

# Fedhealth Medical Scheme

**flexiFED<sup>Savvy</sup>**

## **Annexure B – Benefits and Limits 2026**

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

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

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REGISTERED BY ME ON

2025/11/25

REGISTRAR OF MEDICAL SCHEMES

## Table of Contents

A.	ENTITLEMENT TO BENEFITS	3	D11	MEDICINE AND INJECTION MATERIAL	22
B.	CHARGING OF BENEFITS, LIMITS INCLUDING OVERALL ANNUAL LIMITS AND MEMBERSHIP CATEGORY	7	D12	MENTAL HEALTH	24
C.	PRESCRIBED MINIMUM BENEFITS (PMB's)	8	D13	NON SURGICAL TESTS AND PROCEDURES	26
D.	ANNUAL BENEFITS LIMITS	8	D14	ONCOLOGY	27
D1	ALTERNATIVE HEALTHCARE	9	D15	OPTOMETRY	29
D2	AMBULANCE SERVICES	9	D16	ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNOSUPPRESSIVE MEDICATION	30
D3	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS	9	D17	ADDITIONAL MEDICAL SERVICES	31
D4	BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS	11	D18	PATHOLOGY AND MEDICAL TECHNOLOGY	32
D5	CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS	11	D19	PHYSICAL THERAPY	33
D6	DENTISTRY	13	D20	PROSTHESES AND DEVICES INTERNAL AN EXTERNAL	34
D7	HOSPITALISATION	14	D21	RADIOLOGY	36
D8	IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION	18	D22	RENAL DIALYSIS CHRONIC	37
D9	INFERTILITY	19	D23	SURGICAL PROCEDURES	38
D10	MATERNITY	20	D24	SURGICAL AND NON SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS	40
			D25	WELLNESS BENEFIT	40
			D26	HEALTH RISK ASSESSMENTS	42

SCHEME MEDICAL SCHEME – flexiFED<sup>Savvy</sup>

## ANNEXURE B

## BENEFITS AND LIMITS

[Effective 1 January 2026 unless otherwise stated below]

**A ENTITLEMENT TO BENEFITS**

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

**A2** In respect of legally prescribed medicine, the following is applicable:

100% of the lower of:

- i) the cost to the supplier plus the negotiated mark-up; or
- ii) the single exit price plus the negotiated dispensing fee to a maximum fee of either the negotiated dispensing fee, or, in the absence of a negotiated fee, 28.5% capped at a maximum of R32.50(VAT exclusive). In addition, no dispensing fee may exceed the maximum fee as dictated by legislation.

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

**A3** Hospital Network:

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

**A3.1** Hospitalisation:

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

There is a 30% deductible for the use of Non-DSP Providers, unless such use is involuntary.

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. Paragraph A4 is also applicable.

### A3.2 DSPs

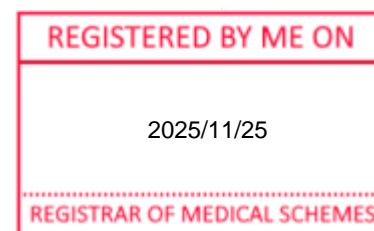
Unlimited cover is provided for PMBs in Designated Service Providers ("DSPs"). The onus is not on the member but on the Scheme to ensure and guarantee the services for PMBs will be available at DSP or Government Facilities.

## A4 Providers In Hospital:

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

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

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



### A4.2 In Specialist Network rates applicable as follows:

- Funded in full at negotiated rate, including Anaesthetists.

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

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#### A4.3 Out of Specialist Network:

- 100% of the Scheme Rate, subject to a combined limit of R2 580 for GPs and Specialist consultations.

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

#### A4.4 GPs in Hospital:

##### A4.4.1 GPs In Network In Hospital:

- Funded in full at the negotiated rate.

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

##### A4.4.2 GPs Out of Network In Hospital:

- 100% of the Scheme Rate, subject to a combined limit of R2 580 for GPs and Specialist consultations.

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

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

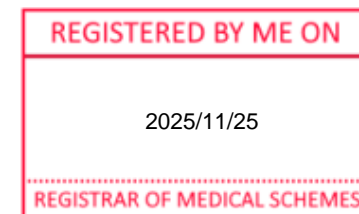
#### A5 Providers Out of Hospital:

##### A5.1 GP Network:

- Funded in full at the negotiated rate.

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

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



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**A5.2 Out of GP Network**

See Out of Network benefit (A5.6)

**A5.3 Specialists out of Hospital:**

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

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

- Funded in full at the negotiated rate

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

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

- No benefit

**A5.4 GP referral for Specialist Consultations:**

Specialist consultations will only be provided for upon referral to such specialist by a GP.

