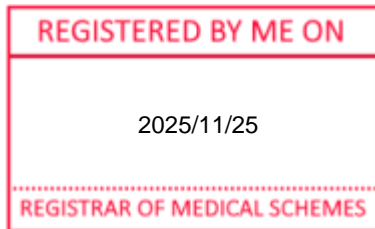


FEDHEALTH MEDICAL SCHEME FLEXiFED 3 AND 4 RANGE OF OPTIONS



- flexiFED 3
- flexiFED 3^{Grid}
- flexiFED 3^{Elect}
- flexiFED 4
- flexiFED 4^{Grid}
- flexiFED 4^{Elect}

ANNEXURE B – BENEFITS AND LIMITS 2026

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

[EFFECTIVE 1 JANUARY 2026 UNLESS OTHERWISE STATED BELOW]

TABLE OF CONTENTS

A.	ENTITLEMENT TO BENEFITS	3	D12	MENTAL HEALTH	43
B.	OVERALL ANNUAL LIMIT, BENEFITS AND OTHER LIMITS	8	D13	NON-SURGICAL PROCEDURES AND TESTS	47
C	PRESCRIBED MINIMUM BENEFITS (PMB'S)	10	D14	ONCOLOGY	49
D	ANNUAL BENEFITS LIMITS	10	D15	OPTOMETRY	52
D1	ALTERNATIVE HEALTHCARE	11	D16	ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION	54
D2	AMBULANCE SERVICES	11	D17	ADDITIONAL MEDICAL SERVICES	56
D3	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS	12	D18	PATHOLOGY AND MEDICAL TECHNOLOGY	58
D4	BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS	15	D19	PHYSICAL THERAPY	59
D5	CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS	16	D20	PROSTHESES AND DEVICES INTERNAL AND EXTERNAL	59
D6	DENTISTRY	19	D21	RADIOLOGY	64
D7	HOSPITALISATION	25	D22	RENAL DIALYSIS CHRONIC	66
D8	IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION	34	D23	SURGICAL PROCEDURES	67
D9	INFERTILITY	35	D24	SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS	70
D10	MATERNITY	36	D25	WELLNESS BENEFIT	72
D11	MEDICINE AND INJECTION MATERIAL	39	D26	HEALTH RISK ASSESSMENTS	74
			D27	Day-to-Day Plus	76

REGISTERED BY ME ON

2025/11/25

REGISTRAR OF MEDICAL SCHEMES



flexiFED 3 AND 4 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 ranges are listed in the paragraphs to follow to be read in conjunction with Annexure C, D and E.**A2 Rules applicable to dispensing of medicine:**

In respect of legally prescribed medicine, the following is applicable:
100% of the lower of:

- i) the cost to the supplier plus the negotiated mark-up; or
- ii) the single exit price plus the negotiated dispensing fee to a maximum fee of either the negotiated dispensing fee, or, in the absence of a negotiated fee, 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.

A.3 Hospitalisation Benefits:

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

A3.1 Hospitalisation on the flexiFED 3^{Grid}, flexiFED 3^{Elect}, flexiFED 4^{Grid} and flexiFED 4^{Elect} Options:

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 3^{Grid} and flexiFED 4^{Grid} Options:

The flexiFED 3^{Grid} and flexiFED 4^{Grid} options has appointed a hospital network as the Designated Service Provider (“DSP”) for all benefits including Prescribed Minimum Benefits.

There is a 30% is 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 3^{Elect} and flexiFED 4^{Elect} Ranges:

The flexiFED 3^{Elect} and flexiFED 4^{Elect} 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

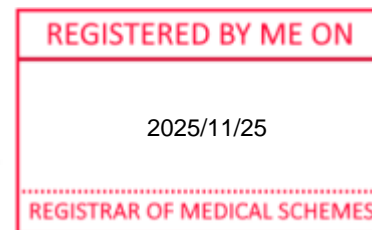
Unlimited cover is provided for PMBs in Designated Service Providers ("DSPs"). The onus is not on the member but on the Scheme to ensure and guarantee the services for PMBs will be available at DSP or Government Facilities.

A4 Providers In Hospital: (including Specialists, GPs and Other Providers)

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

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

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



[Handwritten signatures and initials]

REGISTERED BY ME ON

2025/11/25

REGISTRAR OF MEDICAL SCHEMES

- Maxillo-facial and Oral Surgery.

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

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

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

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

- 100% of Scheme Rate for all options.

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

A4.4 GPs in Hospital:

A4.4.1 GPs In Network In Hospital:

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

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 options.

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

A4.5 Other Healthcare Providers (excluding GPs) not mentioned in paragraphs A4.1, A4.2 and A4.3:

- 100% of the Scheme Rate on all options

A.5 Providers Out of Hospital:

A5.1 GP Network:

Funded in full for all options at the negotiated rate for all options. 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 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:

The **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 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 and will accumulate towards the Safety Net Level at 100% of the negotiated tariff.

Where applicable, claims for members without day to day benefits (Sav) will be self-funded at the negotiated rate and will accumulate towards the Safety Net Level at 100% of the negotiated rate.

A5.3.2 Specialists out of Network:

- 100% of Scheme Rate for all Ranges

The **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 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.

REGISTERED BY ME ON

2025/11/25

REGISTRAR OF MEDICAL SCHEMES

A5.4 Referral for Specialist Consultations:

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

- Once in threshold for flexiFED 4 Range only
- PMB conditions.

Referral authorisation will be required for such consultation, or a 20% co-payment will apply for non-referral on flexiFED 4 Range and a 40% co-payment on flexiFED 3 Range.

A5.5 Other Healthcare Providers (excluding GP's) not mentioned in paragraphs A5.1, A5.2 and A5.3:

- 100% of the Scheme Rate on all options

A5.6 Nomination of General Practitioner on flexiFED 3 Range and flexiFED 4^{Grid} and flexiFED 4^{Elect}:

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 must nominated at least 2 GP's or a dependant can only nominate their own GP, by following the selection criteria required by the Scheme.

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

A5.7 "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.

A5.8 Basic Dental Practitioner

Subject to a contracted list of dentists

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

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

Handwritten signatures and initials, including a large 'A' and 'MB'.

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 tables labelled D below are funded from the member's PMSA benefit limit.Claims in respect of out of hospital expenses will 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 the accumulated PMSA or self-funded by the member.

Where a condition is a Prescribed Minimum Benefit and out of hospital expense, funding will not be subject to “PMSA” limits, in-hospital benefits will apply.

B3 BenefitsThe 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 Benefit– Out of Hospital

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

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

The threshold funds certain out of hospital expenses unlimited, unless paragraph A5.5 is applicable, once accumulated costs have exceeded the following cumulative levels on flexiFED 3 Range:

The safety net benefit funds out of hospital expenses **unlimited**, subject to applicable inner limits and a 20% co-payment, unless paragraph A5.5 is applicable, once accumulated costs have exceeded the following cumulative levels on flexiFED 4 Range:

flexiFED 3, flexiFED 3^{Grid} and flexiFED 3^{Elect}

Principal	R10 416	<div style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>
add per adult dependant	R9 540	
add per child dependant	R3 696 up to a maximum of 3 children	

flexiFED 4, flexiFED 4^{Grid} and flexiFED 4^{Elect}

Principal	R22 308	<div style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>
add per adult dependant	R20 364	
add per child dependant	R6 708 up to a maximum of 3 children	

B7 Safety Net Level/Threshold

The extent of the Safety Net Level/Threshold 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 Safety Net Level/Threshold is prorated for the balance of the year if the member joins after 1 January in any year.

The Safety Net Level/Threshold will not be adjusted during a benefit year should the member's dependants be withdrawn during such year. Safety Net Level/Threshold and all benefit limits are prorated.

There is a minimum of three months proration applicable to the Safety Net Level on flexiFED 4 Range of options only.

B8 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.

B9 Medi-Vault (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 Medi-Vault

	flexiFED 3	flexiFED 3 ^{Grid}	flexiFED 3 ^{Elect}	flexiFED 4	flexiFED 4 ^{Grid}	flexiFED 4 ^{Elect}
Principal	R10 068	R10 104	R10 140	R15 852	R15 888	R15 924
add per adult dependant	R9 228	R9 252	R9 312	R14 472	R14 496	R14 544
add per child dependant	R3 576	R3 588	R3 612	R4 764	R4 788	R4 800

up to a maximum of 3 children

Flexible Medi-Vault

	flexiFED 3	flexiFED 3 ^{Grid}	flexiFED 3 ^{Elect}	flexiFED 4	flexiFED 4 ^{Grid}	flexiFED 4 ^{Elect}
Principal	R14 440	R14 436	R14 472	R21 960	R21 996	R22 032
add per adult dependant	R13 200	R13 224	R13 284	R20 052	R20 076	R20 124
add per child dependant	R5 112	R5 124	R5 148	R6 600	R6 624	R6 636

up to a maximum of 3 children

C PRESCRIBED MINIMUM BENEFITS (PMB's)

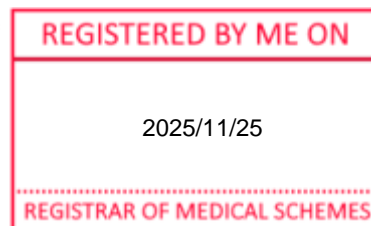
Prescribed Minimum Benefits as shown in Annexure A of the General Regulations, made in terms of the Medical Schemes Act 131 of 1998, override all benefit limits indicated in this annexure, where applicable. PMB's are payable at 100% of cost, or at 100% of cost at the relevant Designated Service Provider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

The Prescribed Minimum Benefits are available in conjunction with the Scheme's contracted managed care programmes, which include the application of treatment protocols, medicine formularies, pre-authorisation and case management. These measures have been implemented to ensure appropriate and effective delivery of Prescribed Minimum Benefits.

