

# **FEDHEALTH MEDICAL SCHEME**

## **FLEXIFED 1 AND 2 RANGE OF OPTIONS**

- flexiFED 1
- flexiFED 1<sup>Elect</sup>
- flexiFED 2
- flexiFED 2<sup>Grid</sup>
- flexiFED 2<sup>Elect</sup>

## **ANNEXURE B – BENEFITS AND LIMITS**

**1 JANUARY 2026**

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

**[EFFECTIVE 1 JANUARY 2026 UNLESS OTHERWISE STATED BELOW]**

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## TABLE OF CONTENTS

A	ENTITLEMENT TO BENEFITS	3	D13	NON-SURGICAL PROCEDURES AND TESTS	49
B	OVERALL ANNUAL LIMITS, BENEFITS AND OTHER LIMITS	8	D14	ONCOLOGY	51
C	PRESCRIBED MINIMUM BENEFITS (PMBS)	11	D15	OPTOMETRY	54
D	ANNUAL BENEFITS LIMITS	11	D16	ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANT-ATION AND IMMUNO – SUPPRESSIVE MEDICATION	57
D1	ALTERNATIVE HEALTHCARE	12	D17	ADDITIONAL MEDICAL SERVICES	58
D2	AMBULANCE SERVICES	12	D18	PATHOLOGY AND MEDICAL TECHNOLOGY	61
D3	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS	13	D19	PHYSICAL THERAPY	62
D4	BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS	16	D20	PROSTHESES AND DEVICES INTERNAL AND EXTERNAL	63
D5	CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS	17	D21	RADIOLOGY	64
D6	DENTISTRY	20	D22	RENAL DIALYSIS CHRONIC	66
D7	HOSPITALISATION	24	D23	SURGICAL PROCEDURES	67
D8	IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION	35	D24	SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS	69
D9	INFERTILITY	36	D25	WELLNESS BENEFIT	71
D10	MATERNITY	38	D26	HEALTH RISK ASSESSMENTS	73
D11	MEDICINE AND INJECTION MATERIAL	41	D12	DAY-TO-DAY PLUS	75
D12	MENTAL HEALTH	45			

REGISTERED BY ME ON

2025/11/25

REGISTRAR OF MEDICAL SCHEMES

**FEDHEALTH – flexiFED 1 and 2 Range of Options**

**ANNEXURE B**

**BENEFITS AND LIMITS**

**[Effective 1 January 2026 unless otherwise stated below]**

REGISTERED BY ME ON

2025/11/25

REGISTRAR OF MEDICAL SCHEMES

**A ENTITLEMENT TO BENEFITS**

**A1** “Entitlement to Benefits” rules specific to these options 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, 28.5% capped at a maximum of R32.50 (VAT exclusive). In addition, no dispensing fee may exceed the maximum fee as dictated by legislation.

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

**A3** Hospitalisation Benefits:

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 on the flexiFED 1, flexiFED 1<sup>Elect</sup>, flexiFED 2<sup>Grid</sup> and flexiFED 2<sup>Elect</sup> Ranges:

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.

**A3.1.1** Hospitalisation on the flexiFED 1 Range and flexiFED 2<sup>Grid</sup>:

The flexiFED 1 and flexiFED 2<sup>Grid</sup> options has appointed a hospital network as the Designated Service Provider (“DSP”) for all benefits including Prescribed Minimum Benefits.

There is a 30% deductible for the use of Non DSP Providers, unless such use is involuntary.  
Paragraph A4 is also applicable.

#### **A3.1.2 Hospitalisation on the flexiFED 1<sup>Elect</sup> and flexiFED 2<sup>Elect</sup> Ranges:**

The flexiFED 1<sup>Elect</sup> and flexiFED 2<sup>Elect</sup> options have appointed a hospital network as the Designated Service Provider (“DSP”) for all benefits including Prescribed Minimum Benefits.

An amount of **R15 950** is deductible for the use of Non DSP Providers.  
Paragraph A4 is also applicable.

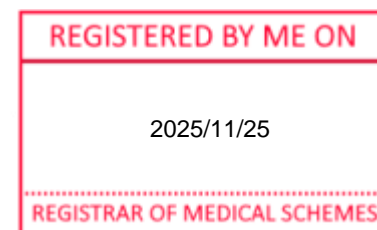
#### **A3.2 DSPs**

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.

#### **A4 Providers In Hospital:**

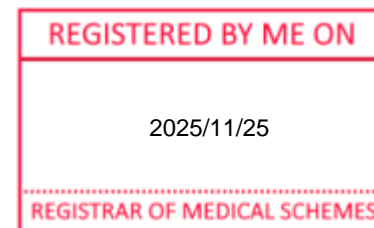
**A4.1 A Specialist Network**, appointed as the Scheme’s DSP for PMBs (refer Annexure D, paragraph 7.4.3), is applicable for all In and Out of Hospital consultations and procedures. The Specialist Network includes, but is not limited to, the following specialists:

- Anaesthetists
- Dermatology
- Independent Practice Specialist Obstetrics and Gynaecology
- Pulmonology
- Independent Practice Specialist Medicine
- Gastroenterology
- Neurology
- Cardiology
- Psychiatry
- Independent Practice Specialist Neurosurgery
- Ophthalmology



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- 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 the negotiated rate, including Anaesthetists on both Ranges;

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 Scheme Rate on both Ranges.

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 for all Ranges.

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 Scheme Rate for all Ranges.

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 and A5.3:**

- 100% of Scheme Rate for all Ranges.

**A5 Providers Out of Hospital:**

**A5.1 GP Network:**

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

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:**

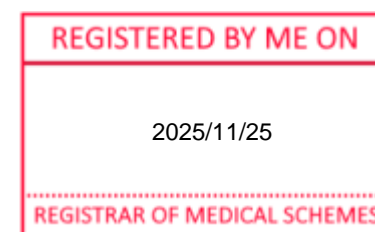
- 100% of Scheme Rate for all Ranges.

All consultations and procedures outside of the GP Network will be reimbursed at the lesser of cost or up to a maximum of the above rates.

Co-payments are applicable for consultations and procedures charged in excess of the above-mentioned rates.

**A5.3 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 on voluntary use of a non DSP.



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

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

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

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

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

**A5.3.2 Specialists out of Network:**

- 100% of Scheme Rate for all Ranges

A Specialist Network, appointed as the Scheme's DSP for PMB's (refer Annexure D, paragraph 7.4.2), is applicable for all Out of Hospital (day to day) consultations and procedures. A 40% co-payment will apply for PMBs on voluntary use of a non DSP.

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.

**A5.4 Referral for Specialist Consultations:**

Specialist consultations will only be provided for upon referral to such specialist by the member's/beneficiaries GP:

- PMB conditions.

Referral authorisation will be required for such consultations, or a 40% co-payment will apply for non-referral.

**A5.5 Nomination of General Practitioner:**

The Scheme shall pay for benefits in respect of out-of-hospital consultations by the nominated GP 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 nominate 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 practitioners on the GP Network and the Scheme Rate for practitioners not on the GP Network, up to a maximum of 2 GP consultations only per beneficiary once in Threshold.

#### A5.7 Basic Dental Providers

Subject to a contracted list of dentists once in threshold

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

Co-payments are applicable, per option, on the hospital/ facility bill as listed in the co-payment schedule contained in Annexure E.

Procedural co-payments as listed in Annexure E are applicable in addition to the Hospital Benefits co-payments (where/ if applicable) listed in paragraph A3 above.

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### B OVERALL ANNUAL LIMIT, BENEFITS AND OTHER LIMITS

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

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

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

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

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2025/11/25

REGISTRAR OF MEDICAL SCHEMES

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.

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

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

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

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

**B5 The Out of Hospital Expense Benefit (OHEB)**

There is no Out of Hospital Expense Benefit (OHEB) for these range of options.

**B6 Safety Net Benefit (Threshold)**

Once the out of hospital benefits have been exhausted (Refer B2) the member shall be liable for all expenses until the cumulative safety net has been reached.

Claims in respect of out of hospital expenses which will accumulate to the safety net/threshold will be marked “**Yes**” against “**Acc**” in the column headed **BENEFITS/ LIMITS**.

The safety net/threshold benefit funds certain out of hospital expenses **unlimited**, unless paragraph A4. is applicable, once accumulated costs have exceeded the following cumulative Safety Net levels:

**flexiFED 1 & flexiFED 1<sup>Elect</sup>**

Principle Member  
Add per adult dependant  
Add per child dependant

R5 508  
R4 320  
R2 016 up to a maximum of three child dependants

**flexiFED 2, flexiFED 2<sup>Grid</sup> & flexiFED 2<sup>Elect</sup>**

Principle Member  
Add per adult dependant  
Add per child dependant

R8 724  
R7 764  
R2 580 up to a maximum of three child dependants

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

**B8 Threshold/(Safety Net)**

The extent of the Threshold/safety net is determined as at 1 January each year, or at the time the member joins the Fund, this is determined by the family size. This sum (the member's particular Threshold) is prorated for the balance of the year if the member joins after 1 January in any year. The Threshold will not be adjusted during a benefit year should the member's dependants be withdrawn during such year. Threshold and all benefit limits are prorated.

**B9 Medivault (Loan)**

This amount is based on your selected benefit option and family size. This sum (the member's particular MediVault) is prorated for the balance of the year if the member joins after 1 January in any year.