**A5.5 Nomination of General Practitioner at beneficiary level**

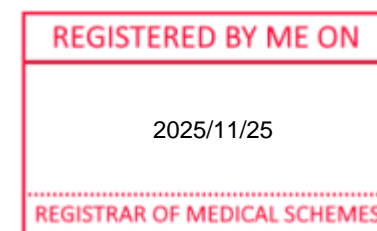
Not applicable

**A5.6 "Out of Network" visits will be covered at 100% of the Scheme Rate for practitioners not on the GP Network, up to a maximum of 2 GP consultations per family subject to the face-to-face GP visits.**

**A5.7 Basic Dental Providers**

Not applicable

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



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

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

**B2 Current Credit Personal Medical Savings Account (PMSA)**

This option is not a savings option – not applicable

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

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

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

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

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

**B6 Safety Net Benefit**

There is no Safety Net Benefit for this option.

**B7 MediVault**

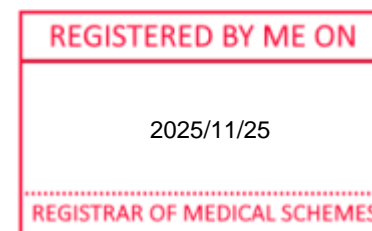
This amount is a family limit and is pro-rated should the member join during the year, subject to the acceptance of terms and conditions.

**Fixed MediVault**

Family Limit R5 338

**Flexible MediVault**

Family Limit R6 528



The full amount can be taken upfront, or the member can activate multiple amounts during the year in increments of R600, subject to the acceptance of terms and conditions.

## C PRESCRIBED MINIMUM BENEFITS (PMB's)

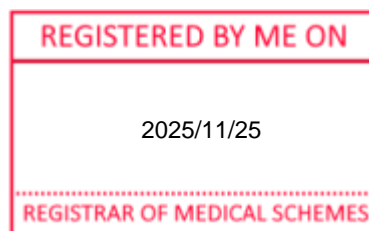
Prescribed Minimum Benefits as shown in Annexure A of the General Regulations, made in terms of the Medical Schemes Act 131 of 1998, override all benefit limits indicated in this Annexure, where applicable. PMB's are payable at 100% of cost, or at 100% of cost at the relevant Designated Service Provider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

The Prescribed Minimum Benefits are available in conjunction with the Scheme's contracted managed care programmes, which include the application of treatment protocols, medicine formularies, pre-authorisation, and case management. These measures have been implemented to ensure appropriate and effective delivery of Prescribed Minimum Benefits. Out of hospital tests, GP and specialists' consultation, as specified in the aPMB care templates, will accrue to day-to-day benefits and the PMB entitlements from rand one.

See Annexure D – Paragraph 7 for a full explanation.

## D ANNUAL BENEFITS LIMITS

See contents of table below.



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Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
<b>D1 ALTERNATIVE HEALTHCARE</b>			
<b>D1.1</b>	<b>In Hospital</b> Acupuncture, homoeopathy, naturopathy, osteopathy and phytotherapy consultations and treatment by registered practitioners	Subject to activation of B7.	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
<b>D1.2</b>	<b>Out of Hospital</b> Acupuncture, homoeopathy, naturopathy, osteopathy and phytotherapy prescribed medicines where applicable	Subject to activation of B7.	
<b>D2 AMBULANCE SERVICES</b>			
		100% of cost if authorised by the preferred provider.  Limited to and payable from risk.  Only on inter-hospital transfer per event.	Subject to the contracted ambulance services and prior authorisation.  Benefits shall apply in respect of services provided within the Republic of South Africa, Namibia, Botswana, Zimbabwe, Lesotho, Swaziland, and Mozambique (below the 22 <sup>nd</sup> degree parallel).
<b>D2.1</b>	<b>Evacuation Benefit</b>	R261 000 per event.	Emergency evacuation within Africa after 90 days absence from the Republic of South Africa.
<b>D3 APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS</b>			

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Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
D3.1	In Hospital	Subject to activation of B7, unless PMB level of care	Subject to PMB and managed care protocols if deemed clinically appropriate.  For hiring or buying of medical or surgical aids as prescribed by a medical practitioner.
D3.2	Out of Hospital	Subject to activation of B7, unless PMB level of care	Subject to PMB and managed care protocols if deemed clinically appropriate.  For hiring or buying medical or surgical aids as prescribed by a medical practitioner
D3.2.1	General medical and surgical appliances (including glucometers)	Subject to activation of B7, unless PMB level of care	Diabetic accessories and appliances (with the exception of glucometers) to be preauthorised and claimed from the chronic medicine benefit (D11.4).
D3.2.2	Hearing aids and repairs thereof	Subject to activation of B7, unless PMB level of care	Subject to PMB and managed care protocols if deemed clinically appropriate.
D3.2.3	Large orthopaedic orthotics/ Appliances	Subject to activation of B7, unless PMB level of care	Subject to PMB and managed care protocols if deemed clinically appropriate.
D3.2.4	Stoma products	Subject to activation of B7, unless PMB level of care	Subject to PMB and managed care protocols if deemed clinically appropriate.  For hiring or buying of medical or surgical aids as prescribed by a medical practitioner
D3.2.5	CPAP apparatus for sleep apnoea	Subject to activation of B7, unless PMB level of care	Subject to PMB and managed care protocols if deemed clinically appropriate.

Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
D3.2.6	Foot orthotics (including shoes and foot inserts/ levellers)	Subject to activation of B7, unless PMB level of care	Subject to PMB and managed care protocols if deemed clinically appropriate.
D3.3	Specific appliances, accessories		
D3.3.1	Oxygen therapy equipment (excluding hyperbaric oxygen treatment)	PMB level of care only	Subject to PMB and managed care protocols if deemed clinically appropriate.
D3.3.2	Home ventilators	PMB level of care only	Subject to PMB and managed care protocols if deemed clinically appropriate.
D3.3.3.	Long leg callipers	PMB level of care only	Subject to PMB and managed care protocols if deemed clinically appropriate.
<b>D4 BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS</b>			
<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>		<p>Limited to and payable from risk</p> <p>100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Scheme Rate, or Uniform Patient Fee Schedule for public hospitals and/ or single exit price plus dispensing fee.</p>	<p>Use of blood equivalents is subject to prior authorisation by the relevant managed healthcare programme.</p> <p>Transportation of blood is included.</p> <p>Authorised Erythropoietin is included in the Haemodialysis benefit (D22.1).</p>
<b>D5 CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS</b>			
D5.1	<p>In hospital</p> <ul style="list-style-type: none"> <li>General Practitioners</li> <li>Medical Specialists</li> </ul>	<p>Limited to and payable from risk</p> <p>Paragraph A4 applicable.</p>	<p>Subject to the relevant managed healthcare programme and its prior authorisation.</p> <p>Paragraph A3 applicable.</p>



Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
		<p>Subject to a combined limit of R2 580 per family for non-network GP and Specialist consultations and procedures in hospital.</p> <div style="border: 2px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2025/11/25</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>This benefit excludes:</p> <ul style="list-style-type: none"> <li>• Alternative healthcare practitioners (D1)</li> <li>• Dental practitioners, technologists and</li> <li>• Therapists (D6)</li> <li>• Ante-natal visits and consultations (D10)</li> <li>• Psychiatrists, psychologists, psychometrists and registered counsellors (D12)</li> <li>• Oncologists, haematologists, and credentialed medical practitioners, during active and post-active treatment periods (D14)</li> <li>• Additional Medical Services (D17)</li> </ul>
D5.2	Out of Hospital		
D5.2.1	GP's In Network	<p>3 face-to-face visits per beneficiary.</p> <p>Once benefit depleted subject to B7</p>	
D5.2.2	Virtual GP consultations	Unlimited and payable from risk	
D5.2.3	GP's Out of Network	<p>2 consultations per family subject to GP consultations D5.2.1.</p> <p>Once benefit depleted subject to B7</p>	
D5.2.4	Primary Care Drug Therapy Pharmacists Consultations	Subject to activation of B7.	
D5.2.5	Psychiatric consultations	Subject to activation of B7, unless PMB level of care	



Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
D5.2.6	Specialists In Network	Subject to activation of B7, unless PMB level of care	
D5.2.7	Specialists Out of Network	Subject to activation of B7, unless PMB level of care	
<b>D6 DENTISTRY</b>			
D6.1	Basic	Subject to activation of B7, unless PMB level of care	Subject to the relevant managed healthcare programme. Surgical extraction of wisdom teeth is excluded.
D6.1.1	Dental Practitioners	Subject to activation of B7, unless PMB level of care	Refer to conditions/remarks under dental practitioners (D6.1.1)
D6.1.2	Dental therapists	Subject to activation of B7, unless PMB level of care	Refer to conditions/remarks under dental practitioners (D6.1.1)
D6.1.3	Dental Technicians	Subject to activation of B7, unless PMB level of care	Refer to conditions/remarks under dental practitioners (D6.1.1)
D6.2	Advanced dentistry	Subject to activation of B7, unless PMB level of care	
D6.2.1	Dental technicians	Subject to activation of B7, unless PMB level of care	
D6.2.2	Osseo-integrated implants and orthognathic surgery (functional correction of malocclusions)	Subject to activation of B7, unless PMB level of care	
D6.2.3	Oral surgery	Subject to activation of B7, unless PMB level of care	
D6.2.4	Orthodontic treatment	Subject to activation of B7, unless PMB level of care	

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REGISTRAR OF MEDICAL SCHEMES

Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
D6.2.5	Maxillo-facial Surgery	Limited and included in the surgical procedure benefit (D23).	
<b>D7 HOSPITALISATION</b>			
D7.1	Private hospitals and unattached operating theatres		
D7.1.1	In Hospital	<p>Limited to and payable from risk at 100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or Scheme Rate, for accommodation, use of the operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>PMB level of care</p> <p>Hospital Network:</p> <p>A Hospital Network is the Designated Service Provider ("DSP"), for all benefits including Prescribed Minimum Benefits.</p> <p>There is a 30% deductible for the use of Non-DSP Providers, unless such use is involuntary, or Public Service Provider is utilised.</p> <p>Hospital admissions will require a referral from a contracted General Practitioner or Specialists.</p>	<p>Subject to the relevant contracted managed healthcare programme(s) which include the application of treatment protocols, formularies pre-authorisation and case management.</p> <p>For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals, and surgical items.</p> <p>Benefits for the cost of private wards are paid at the same rate as for general wards unless there is acceptable medical motivation.</p> <p>This benefit excludes Hospitalisation for:</p> <ul style="list-style-type: none"> <li>• Osseo-integrated implants and orthognathic surgery (Advanced dentistry (D6)</li> <li>• Maternity (D10)</li> <li>• Mental Health (D12)</li> <li>• Organ and Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> <li>• Refractive surgery (D23)</li> <li>• Dentistry (D6)</li> <li>• Investigations and diagnostic work-up</li> <li>• Surgery for oesophageal reflux</li> </ul>

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2025/11/25

REGISTRAR OF MEDICAL SCHEMES

Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
			<ul style="list-style-type: none"> <li>Auditory brain implants</li> <li>Internal nerve stimulators, including procedures, devices, and processors</li> <li>Brachytherapy for Prostate Cancer</li> <li>Non-cancerous breast conditions</li> <li>Renal dialysis chronic (D22)</li> </ul>
D7.1.1.1	Deep Brain Stimulation	No Benefit	
D7.1.2	Medicine on discharge from hospital (TTO)	<p>Limited to and payable from risk.</p> <p>Up to 7 days' supply, to a maximum of R412 per beneficiary per admission</p> <p>If included on hospital account or if obtained from pharmacy on day of discharge, pay from Private hospitals and unattached operating theatres (D7.1), otherwise limited to and included in Routine medication (D11.1)</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.
D7.1.3	Casualty/emergency room		<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>
D7.1.3.1	Facility Fee	No benefit	
D7.1.3.2	Consultations	No benefit	
D7.1.3.3	Medicine	No benefit	
D7.1.4	Trauma Treatment in Casualty	A co-payment of R880 is applicable on the Casualty Benefit.	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.

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Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
		100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Scheme Rate.	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.
<b>D7.2</b>	<b>Public Hospitals</b>		
<b>D7.2.1</b>	<b>In Hospital</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	Limited to and payable from risk at 100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of cost or Scheme Rate, or Uniform Patient Fee Schedule for public hospitals for accommodation, use of the operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.	Subject to the relevant contracted managed healthcare programme(s) which include the application of treatment protocols, formularies pre-authorisation and case management.  Paragraph A3 applicable.  This benefit excludes Hospitalisation for benefits listed under the conditions/remarks under the in-hospitalisation benefit (D.7.1.1).
<b>D7.2.2</b>	<b>Medicine on discharge from hospital (TTO)</b>	Limited to and payable from risk. Refer to TTO's in D7.1.2	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.
<b>D7.2.3</b>	<b>Casualty/ Emergency room visits</b>	No benefit	
<b>D7.2.4</b>	<b>Outpatient's services</b>	No benefit	
<b>D7.3</b>	<b>Alternatives to hospitalisation</b>	100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Scheme Rate. No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior authorisation.



Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
		Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.	Where scheme rule criteria for an in-hospital authorisation are 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.	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
D7.3.2	Sub-acute facilities	Limited to PMB level of care.	
D7.3.3	Terminal Care Benefit	No benefit, unless PMB level of care.	
D7.3.4	Nursing Services		
D7.3.4.1	Nursing Agencies	No benefit, unless PMB level of care.	
D7.3.4.2	Private Nurse Practitioners	No benefit, unless PMB level of care.	
D7.3.5	Spinal programme and non-surgical management of back/neck pain	No benefit, unless PMB level of care.	
D7.4	Post Hospitalisation	Limited to and payable from risk, subject to 30 days following hospitalisation.	Subject to the relevant managed healthcare programme and to its prior authorisation before commencement of treatment. The 30-day period is applicable from the date of discharge only.
D7.4.1	Physiotherapy	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
D7.4.2	Occupational therapy	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)

Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
D7.4.3	Speech therapy	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
D7.4.4	Pathology	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
D7.4.5	General radiology	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
D7.4.6	Dietician Consultations	Limited to 2 consultations per admission and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under the post hospitalisation benefit (D7.4)
<b>D8 IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION</b>			
D8.1	Anti-retroviral medicine	Limited to and payable from risk at PMB level of care	Subject to the Scheme's contracted managed healthcare programme which include the application of treatment protocols, medicine formularies, pre-authorisation, and case management.  Refer paragraph 7.4 of Annexure D.
D8.2	Related medicine	Limited to and included in the immune deficiency benefit (D8).	Refer the conditions/remarks under the routine/chronic and the Anti-retroviral medicine benefit (D11.1 and D11.4 and D8.1).
D8.3	Related pathology	Limited to and included in the immune deficiency benefit (D8).	Pathology as specified by the relevant managed healthcare programme.
D8.3.1	HPV PCR Test	1 test every 3 years for women limited to and payable from risk.  Sav = No	Pathology as specified by the relevant managed healthcare programme for out of hospital.

Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
		In Hosp = Yes Acc = No	
D8.4	Consultations	Limited to and included in the immune deficiency benefit (D8).	Refer the conditions/remarks under the routine/chronic and the Anti-retroviral medicine benefit (D8.1).
D8.5	All other services	Limited to and included in all other benefits except for Immune deficiency syndrome benefit (D1 to D7 and D9 to D23).	
<b>D9 INFERTILITY</b>			
<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>100% of the negotiated fee, or, in the absence of such fee, 100% of the cost, or Uniform Patient Fee Schedule for public hospitals.</p> <p>PMBs covered in DSP and managed according to managed healthcare protocols and further limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.</p> <p>Limited to and payable from risk at PMB level of care</p>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>This benefit includes the following procedures or interventions:</p> <ul style="list-style-type: none"> <li>• Hysterosalpingo-gram</li> <li>• The following blood tests:</li> <li>• Day 3 FSH/ LH</li> <li>• Day 3 Oestradiol</li> <li>• Thyroid function (TSH)</li> <li>• Prolactin</li> <li>• Rubella</li> <li>• HIV</li> <li>• VDRL</li> <li>• Chlamydia</li> <li>• Day 21 Progesterone</li> <li>• Laparoscopy</li> <li>• Hysteroscopy</li> <li>• Surgery (uterus and tubal</li> </ul>



Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/25</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> <li>• Manipulation of ovulation defects and deficiencies</li> <li>• Semen analysis (volume; count; mobility; morphology; MAR test)</li> <li>• Basic counselling and advice on sexual behaviour, temperature charts, etc.</li> <li>• Treatment of local infections</li> </ul>
<b>D10 MATERNITY</b>			
<b>D10.1</b>	<b>Confinement in hospital</b>	<p>100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or Scheme Rate, or Uniform Patient Fee Schedule for public hospitals, for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>There is a 30% deductible for the use of Non-DSP Providers, unless such use is involuntary, or Public Service Provider is utilised.</p> <p>PMB level of care</p> <p>Elective non-PMB caesarean sections as mode of delivery are subject to a R9 330 co-payment.</p>	<p>Subject to the relevant contracted managed healthcare programme(s) which include the application of treatment protocols, formularies pre-authorisation and case management. Strict protocols will apply.</p> <p>Delivery by a contracted general/family practitioner or medical specialist and the services of the attendant paediatrician and/ or anaesthetists are included.</p> <p>Where the hospital admission is requested by a Specialist, a referral from a contracted General Practitioner, or non-contracted General Practitioner (to the Specialist is required, as well as pre-authorisation.</p> <p>Included in global obstetric fee is post-natal care by a general practitioner and a medical specialist up to an including the six-week post-natal consultation.</p> <p>Benefits for the cost of private wards are paid at the same rate as for general wards unless there is acceptable medical motivation.</p>



Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
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).	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 confinement in hospital benefit (D10.1).	Delivery by a midwife.  Hire of water bath included in the in-hospital appliance benefit (D3.1).
D10.2	Confinement out of hospital	Limited to and included in the confinement in hospital benefit (D10.1).	Subject to the relevant managed healthcare programme and to its prior authorisation.  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 included in the confinement in hospital benefit (D10.1).	Registered medicine, dressings and materials supplied by a midwife out of hospital.
D10.3	Related maternity services	Subject to activation of B7.  <ul style="list-style-type: none"> <li>• Antenatal consultations</li> <li>• Post-natal consultations</li> <li>• Antenatal classes</li> <li>• Maximum of 2 x 2D scans.</li> <li>• 1 x Amniocentesis</li> <li>• Specified pregnancy related tests and procedures</li> </ul>	These may be requested directly by the Specialist.  <div style="border: 2px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2025/11/25</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>