See Annexure D – Paragraph 7 for a full explanation.


D ANNUAL BENEFITS LIMITS

See contents of table below.



SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D1 ALTERNATIVE HEALTHCARE				
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 = No	
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 = No	
D2 AMBULANCE SERVICES				
<div style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>		Limited to and payable from risk at 100% of the cost if authorised by the preferred provider. Only one inter-hospital transfer per event. Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk at 100% of the cost if authorised by the preferred provider. 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 nd degree parallel).
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 the Republic of South Africa.

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D3 APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS				
D3.1	In Hospital	Subject to available savings, unless PMB. Sav = Yes In Hosp = No Acc = Yes PMB: Sav = No In Hosp = Yes Acc = No	Subject to available savings, unless PMB. Sav = Yes In Hosp = No Acc = No PMB: 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 Once Risk benefit has been utilized payable from available savings Sav = Yes In Hosp = No Acc = Yes	Limited to R2 060 per beneficiary payable from Risk Sav = No In Hosp = Yes Acc = No Once Risk benefit has been utilized payable from available savings Sav = Yes In Hosp = No Acc = No	<div style="border: 2px solid red; padding: 10px; text-align: center;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>
D3.2	Out of Hospital	Subject to available savings, unless PMB. Sav = Yes In Hosp = No	Subject to available savings, unless PMB. Sav = Yes In Hosp = No	For hiring of buying medical or surgical aids as prescribed by a medical practitioner.



SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		Acc = Yes PMB: Sav = No In Hosp = Yes Acc = No	Acc = No PMB: Sav = No In Hosp = Yes Acc = No Once in Threshold Limited to R13 300 per family.	<div style="border: 2px solid red; padding: 10px; text-align: center;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>
D3.2.1	General medical and surgical appliances (including glucometers)	Limited to and included in the in hospital appliance benefit (D3.1). Non-PMB: Sav = Yes In Hosp = No Acc = Yes PMB Sav = No In Hosp = Yes Acc = No	Limited to and included the in and out of hospital appliances benefit (D3.1), Non-PMB Sav = Yes In Hosp = No Acc = No PMB Sav = No In Hosp = Yes Acc = No	Refer to the conditions/remarks under the in and out of hospital appliance benefit (D3.1). Diabetic accessories and appliances (with the exception of glucometers) are excluded from the appliance benefit (D3) and subject to the medicine and injection benefit (D11).
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 appliances benefit (D3.1).	Refer to the conditions/remarks under the in and out of 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 and out of hospital appliances benefit (D3.1).	Refer to the conditions/remarks under the in and out of hospital appliance benefit (D3.1).



SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
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.	Limited to and included in the out of hospital appliances benefit (D3.2).	Subject to the relevant managed healthcare programme and to its prior authorisation. Refer to the conditions/remarks under the in and out of hospital appliance benefit (D3.1).
D3.2.6	Foot orthotics (including shoes and foot inserts/ levellers)	Subject to available savings Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the out of hospital appliances benefit (D3.2). Sav = Yes In Hosp = No Acc = No Once in Threshold Limited to R5 010 per beneficiary per annum	<div style="border: 2px solid red; padding: 10px; text-align: center;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>
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 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				Refer to the conditions/remarks under the in and out of 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 and out of 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 the conditions/remarks under the in hospital appliance benefit (D3.1).
D4 BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS				
<div style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </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 Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals and/ or single exit price plus dispensing fee. Sav = 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 Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals and/ or single exit price plus dispensing fee. Sav = No	Use of blood equivalents is subject to prior authorisation by the relevant managed healthcare programme. Transportation of blood is included. Authorised Erythropoietin is included. See the conditions/remarks under the Renal Dialysis Benefit (D22.1.)

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} 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	
D5 CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS				
D5.1	In hospital <ul style="list-style-type: none"> • General Practitioners • Medical Specialists 	Limited to and payable from risk at 100% of the lower of the cost or Scheme 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>	Limited to and payable from risk at 100% of the lower of the cost or Scheme Rate. Sav = No In Hosp = Yes Acc = No	For medical and dental specialists or general practitioners. Paragraph A4 applicable. This benefit excludes: <ul style="list-style-type: none"> • Alternative healthcare practitioners (D1) • Dental practitioners, technologists and Therapists (D6) • Ante-natal visits and consultations (D10) • Psychiatrists, psychologists, psychometrists and registered counsellors (D12) • Oncologists, haematologists and credentialed medical practitioners, during active and post-active treatment periods (D14) • Additional Medical Services (D17) • Physical therapy (D19)

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D5.2	Out of Hospital			
D5.2.1	GP's In Network <div style="border: 1px solid red; padding: 5px; margin: 10px 0; text-align: center;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>	Subject to available savings. In Network with savings: Sav = Yes In Hosp = No Acc = Yes Once in Threshold Limited to and payable from risk Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk with no accumulation Sav = No In Hosp = Yes Acc = No	20% co-payments will apply once the Safety Net Level/Threshold has been reached. Consultations through Network GP unlimited, subject to network GP being nominated for flexiFED 4 ^{Grid} and flexiFED 4 ^{Elect} Consultations through Network GP unlimited once threshold has been reached. Subject to network GP being nominated for flexiFED 3 Range
D5.2.2	GP's Out of Network	100% of the lower of the cost or Scheme Rate, subject to available Savings. Sav = Yes In Hosp = No Acc = Yes	100% of the lower of the cost or Scheme Rate, subject to available savings. Sav = Yes In Hosp = No Acc = Yes	This list also applies to services rendered at the supplier's rooms, patient's home or primary healthcare facility. 20% co-payments will apply once the Safety Net Level/Threshold has been reached on flexiFED 4 Range. See paragraph A5 (providers out of hospital) above
D5.2.3	Out of Network consultations • Non-nominated or • Non-network	Subject to 2 per beneficiary per annum from risk once in threshold. Thereafter subject to available savings (A5.7)	Subject to 2 per beneficiary per annum from risk once in threshold. Thereafter subject to available savings (A5.7)	

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} 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 Once in Threshold: Limited to and payable from risk	Subject to available savings. Sav = Yes In Hosp = No Acc = Yes Once in Threshold: Limited to and payable from risk	<div style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/11/25 <hr style="border-top: 1px dotted red;"/> REGISTRAR OF MEDICAL SCHEMES </div>
D5.2.5	Specialists In Network	Subject to available savings. Sav = Yes In Hosp = No Acc = Yes	Subject to available savings. Within savings: Sav = Yes In Hosp = No Acc = Yes Savings Depleted: Member to self-fund at negotiated rate. Sav = No In Hosp = No Acc = Yes Once in Threshold Limited to and payable from risk	No co-payment applicable once in Safety Net/Threshold (B6) on the flexiFED 4 Range. Referral from GP provider is required for Specialist Consultations for PMB conditions or a 40% co-payment will apply on the flexiFED 3 Range.
D5.2.5.1	Paediatric Consultation younger than 2 years old	1 consultation limited to and payable from risk from birth to 24 months per beneficiary. Sav = No In Hosp = Yes Acc = No	1 consultation limited to and payable from risk from birth to 24 months per beneficiary. Sav = No In Hosp = Yes Acc = No	No referral is required for infants under the age of 2 years old

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} 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 utilised payable from available savings Sav = Yes In Hosp = No Acc = Yes Savings Depleted: Member to self-fund at negotiated rate. Sav = No In Hosp = No Acc = Yes Once in Threshold Limited to and included in the Specialists in network benefit (D5.3.1).	<div style="border: 2px solid red; padding: 10px; text-align: center;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>
D5.2.6	Specialists 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	20% co-payments will apply once the Safety Net Level/Threshold has been reached on the FlexiFED 4 Range. Once in Threshold a specialist referral is required, 20% co-payment will apply for non-referral on the flexiFED 4 options.
D6 DENTISTRY				
D6.1	Basic			

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D6.1.1	Dental Practitioners	<p>Subject to available savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p> <p>Once in Threshold:</p> <p>Subject to Dental protocols. Limits apply to the below benefits as follows:</p> <ul style="list-style-type: none"> Fissure sealant (for beneficiaries under the age of 14 only) – 2 per beneficiary per quadrant per day to a maximum of 8 per day, and 1 per tooth per annum Local Anaesthetic – 1 per beneficiary per visit Sterilised instrumentation – 1 per beneficiary per visit Infection Control (gloves and masks) – 2 per beneficiary per visit Amputation of pulp (pulpotomy) only on primary teeth limited to 4 Root canal therapy – gross pulpal debridement 1 per beneficiary per year <p>The following is limited to 2 per beneficiary per annum:</p> <ul style="list-style-type: none"> Consultations Intra Oral Radiographs 	<p>Subject to available savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p> <p>Once in Threshold:</p> <p>Unlimited with a 20% co-payment will apply</p> <div data-bbox="1209 906 1590 1136" data-label="Text"> <p>REGISTERED BY ME ON</p> <p>2025/11/25</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Subject to the relevant managed healthcare programme. Paragraph A4 applicable.</p> <p>Basic dentistry including minor oral surgery. Includes removal of teeth and roots, surgical removal of wisdom teeth, exposure of teeth for orthodontic reasons and suturing of traumatic wounds</p> <p>Oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such surgery.</p> <p>General anaesthetics, conscious sedation and hospitalisation for dental work will only be granted benefits for beneficiaries:</p> <ul style="list-style-type: none"> Under the age of 7 years; or Bony impaction of third molars <p>All general anaesthetics and conscious sedation for dentistry, regardless of where it is performed, must be pre-authorised.</p> <p>Lingual and labial frenectomies under GA granted for members under the age of 7, subject to the relevant managed healthcare</p>

