions will require a referral from a contracted General Practitioner, as well as pre-authorisation.</p> <p>Elective non-PMB caesarean sections as mode of delivery are subject to a R14 700 co-payment.</p>	<p>Subject to the relevant contracted managed healthcare programme(s) which include the application of treatment protocols, formularies pre-authorisation and case management. Strict protocols will apply.</p> <p>Delivery by a contracted general/family practitioner or medical specialist and the services of the attendant paediatrician and/ or anaesthetists are included.</p> <p>Where the hospital admission is requested by a Specialist, a referral from a contracted General Practitioner, or non-contracted General Practitioner (to the Specialist is required, as well as pre-authorisation.</p>

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
		<p>Included in global obstetric fee is post-natal care by a general practitioner and a medical specialist up to an including the six week post-natal consultation.</p> <p>Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation.</p>
D10.1.1 Medicine on discharge from hospital (TTO)	<p>Limited to and payable from risk. Refer to TTO's in D7.1.2</p> <p>In Hosp=Yes</p>	<p>Limited to 7 days' 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>
D10.1.2 Confinement in a registered birthing unit	<p>Limited to and included in the confinement in hospital benefit (D10.1).</p> <p>Includes the following:</p> <p>4 x post-natal midwife consultations per event, in and out of hospital.</p>	<p>Delivery by a midwife.</p> <p>Hire of water bath included in the in hospital appliance benefit (D3.1).</p>
D10.2 Confinement out of hospital	<p>Limited to and included in the confinement in hospital benefit (D10.1).</p> <p>4 x post-natal midwife consultations per event, in and out of hospital.</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>Hire of water bath and oxygen cylinder included in the in hospital appliance benefit (D3.1).</p>

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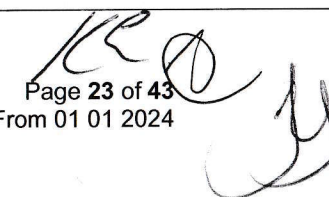
REGISTRAR OF MEDICAL SCHEMES

Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D10.2.1 Consumables and pharmaceuticals	Limited to and included in the confinement in hospital benefit (D10.1).	Registered medicine, dressings and materials supplied by a midwife out of hospital.
D10.3 Related maternity services	Limited to and included in the confinement in hospital benefit (D10.1). 2 x 2D scans by either Network GP or Network Gynaecologist, subject to a limited list of tests and specified tariff codes.	These may be requested directly by the Specialist.
D11 MEDICINE AND INJECTION MATERIAL		
D11.1 Routine (acute) medicine		
D11.1.1 Dispensed by a medical practitioners	Contracted General Practitioner must either dispense the acute medicine or have an arrangement with a pharmacy where the contracted General Practitioner pays the pharmacy for the cost of the acute medicine scripted. Acute medicine forms part of the fixed fee for consultations and no acute medicine will be paid additional to this fee.	Subject to the relevant managed healthcare programme. The Medicine Exclusion List and the Pharmacy Products Management Document, relevant managed healthcare programmes and protocols applicable. This benefit excludes: <ul style="list-style-type: none">• In-hospital medicine (D7)• Anti-retroviral medicine (D8)• Oncology medicine (D14)• Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)• Renal dialysis Chronic (22)

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D11.1.2 Routine (acute) medicine for non- dispensing GPs (including Specialists, Dentists and Optometrists)	Unlimited according to the schemes managed healthcare acute formulary. Acute medicine prescribed by Network medical practitioners are subject to the acute medicine formulary.	Subject to the relevant managed healthcare programme. The Medicine Exclusion List and the Pharmacy Products Management Document, relevant managed healthcare programmes and protocols applicable. This benefit excludes: <ul style="list-style-type: none">• In-hospital medicine (D7)• Anti-retroviral medicine (D8)• Oncology medicine (D14)• Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)• Renal dialysis Chronic (22) Referral required by Medical Practitioner.
D11.2 Medicine on discharge from hospital (TTO)	Limited to and payable from risk. Refer to TTO's in D7.1.2 In Hosp-Yes	Limited to 7 days' supply. Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
D11.3 Pharmacy Advised Therapy Schedules 0, 1 and 2 medicine advised by pharmacist	No benefit	
D11.4 Chronic medicine	PMBs only. Medication for the 25 chronic conditions may be obtained from a preferred provider (Medirite, Dischem, Clicks and	Subject to the relevant managed healthcare programme and to its prior authorisation and applicable formularies.