This repayment of the loan is subject to the credit control policy

**Fixed Medivault**

	<b>FlexiFED 1</b>	<b>FlexiFED 1<sup>Elect</sup></b>	<b>FlexiFED 2</b>	<b>FlexiFED 2<sup>Grid</sup></b>	<b>FlexiFED 2<sup>Elect</sup></b>
Principle	R5 184	R5 268	R8 376	R8 412	R8 472
Add per adult dependant	R4 080	R4 104	R7 464	R7 500	R7 536
Add per child dependant	R1 908	R1 944	R2 496	R2 496	R2 508

\*up to a maximum of 3 children

**Flexible MediVault**

	<b>FlexiFED 1</b>	<b>FlexiFED 1<sup>Elect</sup></b>	<b>FlexiFED 2</b>	<b>FlexiFED 2<sup>Grid</sup></b>	<b>FlexiFED 2<sup>Elect</sup></b>
Principle	R7 488	R7 572	R12 012	R12 048	R12 108
Add per adult dependant	R5 880	R5 940	R10 692	R10 728	R10 764
Add per child dependant	R2 760	R2 796	R3 564	R3 564	R3 576

\*up to maximum of 3 children

**C     PRESCRIBED MINIMUM BENEFITS (PMBs)**

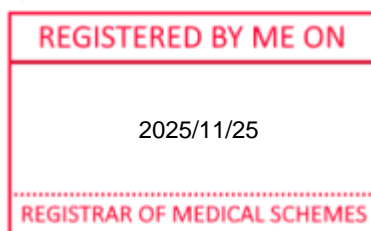
Prescribed Minimum Benefits as shown in Annexure A of the General Regulations, made in terms of the Medical Schemes Act 131 of 1998, override all benefit limits indicated in this annexure, where applicable. PMBs are payable at 100% of cost, or 100% of cost at the relevant Designated Service Provider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



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SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<b>D1 ALTERNATIVE HEALTHCARE</b>				
D1.1	In Hospital Acupuncture, homoeopathy, naturopathy, osteopathy and phytotherapy consultations and treatment by registered practitioners	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	
D1.2	Out of Hospital Acupuncture, homoeopathy, naturopathy, osteopathy and phytotherapy prescribed medicines where applicable	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	
<b>D2 AMBULANCE SERVICES</b>				
<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>		100% of cost if authorised by the preferred provider.  Unlimited.  Only one inter-hospital transfer per event.  Sav = No In Hosp = Yes Acc = No	100% of cost if authorised by the preferred provider.  Unlimited.  Only one inter-hospital transfer per event.  Sav = No In Hosp = Yes Acc = No	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 <sup>nd</sup> degree parallel).

SERVICE SUBJECT TO PMB		FLEXiFED 1 FLEXiFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXiFED 2 FLEXiFED 2 <sup>GRID</sup> & FLEXiFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D2.1	Evacuation Benefit	R261 000 per event.  Sav = No In Hosp = Yes Acc = No	R261 000 per event.  Sav = No In Hosp = Yes Acc = No	Emergency evacuation within Africa after 90 days absence from South Africa.
<b>D3 APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS</b>				
D3.1	In Hospital  <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px 0;"> <b>REGISTERED BY ME ON</b>   2025/11/25   <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	Subject to available savings, unless PMB.  Sav = Yes In Hosp = No Acc = Yes  <b>PMB</b> Sav = No In Hosp = Yes Acc = No	Subject to available savings, unless PMB.  Sav = Yes In Hosp = No Acc = Yes  <b>PMB</b> Sav = No In Hosp = Yes Acc = No	Subject to PMB and managed care protocols if deemed clinically appropriate.  For hiring of buying medical or surgical aids as prescribed by a medical practitioner.
D3.1.1	Moon Boots and associated costs	Limited to R2 060 per beneficiary payable from Risk  Sav = No In Hosp = Yes Acc = No	Limited to R2 060 per beneficiary payable from Risk  Sav = No In Hosp = Yes Acc = No	

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		Once Risk benefit has been utilized payable from available savings  Sav = Yes In Hosp = No Acc = Yes	Once Risk benefit has been utilized payable from available savings  Sav = Yes In Hosp = No Acc = Yes	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
<b>D3.2</b>	<b>Out of Hospital</b>	Subject to available savings, unless PMB.  Sav = Yes In Hosp = No Acc= Yes  <b>PMB</b> Sav = No In Hosp = Yes Acc = No	Subject to available savings, unless PMB.  Sav = Yes In Hosp = No Acc= Yes  <b>PMB</b> Sav = No In Hosp = Yes Acc = No	For hiring of buying medical or surgical aids as prescribed by a medical practitioner.
<b>D3.2.1</b>	<b>General medical and surgical appliances (including glucometers)</b>	Limited to and included in the in hospital appliance benefit (D3.1).	Limited to and included in the in hospital appliance benefit (D3.1).	Refer to the conditions/remarks under the in hospital appliance benefit (D3.1).  Diabetic accessories and appliances (with the exception of glucometers) to be pre-authorized and claimed from the chronic medicine benefit D11.4.

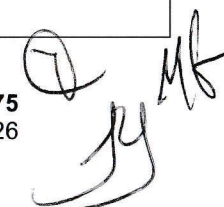


SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D3.2.2	Hearing aids and repairs thereof	Limited to and included in the in hospital appliance benefit (D3.1).	Limited to and included in the in hospital appliance benefit (D3.1).	Refer to the conditions/remarks under the in hospital appliance benefit (D3.1).
D3.2.3	Large orthopaedic orthotics / appliances	Limited to and included in the in hospital appliance benefit (D3.1).	Limited to and included in the in hospital appliance benefit (D3.1).	Refer to the conditions/remarks under the in hospital appliance benefit (D3.1).
D3.2.4	Stoma Products	Limited to and payable from Risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from Risk.  Sav = No In Hosp = Yes Acc = No	Subject to PMB and managed care protocols if deemed clinically appropriate.
D3.2.5	CPAP apparatus for sleep Apnoea	No benefit.	No benefit.	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
D3.2.6	Foot orthotics (including shoes and foot inserts/ levellers)	No benefit.	No benefit.	
D3.3	Specific appliances, accessories			
D3.3.1	Oxygen therapy equipment (excluding hyperbaric oxygen treatment)	Limited to and payable from risk, if specifically authorised.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk, if specifically authorised.  Sav = No In Hosp = Yes Acc = No	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.

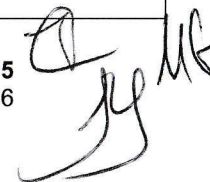
SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				Refer to the conditions/remarks under the in hospital appliance benefit (D3.1).
D3.3.2	Home ventilators	Limited to and payable from risk, if specifically authorised.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk, if specifically authorised.  Sav = No In Hosp = Yes Acc = No	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 to the conditions/remarks under the in hospital appliance benefit (D3.1).
D3.3.3	Long leg callipers	Limited to and payable from risk, if specifically authorised.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk, if specifically authorised.  Sav = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation.  Refer to the conditions/remarks under the in hospital appliance benefit (D3.1).
<b>D4 BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS</b>				
<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>		Limited to and payable from risk at 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	Limited to and payable from risk at 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	Use of blood equivalents is subject to prior authorisation by the relevant managed healthcare programme.  Transportation of blood is included. Authorised Erythropoietin is included.

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		public hospitals and/ or single exit price plus dispensing fee.	public hospitals and/ or single exit price plus dispensing fee.	See the conditions/remarks under the Renal Dialysis Benefit (D22.1.)
<b>D5 CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS</b>				
<b>D5.1</b>	<b>In Hospital</b> <ul style="list-style-type: none"> <li>General Practitioners</li> <li>Medical Specialists</li> </ul>	100% of the lower of the cost or Fedhealth Rate.  Sav = No In Hosp = Yes Acc = No  <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON   2025/11/25   REGISTRAR OF MEDICAL SCHEMES </div>	100% of the lower of the cost or Fedhealth Rate.  Sav = No In Hosp = Yes Acc = No	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"> <li>Alternative healthcare practitioners (D1)</li> <li>Dental practitioners, technologists and Therapists (D6)</li> <li>Ante-natal visits and consultations (D10)</li> <li>Psychiatrists, psychologists, psychometrists and registered counsellors (D12)</li> <li>Oncologists, haematologists and credentialed medical practitioners, during active and post-active</li> </ul>

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				treatment periods (D14) • Additional Medical Services (D17) • Physical Therapy (D19)
D5.2	Out of Hospital			
D5.2.1	GP's In Network	Subject to available savings.  <b>In Network with savings:</b> Sav = Yes In Hosp = No Acc = Yes  <b>Once in Threshold:</b> Limited to and payable from risk	Subject to available savings.  <b>In Network with savings:</b> Sav = Yes In Hosp = No Acc = Yes  <b>Once in Threshold:</b> Limited to and payable from risk	Refer paragraph A5 (providers out of hospital) above.  Consultations through Network GP unlimited with a 20% co-payment once threshold has been reached. Subject to network GP being nominated
D5.2.2	GP's Out of Network	100% of the lower of the cost or Fedhealth Rate, subject to available savings.  Sav =Yes In Hosp = No Acc = Yes	100% of the lower of the cost or Fedhealth Rate, subject to available savings.  Sav =Yes In Hosp = No Acc = Yes	See paragraph A5 (providers out of hospital) above.  <div style="border: 2px solid red; padding: 5px; text-align: center;">REGISTERED BY ME ON  2025/11/25  REGISTRAR OF MEDICAL SCHEMES</div>
D5.2.3	GP's Out of Network in threshold • Non-nominated or • Non-network	Subject to 2 per beneficiary per annum from risk.  Thereafter subject to available savings (A5.6)	Subject to 2 per beneficiary per annum from risk.  Thereafter subject to available savings (A5.6)	



SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D5.2.4	Primary Care Drug Therapy Pharmacists Consultations	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes  <b>Once in Threshold:</b> Limited to and payable from risk	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes  <b>Once in Threshold:</b> Limited to and payable from risk	
D5.2.5	Specialist In Network	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Referral from GP required for Specialist Consultations for PMB conditions.
D5.2.5.1	Paediatric Consultations younger than 1 years old  <div style="border: 1px solid red; padding: 5px; margin: 10px 0;">REGISTERED BY ME ON  2025/11/25  REGISTRAR OF MEDICAL SCHEMES</div>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	1 consultation limited to and payable from risk from birth to 12 months per beneficiary.  Sav = No In Hosp = Yes Acc = No  Once Risk benefit has been utilised payable from available savings  Sav = Yes In Hosp = No Acc = Yes	No referral is required for infants under the age of 2 years old



SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D5.2.6	Specialist Out of Network	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Referral from GP required for Specialist Consultations for PMB conditions.
<b>D6 DENTISTRY</b>				
D6.1	Basic  <div style="border: 1px solid red; padding: 5px; text-align: center; margin-top: 10px;"> <b>REGISTERED BY ME ON</b>   2025/11/25   <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes  <b>Once in Threshold</b>  Subject to Dental protocols  Limits apply to the below benefits as follows:  <ul style="list-style-type: none"> <li>Fissure sealant (for beneficiaries under the age of 14 only) – 2 per beneficiary per quadrant per day to a maximum of 8 per day, and 1 per tooth per annum</li> </ul>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes  <b>Once in Threshold</b>  Subject to Dental protocols  Limits apply to the below benefits as follows:  <ul style="list-style-type: none"> <li>Fissure sealant (for beneficiaries under the age of 14 only) – 2 per beneficiary per quadrant per day to a maximum of 8 per day, and 1 per tooth per annum</li> <li>Local Anaesthetic – 1 per beneficiary per visit</li> </ul>	Subject to the relevant managed healthcare programme.  Basic dentistry including minor oral surgery.  Oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such surgery. Subject to approved list for additional dental benefits.  Lingual and labial frenectomies under GA approved for members under the age of 7, subject to the relevant managed healthcare programme and its prior authorization. (Except for FlexiFED 1 Range)

SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<div data-bbox="324 906 698 1132" style="border: 2px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2025/11/25</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<ul style="list-style-type: none"> <li>• Sterilised instrumentation – 2 per beneficiary per annum limited to 1 per visit</li> <li>• Infection Control (gloves and masks) – 4 per beneficiary per annum limited to 2 per visit</li> </ul> <p><b>The following is limited to 2 per beneficiary per annum:</b></p> <ul style="list-style-type: none"> <li>• Consultations</li> <li>• Intra Oral Radiographs</li> <li>• Scale and Polishing</li> <li>• Topical Application of Fluoride (for beneficiaries between the ages of 3 and 12 only)</li> </ul>	<ul style="list-style-type: none"> <li>• Sterilised instrumentation – 1 per beneficiary per visit</li> <li>• Infection Control (gloves and masks) – 2 per beneficiary per visit</li> <li>• Amputation of pulp (pulpotomy) only on primary teeth limited to 4</li> <li>• Root canal therapy – gross pulpal debridement 1 per beneficiary per year</li> </ul> <p><b>The following is limited to 2 per beneficiary per annum:</b></p> <ul style="list-style-type: none"> <li>• Consultations</li> <li>• Intra Oral Radiographs</li> <li>• Scale and Polishing</li> <li>• Topical Application of Fluoride (for beneficiaries between the ages of 3 and 12 only)</li> </ul> <p><b>The following is limited to 4 per beneficiary per annum:</b></p> <ul style="list-style-type: none"> <li>• Resin Fillings (anterior)</li> <li>• Resin Fillings</li> <li>• Non-surgical extractions (clinically motivated)</li> <li>• Surgical Removal of tooth</li> </ul>	<p>General anaesthetics, conscious sedation and hospitalisation for dental work will be approved for beneficiaries</p> <ul style="list-style-type: none"> <li>• Under the age of 7 years (Except for flexiFED 1 Range)</li> <li>• Bony impaction of third molars</li> </ul> <p>All general anaesthetics and conscious sedation for dentistry, regardless of where it is performed, must be pre-authorised. Cost of the hospitalisation and anaesthetics will be funded from risk. All other associated cost will be subject to day to day benefits. (Except for flexiFED 1 Range)</p>

SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/25</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> <li>• Treatment of Septic Socket</li> </ul> <p><b>The following is limited to 1 per beneficiary every 24 months, for beneficiaries 21 years and older only:</b></p> <ul style="list-style-type: none"> <li>• Complete Denture maxillary and mandibular</li> <li>• Complete Denture maxillary or mandibular</li> <li>• Partial Denture (resin base):               <ul style="list-style-type: none"> <li>• 1 Tooth</li> <li>• 2 Teeth</li> <li>• 3 Teeth</li> <li>• 4 Teeth</li> <li>• 5 Teeth</li> <li>• 6 Teeth</li> <li>• 7 Teeth</li> <li>• 8 Teeth</li> <li>• 9 Teeth and more</li> </ul> </li> <li>• Rebase complete or partial denture (lab)</li> <li>• Repair Denture</li> <li>• Reline complete or partial denture (chair side)</li> <li>• Add tooth to existing partial dentures</li> <li>• Impression to repair / addition</li> </ul>



SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D6.1.2	Dental therapists	Limited to and included in the basic dentistry benefit (D6)	Limited to and included in the basic dentistry benefit (D6)	Subject to the relevant managed healthcare programme.  Refer to the conditions/remarks under the dental practitioners benefit (D6.1.1).
D6.1.3	Dental Technicians	Limited to and included in the basic dentistry benefit (D6)	Limited to and included in the basic dentistry benefit (D6)	Refer to the conditions/remarks under the dental practitioners benefit (D6.1.1).
D6.2	Advanced dentistry  <div style="border: 2px solid red; padding: 5px; margin: 10px 0; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to the relevant managed healthcare programme.  Advanced dentistry including services for inlays, crowns, bridges, mounted study models, metal base partial dentures, the treatment by periodontists, prosthodontists, and dental technician's fees for all such dentistry.  This benefit excludes:  <ul style="list-style-type: none"> <li>Oral medical procedures. Refer basic dentistry dental practitioners (D6.1.1).</li> <li>Metal base for complete dentures (upper, lower and both)</li> </ul>

SERVICE SUBJECT TO PMB		FLEXiFED 1 FLEXiFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXiFED 2 FLEXiFED 2 <sup>GRID</sup> & FLEXiFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D6.2.1	Dental technicians	Limited to and included in the advanced dentistry benefit (D6.2)	Limited to and included in the advanced dentistry benefit (D6.2)	Refer to the conditions/remarks under the advanced dentistry benefit (D6.2).
D6.2.2	Osseo-integrated implants and orthognathic surgery functional correction of malocclusions)	No Benefit.	No benefit.	
D6.2.3	Oral surgery  <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px 0;">REGISTERED BY ME ON  2025/11/25  ..... REGISTRAR OF MEDICAL SCHEMES</div>	Limited to and included in the advanced dentistry benefit (D6.2)	Limited to and included in the advanced dentistry benefit (D6.2)	Subject to the relevant managed healthcare programme and to its prior authorisation.  Consultations, visits, removal of teeth, para-orthodontic surgical procedures and preparation of jaws for prosthetics as defined in the dental tariff schedule, performed by maxillo-facial specialists.  Paragraph A4 applicable.
D6.2.4	Orthodontic treatment	Limited to and included in the advanced dentistry benefit (D6.2)	Limited to and included in the advanced dentistry benefit (D6.2)	Subject to prior authorisation by the relevant managed healthcare programme.
D6.2.5	Maxillo-facial Surgery	Limited to and included in the surgical procedure benefit (D23).	Limited to and included in the surgical procedure benefit (D23).	Refer to the conditions and remarks under the surgical procedure benefit (D23).
<b>D7 HOSPITALISATION</b>				

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SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.1	Private hospitals and unattached operating theatres			
D7.1.1	In Hospital <div>REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES</div>	Unlimited  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.  There is a 30% deductible for the use of Non-DSP Providers on flexiFED 1 and an amount of R15 950 is deductible for the use of Non-DSP Providers on flexiFED 1 <sup>Elect</sup> , unless such use is involuntary, or Public Service Provider is utilised.  Sav = No In Hosp = Yes Acc = No	Unlimited  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.  There is a 30% deductible for the use of Non-DSP Providers on flexiFED 2 <sup>Grid</sup> and an amount of R15 950 is deductible for the use of Non-DSP Providers on flexiFED 2 <sup>Elect</sup> , unless such use is involuntary, or Public Service Provider is utilised.  Sav = No In Hosp = Yes Acc = No	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 A4applicable. For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.  Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation.  Co-payments applicable per option, as per Annexure E.  Acute renal dialysis is included( D22.1)  This benefit excludes Hospitalisation for the following:

75  
26

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/25</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> <li>• Osseo-integrated implants and orthognathic surgery (Advanced Dentistry D6)</li> <li>• Dentistry (D6) flexiFED 1 Range of Options</li> <li>• Maternity (D10)</li> <li>• Mental Health (D12)</li> <li>• Oncology (D14)</li> <li>• Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive Medication (D16)</li> <li>• Refractive surgery (D23)</li> <li>• Joint Replacements (D20)</li> </ul>
D7.1.1.1	Deep Brain Stimulation	No Benefit	No Benefit	
D7.1.2	Medicine on discharge from hospital (TTO)	<p>Limited to and payable from risk.</p> <p>Up to 7 days' supply, to a maximum of R412 per beneficiary per admission</p> <p>If included on hospital account or if obtained from pharmacy on day of discharge, pay from Private hospitals and unattached operating theatres</p>	<p>Limited to and payable from risk.</p> <p>Up to 7 days' supply, to a maximum of R412 per beneficiary per admission</p> <p>If included on hospital account or if obtained from pharmacy on day of discharge, pay from Private hospitals and unattached operating theatres</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>

SERVICE SUBJECT TO PMB		FLEXiFED 1 FLEXiFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXiFED 2 FLEXiFED 2 <sup>GRID</sup> & FLEXiFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		(D7.1), otherwise limited to and included in Routine medication (D11.1)  Sav = No In Hosp = Yes Acc = No	(D7.1), otherwise limited to and included in Routine medication (D11.1)  Sav = No In Hosp = Yes Acc = No	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
<b>D7.1.3</b>	<b>Casualty/ Emergency room visits</b>			
<b>D7.1.3.1</b>	<b>Facility Fee</b>	Subject to available savings.  100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals.  Sav = Yes In Hosp = No Acc = Yes	Refer to surgical and non-surgical procedures benefit (D24) which will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
<b>D7.1.3.2</b>	<b>Consultation</b>	Limited to available savings.  Sav = Yes In Hosp = No Acc = Yes	Limited to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the GP and Specialist out of hospital benefit (D5.2 and D5.3).

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.1.3.3	Medicine	Limited to available savings.  Sav = Yes In Hosp = No Acc = Yes	Limited to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the routine medicine benefit (D11.1).
D7.1.3.4	Trauma Treatment in Casualty  <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px 0;">REGISTERED BY ME ON  2025/11/25  REGISTRAR OF MEDICAL SCHEMES</div>	A co-payment of R880 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, subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	A co-payment of R880 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, subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to surgical and non-surgical procedures benefit (D24) which will be included in the hospital benefit if a retrospective (after the fact) authorisation is given by the relevant managed healthcare programme (if medically established).  Confirmed traumatic events and PMB-related cases will be funded from Risk without any co-payment, non-traumatic and non-PMB events may be funded from the member's savings account.
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 accommodation, use of the operating theatres and 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 for public hospitals for accommodation, use of the operating theatres and	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	equipment, medicine, pharmaceuticals and surgical items.  Sav = No In Hosp = Yes Acc = No	hospital equipment, medicine, pharmaceuticals and surgical items.  Sav = No In Hosp = Yes Acc = No	Co-payments applicable per option, as per Annexure E.  Paragraph A4 applicable.  This benefit excludes Hospitalisation for: <ul style="list-style-type: none"> <li>• Osseo-integrated implants and orthognathic surgery (advanced dentistry) (D6)</li> <li>• Dentistry</li> <li>• Maternity (D10)</li> <li>• Mental Health (D12)</li> <li>• Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> <li>• Renal dialysis Chronic (D22)</li> <li>• Refractive surgery (D23)</li> <li>• Joint Replacement (D20)</li> </ul>
D7.2.2	Medicine on discharge from hospital (TTO)	Limited to and payable from risk. Refer to TTO's in D7.1.2  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk. Refer to TTO's in D7.1.2  Sav = No In Hosp = Yes Acc = No	Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.2.3	Casualty/ Emergency room visits			
D7.2.3.1	<b>Facility Fee</b>  <div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/25</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	Subject to available savings.  100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals.  Sav = Yes In Hosp = No Acc = Yes	Refer to surgical and non-surgical procedures benefit (D24) which will be included in the hospital benefit if a retrospective (after the fact) authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> (medically established) emergencies.
D7.2.3.2	<b>Consultation</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the GP and Specialist out of hospital benefit (D5.2 and D5.3).
D7.2.3.3	<b>Medicine</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the routine medicine benefit (D11.1).