SERVICE SUBJECT TO PMB	FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		<div data-bbox="1245 519 1621 746" style="border: 2px solid red; padding: 10px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 10px 0;">2025/11/25</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>programme and its prior authorisation.</p>

- Scale and Polishing
- Topical Application of Fluoride (for beneficiaries between the ages of 3 and 12 only)

The following is limited to 4 per beneficiary per annum:

- Resin Fillings (anterior)
- Resin Fillings
- Non-surgical extractions (clinically motivated)
- Surgical Removal of tooth
- Treatment of Septic Socket

The following is limited to 1 per beneficiary every 24 months, for beneficiaries 21 years and older only:

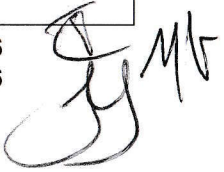
- Complete Denture maxillary and mandibular
- Complete Denture maxillary or mandibular
- Partial Denture (resin base):
 - 1 Tooth
 - 2 Teeth
 - 3 Teeth
 - 4 Teeth
 - 5 Teeth
 - 6 Teeth
 - 7 Teeth
 - 8 Teeth

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> 9 Teeth and more Rebase complete or partial denture (lab) Repair Denture Reline complete or partial denture (chair side) Add tooth to existing partial dentures Impression to repair / addition <p>Sav = Yes In Hosp = No Acc = Yes</p>	<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>	
D6.1.2	Dental therapists	<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>	<p>Subject to the relevant managed healthcare programme. Refer to the conditions/remarks under the Dental Practitioner Benefit (D6.1.1).</p>
D6.1.3	Dental Technicians	<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>	<p>Refer to the conditions/remarks under the Dental Practitioner Benefit (D6.1.1).</p>
D6.2	Advanced	<p>Subject to available savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>Limited to R25 470 per family and R8 530 per beneficiary subject to available savings, before and after threshold</p> <p>Sav = Yes</p>	<p>Subject to the relevant managed healthcare programme.</p> <p>Advanced dentistry including services for inlays, crowns, bridges, mounted study models, metal base</p>

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} 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 style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 10px 0;">2025/11/25</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	In Hosp = No Acc = Yes	<p>partial dentures, the treatment by periodontists, prosthodontists, and dental technician's fees for all such dentistry.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> • Oral medical procedures. Refer basic dentistry dental practitioners (D6.1.1). • Metal base for complete dentures (upper, lower and both)
D6.2.1	Dental technicians	<p>Subject to available savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>Limited to and included in the advanced dentistry benefit (D6.2).</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>Refer to the conditions/remarks under the Advanced Dentistry Benefit (D6.2).</p>
D6.2.2	Osseo-integrated implants and orthognathic surgery (functional correction of malocclusions)	No benefit.	<p>Limited to and included in the advanced dentistry benefit (D6.2).</p> <p>Sav = Yes In Hosp = No Acc = No</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>All services rendered, including the cost of special investigations, hospitalisation, all general and specialist dental practitioners, their assistants and anaesthetists as well as the cost of materials, all implant components, plates, screws, and bone or bone equivalents. Paragraph A4 applicable.</p>

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} 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>		Includes all stages of treatment required to achieve the end result of placing an implant supported tooth or teeth into spaces left by previous removal of natural teeth, the surgical augmentation of jaw bone and surgical placement and exposure of implant/s.
D6.2.3	Oral surgery	Limited to and included in the advanced dentistry benefit (D6.2)	Limited to and included in the advanced dentistry benefit (D6.2). Sav = Yes In Hosp = No Acc = Yes	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	Subject to available savings. Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the advanced dentistry benefit (D6.2). Sav = Yes In Hosp = No Acc = Yes	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/remarks under the surgical procedure benefit (D23).

SERVICE SUBJECT TO PMB	FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7 HOSPITALISATION			
D7.1	Private hospitals and unattached operating theatres		
D7.1.1	In Hospital	<p>Unlimited.</p> <p>There is a 30% deductible for the use of Non-DSP Providers on flexiFED 3^{Grid} and an amount of R15 950 is deductible for the use of Non-DSP Providers on flexiFED 3^{Elect}, unless such use is involuntary.</p> <p>Sav = No In Hosp = Yes Acc = Yes</p> <div data-bbox="712 969 1086 1199" style="border: 1px 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>Unlimited.</p> <p>There is a 30% deductible for the use of Non-DSP Providers on flexiFED 4^{Grid} and an amount of R15 950 is deductible for the use of Non-DSP Providers on flexiFED 4^{Elect}, unless such use is involuntary.</p> <p>Sav = No In Hosp = Yes Acc = No</p> <p>Subject to the relevant contracted managed healthcare programme(s), which includes the application of treatment protocols, formularies, pre-authorisation and case management. Paragraph A3 applicable.</p> <p>Co-payments applicable per option, as per Annexure E, and are also applicable in day wards and day clinics.</p> <p>For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation. Includes acute renal dialysis (D22.1)</p> <p>This benefit excludes hospitalisation for:</p> <ul style="list-style-type: none"> • Osseo-integrated implants and orthognathic surgery (D6) • Maternity (D10)



SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} 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>-----</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> • Mental Health (D12) • Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) • Refractive surgery (D23) <p>Refer to the surgical and non-surgical benefit (D24).</p>
D7.1.1.1	Deep Brain Stimulation	No Benefit	Deep Brain Stimulation Implantation (excluding prosthesis per family) is limited to R317 650 per annum per family.	Refer to the conditions/remarks under the In hospitalisation benefit (D7.1.1).
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 (D7.1), otherwise limited to and included in Routine medication (D11.1)</p> <p>Sav = No In Hosp = Yes Acc = No</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 (D7.1), otherwise limited to and included in Routine medication (D11.1)</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>

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.1.3	Casualty/ emergency rooms			
D7.1.3.1	Facility Fee <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>	100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Scheme Rate, subject to available savings. Sav = Yes In Hosp = No Acc = Yes	100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Scheme Rate, subject to available savings. Sav = Yes In Hosp = No Acc = Yes	The surgical and non-surgical 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.
D7.1.3.2	Consultations	Limited to and included in the GP and Specialist consultation/visits benefit (D5.2). Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the GP and Specialist out of hospital benefit (D5.2). Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the GP and Specialist out of hospital benefit (D5.2).
D7.1.3.3	Medicine	Limited to and included in the routine medicine benefit (D11.1). Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the routine medicine benefit (D11.1). 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	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 Scheme Rate, subject to available savings.	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 Scheme Rate, subject to available savings.	The surgical and non-surgical benefit (D24) which will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme (if medically established)

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		Sav = Yes In Hosp = No Acc = Yes	Sav = Yes In Hosp = No Acc = Yes	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	Limited to and payable from risk. Sav = No In Hosp = Yes Acc = No Co-payments applicable as per Annexure E <div data-bbox="703 1012 1079 1240" data-label="Text"> <p>REGISTERED BY ME ON</p> <p>2025/11/25</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	Limited to and payable from risk. Sav = No In Hosp = Yes Acc = No Co-payments applicable as per Annexure E.	Subject to the Scheme's contracted managed healthcare programme(s) which include the application of treatment protocols, formularies, pre-authorisation and case management. For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. This benefit excludes Hospitalisation for: <ul style="list-style-type: none"> • Osseo-integrated implants and orthognathic surgery (D6) • Maternity (D10) • Mental Health (D12) • Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				<ul style="list-style-type: none"> Renal dialysis Chronic (D22) Refractive surgery (D23)
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.
D7.2.3	Casualty/ emergency room visits			
D7.2.3.1	Facility Fee	Subject to available savings. Sav = Yes In Hosp = No Acc = Yes	Subject to available savings. Sav = Yes In Hosp = No Acc = Yes	The surgical and non-surgical benefit (D24) will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
D7.2.3.2	Consultations <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>	Limited to and included in GP and Specialist out of hospital consultations /visits benefit (D5.2 and D5.3). Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the GP and Specialist out of hospital benefit (D5.2 and D5.3). 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	Medicine	Limited to and included in the routine medicine benefit (D11.1). Sav = Yes	Limited to and included in the routine medicine benefit (D11.1). Sav = Yes	Refer to the conditions/remarks under the routine medicine benefit (D11.1).

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		In Hosp = No Acc = Yes	In Hosp = No Acc = Yes	
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	The surgical and non-surgical benefit (D24) will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.
D7.2.4.2	Consultations <div style="border: 1px solid red; padding: 5px; margin: 5px 0; text-align: center;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>	Limited to and included in in GP and Specialist out of hospital benefit (D5.2 and D5.3). Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the GP and Specialist out of hospital benefit (D5.2 and D5.3). 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	Limited to and included in the routine medicine benefit (D11.1). Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the routine medicine benefit (D11.1). Sav = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the routine medicine benefit (D11.1).
D7.3	Alternatives to hospitalisation	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 of Scheme Rate. Sav = 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 of Scheme Tariff. Sav = No	Subject to the relevant managed healthcare programme and to its prior authorisation. Benefits for clinical procedures and treatment during stay in an

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} 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;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>	In Hosp = Yes Acc = No	In Hosp = Yes Acc = No	alternative facility will be subject to the same benefits that apply to hospitalisation. Where scheme rule criteria for an in hospital authorisation is met, an authorisation in an out of hospital setting can be allowed in lieu of the in hospital authorisation provided that it will be less costly.
D7.3.1	Physical rehabilitation facilities	Limited to PMB level of care. 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 hospitalisation (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 hospitalisation (D7.3).
D7.3.3	Terminal Care Benefit	Limited to R35 570 per family, unless PMB. Sav = No In Hosp = Yes Acc = No	Limited to R35 570 per family, unless PMB. Sav = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.3.4	Nursing Services			
D7.3.4.1	Nursing Agencies	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 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 = No	Subject to the relevant managed healthcare programme and to its prior authorisation. This benefit includes psychiatric nursing but excludes midwifery services. Also refer to the conditions /remarks under the Additional Medical Service Private Nurse 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 Scheme Rate.	100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Scheme Rate. <div style="border: 1px 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>	Subject to the relevant managed healthcare programme. No benefit will be provide for any back or spinal surgery where the conservative back and neck rehabilitation programme is not undertaken prior to the request for surgery, unless PMB level of care. Where there is an existing co-payment on spinal surgery the co-payment will still apply unless the

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				preferred provider for spinal surgery is utilised.
D7.4	Post Hospitalisation <div style="border: 1px solid red; padding: 5px; margin: 5px 0;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>	Limited to and payable from risk, subject to 30 days following hospitalisation. Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk, subject to 30 days following hospitalisation. Sav = No In Hosp = Yes Acc = No	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/remark 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/remark 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/remark 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/remark 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/remark under the post hospitalisation benefit (D7.4).