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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
	<p>Pharmacy Direct) subject to the Basic formulary, unlimited.</p> <p>40% co-payment for voluntary use of non-formulary medication</p>	<p>Prescribed Minimum Benefits (Chronic Disease Lists) and Diagnostic Treatment Pairs chronic conditions only.</p> <p>Restricted to a maximum of one month's supply, unless specifically pre-authorised.</p> <p>Medicine Price List applies.</p> <p>Refer to Annexure D for list of chronic conditions for both option.</p> <p>(Includes diabetic 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 medicine (D8) • Oncology medicine (D14) • Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)
D11.5 Female Health Benefit		
D11.5.1 <ul style="list-style-type: none"> • Oral Contraceptives • Contraceptive Injections • Contraceptive Patches • Contraceptive Vaginal Rings 	<p>Limited to and payable from risk up to the age of 55 year's old, restricted to a maximum of one month's supply</p> <p>No benefit for contraceptive patches and vaginal rings</p>	<p>Subject to a list of contraceptives on acute formulary.</p> <p>Excluding oral contraceptives prescribed for other conditions.</p> <p>Excluding consultations and procedural costs.</p>

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D11.5.2 <ul style="list-style-type: none"> • Contraceptive Implants • Intrauterine Devices 	No benefit	Subject to a list of contraceptives on acute formulary. Excluding consultations and procedural costs.
D11.6 Specialised Drugs for Non Oncology	No benefit.	Except for Beta-Interferon for the treatment of Multiple Sclerosis as per the Prescribed Minimum Benefits Algorithm and subject to Regulation 15(H) and 15 (I) and the relevant managed healthcare programme and to its prior authorisation.
D11.7 Specialised Drugs for oncology	No benefit	
D12 MENTAL HEALTH		
D12.1 In Hospital Consultations and visits, procedures, assessments, therapy, treatment and/ or counselling	100% of the negotiated fee, or, in the absence of such fee, 100% 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 procedures performed by general practitioners and psychologists and psychiatrists. A R4 070 co-pay will apply outside of Designated Service Provider, unless such use is involuntary R9 700 per family, per year Limited to and payable from risk for PMB Hospital admissions will require a referral from a General Practitioner as well as pre-authorisation.	Subject to the relevant contracted managed healthcare programme(s) which include the application of treatment protocols, formularies pre-authorisation and case management. 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 contracted medical practitioner and pre-authorised by the relevant managed healthcare programme. Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation.

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
	Where the hospital admission is requested by a Specialist, a referral from a contracted General Practitioner to the Specialist is required, as well as pre-authorisation.	
D12.1.1 Medicine on discharge from hospital (TTO)	Limited to and payable from risk. See TTO's in D7.1.2 In Hosp = Yes	Limited to 7 days' supply. Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
D12.2 Out of Hospital Consultations and visits, procedures, assessments, therapy, treatment and/or counselling	Limited to and included in the general consultations out of hospital benefit (D5.2.1).	Unless, for PMBs, as per Regulations. 2 x Psychiatric consultations per family per annum, for general practitioners.
D12.2.1 Non-Prescribed Minimum Benefit consultations and visits, procedures, assessments, therapy, treatment and/ or counselling	Limited to and included in the general consultations out of hospital benefit (D5.2.1).	2 x Psychiatric consultations per family per annum for general practitioners.
D12.2.2 Prescribed Minimum Benefit procedures	PMB level of care In Hosp = Yes	See the conditions/remark under the in hospital mental health benefit (D12.2.1). Paragraph A4 applicable.
D12.2.3 Medicine	Limited to and included in the chronic medicine benefit (D11.4).	For PMBs.