2025/11/25

flexiFED 1 and 2 Ranges

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.2.4	Outpatient services			
D7.2.4.1	Facility fee	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to surgical and non-surgical procedures benefit (D24) which will be included in the hospital benefit if a retrospective (after the fact) authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> (medically established) emergencies.
D7.2.4.2	Consultation	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the GP and Specialist out of hospital Benefit. (D5.2 and D5.3).
D7.2.4.3	Medicine	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the routine medicine benefit (D11.1).
D7.3	Alternatives to hospitalisation	Unlimited at PMB level of care only.  Sav = No In Hosp = Yes	Unlimited at PMB level of care only.  Sav = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation.

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/25</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	Acc = No	Acc = No	<p>Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.</p> <p>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.</p>
D7.3.1	Physical rehabilitation facilities	Unlimited at PMB level of care only.  Sav = No In Hosp = Yes Acc = No	Unlimited at PMB level of care only.  Sav = No In Hosp = Yes Acc = No	Refer to the conditions/remarks under the alternatives to healthcare benefit (D7.3).
D7.3.2	Sub-acute facilities	Limited to PMB level of care.  Sav = No In Hosp = Yes Acc = No	Limited to PMB level of care.  Sav = No In Hosp = Yes Acc = No	Refer to the conditions/remarks under the alternatives to healthcare benefit (D7.3).
D7.3.3	Terminal Care Benefit	Limited to R35 570 per family, unless prescribed minimum benefit. Sav = No In Hosp = Yes	Limited to R35 570 per family, unless prescribed minimum benefit. Sav = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation.

2025/11/25

REGISTRAR OF MEDICAL SCHEMES

flexiFED 1 and 2 Ranges

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		Acc = No	Acc = No	Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.
D7.3.4	Nursing Services			
D7.3.4.1	Nursing Agencies	No benefit, unless PMB  Sav = No In Hosp = Yes Acc = No	No benefit, unless PMB  Sav = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation.
D7.3.4.2	Private Nurse Practitioners	Limited to and included in the Additional Medical Services Benefit (D17).  Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the Additional Medical Services Benefit (D17).  Sav = Yes In Hosp = No Acc = Yes	This benefit includes psychiatric nursing but excludes midwifery services. Also refer to Additional Medical Services Benefit (D17.6).
D7.3.5	Spinal programme and non-surgical management of back/neck pain	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 and prior authorisation.  No benefit for Spinal surgery unless PMB level of care

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.4	Post Hospitalisation	Limited to and payable from risk, subject to 30 days following hospitalisation.	Limited to and payable from risk, subject to 30 days following hospitalisation.	Subject to the relevant managed healthcare programme and to its prior authorisation before commencement of treatment. The 30 day period is applicable from the date of discharge only.
D7.4.1	Physiotherapy	Limited to and included in the post hospitalisation benefit (D7.4).	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
D7.4.2	Occupational therapy	Limited to and included in the post hospitalisation benefit (D7.4).	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
D7.4.3	Speech therapy	Limited to and included in the post hospitalisation benefit (D7.4).	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
D7.4.4	Pathology	Limited to and included in the post hospitalisation benefit (D7.4).	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
D7.4.5	General radiology	Limited to and included in the post hospitalisation benefit (D7.4).	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)

REGISTERED BY ME ON

2025/11/25

REGISTRAR OF MEDICAL SCHEMES

SERVICE SUBJECT TO PMB		FLEXiFED 1 FLEXiFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXiFED 2 FLEXiFED 2 <sup>GRID</sup> & FLEXiFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.4.6	Dietician Consultations	Limited to 2 consultations per admission, and included in the post hospitalisation benefit (D7.4).	Limited to 2 consultations per admission, and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
<b>D8 IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION</b>				
D8.1	Anti-retroviral medicine, Including mother-to-child transmission, rape and post exposure prophylaxis	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Subject to the relevant management healthcare programmes, which includes the application of treatment protocols, medicine formularies, pre-authorisation and case management. Refer paragraph 7.4 of Annexure D.
D8.2	Related medicine	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	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 payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Pathology as specified by the relevant managed healthcare programme for out of hospital.
D8.3.1	HPV PCR Test	1 test every 3 years for women limited to and payable from risk.  Sav = No	1 test every 3 years for women limited to and payable from risk.  Sav = No	Pathology as specified by the relevant managed healthcare programme for out of hospital.




REGISTERED BY ME ON

2025/11/25

REGISTRAR OF MEDICAL SCHEMES

SERVICE SUBJECT TO PMB		FLEXiFED 1 FLEXiFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXiFED 2 FLEXiFED 2 <sup>GRID</sup> & FLEXiFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		In Hosp = Yes Acc = No	In Hosp = Yes Acc = No	
D8.4	Consultations	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	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 D24).	Limited to and included in all other benefits except for Immune deficiency syndrome benefit (D1 to D7 and D9 to D24).	
<b>D9 INFERTILITY</b>				
<div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>		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.  100% of the negotiated fee, or in the absence of such fee, 100% of the cost if the negotiated DSP is used, or Uniform Patient Fee Schedule for public hospitals.	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.  100% of the negotiated fee, or in the absence of such fee, 100% of the cost if the negotiated DSP (DSP) is used, or Uniform Patient Fee Schedule for public hospitals.	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: <ul style="list-style-type: none"> <li>• Hysterosalpingogram-gram</li> </ul> The following blood tests: <ul style="list-style-type: none"> <li>• Day 3mFSH/LH</li> <li>• Day 3 Oestradiol</li> </ul>

SERVICE SUBJECT TO PMB	FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<div data-bbox="208 616 580 840" style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/25</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Sav = No In Hosp = Yes Acc = No</p>	<p>Sav = No In Hosp = Yes Acc = No</p>	<ul style="list-style-type: none"> <li>• Thyroid function (TSH)</li> <li>• Prolactin</li> <li>• Rubella</li> <li>• HIV</li> <li>• VDRL</li> <li>• Chamydia</li> <li>• Day 21 Progesterone</li> <li>• Laparoscopy</li> <li>• Hysteroscopy</li> <li>• Surgery (uterus and tubal)</li> <li>• Manipulation of ovulation defects and deficiencies</li> <li>• Semen analysis (volume; count; mobility; morphology; MAR test)</li> <li>• Basic counselling and advise on sexual behaviour, temperature charts, etc.</li> <li>• Treatment of local infections</li> <li>• Laparoscopy</li> <li>• Hysteroscopy</li> <li>• Surgery (uterus and tubal)</li> <li>• Manipulation of ovulation defects and deficiencies</li> <li>• Semen analysis (volume; count; mobility; morphology; MAR test)</li> </ul>

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				<ul style="list-style-type: none"> <li>Basic counselling and advice on sexual behaviour, temperature charts, etc.</li> <li>Treatment of local infections</li> </ul>
<b>D10 MATERNITY</b>				
<b>D10.1</b>	<b>Confinement in hospital</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	PMB level of care  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.  There is a 30% deductible for the use of Non-DSP Providers on flexiFED 1 and an amount of R15 950 is deductible for the use of Non-DSP Providers on flexiFED 1 <sup>ELECT</sup> , unless such use is involuntary, or Public Service Provider is utilised.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk at 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.  There is a 30% deductible for the use of Non-DSP Providers on flexiFED 2 <sup>Grid</sup> and an amount of R15 950 is deductible for the use of Non-DSP Providers on flexiFED 2 <sup>ELECT</sup> , unless such use is involuntary, or Public Service Provider is utilised.  Sav = No In Hosp = Yes Acc = No	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management. Delivery by a general practitioner or medical specialist and the services of the attendant paediatrician and/or anaesthetists are included. Included in global obstetric fee is post-natal care by a general practitioner and medical specialists up to and including the six week post-natal consultation.  Benefits for the cost of private wards will be funded at the same rate as for general wards, unless there is acceptable medical motivation.  Paragraphs A3 and A4 applicable.

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D10.1.1	<b>Medicine on discharge from hospital (TTO)</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	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)  Sav = No In Hosp = Yes Acc = No	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)  Sav = No In Hosp = Yes Acc = No	Up to 7 days' supply, to a maximum of R412 per beneficiary per admission  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.
D10.1.2	<b>Confinement in a registered birthing unit</b>	Limited to and included in the Maternity Benefit (D10.1).  4 x post-natal midwife consultations per pregnancy, in and out of hospital included in the related maternity benefit (D10.4).	Limited to and included in the Maternity Benefit (D10.1).  4 x post-natal midwife consultations per pregnancy, in and out of hospital included in the related maternity benefit (D10.4).	For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.  Delivery by a midwife.  Hire of water bath and oxygen cylinder included in D3.1.
D10.2	<b>Confinement out of hospital</b>	Limited to and included in the Maternity Benefit (D10.1).  4 x post-natal midwife consultations per pregnancy, in and out of hospital included in the related maternity benefit (D10.4).	Limited to and included in the Maternity Benefit (D10.1).  4 x post-natal midwife consultations per pregnancy, in and out of hospital included in the related maternity benefit (D10.4).	Subject to the relevant managed healthcare programme and to its prior authorisation.  For delivery by a general practitioner or midwife.