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} 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/remark under the post hospitalisation benefit (D7.4).
D8 IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION				
D8.1	Anti-retroviral medicine, including mother-to-child transmission, rape and post exposure prophylaxis	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 Scheme's contracted managed healthcare programmes which include the application of treatment protocols, medicine formularies, pre-authorisation and case management. Refer paragraph 7.4 of Annexure D.
D8.2	Related medicine	Limited to and payable from risk. Sav - No In Hosp = Yes Acc = No	Unlimited. Sav = No In Hosp = Yes Acc = No	Refer to the conditions/remarks under the anti-retroviral medicine (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 In Hosp = Yes Acc = No	1 test every 3 years for women 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.

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
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 to the conditions/remarks under the anti-retroviral medicine (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.).	
D9 INFERTILITY				
<div style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/11/25 <hr style="border-top: 1px dashed red;"/> REGISTRAR OF MEDICAL SCHEMES </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. Sav = No In Hosp = Yes Acc = No	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. Sav = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation. Paragraph A4 applicable. This benefit includes the following procedures or interventions: <ul style="list-style-type: none"> • Hysterosalpingo-gram The following blood tests: <ul style="list-style-type: none"> • Day 3mFSH/LH • Day 3 Oestradiol • Thyroid function (TSH) • Prolactin • Rubella • HIV

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} 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"> • VDRL • Chamydia • Day 21 Progesterone • Laparoscopy • Hysteroscopy • Surgery (uterus and tubal) • Manipulation of ovulation defects and deficiencies • Semen analysis (volume; count; mobility; morphology; MAR test) • Basic counselling and advise on sexual behaviour, temperature charts, etc. • Treatment of local infections
D10 MATERNITY				
D10.1	Confinement in hospital	<p>Limited to and payable from risk.</p> <p>Voluntary non-use of the Hospital Network will attract a co-payment of 30% on flexiFED 3^{Grid} and R15 950 is deductible for the use of Non-DSP Providers on flexiFED 3^{Elect}.</p> <p>Sav = No In Hosp = Yes Acc = No</p> <p>100% of the negotiated fee, or in the absence of such fee, 100% of the</p>	<p>Limited to and payable from risk.</p> <p>Voluntary non-use of the Hospital Network will attract a co-payment of 30% on flexiFED 4^{Grid} and R15 950 is deductible for the use of Non-DSP Providers on flexiFED 4^{Elect}.</p> <p>Sav = No In Hosp = Yes Acc = No</p> <p>100% of the negotiated fee, or in the absence of such fee, 100% of the cost if the negotiated DSP is used, or</p>	<p>Subject to the Scheme's contracted managed healthcare programme(s) which include the application of treatment protocols, formularies, pre-authorisation and case management.</p> <p>For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>Delivery by a general practitioner or medical specialist and the services</p>

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} 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;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>	lower of cost or Scheme Rate, or Uniform Patient Fee Schedule for public hospitals, unless otherwise stated below.	Uniform Patient Fee Schedule for public hospitals.	of the attendant paediatrician and/ or anaesthetists are included. Included in global obstetric fee is post-natal care by a general practitioner and a medical specialist up to an including the six week post-natal consultation. Benefits for the cost of private wards (if available) are funded at cost.
D10.1.1	Medicine on discharge from hospital (TTO)	Limited to and payable from risk. If included on hospital account or if obtained from pharmacy on day of discharge, pay from Private hospitals and unattached operating theatres (D7.1), otherwise limited to and included in Routine medication (D11.1) 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 R400 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	Confinement in a registered birthing unit	Limited to and included in the Maternity Benefit (D10.1). Sav = No In Hosp = Yes Acc = No	Limited to and included in the Maternity Benefit (D10.1). Sav = No In Hosp = Yes Acc = No	For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. Delivery by a midwife.

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		4 x post-natal midwife consultations per pregnancy, in and out of hospital included in the related maternity Benefit (D10.4).	4 x post-natal midwife consultations per pregnancy, in and out of hospital included in the related maternity Benefit (D10.4).	Hire of water bath included in the in hospital appliance benefit (D3.1).
D10.2	Confinement out of hospital <div style="border: 1px solid red; padding: 5px; margin: 5px 0;"> <p style="color: red; text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/25</p> <p style="color: red; text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	Limited to and included in the Maternity Benefit (D10.1). Sav = No In Hosp = Yes Acc = No 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). Sav = No In Hosp = Yes Acc = No 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. 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.
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"> • Neonates born prior to 32 weeks gestation • Preterm neonates weighing < 1500g 	2 test and consultations payable from risk, then savings. Subject to the following scheme protocols: <ul style="list-style-type: none"> • Neonates born prior to 32 weeks gestation • Preterm neonates weighing < 1500g 	Screening should be preformed at 4 – 6 weeks chronological age or 31 – 33 weeks post-conceptional age (whichever comes later)

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D10.4	Related maternity services	<p>The following benefits are paid for directly from risk per event. Limits apply to the below benefits as follows:</p> <ul style="list-style-type: none"> • Consultations with a midwife, Network GP or Gynaecologist limited to 12 x ante and/ or post-natal consultations or a mixture thereof • Antenatal classes to the value of R1 200 conducted by Private Nurses; • 2 x 2D scans; • 1 x amniocentesis <p>Once Risk benefit has been utilised payable from available savings</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>The following benefits are paid for directly from risk per event. Limits apply to the below benefits as follows:</p> <ul style="list-style-type: none"> • Consultations with a midwife, Network GP or Gynaecologist limited to 12 x ante and/ or post-natal consultations or a mixture thereof • Antenatal classes to the value of R1 200 conducted by Private Nurses; • 2 x 2D scans; • 1 x amniocentesis <p>Once Risk benefit has been utilised payable from available savings</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/25</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D11 MEDICINE AND INJECTION MATERIAL				
D11.1	Routine (acute) medicine	<p>Subject to available savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>Limited to R13 170 per family and R6 530 per beneficiary.</p> <p>Subject to available savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>Subject to the relevant managed healthcare programme.</p> <p>The Medicine Exclusion List and the Pharmacy Products Management Document, relevant managed healthcare programmes and protocols are applicable.</p>

SERVICE SUBJECT TO PMB	FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} 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 style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 10px 0;">2025/11/25</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>This benefit excludes:</p> <ul style="list-style-type: none"> In-hospital medicine (D7) Anti-retroviral medicine (D8) Oncology medicine (D14) Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) Renal dialysis Chronic (22)
D11.2	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>Reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.</p>
D11.3	Pharmacy Advised Therapy Schedules 0, 1 and 2 medicine advised by pharmacist	<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 = No</p>
D11.4	Chronic medicine	<p>Unlimited except for a sub-limit of R3 300 per family for specified non-PMB conditions, which are:</p> <ul style="list-style-type: none"> ADHD (6 – 18 years old) Depression General Anxiety disorder 	<p>Limited to R12 990 per family and R6 500 per beneficiary.</p> <p>43 chronic conditions covered</p> <p>Subject to the relevant managed healthcare programme and to its prior authorisation and applicable formularies.</p>

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} 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>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<ul style="list-style-type: none"> Post-traumatic stress disorder <p>32 chronic conditions covered Restrictive formulary for flexiFED 3 and Basic formulary for flexiFED 3^{GRID} and flexiFED 3^{ELECT}.</p> <p>Medication for the 32 chronic conditions must be obtained from a DSP on flexiFED 3^{ELECT} or a 30% co-payment is applicable, for voluntary non-DSP utilisation.</p> <p>30% co-payment for voluntary use of non-formulary</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Restrictive formulary for flexiFED 4 and Basic formulary for flexiFED 4^{GRID} and flexiFED 4^{ELECT}.</p> <p>Medication for the 43 chronic conditions must be obtained from a DSP on flexiFED 4^{ELECT} or a 30% co-payment is applicable, for voluntary non-DSP utilisation.</p> <p>30% co-payment for voluntary use of non-formulary</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Restricted to a maximum of one month's supply, unless specifically pre-authorised.</p> <p>Refer to Annexure D for list of chronic conditions for both options.</p> <p>Includes diabetic disposables such as syringes, needles, strips and lancets.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> In-hospital medicine (D7) Anti-retroviral drugs (D8) Oncology medicine (D14) Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) Renal dialysis Chronic (D22)
D11.4.1	Childhood Specialised Drugs Benefit <ul style="list-style-type: none"> Growth Hormone medication Palivizumab for Respiratory Syncytial Virus Botulinum Toxin 	Limited to and payable from risk up to the age of 18 years	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</p>

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<ul style="list-style-type: none"> Juvenile Idiopathic/Rheumatoid Arthritis medication Inflammarory Bowel conditions including Chrohns Disease 	<div style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>		medical advisors and deemed clinically appropriate with cost savings due to avoidance of long-term complications or hospitalisation.
D11.5	Female Health Benefit			
D11.5.1	<ul style="list-style-type: none"> Oral Contraceptives Contraceptive Injections Contraceptive Patches Contrceptive Vaginal Rings 	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 other conditions. Excluding consultations and procedural costs.
D11.5.2	<ul style="list-style-type: none"> Contraceptive Implants Intrauterine Devices 	Limited to 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 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 contraceptives. 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.