Service Subject to PMB	flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
<b>D11 MEDICINE AND INJECTION MATERIAL</b>		
<b>D11.1</b>	<b>Routine (acute) medicine</b>	
<b>D11.1.1</b>	<b>Dispensed by a medical practitioners</b>	<p>No benefit unless activation of B7.</p> <div data-bbox="1030 498 1406 721" style="border: 2px solid red; padding: 5px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2025/11/25</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>This benefit excludes:</p> <ul style="list-style-type: none"> <li>• In-hospital medicine (D7)</li> <li>• Anti-retroviral medicine (D8)</li> <li>• Oncology medicine (D14)</li> <li>• Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive Medication (D16)</li> </ul>
<b>D11.2</b>	<b>Medicine on discharge from hospital (TTO)</b>	<p>Limited to and payable from risk. Refer to TTO's in D7.1.2</p> <p>Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.</p>
<b>D11.3</b>	<b>Pharmacy Advised Therapy Schedules advised by pharmacists 0, 1 and 2 medicine</b>	<p>No benefit unless activation of B7.</p>
<b>D11.4</b>	<b>Chronic medicine</b>	<p>PMBs only.</p> <p>Medication for the 25 chronic conditions must be obtained from a designated service provider (Dischem courier ,Clicks Courier and Pharmacy Direct) or a 25% co-payment is applicable, for voluntary non-DSP utilisation. Subject to the Basic formulary, unlimited.</p> <p>Subject to the relevant managed healthcare programme and to its prior authorisation and applicable formularies.</p> <p>Prescribed Minimum Benefits (Chronic Disease Lists) and Diagnostic Treatment Pairs chronic conditions only.</p> <p>Restricted to a maximum of one month's supply, unless specifically pre-authorised.</p>

Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
		<p>25% co-payment for voluntary use of non-formulary medication</p> <div style="border: 2px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2025/11/25</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>	<p>Medicine Price List applies. Refer to Annexure D for list of chronic conditions for both options.</p> <p>(Includes diabetic disposables such as syringes, needles, strips, and lancets.) This benefit excludes:</p> <ul style="list-style-type: none"> <li>• In hospital medicine (D7)</li> <li>• Anti-retroviral drugs (D8)</li> <li>• Oncology medicine (D14)</li> <li>• Organ and Haemopoietic stem (bone marrow) transplantation and immunosuppressive medication (D16)</li> </ul>
<b>D11.5</b>	<b>Female Health Benefit</b>		
<b>D11.5.1</b>	<ul style="list-style-type: none"> <li>• <b>Oral Contraceptives</b></li> <li>• <b>Contraceptive Injections</b></li> <li>• <b>Contraceptive Patches</b></li> <li>• <b>Contraceptive Vaginal Rings</b></li> </ul>	Limited to and payable from risk, restricted to a maximum of one month's supply up to the age of 55 thereafter payable from member day to day.	<p>Subject to a list of contraceptives on acute formulary.</p> <p>Excluding oral contraceptives prescribed for other conditions.</p> <p>Excluding consultations and procedural costs by a GP or Specialist.</p>
<b>D11.5.2</b>	<ul style="list-style-type: none"> <li>• <b>Contraceptive Implants</b></li> <li>• <b>Intrauterine Devices</b></li> </ul>	No benefit	<p>Subject to a list of contraceptives on acute formulary.</p> <p>Excluding consultations and procedural costs.</p>
<b>D11.5.3</b>	<b>Emergency Oral Contraceptives</b>	1 every year and payable from risk for female beneficiaries under the age of 55 year's old	<p>Subject to a list of emergency contraceptives</p> <p>Excluding consultations and procedural costs.</p>



Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
D11.6	Specialised Drugs for Non Oncology	No benefit.	Except for Beta-Interferon for the treatment of Multiple Sclerosis as per the Prescribed Minimum Benefits Algorithm and subject to Regulation 15(H) and 15 (I) and the relevant managed healthcare programme and to its prior authorisation.
D11.7	Specialised Drugs for oncology	No benefit, unless PMB level of care	
<b>D12 MENTAL HEALTH</b>			
D12.1	<b>In Hospital</b>  <b>Consultations and visits, procedures, assessments, therapy, treatment and/ or counselling</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	100% of the negotiated fee, or, in the absence of such fee, 100% of the cost or the Scheme Rate, or Uniform Patient Fee Schedule for public hospitals for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical procedures performed by general practitioners and psychologists and psychiatrists.  There is a 30% deductible for the use of Non-DSP Providers, unless such use is involuntary, or Public Service Provider is utilised.  Limited to and payable from risk for PMB level of care  Hospital admissions will require a referral from a General Practitioner or Specialist.	Subject to the relevant contracted managed healthcare programme(s) which include the application of treatment protocols, formularies pre-authorisation and case management.  Limited to a maximum of 3 days hospitalisation for beneficiaries admitted by a general practitioner or specialist physician.  Additional hospitalisation to be motivated by the contracted medical practitioner and pre-authorised by the relevant managed healthcare programme.  Benefits for the cost of private wards are paid at the same rate as for general wards unless there is acceptable medical motivation.
D12.1.1	Medicine on discharge from hospital (TTO)	Limited to and payable from risk. See TTO's in D7.1.2	Except for anti-coagulants were more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.

Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
D12.2	Out of Hospital Consultations and visits, procedures, assessments, therapy, treatment and/or counselling	PMB level of care or activation of B7.	Unless, for PMBs, as per Regulations.
D12.2.1	Non-Prescribed Minimum Benefit consultations and visits, procedures, assessments, therapy, treatment and/ or counselling	PMB level of care or activation of B7.	<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>
D12.2.2	Prescribed Minimum Benefit procedures	PMB level of care	See the conditions/remark under the in hospital mental health benefit (D12.2.1).  Paragraph A4 applicable.
D12.2.1.1	Non-Prescribed Minimum Stress and Anxiety Benefit	Limited to 2 virtual consultations per beneficiary per annum and payable from risk	By a registered counsellor or a psychologist for individual sessions only. Subject to a limited listed of ICD10 Codes and specific tariff codes.
D12.2.3	Medicine	Limited to and included in the chronic medicine benefit (D11.4).	For PMBs.
D12.2.3.1	Depression medication	Limited to R2 160 per beneficiary , unless PMB, once benefit depleted limited to available savings.	Subject to managed care policy
D12.3	Rehabilitation for substance abuse	100% of the negotiated fee, or, in the absence of such fee, 100% of cost or Uniform Patient Fee Schedule for public hospital for accommodation, use of hospital	Subject to the relevant contracted managed healthcare programme(s) which include the application of treatment protocols, formularies pre-authorisation and case management.

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Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
		<p>equipment pharmaceutical, surgical items and medicine supplied during treatment programme. Subject to PMB level of care</p> <p>Voluntary use of a non-DSP substance abuse facility will attract a 15% co-payment for non-network admissions and voluntary use of a non-DSP hospital.</p>	<p>Limited to one rehabilitation programme per beneficiary per annum, subject to pre-authorisation in hospital. Rehabilitation programme includes hospital-based management up to 21 days per beneficiary, per benefit year.</p> <p>Benefits for the cost of private wards are paid at the same rate as for general wards unless there is acceptable medical motivation.</p>
D12.3.1	Medicine on discharge from hospital (TTO)	Limited to and payable from risk. See TTO's in D7.1.2	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.
<b>D13 NON-SURGICAL TESTS AND PROCEDURES</b>			
D13.1	In hospital	<p>Limited to and payable from risk, subject to PMB level of care</p> <div data-bbox="945 942 1314 1169" 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 contracted managed healthcare programme(s) which include the application of treatment protocols, formularies pre-authorisation and case management, in hospital only.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> <li>• Psychiatrists and Psychology (D12)</li> <li>• Optometric Examinations (D15)</li> <li>• Pathology (D18)</li> <li>• Radiology (D21)</li> </ul>
D13.2	Out of hospital	No benefit, unless activation of B7	



Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
D13.2.1	Non-surgical procedures in practitioner's rooms		
D13.2.1.1	Specified non-surgical procedures in practitioner's rooms	No benefit, unless activation of B7	<div>REGISTERED BY ME ON</div> <div>2025/11/25</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>
D13.3	Sleep Studies		
D13.3.1	Diagnostic Polysomnograms in and out of hospital	No benefit unless activation of B7.	
D13.3.2	CPAP Titration in and out of hospital	No benefit unless activation of B7.	
D14 ONCOLOGY			
D14.1	Active treatment period	100% of the negotiated fee, or, in the absence of such fee, 100% of cost or Uniform Patient Fee Schedule for public hospital for oncologists, haematologists and credentialed medical practitioners, consultation, visit, treatment and materials used in radiotherapy and chemotherapy.  PMBs covered and managed according to managed healthcare protocols.	Subject to 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 reference pricing.  ICON is the DSP. Entry-level (Essential) ICON Protocols apply.  A 25% co-payment is applicable, for voluntary use of non-DSP and 25% co-payment for voluntary use of non-DSP for medication.  Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is

Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
			not included in this benefit. Excluding Specialised Drugs (D14.1.3).
D14.1.1	Medicine	Limited to and included in the active treatment period (D14.1).	Refer to conditions/remarks under active treatment period (D14.1)
D14.1.2	Radiology and pathology	Limited to and included in the active treatment period (D14.1).	Subject to the relevant managed healthcare programme, protocols and to its prior authorisation.  For specified radiology and pathology services, performed by pathologists, radiologists, and haematologists, associated with oncology treatment. A4 not applicable.
D14.1.2.1	PET and PET-CT	No benefit, unless PMB level of care. Subject to use of PET Network. Subject to the relevant managed healthcare programme and its prior authorisation.  Co-payment of R5 670 will apply for use of non-PET Network Provider.	<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>
D14.1.3	Specialised Drugs for Oncology	No benefit, unless PMB level of care.	
D14.1.4	Flushing of J line and/ or Port	Limited to and included in the active treatment period (D14.1).	Subject to the relevant managed healthcare programme and to its prior authorisation.  For oncologists, haematologists and credentialed medical practitioners, treatment, and materials.
D14.1.5	Brachytherapy Materials (Including seeds and disposables)	No benefit.	