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		Sav = No In Hosp = Yes Acc = No	Sav = No In Hosp = Yes Acc = No	Hire of water bath and oxygen cylinder included in the in hospital appliance benefit (D3.1).
D10.2.1	Consumables and pharmaceuticals	Limited to and payable from risk  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk  Sav = No In Hosp = Yes Acc = No	Registered medicine, dressings and materials supplied by a midwife out of hospital limited to and included in D10.1.
D10.3	Retinopathy of prematurity screening benefit	2 test and consultations payable from risk, then savings.  Subject to the following scheme protocols: <ul style="list-style-type: none"> <li>• Neonates born prior to 32 weeks gestation</li> <li>• Preterm neonates weighing &lt; 1500g</li> </ul>	2 test and consultations payable from risk, then savings.  Subject to the following scheme protocols: <ul style="list-style-type: none"> <li>• Neonates born prior to 32 weeks gestation</li> <li>• Preterm neonates weighing &lt; 1500g</li> </ul>	Screening should be performed at 4 – 6 weeks chronological age or 31 – 33 weeks post-conceptual age (whichever comes later)
D10.4	Related Maternity Services	The following benefits are paid for directly from risk per event. Limits apply to the below benefits as follows:  <ul style="list-style-type: none"> <li>• Consultations with a midwife, Network GP or Gynaecologist limited to 6 x ante and/ or post-</li> </ul>	The following benefits are paid for directly from risk per event. Limits apply to the below benefits as follows:  <ul style="list-style-type: none"> <li>• Consultations with a midwife, Network GP or Gynaecologist limited to 8 x ante and/ or post-</li> </ul>	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	natal consultations or a mixture thereof <ul style="list-style-type: none"> <li>• Antenatal classes to the value of R1 200 conducted by Private Nurses;</li> <li>• 2 x 2D scans;</li> <li>• 1 x Amniocentesis</li> </ul> Once Risk benefit has been utilised payable from available savings  Sav = Yes In Hosp = No Acc = Yes	natal consultations or a mixture thereof <ul style="list-style-type: none"> <li>• Antenatal classes to the value of R1 200 conducted by Private Nurses;</li> <li>• 2 x 2D scans;</li> <li>• 1 x amniocentesis</li> </ul> Once Risk benefit has been utilised payable from available savings  Sav = Yes In Hosp = No Acc = Yes	
<b>D11 MEDICINE AND INJECTION MATERIAL</b>				
<b>D11.1</b>	<b>Routine (acute) medicine</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	The Medicine Exclusion List and the Pharmacy Products Management Document, relevant managed healthcare programmes and protocols are applicable.  This benefit excludes: <ul style="list-style-type: none"> <li>• In-hospital medicine (D7)</li> <li>• Anti-retroviral medicine (D8)</li> <li>• Oncology medicine (D14)</li> </ul>

SERVICE SUBJECT TO PMB		FLEXiFED 1 FLEXiFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXiFED 2 FLEXiFED 2 <sup>GRID</sup> & FLEXiFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   <div style="border-top: 1px dashed red; padding-top: 2px;"> <b>REGISTRAR OF MEDICAL SCHEMES</b> </div> </div>				<ul style="list-style-type: none"> <li>Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> <li>Renal dialysis Chronic (D22)</li> </ul>
D11.2	Medicine on discharge from hospital (TTO)	Limited to and payable from risk. See TTO's (D7.1.2)  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk. See TTO's (D7.1.2)  Sav = No In Hosp = Yes Acc = No	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	Subject to available savings  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings  Sav = Yes In Hosp = No Acc = Yes	
D11.4	Chronic medicine	PMBs only.  Medication for the 25 chronic conditions must be obtained from a DSP or a 30% co-payment is applicable, for voluntary non-DSP utilisation. Subject to the Basic formulary, unlimited.	PMB's only.  Medication for the 25 chronic conditions must be obtained from a DSP or a 30% co-payment is applicable, for voluntary non-DSP utilisation. Subject to the Basic formulary, unlimited.	Subject to the relevant managed healthcare programme and to its prior authorisation and the relevant formulary to a maximum of one month's supply, unless specifically pre-authorised. MPL applies. Refer to Annexure D for list of chronic conditions for both option.

SERVICE SUBJECT TO PMB		FLEXiFED 1 FLEXiFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXiFED 2 FLEXiFED 2 <sup>GRID</sup> & FLEXiFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2025/11/25</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>30% co-payment for voluntary use of non-formulary medication not refundable from savings.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>30% co-payment for voluntary non-use of formulary medication, not refundable from savings.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Includes diabetics, disposables such as syringes, needles, strips and lancets.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> <li>• In-hospital medicine (D7)</li> <li>• Anti-retroviral medicine (D8)</li> <li>• Oncology medicine (D14)</li> <li>• Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> </ul>
D11.4.1	<p><b>Childhood Specialised Drugs Benefit</b></p> <ul style="list-style-type: none"> <li>• Growth Hormone medication</li> <li>• Palivizumab for Respiratory Syncytial Virus</li> <li>• Botulinum Toxin</li> <li>• Juvenile Idiopathic/Rheumatoid Arthritis medication</li> <li>• Inflammatory Bowel conditions including Crohn's Disease</li> </ul>	No Benefit	Limited to and payable from risk up to the age of 18 years	<p>Subject to the relevant managed healthcare programme which include the application of treatment protocols, formularies, pre-authorisation and case management.</p> <p>Other specialised drugs requested and conditions not listed which have been assessed by chronic team medical advisors and deemed clinically appropriate with cost savings due to avoidance of long-term complications or hospitalisation.</p>

2025/11/25

REGISTRAR OF MEDICAL SCHEMES

flexiFED 1 and 2 Ranges

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D11.5	Female Health Benefit			
D11.5.1	<ul style="list-style-type: none"> <li>• Oral Contraceptives</li> <li>• Contraceptive Injections</li> <li>• Contraceptive Patches</li> <li>• Contraceptive Vaginal Rings</li> </ul>	Limited to and payable from risk up to the age of 55 year's old, restricted to a maximum of one month's supply  Sav = No In Hosp – Yes Acc = No	Limited to and payable from risk up to the age of 55 year's old, restricted to a maximum of one month's supply  Sav = No In Hosp – Yes Acc = No	Subject to a list of contraceptives.  Excluding oral contraceptives prescribed for non-contraceptive treatments. Excluding consultations and procedural costs.
D11.5.2	<ul style="list-style-type: none"> <li>• Contraceptive Implants</li> <li>• Intrauterine Devices</li> </ul>	Limited to 1 and payable from risk every 2 years up to the age of 55 year's old, otherwise payable from savings.  Sav = No In Hosp – Yes Acc = No	Limited to 1 and payable from risk every 2 years up to the age of 55 year's old, otherwise payable from savings.  Sav = No In Hosp – Yes Acc = No	Subject to a list of contraceptive devices.  Excluding consultations and procedural costs.
D11.5.3	Emergency Oral Contraceptives	1 every year and payable from risk for female beneficiaries under the age of 55 year's old  Sav = No In Hosp – Yes Acc = No	1 every year and payable from risk for female beneficiaries under the age of 55 year's old  Sav = No In Hosp – Yes Acc = No	Subject to a list of emergency contraceptives  Excluding consultations and procedural costs.
D11.6	Specialised drugs for Non-Oncology	No benefit.	No benefit	Except for Beta-interferon for the treatment of Multiple Sclerosis as per

SERVICE SUBJECT TO PMB		FLEXiFED 1 FLEXiFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXiFED 2 FLEXiFED 2 <sup>GRID</sup> & FLEXiFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				the PMB 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.	No benefit.	
<b>D12 MENTAL HEALTH</b>				
D12.1	<b>In Hospital</b> Consultations and visits, procedures, assessments, therapy, treatment and/ or counselling  <div style="border: 2px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="color: red; text-align: center; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2025/11/25</p> <p style="color: red; text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	PMB level of care, limited to and included in paragraphs A4 and B3.  Voluntary use of a non-DSP psychiatric hospital on flexiFED 1 option will attract a 30% co-payment.  Voluntary use of a non-DSP hospital on the flexiFED 1 <sup>Elect</sup> option will attract a R15 950 co-payment.  Sav = No In Hosp = Yes Acc = No	Limited to R27 220 per family per annum. Limited to and included in paragraphs A4 and B3.  Voluntary use of a non-DSP psychiatric hospital on flexiFED 2 <sup>Grid</sup> option will attract a 30% co-payment.  Voluntary use of a non-DSP hospital on flexiFED 2 <sup>Elect</sup> options will attract a R15 950 co-payment.  Sav = No In Hosp = Yes Acc = No	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation 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-authorised by the relevant managed healthcare programme.

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   <hr style="border-top: 1px dashed red;"/> <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>			<p>Limited to a maximum of 3 days hospitalisation for beneficiaries admitted by a general practitioner or specialist physician.</p> <p>Rehabilitation programme includes hospital-based management up to 21 days per beneficiary, per benefit year.</p>
D12.1.1	<b>Medicine on discharge from hospital (TTO)</b>	<p>Limited to and payable from risk. See TTO's in D7.1.2</p> <p>Sav = No In Hosp = Yes Acc= No</p>	<p>Limited to and payable from risk. See TTO's in D7.1.2</p> <p>Sav = No In Hosp = Yes Acc= No</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.
D12.2	<b>Out of Hospital</b>	<p>Subject to available savings</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>Subject to available savings</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	
D12.2.1	<b>Non-Prescribed Minimum Benefit consultations and visits, procedures, assessments, therapy, treatment and/ or counselling</b>	<p>Subject to available savings.</p> <p><b>In Network with savings:</b> Sav = Yes In Hosp = No Acc = Yes</p>	<p>Subject to available savings.</p> <p><b>In Network with savings:</b> Sav = Yes In Hosp = No Acc = Yes</p>	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.

SERVICE SUBJECT TO PMB		FLEXiFED 1 FLEXiFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXiFED 2 FLEXiFED 2 <sup>GRID</sup> & FLEXiFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	<b>Once in Threshold :</b>  Limited to 2 GP consultations per beneficiary in network from risk.  GP consultations out of network subject to savings.  Sav = Yes In Hosp = No Acc = Yes  Procedures, assessments, therapy, treatment and/ or counselling  Sav =Yes In Hosp = No Acc = Yes	<b>Once in Threshold:</b>  Limited to 2 GP consultations per beneficiary in network from risk.  GP consultations out of network subject to savings.  Sav = Yes In Hosp = No Acc = Yes  Procedures, assessments, therapy, treatment and/ or counselling  Sav =Yes In Hosp = No Acc = Yes	
D12.2.2	<b>Non-Prescribed Minimum Stress and Anxiety Benefit</b>	Limited to 2 virtual consultations per beneficiary per annum and payable from risk  Sav = No In Hosp = Yes Acc= No	No Benefit	By a registered counsellor or a psychologist for individual sessions only. Subject to a limited listed of ICD10 Codes and specific tariff codes.