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D11.6	Specialised Drugs for Non Oncology	No benefit.	No benefit	Except for Beta-interferon for the treatment of Multiple Sclerosis as per the PMB Algorithm and subject to Regulation 15(H) and (I) and the relevant managed healthcare programme and to its prior authorisation
D11.7	Specialised Drugs for Oncology	No benefit, combined with Specialised Drugs for non- oncology.	No benefit, combined with Specialised Drugs for non- oncology.	
D12 MENTAL HEALTH				
D12.1	In Hospital <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 R28 870 per family. Limited to a maximum of 3 days hospitalisation for beneficiaries admitted by a general practitioner or specialist physician. Additional hospitalisation to be motivated by the medical practitioner and pre-authorized by the relevant managed healthcare programme. Voluntary use of a non-DSP psychiatric hospital will attract a 30% co-payment on flexiFED 3 ^{Grid} and voluntary use of a non-DSP hospital on flexiFED 3 ^{Elect} options will attract a R15 950 co-payment. (Paragraph A3 and A4 applicable)	Limited to R28 870 per family Limited to a maximum of 3 days hospitalisation for beneficiaries admitted by a general practitioner or specialist physician. Additional hospitalisation to be motivated by the medical practitioner and pre-authorized by the relevant managed healthcare programme. Voluntary use of a non-DSP psychiatric hospital will attract a 30% co-payment on flexiFED 4 ^{Grid} and voluntary use of a non-DSP hospital on flexiFED 4 ^{Elect} options will attract a R15 950 co-payment. (Paragraph A3 and A4 applicable)	Subject to the Scheme's contracted managed healthcare programme(s) which include the application of treatment protocols, formularies, pre-authorisation and case management. Paragraph A4 applicable. For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals, surgical items, procedures, consultations/ visits, assessments, therapy, treatment and/ or counselling performed by general practitioner, psychiatrists, psychologists, psychometrists or registered counsellors.



SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} 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	Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation.
D12.1.1	Medicine on discharge from hospital (TTO)	Limited to and payable from risk. See TTO's in D7.1.2 Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk. See TTO's in D7.1.2 Sav = No In Hosp = Yes Acc = No	Except where more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
D12.2	Out of hospital <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	Limited to and included in the Additional Medical Services Benefit (D17), including out of hospital Psychologist and Psychiatrist consultations and excluding GP consultations visits, procedures, assessments, therapy, treatment and/ or counselling. Sav = Yes In Hosp = No Acc = Yes	Psychologist and Psychiatrist consultations are mutually inclusive of the benefit provided for Additional Medical Services (D17).
D12.2.1	Non-Prescribed Minimum Benefit consultations and visits, procedures, assessments, therapy, treatment and/ or counselling	Subject to available saving. In Network with savings: Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the out of hospital Mental Health Benefit (D12.2.). GP Benefits: Limited to 2 GP consultations per beneficiary in network from risk (before	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 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		<p>Once in Threshold:</p> <p>Limited to 2 GP consultations per beneficiary in network from risk.</p> <p>GP consultations out of network subject to savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p> <p>Procedures, assessments, therapy, treatment and/ or counselling</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>or after threshold), then payable from savings.</p> <p>GP consultations out of network subject to savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p> <p>Procedures, assessments, therapy, treatment and/ or counselling</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>For procedures performed by general practitioners, psychiatrists, psychologists, psychometrists or registered counsellors at the supplier's rooms or in any facility or at any place, including a public hospital.</p> <div style="border: 1px solid red; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/25</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D12.2.2	Prescribed Minimum Benefit procedures	<p>Included in the Mental Health Benefit (D12), once limit is depleted then unlimited.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Unlimited, with accumulation to the Mental Health Benefit (D12), once limit is depleted then unlimited.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>See the conditions/remarks under non-prescribed minimum benefit (D12.2.1.).</p> <p>Paragraph A4 applicable.</p>
D12.2.3	Medicine	<p>Limited to and included in the Routine medicine or Chronic Medication Benefit (D11.1) and (D11.4).</p> <p>Sav = Yes</p>	<p>Limited to and included in in the Routine Medicine or Chronic Medication Benefit (D11.1) and (D11.4).</p> <p>Sav = Yes</p>	<p>Refer to the conditions/remarks under Routine Medicine and Chronic Medication Benefit (D11.1 and D11.4).</p>

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		In Hosp = No Acc = Yes	In Hosp = No Acc = Yes	
D12.3	Rehabilitation for substance abuse <div data-bbox="293 671 638 879" style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>	Limited to and included in the Mental Health Benefit (D12) and the PMB procedures (D12.2.2) and the Regulations. Within limits , 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. Limits Depleted: PMBs managed according to managed healthcare protocols. Sav = No In Hosp = Yes Acc = No Voluntary use of a non-DSP substance abuse facility on flexiFED 3, flexiFED 3 ^{Grid} will attract a 15% co-payment for non-network admissions and voluntary use of a non-DSP hospital on flexiFED 3 ^{Elect} options will attract a co-payment of 25% for non-network admissions.	Limited to and included in the Mental Health Benefit (D12) and PMB procedures benefit (D12.2.2) and the Regulations. Within limits: 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. Limits Depleted: PMBs managed according to managed healthcare protocols. Sav = No In Hosp = Yes Acc = No Voluntary use of a non-DSP substance abuse facility on flexiFED 4, flexiFED 4 ^{Grid} will attract a 15% co-payment for non-network admissions and voluntary use of a non-DSP hospital on flexiFED 4 ^{Elect} options will attract a co-payment of 25% for non-network admissions.	Subject to the relevant managed healthcare programme and to its prior authorisation for in-hospital treatment only. For accommodation, use of hospital equipment, pharmaceuticals, surgical items and medicine supplied during treatment programme. Rehabilitation programme includes hospital-based management up to 21 days per beneficiary, per benefit year. Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation. Limited to one rehabilitation programme per beneficiary per annum, subject to pre-authorisation in hospital.
D12.3.1	Medicine on discharge from hospital (TTO)	Limited to and payable from risk. See TTO's in D7.1.2.	Limited to and payable from risk. See TTO's in D7.1.2.	Reimbursement of anti-coagulants is subject to prior authorisation by the

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} 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	relevant managed healthcare programme.
D13 NON-SURGICAL PROCEDURES AND TESTS				
D13.1	In hospital	Limited to and payable from risk. Sav = No In Hosp = Yes Acc = No <div data-bbox="728 760 1106 988" style="border: 2px solid red; padding: 5px; text-align: center;"> 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	Subject to the Scheme's contracted managed healthcare programme(s) which include the application of treatment protocols, formularies, pre-authorisation and case management, in hospital only. Paragraph A4 applicable. For all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist. This benefit excludes: <ul style="list-style-type: none"> • Psychiatry and psychology (D12) • Optometric examinations (D15) • Pathology (D18) • Radiology (D21)
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.

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D13.2.1	Non-surgical procedures in practitioners rooms			
D13.2.1.1	Specific non-surgical procedures in practitioners rooms <ul style="list-style-type: none"> Routine diagnostic upper and lower gastro-intestinal fibre optic endoscopy (excluding rigid sigmoidoscopy and anoscopy) 24HR oesophageal PH studies Breast fine needle biopsy Cystoscopy Oesophageal motility studies Prostate needle biopsy 	Limited to and payable from risk 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>	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
D13.3	Sleep Studies			
D13.3.1	Diagnostic Polysomnograms 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	
D13.3.2	CPAP Titration in and out of hospital	No benefit.	Limited to and payable from risk. Sav = No	If authorised by the relevant managed healthcare programme for patients with obstructive sleep

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} 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;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>	In Hosp = Yes Acc = No	<p>apnoea who meet the criteria for CPAP and requested by the relevant specialist, applicable to flexiFED 4 Range only.</p> <p>Non-authorised claims to be paid from Savings, at the applicable Scheme Tariff, applicable to flexiFED 4 Range only.</p>
D14 ONCOLOGY				
D14.1	Active Treatment Period	<p>Limited to R360 850 per family.</p> <p>Sav = No In Hosp = Yes Acc = No</p> <p>ICON is the DSP. Entry-level (Essential) protocols apply</p> <p>25% co-payment will apply for voluntary use of non-DSP and 25% co-payment for voluntary use of non-DSP for medication.</p>	<p>Limited to R514 570 per family.</p> <p>Sav = No In Hosp = Yes Acc = No</p> <p>ICON is the DSP. Entry-level (Essential) protocols apply</p> <p>25% co-payment for voluntary use of a Non-DSP and 25% co-payment for voluntary use of non-DSP for medication.</p>	<p>Subject to the registration on the oncology management programme and to its prior authorisation, oncology preferred product list and a designated service provider network for the delivery of medicines and consumables. Subject to referencing pricing.</p> <p>For oncologists, haematologists and credentialed medical practitioners, consultations, visits, treatment and materials used in radiotherapy and chemotherapy.</p> <p>Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit.</p>

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				Paragraphs D1 – D13 and D15 – D24 apply.
D14.1.1	Medicine	Limited to and included in the active treatment period (D14.1).	Limited to and included in the oncology 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 Oncology 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;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>	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 Sav = No In Hosp = Yes Acc = No	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 Sav = No In Hosp = Yes Acc = No	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. A4 not applicable. Only in credentialed specialist practice.