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D12.3 Rehabilitation for substance abuse	<p>100% of the negotiated fee, or, in the absence of such fee, 100% of cost or Uniform Patient Fee Schedule for public hospital for accommodation, use of hospital equipment pharmaceutical, surgical items and medicine supplied during treatment programme. Subject to PMB level of care</p> <p>Limited to the in hospital mental health benefit (D12.1) and In hospital medicine benefit (D12.2.1). PMBs covered in Designated Service Provider.</p> <p>25% co-payment to apply to the stay for non-network admissions</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>Limited to one rehabilitation programme per beneficiary per 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)	<p>Limited to and payable from risk. See TTO's in D7.1.2</p> <p>In Hosp= Yes</p>	<p>Limited to 7 days' 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>
D13 NON SURGICAL TESTS AND PROCEDURES		
D13.1 In hospital	<p>Limited to and payable from risk, subject to PMB level of care</p> <p>Hospital admissions will require a referral from a General Practitioner, as well as 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, in hospital only.</p> <p>This benefits excludes:</p>

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
	Where the hospital admission is requested by a Specialist, a referral from a contracted General Practitioner, or non-contracted General Practitioner to the Specialist is required, as well as pre-authorisation.	<ul style="list-style-type: none"> • Psychiatrists and Psychology (D12) • Optometric Examinations (D15) • Pathology (D18) • Radiology (D21)
D13.2 Out of hospital	100% of the negotiated fee, limited to a list of approved procedures by a contracted General Practitioner.	
D13.2.1 Non-surgical procedures in practitioner's rooms		
D13.2.1.1 Specified non-surgical procedures in practitioner's rooms	100% of the negotiated fee, limited to a list of approved procedures by a contracted General Practitioner.	
D13.3 Sleep Studies		
D13.3.1 Diagnostic Polysomnograms in and out of hospital	No benefit	
D13.3.2 CPAP Titration in and out of hospital	No benefit	
D14 ONCOLOGY		
D14.1 Active treatment period	100% of the negotiated fee, or, in the absence of such fee, 100% of cost or Uniform Patient Fee Schedule for public hospital for oncologists, haematologists and credentialed medical practitioners, consultation, visit, treatment and materials used in radiotherapy and chemotherapy.	<p>Subject to the relevant managed healthcare programme and to its prior authorisation, oncology preferred product list and a preferred provider network for the delivery of medicines and consumables. MPL applies.</p> <p>A 25% co-payment is applicable, for voluntary non-DSP utilisation and voluntary non-use of DSP for medicine.</p>

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
	PMBs covered and managed according to managed healthcare protocols. ICON is the DSP. Entry-level ICON Protocols apply.	Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Excluding Specialised Drugs (D14.1.3).
D14.1.1 Medicine	Limited to and included in the active treatment period (D14.1).	Refer to conditions/remarks under active treatment period (D14.1)
D14.1.2 Radiology and pathology	Limited to and included in the active treatment period (D14.1).	Subject to the relevant managed healthcare programme, protocols and to its prior authorisation. For specified radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with oncology treatment. A4 not applicable.
D14.1.2.1 PET and PET-CT	No benefit.	
D14.1.3 Specialised Drugs for Oncology	No benefit.	
D14.1.4 Flushing of J line and/ or Port	Limited to and included in the active treatment period (D14.1). In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation. For oncologists, haematologists and credentialed medical practitioners, treatment and materials.
D14.1.5 Brachytherapy Materials (including seeds and disposables)	No benefit.	

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D14.2 Pre and Post active treatment (surgical resection of tumour, chemotherapy and radiotherapy)	Limited to and included in the active treatment period (D14.1) for life following the active treatment period, except for prescribed minimum benefits.	<p>For consultations by oncologists, haematologists and credentialed medical practitioners, specified radiology and pathology, performed by pathologists, radiologists and haematologists, during the specified remission period. Pre-active refers to the work-up done to diagnose the cancer (date from 1st investigation e.g., x-ray, CT/MRI scan, pathology, histology).</p> <p>Post-active refers to the time when member actually had last active treatment (e.g., hormone therapy, chemotherapy radiotherapy).</p> <p>For life means that the member will remain on the oncology programme as long as the cancer goes into remission until it recurs,</p> <p>Should the condition regress, the active treatment benefit (D14.1) will be reinstated.</p> <p>Paragraph A4 applicable, excluding pathology and radiology.</p>
D15 OPTOMETRY	<p>100% of the negotiated fee.</p> <p>Subject to the contract with the Designated Service Provider, per beneficiary, based on a two year benefit cycle.</p>	
D15.1 Consultations	<p>Limited to and included in the optometry benefit (D15).</p> <p>Limited to one comprehensive examination per beneficiary, based on a two year benefit cycle.</p>	When prescribed by a Designated Service Provider.