SERVICE SUBJECT TO PMB		FLEXiFED 1 FLEXiFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXiFED 2 FLEXiFED 2 <sup>GRID</sup> & FLEXiFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D12.2.3	Prescribed Minimum Benefit procedures	Limited to and payable from risk  Sav = No In Hosp = Yes Acc= No	Limited to and payable from risk  Sav = No In Hosp = Yes Acc = No	See the conditions/remark under the PMB procedures in the Mental Health Benefit (D12).  Paragraph A4 applicable.
D12.2.4	Medicine	Limited to and included in the routine medicine benefit (D11.1).	Limited to and included in the routine medicine benefit (D11.1).	Refer to conditions/remarks under the routine/chronic medicine benefit (D11.1 and D11.4)
D12.2.4.1	Depression medication	Limited to R2 400 per beneficiary , unless PMB, once benefit depleted limited to available savings.	Limited to R2 400 per beneficiary , unless PMB, once benefit depleted limited to available savings.	Subject to managed care policy
D12.3	Rehabilitation for substance abuse  <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px 0;"> <b>REGISTERED BY ME ON</b>   2025/11/25   <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	Limited to and included in the mental health benefit (D12) and the PMB procedures (D12.2.2) and the Regulations.  100% of the negotiated fee, or, in the absence of such fee, 100% of the cost if the DSP is used, or the, or Uniform Patient Fee Schedule for public hospitals for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals, surgical items and medicine supplied during treatment programme.	Limited to and included in the mental health benefit (D12) and the PMB procedures (D12.2.2) and the Regulations.  100% of the negotiated fee, or, in the absence of such fee, 100% of the cost if the DSP is used, or the, or Uniform Patient Fee Schedule for public hospitals for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals, surgical items and medicine supplied during treatment programme.	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management. Limited to one rehabilitation programme per beneficiary per annum, subject to pre-authorisation in hospital.  Rehabilitation programme includes hospital-based management up to 21 days per beneficiary, per benefit year.

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   <hr style="border-top: 1px dashed red;"/> <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	<p>Voluntary use of a non-DSP substance abuse facility on flexiFED 1 will attract a 15% co-payment for non-network admissions and voluntary use of a non-DSP hospital on flexiFED 1<sup>ELECT</sup> options will attract a co-payment of 25% for non-network admissions</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Voluntary use of a non-DSP substance abuse facility on flexiFED 2, flexiFED 2<sup>Grid</sup> will attract a 15% co-payment for non-network admissions and voluntary use of a non-DSP hospital on flexiFED 2<sup>ELECT</sup> options will attract a co-payment 25% for non-network admissions</p> <p>Sav = No In Hosp = Yes Acc = No</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>Sav = No In Hosp = Yes Acc = No</p>	<p>Limited to and payable from risk. See TTO's in D7.1.2.</p> <p>Sav = No In Hosp = Yes Acc = No</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>
<b>D13 NON-SURGICAL PROCEDURES AND TESTS</b>				
D13.1	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 the cost or the Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for all</p>	<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 the cost or the Fedhealth Rate, or Uniform Patient Fee Schedule for public hospitals for all</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>

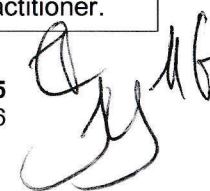
SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		non-surgical procedures performed by a general practitioner, medical specialists or clinical technologists.  Sav = No In Hosp = Yes Acc = No	non-surgical procedures performed by a general practitioner, medical specialists or clinical technologists.  Sav = No In Hosp = Yes Acc = No	This benefit excludes: <ul style="list-style-type: none"> <li>• Psychiatry and psychology (D12)</li> <li>• Optometric examinations (D15)</li> <li>• Pathology (D18)</li> <li>• Radiology (D21)</li> </ul>
D13.2	Out of Hospital	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	For all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.
D13.2.1	Non-surgical procedures in practitioners rooms			
D13.2.1.1	<b>Specific non-surgical procedures in practitioners rooms</b> <ul style="list-style-type: none"> <li>• Routine diagnostic upper and lower gastro-intestinal fibre optic endoscopy (excluding rigid sigmoidoscopy and anoscopy)</li> <li>• 24HR oesophageal PH studies</li> <li>• Breast fine needle biopsy</li> <li>• Cystoscopy</li> <li>• Oesophageal motility studies</li> <li>• Prostate needle biopsy</li> </ul>	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No  <div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Includes related consultation materials, pathology and radiology if done on the same day.  For all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.  Paragraph A4 applicable.  Limited to 2 upper or lower gastrointestinal endoscopies per beneficiary per annum

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
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	
<b>D14 ONCOLOGY</b>				
D14.1	Active treatment period  <div style="border: 1px solid red; padding: 5px; text-align: center;">REGISTERED BY ME ON  2025/11/25  REGISTRAR OF MEDICAL SCHEMES</div>	PMB level of care.  100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologists and credentialed medical practitioners, consultations, visits, treatment and materials used in radiotherapy and chemotherapy.  25% co-payment for voluntary use of non-DSP and 25% co-payment for voluntary use of non-DSP for medication Sav = No In Hosp = Yes Acc = No	Limited to R321 570 per family.  100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologists and credentialed medical practitioners, consultations, visits, treatment and materials used in radiotherapy and chemotherapy.  25% co-payment for voluntary use of non-DSP and 25% co-payment for voluntary use of non-DSP for medication. Sav = No In Hosp = Yes Acc = No	Subject to registration on the oncology management programme and to its prior authorisation, oncology preferred product list and designated service providers for the delivery of medicines and consumables. Subject to reference pricing. ICON is the DSP, ICON Entry-level (Essential) 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. See D14.1.3.

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D14.1.1	Medicine	Limited to and included in the active treatment period (D14.1).	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).	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  <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px 0;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	No benefit, unless PMB level of care. Subject to use of PET Network. Subject to the relevant managed healthcare programme and its prior authorisation.  Co payment of R5 670 will apply for use of non PET Network Provider.	Limited to and included in the Active treatment period (D14.1.) and two per family per annum.  Subject to use of PET Network. Subject to the relevant managed healthcare programme and to its prior authorisation.  Co payment of R5 670 will apply for use of non PET Network Provider	Subject to the relevant managed healthcare programme and to its prior authorisation.  Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation.  Only in credentialed specialist practice.
D14.1.3	Specialised Drugs for Oncology	No benefit, unless PMB level of care	No Benefit; unless PMB level of care.	

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D14.1.4	Flushing of J line and/or Port	Limited to and included in the active treatment period (D14.1).  Sav = No In Hosp = Yes Acc = No	Limited to and included in the active treatment period (D14.1).  Sav = No In Hosp = Yes Acc = No	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	No benefit.	No benefit.	
D14.2	Pre and Post active Treatment period (surgical resection of tumour, chemotherapy and radiotherapy)  <div style="border: 1px solid red; padding: 5px; margin: 10px 0; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	Limited to and included in the oncology benefit (D14) for life following the active treatment period.  Sav = No In Hosp = Yes Acc = No	Limited to and included in the oncology benefit (D14) for life following the active treatment period.  Sav = No In Hosp = Yes Acc = No	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 1 <sup>st</sup> investigation e.g., x-ray, CT/MRI scan, pathology, histology).  Post-active refers to the time when member actually had last active treatment (e.g., hormone therapy, chemotherapy radiotherapy).  For life means that the member will remain on the oncology programme

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>			as long as the cancer goes into remission until it recurs. Should the condition regress, the active treatment benefit (D14.1) will be reinstated.  Paragraph A4 applicable, excluding pathology and radiology.
<b>D15 OPTOMETRY</b>				
		Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.1</b>	<b>Optometric refraction (test)</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
<b>D15.2</b>	<b>Frames</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Including repairs.  When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.



SERVICE SUBJECT TO PMB		FLEXiFED 1 FLEXiFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXiFED 2 FLEXiFED 2 <sup>GRID</sup> & FLEXiFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D15.3	Lenses			
D15.3.1	Single vision lenses	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.3.2	Bifocal lenses	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.3.3	Multifocal lenses	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.4	Special lenses	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.5	Lens add-ons	Subject to available savings.  Sav = Yes In Hosp = No	Subject to available savings.  Sav = Yes In Hosp = No	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.

REGISTERED BY ME ON

REGISTRAR OF MEDICAL SCHEMES

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		Acc = Yes	Acc = Yes	
D15.6	Contact lenses (including contact lens fittings)	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.7	Low vision appliances	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.8	Ocular prostheses	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
D15.9	Readers from a registered optometrist, ophthalmologist or supplementary optical practitioner	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.

REGISTERED BY ME ON

2025/11/25

REGISTRAR OF MEDICAL SCHEMES

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D15.10	Diagnostic procedures	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Section 22A (15) of the Medicine and Related Substance Act 101 of 1965 permits applicable.
<b>D16 ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANT-ATION AND IMMUNO –SUPPRESSIVE MEDICATION</b>				
<div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>		Subject to PMB level of care.  Sav = No In Hosp = Yes Acc = No	Limited to R321 570 per family.  Sav = No In Hosp = Yes Acc = No	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic graft and autologous grafts. Donors supported from Bone Marrow Registries in accordance with managed care protocols.  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.	No benefit.	
D16.2	Haemopoietic stem cell (bone marrow) transplantation	Limited to and included in the organ and transplantation benefit (D16).	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.

SERVICE SUBJECT TO PMB		FLEXiFED 1 FLEXiFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXiFED 2 FLEXiFED 2 <sup>GRID</sup> & FLEXiFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				Donors supported from Bone Marrow Registries in accordance with managed care protocols.
D16.3	Immuno-suppressive medication	Limited to and included in the organ and transplantation benefit (D16).	Limited to and included in the organ and transplantation benefit (D16).	Refer to the 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).	Limited to and included in the organ and transplantation benefit (D16).	Refer to the conditions/remarks under the organ and transplantation benefit (D16).
D16.5	Radiology and pathology	Limited to and included in the organ and transplantation benefit (D16).  <div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/25</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	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.  A4 not applicable.
<b>D17 ADDITIONAL MEDICAL SERVICES</b>				
		Subject to available savings.	Subject to available savings.	Subject to the relevant managed healthcare programme and to its

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<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/25</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		Sav = Yes In Hosp = No Acc = Yes	Sav = Yes In Hosp = No Acc = Yes	prior authorisation before commencement of treatment. Subject to PMB and managed care protocols if deemed clinically appropriate.  Nursing services are included in the Alternatives to Hospitalisation benefit (D7.3) if pre-authorized by the relevant managed healthcare programme.
D17.1	<b>Dietetics In and out of Hospital</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17).
D17.2	<b>Occupational therapy In and out of hospital</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17).
D17.3	<b>Speech therapy In and out of hospital</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17).