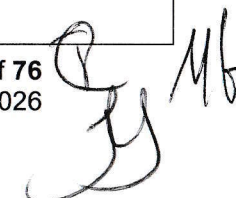
SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D14.1.3	Specialised Drugs for Oncology	No benefit.	No benefit.	
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 Oncology 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.	Limited to R62 100 per family and included in the Oncology Active treatment period (D14.1.).	Subject to the relevant managed healthcare programme. For oncologists, haematologists and credentialed medical practitioners, treatment and materials.
D14.2	Pre and Post-active treatment period (surgical resection of tumour, chemotherapy and radiotherapy)	Limited to and included in the oncology benefit (D14) for life following the active treatment period. 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>	Limited to and included in the oncology benefit (D14.1) 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 st 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).

SERVICE SUBJECT TO PMB	FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			<p>For life means that the member will remain on the oncology programme as long as the cancer goes into remission until it recurs.</p> <p>Should the condition regress, the active treatment benefit (D14.1) will be reinstated.</p>
D15 OPTOMETRY			
<p>(Unmanaged)</p> <div data-bbox="235 989 609 1215" style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="color: red; text-align: center; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/25</p> <p style="color: red; text-align: center; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>The following benefits are paid for directly from risk up to the value of R1 990 per beneficiary.</p> <p>1 comprehensive consultation Frame 1 pair of single vision lenses or bifocal lenses or multifocal lenses or contact lenses (including contact lens fittings) per beneficiary in a two year benefit cycle;</p> <p>Sav = No In Hosp = Yes Acc = No</p> <p>Once benefit depleted: Sav = Yes</p>	<p>Limited to R11 750 per family and R3 860 per beneficiary.</p> <p>Subject to available savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>When prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.</p>

BOT approved

Version 1.0

 Page 52 of 76
 With Effect From 01 01 2026



SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		In Hosp = No Acc = Yes		
D15.1	Optometric refraction (test)	Limited to and included in the optometry benefit (D15).	Limited to and included in the optometry benefit (D15).	
D15.2	Frames	Limited to and included in the optometry benefit (D15).	Limited to and included in the optometry benefit (D15).	Including repairs.
D15.3	Lenses			
D15.3.1	Single vision lenses	Limited to and included in the optometry benefit (D15).	Limited to and included in the optometry benefit (D15).	Refer to conditions/remarks under Optometry Unmanaged (D15)
D15.3.2	Bifocal lenses	Limited to and included in the optometry benefit (D15).	Limited to and included in the optometry benefit (D15).	Refer to conditions/remarks under Optometry Unmanaged (D15)
D15.3.3	Multifocal lenses	Limited to and included in the optometry benefit (D15).	Limited to and included in the optometry benefit (D15).	Refer to conditions/remarks under Optometry Unmanaged (D15)
D15.4	Special lenses	Subject to available savings. Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the optometry benefit (D15).	Refer to conditions/remarks under Optometry Unmanaged (D15)
D15.5	Lens add-ons	Subject to available savings. Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the optometry benefit (D15).	Refer to conditions/remarks under Optometry Unmanaged (D15)

BOT approved

Version 1.0

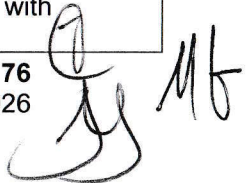
REGISTERED BY ME ON

2025/11/25

REGISTRAR OF MEDICAL SCHEMES

Page 53 of 76
With Effect From 01 01 2026

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D15.6	Contact lenses (including contact lens fittings)	Limited to and included in the optometry benefit (D15).	Limited to and included in the optometry benefit (D15).	Refer to conditions/remarks under Optometry Unmanaged (D15)
D15.7	Low vision appliances	Limited to and included in the in and out of hospital appliance benefit (D3.1 and D3.2).	Limited to and included in the in and out of hospital appliance benefit (D3.1 and D3.2).	Refer to conditions/remarks under Optometry Unmanaged (D15)
D15.8	Ocular prostheses	Limited to and included in the Prostheses and devices external benefit (D20.2).	Limited to and included in the prostheses and devices external benefit (D20.2).	When prescribed by a registered optometrist, ophthalmologist, ocularist 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	Refer to conditions/remarks under Optometry Unmanaged (D15)
D15.10	Diagnostic procedures	Subject to available savings. Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the optometry benefit (D15).	Section 22A (15) of the Medicine and Related Substance Act 101 of 1965 permits applicable.
D16 ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION				
	<div style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>	Limited to R321 570 per family. Sav = No In Hosp = Yes Acc = No	Limited to R514 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.



SERVICE SUBJECT TO PMB		FLEXiFED 3 FLEXiFED 3 ^{GRID} & FLEXiFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXiFED 4 FLEXiFED 4 ^{GRID} & FLEXiFED 4 ^{ELECT} 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;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>				Organ harvesting is limited to the Republic of South Africa. Paragraph A4 applicable, unless otherwise stated.
D16.1	Corneal Grafts	No Benefit.	Limited to R37 430 per beneficiary, subject to the organ transplantation benefit (D16).	Organ harvesting includes local and imported corneal grafts. Paragraph A4 applicable, unless otherwise stated.
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 transplantation benefit (D16).	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts. Donors supported from Bone Marrow Registries in accordance with managed care protocols.
D16.3	Immuno suppressive medicine	Limited to and included in the organ and transplantation benefit (D16).	Limited to and included in the organ transplantation benefit (D16).	Refer to the conditions/remarks under the organ 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 transplantation benefit (D16).	Refer to the conditions/remarks under the organ transplantation benefit (D16).
D16.5	Radiology and pathology	Limited to and included in the organ and transplantation benefit (D16).	Limited to and included in the organ transplantation benefit (D16).	Refer to the conditions/remarks under the organ transplantation benefit (D16).



SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				For specified radiology and pathology services performed by pathologists, radiologists and haematologists, associated with the transplantation treatment. A4 not applicable.
D17 ADDITIONAL MEDICAL SERVICES				
	<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 available savings. Sav = Yes In Hosp = No Acc = Yes	Limited to available savings, unless PMB. Sav = Yes In Hosp = No Acc = No Once in Threshold Subject to a combined limit with Physical Therapy (D19.2) of R13 300 per family.	Subject to PMB and managed care protocols if deemed clinically appropriate.
D17.1	Dietetics In and out of Hospital	Limited to and included in the Additional Medical Services Benefit (D17).	Limited to and included in the Additional Medical Services Benefit (D17).	Refer to the conditions/remarks under the additional medical services benefit (D17).
D17.2	Occupational therapy In and out of hospital	Limited to and included in the Additional Medical Services Benefit (D17).	Limited to and included in the Additional Medical Services Benefit (D17).	Refer to the conditions/remarks under the additional medical services benefit (D17).
D17.3	Speech therapy In and out of hospital	Limited to and included in the Additional Medical Services Benefit (D17).	Limited to and included in the Additional Medical Services Benefit (D17).	Refer to the conditions/remarks under the additional medical services benefit (D17).

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D17.4	Orthoptics In and Out of Hospital	Limited to and included in the Additional Medical Services Benefit (D17).	Limited to and included in the Additional Medical Services Benefit (D17).	Refer to the conditions/remarks under the additional medical services benefit (D17).
D17.5	Podiatry In and Out of Hospital	Limited to and included in the Additional Medical Services Benefit (D17).	Limited to and included in the Additional Medical Services Benefit (D17).	Refer to the conditions/remarks under the additional medical services benefit (D17).
D17.6	Private nurse practitioners In and Out of Hospital	Limited to and included in the Additional Medical Services Benefit (D17).	Limited to and included in the Additional Medical Services Benefit (D17).	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	Limited to and included in the Additional Medical Services Benefit (D17).	Limited to and included in the Additional Medical Services Benefit (D17).	Refer to the conditions/remarks under the additional medical services benefit (D17).
D17.8	Audiology and Hearing Aid / Acoustics In and Out of Hospital	Limited to and included in the Additional Medical Services Benefit (D17).	Limited to and included in the Additional Medical Services Benefit (D17).	Refer to the conditions/remarks under the additional medical services benefit (D17).
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 the cost or Scheme Rate.	Limited to 1 test per new-born beneficiary (up to 8 weeks) payable from risk. 100% of the lower of the cost or Scheme Rate.	For all new-born's (up to 8 weeks) that are born into the scheme. Limited to a specified list of tariff codes and tests.