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D15.2 Frames	Limited to and included in the optometry benefit (D15). Limited to R230 per beneficiary every two years.	When prescribed by a Designated Service Provider.
D15.3 Lenses	Limited to and included in the optometry benefit (D15). Limited to 1 pair of clear CR39 single vision spectacle lenses; OR 1 pair of clear CR39 Bifocal lenses.	When prescribed by a Designated Service Provider.
D15.3.1 Single vision lenses	Limited to and included in the optometry lenses benefit (D15.3).	
D15.3.2 Bifocal lenses	Limited to and included in the optometry lenses benefit (D15.3).	
D15.3.3 Multifocal lenses	No benefit	
D15.4 Special lenses	No benefit	
D15.5 Lens add-ons	No benefit	
D15.6 Contact lenses	No benefit	
D15.7 Low vision appliances	Limited to and included in the in hospital appliance benefit (D3.1).	
D15.8 Ocular prostheses	Limited to and included in the Prostheses and devices external benefit (D20.2).	

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D15.9 Readers from a registered optometrist, ophthalmologist or supplementary optical practitioner	No benefit	
D15.10 Diagnostic procedures	Limited to and included in the optometry benefit (D15).	Section 22A (15) of the Medicine and Related Substance Act 101 of 1965 permits applicable.
D16 ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNOSUPPRESSIVE MEDICATION		
	Prescribed Minimum Benefits covered in Designated Service Provider and managed healthcare protocols and at 100% of the cost	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. Organ harvesting is limited to the Republic of South Africa.
D16.1 Corneal Grafts	No benefit.	
D16.2 Haemopoietic Stem Cell (Bone Marrow) Transplantation	Limited to and included in the organ and transplantation benefit (D16).	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South Africa Bone Marrow Registry.
D16.3 Immuno-suppressive medication	See the chronic medicine benefit (D11.4). Limited to and included in the organ and transplantation benefit (D16).	Refer to conditions/remarks under the Organ and Transplantation benefit (D16).
D16.4 Post transplantation biopsies and scans	Limited to and included in the organ and transplantation benefit (D16).	Refer to conditions/remarks under the Organ and Transplantation benefit (D16).

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D16.5 Radiology and pathology	Limited to and included in the organ and transplantation benefit (D16).	Refer to the conditions/remarks under the organ and transplantation benefit (D16). For specified radiology and pathology services performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.
D17 ADDITIONAL MEDICAL SERVICES		
D17.1 Dietetics In and out of Hospital	No benefit, unless PMB level of care.	
D17.2 Occupational therapy In and out of hospital	No benefit, unless PMB level of care.	
D17.3 Speech therapy In and out of hospital	No benefit, unless PMB level of care.	
D17.4 Orthoptics In and Out of Hospital	No benefit, unless PMB level of care.	
D17.5 Podiatry In and Out of Hospital	No benefit, unless PMB level of care.	
D17.6 Private nurse practitioners In and Out of Hospital	No benefit, unless PMB level of care.	Clinically appropriate long term wound care will be funded from Risk where pre-authorised.
D17.7 Social workers In and Out of Hospital	No benefit, unless PMB level of care.	
D17.8 Audiology and Hearing Aid	No benefit, unless PMB level of care.	

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
Acoustics In and Out of Hospital		
D17.8.1 Infant hearing screening In and out of hospital	Limited to 1 test per new-born beneficiary (up to 8 weeks) payable from risk. 100% of the lower of cost or Fedhealth Rate.	For all new-borns (up to 8 weeks) that are born into the scheme. Limited to a specified list of tariff codes and tests.
D17.9 Genetic Counselling In and Out of Hospital	No benefit, unless PMB level of care.	
D18 PATHOLOGY AND MEDICAL TECHNOLOGY		
D18.1 In hospital	Limited to and payable from risk Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers	All pathology investigations will be limited to basic protocols. Subject to the relevant managed healthcare programme.
D18.2 Out of hospital	100% of the negotiated fee, unlimited, subject to basic protocols and a limited list of tests and specified tariff codes. Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers	Subject to referral by the treating provider. This benefit excludes a specified list of pathology tariff codes included: <ul style="list-style-type: none"> the maternity benefit (D10) the oncology benefit during the active and/or post active treatment period (D14) the organ and haemopoietic stem cell transplantation benefit (D16) the renal dialysis chronic benefit (D22)
D19 PHYSICAL THERAPY		