2025/11/25

REGISTRAR OF MEDICAL SCHEMES

flexiFED 1 and 2 Ranges

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D17.4	Orthoptics In and Out of Hospital	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17).
D17.5	Podiatry In and Out of Hospital	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17).
D17.6	Private nurse practitioners In and Out of Hospital	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17). Clinically appropriate long term wound care will be funded from Risk and not savings where pre-authorised.
D17.7	Social workers In and Out of Hospital	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17).
D17.8	Audiology and Hearing Aid / Acoustic In and Out of Hospital	Subject to available savings.  Sav = Yes	Subject to available savings.  Sav = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17).

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		In Hosp = No Acc = Yes.	In Hosp = No Acc = Yes	
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.	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-born (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.	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the additional medical services benefit (D17).
<b>D18 PATHOLOGY AND MEDICAL TECHNOLOGY</b>				
D18.1	In Hospital  <div style="border: 2px solid red; padding: 5px; margin: 10px 0;"> REGISTERED BY ME ON   2025/11/25   .....  REGISTRAR OF MEDICAL SCHEMES </div>	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  Sav = No In Hosp = Yes Acc = No	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  Sav = No In Hosp = Yes Acc = No	For all tests performed by a pathologist or medical technologist.



SERVICE SUBJECT TO PMB		FLEXiFED 1 FLEXiFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXiFED 2 FLEXiFED 2 <sup>GRID</sup> & FLEXiFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D18.2	<b>Out of hospital</b>  <div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	Subject to available savings.  Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers.  Sav = Yes In Hosp = No Acc = Yes	For all tests performed by a pathologist or medical technologist and a specified list of pathology tariff codes for general practitioners.  This benefit excludes a specified list of pathology tariff codes included in: <ul style="list-style-type: none"> <li>the maternity benefit (D10)</li> <li>the oncology benefit during the active and/ or post active treatment period (D14)</li> <li>the organ and Haemopoietic stem cell (bone marrow) transplantation benefit (D16)</li> <li>the renal dialysis chronic benefit (D22)</li> </ul>
<b>D19 PHYSICAL THERAPY</b>				
D19.1	<b>In hospital</b>  <ul style="list-style-type: none"> <li><b>Physiotherapy</b></li> </ul>	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Subject to referral by the treating provider.  Subject to the relevant managed healthcare programme and to its prior authorisation before commencement of treatment.

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D19.2	<b>Out of hospital</b> <ul style="list-style-type: none"> <li>• Physiotherapy</li> <li>• Biokinetics</li> <li>• Chiropractors</li> </ul>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	
<b>D20 PROSTHESES AND DEVICES INTERNAL AND EXTERNAL</b>				
D20.1	<b>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</b>	Subject to PMB level of care.  100% of the negotiated fee or in the absence of such fee, 100% of the lower of cost of Orthotic and Prosthetic Schedule as prescribed by a medical practitioner.  R1 220 benefit limit for non-PMBs per family per annum.  <div style="border: 1px solid red; padding: 5px; text-align: center;">             REGISTERED BY ME ON               2025/11/25               REGISTRAR OF MEDICAL SCHEMES           </div>	Subject to PMB level of care.  100% of the negotiated fee or in the absence of such fee, 100% of the lower of cost of Orthotic and Prosthetic Schedule as prescribed by a medical practitioner.  R1 220 benefit limit for non-PMBs per family per annum.	Subject to referral by a medical practitioner, pre authorisation and treatment protocols apply  Intraocular lens will be covered at PMB level of care per lens  This benefit excludes osseo-integrated implants for the purpose of replacing a missing tooth/ teeth.  No benefit for ICDs in the setting of primary prevention. For ICDs in the setting of secondary prevention; funding is subject to the relevant managed healthcare programme and to its prior authorisation.  Subject to preferred supplier agreements

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D20.2	<b>Prostheses and devices</b> <ul style="list-style-type: none"> <li>external</li> </ul>	Limited to and included in the Prostheses and devices internal Benefit (D20.1).	Limited to R12 480 per family.  <div style="border: 2px solid red; padding: 5px; text-align: center;">             REGISTERED BY ME ON               2025/11/25               REGISTRAR OF MEDICAL SCHEMES           </div>	Subject to referral by a medical practitioner, pre authorisation and treatment protocols apply  If preferred provider is used, negotiated contract applies.  Orthotic and Prosthetic Schedule to apply as prescribed by a medical practitioner.
<b>D21 RADIOLOGY</b>				
D21.1	<b>General radiology</b>			
D21.1.1	<b>In hospital</b>	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	For diagnostic radiology tests and ultrasound scans.  Authorisation is not required for MRI scans for low field peripheral joint examination or dedicated limb units.
D21.1.2	<b>Out of hospital</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	This benefit excludes a specified list of radiology tariff codes included in: <ul style="list-style-type: none"> <li>the maternity benefit (D10)</li> <li>the oncology benefit during the active and/ or post active treatment period (D14)</li> </ul>

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/25</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> <li>the organ and Haemopoietic stem cell transplantation benefit (D16)</li> <li>the renal dialysis chronic benefit (D22)</li> </ul> <p>Authorisation is not required for MRI scans for low field peripheral joint examination or dedicated limb units.</p>
D21.2	<b>Specialised Radiology - In and Out of hospital</b>	<p>100% of the negotiated fee, or in the absence of such fee, the lower of the cost or Fedhealth Rate, limited to and payable from risk.</p> <p><b>MRIs and CT Scans:</b></p> <p>A co-payment of R4 230 is applicable for non-PMBs, subject to pre-authorisation and managed care protocols, except for CT Angiography</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>100% of the negotiated fee, or in the absence of such fee, the lower of the cost or Fedhealth Rate, limited to and payable from risk.</p> <p><b>MRIs and CT Scans:</b></p> <p>A co-payment of R3 050 is applicable for non-PMBs, subject to pre-authorisation and managed care protocols, except for CT Angiography</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>Oncology requests will be limited and included in the active treatment period (D14.1.1).</p> <p>Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following:</p> <ul style="list-style-type: none"> <li>CT scans</li> <li>Muga scans</li> <li>MRI scans</li> <li>Radio isotope studies</li> <li>CT colonography (virtual colonography) limited to one per beneficiary per annum restricted</li> </ul>

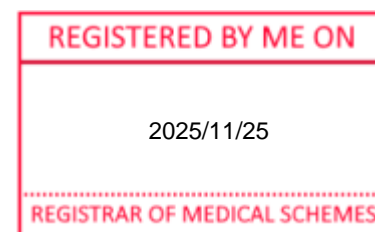
SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				to the evaluation of symptomatic patients only <ul style="list-style-type: none"> <li>MDCT Coronary Angiography, restricted to the evaluation of symptomatic patients only.</li> </ul>
D21.2.1	PET and PET CT	No Benefit	Limited to and included in the oncology PET scans (D14.1.2.1).	Refer to the conditions/remarks under the oncology PET Scans (D14.1.2.1).
<b>D22 RENAL DIALYSIS CHRONIC</b>				
D22.1	Haemodialysis and peritoneal dialysis  <div style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON   2025/11/25   REGISTRAR OF MEDICAL SCHEMES </div>	PMB level of care at DSP.  Sav = No In Hosp = Yes Acc = No	Limited to R321 570 per family  Sav = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation. A 40% co-payment is applicable, for voluntary non-DSP utilisation.  Authorised Erythropoietin is included in the Blood and Blood Products Benefit (D4).  This benefit excludes Acute renal dialysis is included in the in hospitalisation benefit (D7).  Paragraph A3 applicable.

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D22.2	Radiology and pathology	Limited to and included in the Haemodialysis benefit (D22.1).	Limited to and included in the Haemodialysis benefit (D22.1).	For specified radiology and pathology services. As specified by the relevant managed healthcare programme.
<b>D23 SURGICAL PROCEDURES</b>				
D23.1	In Hospitals and unattached operating theatres  <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px 0;"> REGISTERED BY ME ON  2025/11/25  REGISTRAR OF MEDICAL SCHEMES </div>	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	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: <ul style="list-style-type: none"> <li>• Osseo-integrated implants (D6)</li> <li>• Orthognathic and oral surgery (D6)</li> <li>• Maternity (D10)</li> <li>• Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> </ul>
D23.1.1	Refractive surgery	No benefit.	No benefit.	
D23.1.2	Maxillo-facial surgery (in hospital)	Limited to and payable from risk.  Sav = No In Hosp = Yes	Limited to and payable from risk.  Sav = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation.

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	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	Acc = No  R5 910 co-payment on surgical removal of impacted wisdom teeth. (See Annexure E)	Acc = No  R5 910 co-payment on surgical removal of impacted wisdom teeth. (See Annexure E)	For the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in dentistry benefit (D6).  This benefit excludes: <ul style="list-style-type: none"> <li>• Osseo-integrated implants (D6)</li> <li>• Orthognathic surgery (D6)</li> <li>• Oral surgery (D6)</li> </ul> Paragraph A3 and A4 applicable.
D23.1.3	<b>Transcatheter Aortic Valve Implantation and repairs (TAVI)</b>	No benefit.	No benefit.	
D23.2	<b>Out of hospital surgical procedures in practitioner's rooms</b>	Limited to and included in the hospital surgical procedures benefit (D23.1).  Sav = No In Hosp = Yes Acc = No.  If the procedure is performed without pre-authorisation, the full amount will be paid from the members PMSA (where applicable) or self-funded by	Limited to and included in the hospital surgical procedures benefit (D23.1).  Sav = No In Hosp = Yes Acc = No  If the procedure is performed without pre-authorisation, the full amount will be paid from the members PMSA (where applicable) or self-funded by	Subject to the relevant managed healthcare programme and to its prior authorisation. Paragraph A4 applicable.  For surgical procedures performed by a general practitioner or specialist.  Only where a hospital procedure is performed in the practitioner's rooms and is approved, will it be limited to and included in the hospitalisation benefit (D7) and overall annual limit.