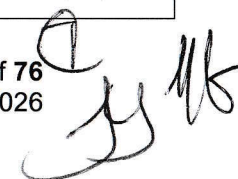
BOT approved

REGISTERED BY ME ON

2025/11/25

REGISTRAR OF MEDICAL SCHEMES

Version 1.0

Page 57 of 76
With Effect From 01 01 2026


SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D17.9	Genetic Counselling In and Out of Hospital	Limited to and included in the Additional Medical Services Benefit (D17).	Limited to and included in the Additional Medical Services Benefit (D17).	Refer to the conditions/remarks under the additional medical services benefit (D17).
D18 PATHOLOGY AND MEDICAL TECHNOLOGY				
D18.1	In hospital	Limited to and payable from risk. Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers 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.
D18.2	Out of hospital <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. 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 Without benefits Members to self-fund until Safety Net Benefit limit is reached.	For all tests performed by a pathologist or medical technologist and a specified list of pathology tariff codes for general practitioners. This benefit excludes a specified list of pathology tariff codes included in: <ul style="list-style-type: none">the maternity benefit (D10)the oncology benefit during the active and/ or post active treatment period (D14)the organ and Haemopoietic stem cell (bone marrow) transplantation benefit (D16)



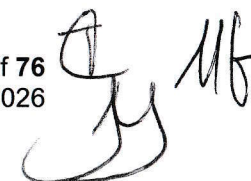
SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			Unlimited within Safety Net Benefit Sav= No In Hosp = Yes Acc = No	<ul style="list-style-type: none"> the renal dialysis chronic benefit (D22) 20% co-payment will apply once the Safety Net Level has been reached for flexiFED 4 Range.
D19 PHYSICAL THERAPY				
D19.1	In Hospital <ul style="list-style-type: none"> Physiotherapy 	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.
D19.2	Out of hospital <ul style="list-style-type: none"> Physiotherapy Biokinetics Chiropractors 	Subject to available savings. Sav = Yes In Hosp = No Acc = Yes	Subject to available savings Sav = Yes In Hosp = No Acc = No Once in Threshold Subject to a combined limit with Additional Medical Services (D17) of R13 300 per family	20% co-payment will apply once the Safety Net Level has been reached for flexiFED 4 Range. <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>
D20 PROSTHESES AND DEVICES INTERNAL AND EXTERNAL				
D20.1	Prostheses and devices internal (surgically implanted) including all	All benefits are subject to the sub-limits as indicated below.	All benefits are subject to the sub-limits as indicated below.	Subject to the relevant managed healthcare programme and to its prior authorisation.

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	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	Any items not specifically listed below, are included in the unlisted and internal prostheses and devices sub-limit. Sav = No In Hosp = Yes Acc = No R8 720 deductible on all joint replacements. (See Annexure E).	Any items not specifically listed below, are included in the unlisted and internal prostheses and devices sub-limit. Sav = No In Hosp = Yes Acc = No R5 910 deductible on all joint replacements. (See Annexure E).	Subject to preferred supplier agreements This benefit excludes osseo-integrated implants for the purpose of replacing a missing tooth/ teeth.
D20.1.1	Cardiac system:			
D20.1.1.1	Cardiac Pacemakers	In line with PMB level of care.	R31 960 per family per annum.	
D20.1.1.2	Bi-ventricular pacemakers and Implantable cardioverter Defibrillators (ICDs)	In line with PMB level of care. <div style="border: 1px solid red; padding: 5px; text-align: center;">REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES</div>	Limited to and included in the Unlisted internal prostheses and devices benefit (D20.1.5).	No benefit for ICDs in the setting of primary prevention on flexiFED 3 options, but for ICDs in the setting of primary prevention on flexiFED 4 options, funding is limited to and included in Unlisted internal prostheses and devices benefit (D20.1.5). For ICDs in the setting of secondary prevention , funding is subject to the relevant managed healthcare programme and to its prior authorisation.
D20.1.1.3	Cardiac Stents (including the carrier) and drug eluting	In line with PMB level of care.	R31 960 per family per annum.	



SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	balloons			
D20.1.1.4	Cardiac Valves	In line with PMB level of care.	R31 960 per family per annum.	
D20.1.2	Endovascular devices:			
D20.1.2.1	Aorta stent grafts	R67 530 per family per annum.	R67 530 per family per annum.	<div>REGISTERED BY ME ON</div> <div>2025/11/25</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>
D20.1.2.2	Carotid Stents	Limited to and included in the unlisted internal prostheses and devices (D20.1.5).	Limited to and included in the unlisted internal prostheses and devices (D20.1.5).	
D20.1.2.3	Detachable platinum coils (Cerebral aneurysm coils)	R58 460 per family per annum.	R58 460 per family per annum.	
D20.1.2.4	Embolic protection devices	Limited to and included in the unlisted internal prostheses and devices (D20.1.5).	Limited to and included in the unlisted internal prostheses and devices (D20.1.5).	
D20.1.2.5	Peripheral arterial stent grafts	Limited to and included in the unlisted internal prostheses and devices (D20.1.5).	Limited to and included in the unlisted internal prostheses and devices (D20.1.5).	
D20.1.3 Orthopaedic prosthesis and devices:				
<div><div>• If preferred provider is used, negotiated contract applies.</div><div>• Orthotic and Prosthetic Schedule to apply as prescribed by a medical practitioner.</div></div>				
D20.1.3.1	Elbow replacement	Limited to and included in the Unlisted internal prostheses and devices benefit (D20.1.5).	R31 960 per family per annum.	

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D20.1.3.2	Hip replacement	Limited to and included in the Unlisted internal prostheses and devices benefit (D20.1.5). <div style="border: 1px solid red; padding: 5px; text-align: center;">REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES</div>	R31 960 per family per annum.	All joint replacements are limited to one procedure (per joint category) per beneficiary per annum. Unilateral hip replacement surgery which is non-PMB, is subject to the contracted provider. See Annexure E for co-payments. Subject to the relevant managed healthcare programme and its prior authorisation. Bilateral prostheses are not subject to the contracted provider and will carve out to Fee For Service. Prosthesis will be reimbursed to the lower of the claimed amount or the maximum of double the value of a single prosthesis.
D20.1.3.3	Knee replacement	Limited to and included in the Unlisted internal prostheses and devices benefit (D20.1.5).	R31 960 per family per annum.	All joint replacements are limited to one procedure (per joint category) per beneficiary per annum. Unilateral knee replacement surgery which is non-PMB, is subject to the contracted provider. See Annexure E for co-payments. Subject to the relevant managed healthcare programme and its prior authorisation.



SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				Bilateral prostheses are not subject to the contracted provider and will carve out to Fee For Service. Prosthesis will be reimbursed to the lower of the claimed amount or the maximum of double the value of a single prosthesis.
D20.1.3.4	Shoulder replacement	Limited to and included in the Unlisted internal prostheses and devices benefit (D20.1.5).	R31 960 per family per annum.	
D20.1.3.5	Bone lengthening devices	Limited to and included in in the unlisted internal prostheses and devices (D20.1.5).	Limited to and included in the unlisted internal prostheses and devices (D20.1.5).	<div>REGISTERED BY ME ON</div> <div>2025/11/25</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>
D20.1.3.6	Spinal plates and screws	Limited to and included in in the unlisted internal prostheses and devices (D20.1.5).	Limited to and included in the unlisted internal prostheses and devices (D20.1.5).	
D20.1.3.7	Other approved spinal Implantable devices and intervertebral discs	Limited to and included in in the unlisted internal prostheses and devices (D20.1.5).	Limited to and included in the unlisted internal prostheses and devices (D20.1.5).	
D20.1.3.8	Total ankle replacement	No benefit.	Limited to and included in the unlisted internal prostheses and devices (D20.1.5).	
D20.1.4	Ophthalmic system:			
D20.1.4.1	Intraocular Lens	R3 610 per lens limited to 2 per beneficiary.	R3 610 per lens limited to 2 per beneficiary.	Post cataract removal. Bilateral prostheses will be reimbursed to the lower of the claimed amount of the

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				maximum of double the value of a single prosthesis.
D20.1.4.2	Iris Implants	R16 860 per family per annum subject to the unlisted internal prostheses and devices (D20.1.5).	R16 860 per family per annum subject to the unlisted internal prostheses and devices (D20.1.5).	
D20.1.5	Unlisted internal prostheses and devices	All unlisted internal prostheses have a combined benefit limit of R28 760 per family per annum.	All unlisted internal prostheses have a combined benefit limit of R28 760 per family per annum.	Subject to preferred supplier agreements
D20.2	Prostheses and devices external <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 10px auto;">REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES</div>	Limited to R13 300 per family if preferred provider is not used. 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. Sav = No In Hosp = Yes Acc=No	Limited to R13 300 per family if preferred provider is not used. 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. Sav = No In Hosp = Yes Acc = No	If preferred provider is used, negotiated contract applies. Orthotic and Prosthetic Schedule to apply as prescribed by a medical practitioner. Subject to the relevant managed healthcare programme and its prior authorisation.
D21 RADIOLOGY				
D21.1	General Radiology			
D21.1.1	In hospital	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

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				<p>Authorisation is not required for MRI scans for low field peripheral joint examination or dedicated limb units.</p> <p>Bone densitometry scans limited to one per beneficiary per annum either in or out of hospital.</p>
D21.1.2	Out of hospital	<p>Subject to available savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p> <div data-bbox="705 995 1079 1223" 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>Subject to available savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p> <p>Without benefits, member to self-fund until Safety Net Benefit is reached.</p> <p>Limited to and payable from risk within Safety Net Benefit</p> <p>Sav = No In Hosp = Yes Acc = n/a</p>	<p>This benefit excludes a specified list of radiology tariff codes included in:</p> <ul style="list-style-type: none"> • the maternity benefit (D10) • the oncology benefit during the active and/ or post active treatment period (D14) • the organ and Haemopoietic stem cell transplantation benefit (D16) • the renal dialysis chronic benefit (D22) <p>Authorisation is not required for MRI scans for low field peripheral joint examination or dedicated limb units.</p> <p>Bone densitometry limited to one per beneficiary per annum either in or out of hospital.</p> <p>20% co-payments will apply once the Safety Net Level has been reached for flexiFED 4 Range.</p>

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D21.2	Specialised radiology (in and out of hospital) <div style="border: 1px 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: 0;">2025/11/25</p> <p style="color: red; text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of the negotiated fee, or in the absence of such fee, the lower of the cost or Scheme Rate, limited to and payable from risk.</p> <p>MRIs and CT Scans in and out of Hospital:</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>100% of the negotiated fee, or in the absence of such fee, the lower of the cost or Scheme Rate, limited to and payable from risk.</p> <p>MRIs and CT Scans in and out of Hospital:</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. Oncology requests will be limited and included in D14.1.2.</p> <p>Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following:</p> <ul style="list-style-type: none"> • CT scans • Muga scans • MRI scans • Radio isotope studies • CT colonography (virtual colonography) limited to one per beneficiary per annum restricted to the evaluation of symptomatic patients only • MDCT Coronary Angiography, restricted to the evaluation of symptomatic patients only.
D21.2.1	PET and PET CT	Limited to and included in the oncology PET scans (D14.1.2.1).	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).
D22 RENAL DIALYSIS CHRONIC				

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D22.1	Haemodialysis and peritoneal dialysis	Limited to R321 570 per family at DSP. Sav = No In Hosp = Yes Acc = No	Limited to R514 570 per family at DSP. Sav = No In Hosp = Yes Acc = No <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>	Subject to the relevant managed healthcare programme and to its prior authorisation. A 40% co-payment is applicable, for voluntary non-DSP utilisation. For all services, medicine and materials associated with the cost of renal dialysis. Authorised Erythropoietin is included in the Blood and Blood Products benefit (D4). This benefit excludes acute renal dialysis, included in the in hospitalisation benefit (D7). Paragraph A4 applicable.
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.
D23 SURGICAL PROCEDURES				
D23.1	In hospital and unattached operating theatres	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 Scheme's contracted managed healthcare programme(s) which include the application of treatment protocols, formularies, pre-authorisation and case management.