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D19.1 In Hospital	Limited to and payable from risk	Subject to referral by the treating provider. Subject to the relevant managed healthcare programme and to its prior authorisation before commencement of treatment.
D19.2 Out of hospital	No benefit.	
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, bone graft substitutes and bone anchors	PMBs covered in Designated Service Provider and managed according to managed healthcare protocols. PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval. Subject to preferred supplier agreements
D20.1.1 Cardiac system:		
D20.1.1.1 Cardiac Pacemakers	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.1.2 Bi-ventricular pacemakers and Implantable Cardioverter Defibrillators (ICDs)	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.1.3 Cardiac Stents (including the carrier) and drug eluting balloons	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D20.1.1.4 Cardiac Valves	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.2 Endovascular devices:		
D20.1.2.1 Aorta stent grafts	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.2.2 Carotid Stents	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.2.3 Detachable platinum coils (Cerebral aneurysm coils)	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.2.4 Embolic protection Devices	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.2.5 Peripheral arterial stent grafts	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.3 Orthopaedic prosthesis and devices:		
D20.1.3.1 Elbow replacement	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.3.2 Hip replacement	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.3.3 Knee replacement	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.3.4 Shoulder replacement	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.

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Service Subject to PMB		myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D20.1.3.5	Bone lengthening devices	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.3.6	Spinal plates and Screws	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.3.7	Other approved spinal Implantable devices and intervertebral discs	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.3.8	Total ankle replacement	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.4 Ophthalmic system:			
D20.1.4.1	Intraocular Lens	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval. Cover for PMB level of care is R3 500 per lens.
D20.1.5	Unlisted internal prostheses and Devices	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.2	Prostheses and devices external	PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D21 RADIOLOGY			
D21.1 General radiology			
D21.1.1	In Hospital	Limited to and payable from risk	Authorisation is not required for MRI scan for peripheral joint examination or dedicated limb units.

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
	Hospital admissions will require a referral from a General Practitioner, as well as pre-authorisation. Where the hospital admission is requested by a Specialist, a referral from a contracted General Practitioner, or non-contracted General Practitioner to the Specialist is required, as well as pre-authorisation.	All radiology investigations will be limited to basic protocols.
D21.1.2 Out of hospital	Limited to and payable from risk, subject to basic protocols and a limited list of procedures/test/x-rays and specified tariff codes.	Subject to referral by the treating provider. This benefit excludes a specified list of radiology tariff codes included in: <ul style="list-style-type: none">• the maternity benefit (D10)• the oncology benefit during the active and/or post active treatment period (D14)• the organ and haemopoietic stem cell transplantation benefit (D16)• the renal dialysis chronic benefit (D22)
D21.2 Specialised Radiology		
D21.2.1 In Hospital	Limited to R15 030 per beneficiary and a limit of R30 300 per family.	Subject to the relevant contracted managed healthcare programme and pre-authorisation. Oncology requests will be limited and included in the active treatment period (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

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Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
		<ul style="list-style-type: none"> • MUGA scans • MRI scans • Radio isotope studies <p>This benefit excludes:</p> <ul style="list-style-type: none"> • CT colonography (virtual colonoscopy) (no benefits) • MDCT Coronary angiography (no benefits)
D21.2.2 Out of Hospital	No benefit, unless PMB level of care.	
D22 RENAL DIALYSIS CHRONIC		
	<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 services, medicine and materials associated with the cost of renal dialysis.</p> <p>PMB level of care. A 40% co-payment is applicable, for voluntary non-DSP utilisation.</p>	
D22.1 Haemodialysis and peritoneal dialysis	PMB level of care	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>Authorised Erythropoietin is included in Blood and blood products (D4). This benefit excludes acute renal dialysis and included in the in hospitalisation benefit (D7).</p>
D22.2 Radiology and pathology	PMB level of care	As specified by the relevant managed healthcare programme. Paragraph A3 not applicable.