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	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	the member and will not accumulate towards the safety net.	the member and will not accumulate towards the safety net.	This benefit excludes: <ul style="list-style-type: none"> <li>• Osseo-integrated implants (D6)</li> <li>• Orthognathic and oral surgery (D6)</li> <li>• Maternity (D10)</li> <li>• Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> </ul> Refer to the surgical and non-surgical procedure benefit (D24)
D23.2.1	<b>Specific surgical procedures in practitioner's rooms</b> <ul style="list-style-type: none"> <li>• Circumcision</li> <li>• Laser Tonsillectomy</li> <li>• Vasectomy</li> </ul>	Limited to and payable from risk from the surgical procedures benefit (D23.1).	Limited to and payable from risk from the surgical procedures benefit (D23.1).	Includes related consultation, materials, pathology and radiology if done on same day.  For all surgical procedures performed by a general practitioner, medical specialist or clinical technologist
<b>D24 SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS</b>				
D24.1	<b>Procedures paid from hospital benefit if done in a day clinic, day ward or outpatient section of a hospital</b>  Benefits for these procedures will be granted from the in-hospital benefit, if pre-authorised. If the procedure is performed without pre-authorisation, the full amount will be paid from the members PMSA (where applicable) or self-funded by the member and will not accumulate towards the safety net. If application			

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	<p>for pre-authorisation is made post the procedure, there will be a R1 000 charge that will be paid from the member's PMSA (where applicable) or self-funded by the member (with no accumulation to the safety net).</p> <p>Subject to the relevant managed healthcare programme and subject to a defined list of procedures. Co-payments may be applicable per option as per Annexure E.</p> <p>R2 710 co-payment for voluntary use of non-network day surgery network on flexiFED 1, flexiFED 2 and flexiFED 2<sup>Grid</sup>.</p> <p>Overnight admissions will not be covered except for Prescribed Minimum Benefits.</p>		
D24.2	<p><b>Procedures performed in a doctor's rooms or suitably equipped procedure room</b> Benefits for these procedures will be granted from the in-hospital benefit, subject to the relevant managed healthcare programme and provided the member has obtained pre-authorisation from the scheme's managed care provider.</p> <p>Where the member fails to obtain pre-authorisation, reimbursement will be restricted to the member's available PMSA balance (where applicable) and, where applicable, this will not accumulate to the safety net level (threshold). 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.</p> <p>Where the member fails to obtain pre-authorisation, reimbursement will be restricted to the member's available PMSA balance and, where applicable, this will not accumulate to the safety net level (threshold). Where appropriate pre-authorisation has been obtained, the hospital benefit will be granted as an ambulatory admission at the lesser of 100% of the Fedhealth Rate or the equivalent outpatient facility fee:</p> <ul style="list-style-type: none"> <li>• Gastroscopy (no general anaesthetic will be paid for)</li> <li>• Colonoscopy (no general anaesthetic will be paid for)</li> <li>• Flexible Sigmoidoscopy</li> <li>• Indirect Laryngoscopy</li> <li>• Intravenous administration of bolus injections for medicines that include antimicrobials and Immunoglobulins (payment of immunoglobulins is subject to D11.6)</li> </ul>		



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	<ul style="list-style-type: none"> <li>Removal of impacted wisdom teeth</li> <li>Fine needle aspiration biopsy</li> <li>Excision of nailbed</li> <li>Drainage of abscess or cyst</li> <li>Injection of varicose veins</li> <li>Excision of superficial benign tumours</li> <li>Superficial foreign body removal</li> <li>Nasal plugging for epistaxis</li> <li>Cauterisation of warts</li> <li>Bartholin cyst excision</li> </ul>			<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/25</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
<b>D25 WELLNESS BENEFIT</b> <ul style="list-style-type: none"> <li>100% of the lower of the cost or Scheme tariff for listed procedures and tests below are limited to and payable from Risk.</li> <li>For medicines and injection materials (D11.1), except for child immunisations (D25.5).</li> <li>Excludes consultations and costs for all procedures within this programme.</li> </ul>				
<b>D25.1</b>	<b>Women's Health</b>			
<b>D25.1.1</b>	<b>Cervical Cancer Screening (PAP) Smear</b>	1 test every three years for women aged 21 to 65 years old.	1 test every three years for women aged 21 to 65 years old.	(Liquid based cytology will be reimbursed up to the rate of a standard PAP smear)
<b>D25.1.2</b>	<b>HPV PCR Test</b>	1 test every five years for women aged 21 to 65 years old.	1 test every five years for women aged 21 to 65 years old.	
<b>D25.1.3</b>	<b>Cervical Cancer Screening Pharmacy Consultation</b>	1 consultation every three years for women aged 21 to 65 years old.	1 consultation every three years for women aged 21 to 65 years old.	

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D25.2	Geriatric Health			
D25.2.1	Pneumococcal Immunisation and administration*	2 per lifetime for all lives aged 65 and older per beneficiary 1	2 per lifetime for all lives aged 65 and older per beneficiary	
D25.2.2	Osteoporosis Screening: Bone Mineral Density	No benefit.	No benefit.	
D25.2.3	Colorectal Cancer Screening (faecal occult blood test)	1 test every year for all lives from age 50 to 75 years old	1 test every year for all lives from age 50 to 75 years old	
D25.3	General Wellness			
D25.3.1	Cardiac Health (Cholesterol Screening [Full Lipogram])	1 test every 5 years, for all lives aged 20 and older.	1 test every 5 years, for all lives aged 20 and older.	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
D25.3.2	Flu Immunisation and administration*	1 every year per beneficiary for all lives.	1 every year per beneficiary for all lives.	
D25.3.3	HIV Test (Finger prick)	1 every year for all lives.	1 every year for all lives.	
D25.3.4	Breast Cancer Screening / Mammogram	1 test every two years for members aged 40 and older per beneficiary.	1 test every two years for members aged 40 and older per beneficiary.	
D25.3.5	Child Immunisations and administration*	As per State EPI protocols	As per State EPI protocols	

 146  


SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D25.3.6	GoSmokeFree (face to face and virtual excluding patches, medicines etc.)	1 per beneficiary per annum	1 per beneficiary per annum	
D25.3.7	Prostate specific antigen	1 per for male beneficiary aged 45 to 69 years old per annum	1 per for male beneficiary aged 45 to 69 years old per annum	
D25.3.8	Child Optometry Screening	No Benefit	No Benefit	
D25.3.9	Human Papilloma Virus (HPV) vaccine and administration*	No Benefit	2 doses for girl beneficiaries aged 9 to 16 years old per lifetime	Limited to specific HPV vaccines as approved by managed care protocols.

\*Combined administration of vaccination benefit limit of 15 per annum per family

<b>D26 HEALTH RISK ASSESSMENTS (HRA)</b> <ul style="list-style-type: none"> <li>100% of the lower of the cost or Fedhealth Rate for listed procedures and tests, limited to and payable from Risk</li> <li>For medicines and injection materials (D11.1).</li> <li>Excludes consultations and costs for all procedures within this programme</li> </ul>				
D26.1	<b>Wellness Screening</b> <ul style="list-style-type: none"> <li>Blood pressure;</li> <li>Finger prick cholesterol;</li> <li>Glucose test</li> </ul>	1 test per beneficiary per annum.	1 test per beneficiary per annum.	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
D26.2	<b>Preventative Screening</b>	1 test per beneficiary per annum.	1 test per beneficiary per annum.	

SERVICE SUBJECT TO PMB		FLEXiFED 1 FLEXiFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXiFED 2 FLEXiFED 2 <sup>GRID</sup> & FLEXiFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<ul style="list-style-type: none"><li>• Hip to waist ratio;</li><li>• Body fat percentage;</li><li>• Flexibility;</li><li>• Posture; and</li><li>• Fitness</li></ul>			
D26.3	Weight Management Programme	Limited to 1 enrolment per beneficiary per annum, subject to qualifying criteria and successful enrolment on the programme		
D26.3.1	Dietician consult	2 consult per beneficiary per annum.	2 consult per beneficiary per annum.	
D26.3.2	Psychotherapy consult	2 consult per beneficiary per annum	2 consult per beneficiary per annum	
D26.3.3	Biokinetics Assessment (this comprises of an initial assessment, exercise sessions and reassessment sessions)	12 Biokinetics assessments per beneficiary per annum.	12 Biokinetics assessments per beneficiary per annum.	
D26.3.4	General Practitioners Consultation	2 consult per beneficiary per annum.	2 consult per beneficiary per annum.	REGISTERED BY ME ON  2025/11/25  REGISTRAR OF MEDICAL SCHEMES
D26.3.5	Pathology	1 Insulin fasting test per annum 1 TSH/T4 test per annum 1 Lipogram test per annum 1 Glucose test per annum 1 Total cholesterol test per annum	1 Insulin fasting test per annum 1 TSH/T4 test per annum 1 Lipogram test per annum 1 Glucose test per annum 1 Total cholesterol test per annum	
D27	Day-to-Day Plus (D2D+)	Subject to completion of a Health Risk Assessment (D26.1 and D26.2) and registering on the Fedhealth member app. This will be based on one HRA completed by any of the lives within the member in a family, over the age of 18 years.		

SERVICE SUBJECT TO PMB		FLEXIFED 1 FLEXIFED 1 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 2 FLEXIFED 2 <sup>GRID</sup> & FLEXIFED 2 <sup>ELECT</sup> BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D27.1	Out of hospital non-PMB day-to-day services as mentioned in D5.2, D6.1, D11.1, D18.2 and D21.1.2.	<p>Limited to R3 000 per family per annum.</p> <ul style="list-style-type: none"> <li>• Basic Dentistry D5.2</li> <li>• GP consultations D5.2</li> <li>• Routine medication D11.1</li> <li>• Pathology: D18.2</li> <li>• General radiology D21.1.2.</li> </ul>	<p>Limited to R3 500 per family per annum.</p> <ul style="list-style-type: none"> <li>• Basic Dentistry D5.2</li> <li>• GP consultations D5.2</li> <li>• Routine medication D11.1</li> <li>• Pathology: D18.2</li> <li>• General radiology D21.1.2.</li> </ul>	<p>Any member of the family may utilize this benefit once activated.</p> <p>Valid qualifying claims will pay first from the benefit booster and thereafter from the relevant benefits as described in D1 – D24.</p> <p>Claims paid from this benefit will not accumulate to Threshold</p> <p>This is benefit is not pro-rated.</p>

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REGISTERED BY ME ON

2025/11/25

REGISTRAR OF MEDICAL SCHEMES