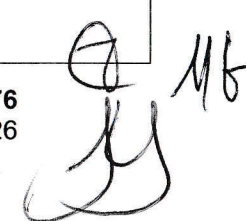


SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/25</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>For surgical procedures performed by a general or dental practitioner or medical or dental specialist. This benefit excludes:</p> <ul style="list-style-type: none"> • Osseo-integrated implants (D6) • Orthognathic and oral surgery (D6) • Maternity (D10) • Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)
D23.1.1	Refractive surgery	No benefit.	<p>Subject to available savings.</p> <p>Sav = Yes In Hosp = No Acc = No</p>	Subject to the relevant managed healthcare programme and to its prior authorisation.
D23.1.2	Maxillo-facial surgery	<p>Limited to and payable from risk.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Limited to and payable from risk.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>For the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in the Dentistry Benefit (D6).</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> • Osseo-integrated implants (D6) • Orthognathic surgery (D6) • Oral surgery (D6) • Impacted wisdom teeth (D6)

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D23.1.3	Transcatheter Aortic Valve Implantation and repairs (TAVI)	Limited to and included in the in hospital surgical procedures (D23.1). Valves, including percutaneous valves and repairs thereof, limited to and included in the unlisted internal prostheses and devises benefit (D20.1.5). Sav = No In Hosp = Yes Acc = No	Limited to and included in the in hospital surgical procedures (D23.1). Valves, including percutaneous valves and repairs thereof, limited to and included in the unlisted internal prostheses and devises benefit (D20.1.5). Sav = No In Hosp = Yes Acc = No	Subject to the Scheme's contracted managed healthcare programme(s) which include the application of treatment protocols, formularies, pre- authorisation and case management
D23.2	Out of hospital surgical procedures in practitioner's rooms <div style="border: 1px 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 paid from the 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 the member and will not accumulate towards the safety net.	Limited to and included in the in 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 the member and will not accumulate towards the safety net.	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 payable from risk. This benefit excludes: <ul style="list-style-type: none">• Osseo-integrated implants (D6)• Orthognathic and oral surgery (D6)• Maternity (D10)

SERVICE SUBJECT TO PMB		FLEXiFED 3 FLEXiFED 3 ^{GRID} & FLEXiFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXiFED 4 FLEXiFED 4 ^{GRID} & FLEXiFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				<ul style="list-style-type: none"> Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)
D23.2.1	Specific surgical procedures in practitioner's rooms <ul style="list-style-type: none"> • Circumcision • Laser tonsillectomy • Vasectomy 	Limited to and included in the hospital surgical procedures benefit (D23.1). <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>	Limited to and payable from risk from the surgical procedures (D23.1).	Subject to the relevant managed healthcare programme and to its prior authorisation. 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.
D24 SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS				
D24.1	Procedures paid from hospital benefit if done in a day clinic, day ward or outpatient section of a hospital Benefits for these procedures will be granted from the in-hospital benefit, if pre-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 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). Subject to the relevant managed healthcare programme and subject to a defined list of provedures. Co-payments may be applicable per option as per Annexure E.			

SERVICE SUBJECT TO PMB	FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<p>R2 710 co-payment for voluntary use of non-network day surgery network on flexiFED 3, flexiFED 3^{Grid}, flexiFED 4 and flexiFED 4^{Grid}.</p> <p>Overnight admissions will not be covered except for Prescribed Minimum Benefits.</p>		
D24.2	<p>Procedures performed in a doctor's rooms or suitably equipped procedure room</p> <p>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).</p> <p>Where appropriate pre-authorisation has been obtained, the hospital benefit will be granted as an ambulatory admission at the lesser of 100% of the Scheme Rate or the equivalent outpatient facility fee:</p> <ul style="list-style-type: none"> • Gastroscopy (no general anaesthetic will be paid for) • Colonoscopy (no general anaesthetic will be paid for) • Flexible Sigmoidoscopy • Indirect Laryngoscopy • Intravenous administration of bolus injections for medicines that include antimicrobials and Immunoglobulins (payment of immunoglobulins is subject to D11.6) • Removal of impacted wisdom teeth • Fine needle aspiration biopsy • Excision of nailbed • Drainage of abscess or cyst • Injection of varicose veins • Excision of superficial benign tumours • Superficial foreign body removal <div data-bbox="1355 1136 1706 1348" style="border: 1px solid red; padding: 5px; margin-top: 20px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/25</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		



SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C		FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C		CONDITIONS/ REMARKS SUBJECT TO PMB	
	<ul style="list-style-type: none">Nasal plugging for epistaxisCauterisation of wartsBartholin cyst excision						<div>REGISTERED BY ME ON</div> <div>2025/11/25</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>
D25 WELLNESS BENEFIT							
<ul style="list-style-type: none">100% of the lower of the cost or Scheme tariff for listed procedures and tests below are limited to and payable from Risk.For medicines and injection materials (D11.1), except for child immunisations (D25.5).Excludes consultations and costs for all procedures within this programme.							
D25.1	Women's Health						
D25.1.1	Cervical Cancer Screening (PAP) Smear	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.			
D25.1.2	HPV PCR Test	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.				
D25.1.3	Cervical Cancer Screening Pharmacy Consultation	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.				
D25.2	Geriatric Health						
D25.2.1	Pneumococcal Immunisation and administration*	2 per lifetime for all lives aged 65 and older per beneficiary	2 per lifetime for all lives aged 65 and older per beneficiary				
D25.2.2	Osteoporosis Screening: Bone Mineral Density	No Benefit	No Benefit				

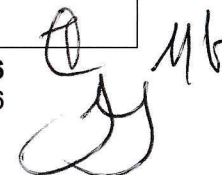
SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D25.2.3	Colorectal Cancer Screening (faecal occult blood test)	1 test every year for all lives from age 50 to 75 years old per beneficiary.	1 test every year for all lives from age 50 to 75 years old per beneficiary.	
D25.3	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.	
D25.4	General Wellness			
D25.4.1	Flu Immunisation and Administration*	1 every year for all lives.	1 every year for all lives.	
D25.4.2	HIV Test (Finger prick)	1 every year per beneficiary, for all lives.	1 every year per beneficiary, for all lives.	
D25.4.3	Breast Cancer Screening / Mammogram	1 test every 2 years for members aged 40 and older per beneficiary.	1 test every 2 years for members aged 40 and older per beneficiary.	<div>REGISTERED BY ME ON</div> <div>2025/11/25</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>
D25.4.4	Child Immunisations and administration*	As per State EPI protocols	As per State EPI protocols	
D25.4.5	GoSmokeFree (face to face and virtual excluding patches, medicines etc.)	1 per beneficiary per annum	1 per beneficiary per annum	
D25.4.6	Prostate specific antigen	1 per male beneficiary aged 45 to 69 years old per annum	1 per male beneficiary aged 45 to 69 years old per annum	
D25.4.7	Child Optometry Screening	No Benefit	1 per lifetime per beneficiary aged between 5 and 8 years old	

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D25.4.8	Human Papilloma Virus (HPV) vaccine and administration*	2 doses for girl beneficiaries aged 9 to 16 years old per lifetime.	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

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

SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
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,d 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.	
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	<div style="border: 2px solid red; padding: 10px; text-align: center;"> REGISTERED BY ME ON 2025/11/25 REGISTRAR OF MEDICAL SCHEMES </div>
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.		
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.	Limited to R4 000 per family per annum. • Basic Dentistry D5.2 • GP consultations D5.2 • Routine medication D11.1 • Pathology: D18.2 • General radiology D21.1.2.	Limited to R4 500 per family per annum. • Basic Dentistry D5.2 • GP consultations D5.2 • Routine medication D11.1 • Pathology: D18.2 • General radiology D21.1.2.	Any member of the family may utilize this benefit once activated. Valid qualifying claims will pay first from the benefit booster and thereafter from the relevant benefits as described in D1 – D24.



SERVICE SUBJECT TO PMB		FLEXIFED 3 FLEXIFED 3 ^{GRID} & FLEXIFED 3 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	FLEXIFED 4 FLEXIFED 4 ^{GRID} & FLEXIFED 4 ^{ELECT} BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				Claims paid from this benefit will not accumulate to Threshold This is benefit is not pro-rated.

oooo0000oooo

REGISTERED BY ME ON

2025/11/25

REGISTRAR OF MEDICAL SCHEMES