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REGISTRAR OF MEDICAL SCHEMES

Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D23 SURGICAL PROCEDURES		
D23.1 In Hospital	<p>Limited to and payable from risk, subject to PMB level of care.</p> <p>Hospital admissions will require a referral from a General Practitioner as well as pre-authorisation.</p> <p>Where the hospital admission is requested by a Specialist, a referral from a contracted General Practitioner, or non-contracted General Practitioner to the Specialist is required, as well as 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>This benefit excludes:</p> <ul style="list-style-type: none"> • Osseo-integrated implants (D6) • Orthognathic and oral Surgery (6) • Advanced Dentistry (D6) • Maternity (D10) • Organ Haempopietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) <p>Surgical extraction of impacted wisdom teeth are excluded on this option.</p>
D23.1.1 Refractive surgery	No benefit.	
D23.1.2 Maxillo facial surgery	Limited to and payable from risk for the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in dentistry benefit (D6).	<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 implants (D6) • Orthognathic (D6) • Oral Surgery (6) • Advanced Dentistry (D6) • Impacted wisdom teeth (D6)

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REGISTRAR OF MEDICAL SCHEMES

Service Subject to PMB		myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D23.2 Out of hospital surgical procedures in practitioner's rooms		Limited to a list of approved procedures by a contracted General Practitioner	Limited to and included in the alternative hospitalisation benefit (D7.3). Paragraph A3 applicable. This benefit excludes; <ul style="list-style-type: none"> • Osseo-integrated implants (D6) • Orthognathic and oral Surgery (6) • Advanced Dentistry (D6) • Maternity (D10) • Organ Haempopietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) Includes related consultation, materials, pathology and radiology if done same day.
D23.2.1 Specific surgical procedures in practitioner's rooms		Limited to and included in the out of hospital surgical procedures (D23.2).	
D25 WELLNESS BENEFIT <ul style="list-style-type: none"> • 100% of the lower of the cost or Fedhealth Rate for listed procedures and tests, limited to and payable from risk • Excludes consultations and costs for all procedures within this programme. • For medicines and injection materials (D11.1). 			
D25.1	Women's Health		
D25.1.1	Cervical Cancer Screening (PAP) Smear	No Benefit	

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	Service Subject to PMB	myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D25.2	Geriatric Health		
D25.2.1	Pneumococcal Immunisation	No Benefit	
D25.2.2	Osteoporosis Screening: Bone Mineral Density	No Benefit	
D25.2.3	Colorectal Cancer Screening (faecal occult blood test)	No Benefit	
D25.4	General Wellness		
D25.4.1	Cardiac Health (Cholesterol Screening [Full Lipogram])	No Benefit	
D25.4.2	Flu Immunisation and administration	1 every year for all lives.	
D25.4.3	HIV Test (Finger prick)	1 every year for all lives.	
D25.4.4	Breast Cancer Screening / Mammogram	No Benefit	
D25.4.5	Child Immunisations	No Benefit	
D25.4.6	GoSmokeFree	1 per beneficiary per annum	
D25.4.7	Prostate specific antigen	1 per male beneficiary aged 45 to 69 years old per annum	
D25.4.8	Child Optometry Screening	No Benefit	
D25.4.9	Human Papilloma Virus (HPV) vaccine	No Benefit	

Service Subject to PMB		myFED Benefits/ Limits Subject to PMB Refer Annexure B Paragraph c	Conditions/ Remarks Subject to PMB
D26 HEALTH RISK ASSESSMENTS <ul style="list-style-type: none"> 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 (D11.1). Excludes consultations and costs for all procedures within this programme. 			<div>REGISTERED BY ME ON</div> <div>2023/12/08</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>
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	Weight Management Programme	Limited to 1 enrolment per beneficiary every 2 year, subject to qualifying criteria and successful enrolment on the programme. <ul style="list-style-type: none"> 2 Dietician consult per beneficiary every 2 years 1 Psychotherapy consult per beneficiary every 2 years 12 Biokinetics assessments per beneficiary every 2 years (this comprises of an initial assessment, exercise sessions and reassessment sessions) 	

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