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Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
<b>D14.2</b>	<b>Pre and Post active treatment (surgical resection of tumour, chemotherapy and radiotherapy)</b>	<p>Limited to and included in the active treatment period (D14.1) for life following the active treatment period, except for prescribed minimum benefits.</p> <div style="border: 2px solid red; padding: 10px; text-align: center; margin: 10px auto; width: 150px;"> <p><b>REGISTERED BY ME ON</b></p> <p>2025/11/25</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>	<p>For consultations by oncologists, haematologists, and credentialed medical practitioners, specified radiology and pathology, performed by pathologists, radiologists, and haematologists, during the specified remission period.</p> <p>Pre-active refers to the work-up done to diagnose the cancer (date from 1<sup>st</sup> investigation e.g., x-ray, CT/MRI scan, pathology, histology).</p> <p>Post-active refers to the time when member actually had last active treatment (e.g., hormone therapy, chemotherapy radiotherapy).</p> <p>For life means that the member will remain on the oncology programme as long as the cancer goes into remission until it recurs, should the condition regress, the active treatment benefit (D14.1) will be reinstated.</p> <p>Paragraph A4 applicable, excluding pathology and radiology.</p>
<b>D15</b>	<b>OPTOMETRY</b>	Subject to activation of B7, unless PMB level of care	
<b>D15.1</b>	<b>Consultations</b>	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
<b>D15.2</b>	<b>Frames</b>	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
<b>D15.3</b>	<b>Lenses</b>	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
<b>D15.3.1</b>	<b>Single vision lenses</b>	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.

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Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
D15.3.2	Bifocal lenses	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
D15.3.3	Multifocal lenses	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
D15.4	Special lenses	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
D15.5	Lens add-ons	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
D15.6	Contact lenses	Limited to and included in the optometry benefit (D15).	When prescribed by a Designated Service Provider.
D15.7	Low vision appliances	Limited to and included in the in-hospital appliance benefit (D3.1).	
D15.8	Ocular prostheses	Limited to and included in the Prostheses and devices external benefit (D20.2).	
D15.9	Readers from a registered optometrist, ophthalmologist or supplementary optical practitioner	Limited to and included in the optometry benefit (D15).	When prescribed by a registered optometrist, ophthalmologist, or supplementary optical practitioner.
D15.10	Diagnostic procedures	Limited to and included in the optometry benefit (D15).	Section 22A (15) of the Medicine and Related Substance Act 101 of 1965 permits applicable.
<b>D16 ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNOSUPPRESSIVE MEDICATION</b>			
		Prescribed Minimum Benefits covered in Designated Service Provider and managed healthcare protocols and at 100% of the cost	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic graft and autologous grafts.  Paragraph A3 and A4 applicable, unless otherwise stated, unless PMB.

Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
			Organ harvesting is limited to the Republic of South Africa.
D16.1	Corneal Grafts	No benefit.	
D16.2	Haemopoietic Stem Cell (Bone Marrow) Transplantation	Limited to and included in the organ and transplantation benefit (D16).	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts.  Donors supported from Bone Marrow Registries in accordance with managed care protocols.
D16.3	Immuno-suppressive medication	See the chronic medicine benefit (D11.4).  Limited to and included in the organ and transplantation benefit (D16).	Refer to conditions/remarks under the Organ and Transplantation benefit (D16).
D16.4	Post transplantation biopsies and scans	Limited to and included in the organ and transplantation benefit (D16).	Refer to conditions/remarks under the Organ and Transplantation benefit (D16).
D16.5	Radiology and pathology	Limited to and included in the organ and transplantation benefit (D16).	Refer to the conditions/remarks under the organ and transplantation benefit (D16).  For specified radiology and pathology services performed by pathologists, radiologists, and haematologists, associated with the transplantation treatment.
<b>D17 ADDITIONAL MEDICAL SERVICES</b>			
D17.1	Dietetics In and out of Hospital	Subject to activation of B7, unless PMB level of care	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
D17.2	Occupational therapy In and out of hospital	Subject to activation of B7, unless PMB level of care	

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Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
D17.3	Speech therapy In and out of hospital	Subject to activation of B7, unless PMB level of care	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
D17.4	Orthoptics In and Out of Hospital	Subject to activation of B7, unless PMB level of care	
D17.5	Podiatry In and Out of Hospital	Subject to activation of B7, unless PMB level of care	
D17.6	Private nurse practitioners In and Out of Hospital	Subject to activation of B7, unless PMB level of care	Clinically appropriate long term wound care will be funded from Risk where pre-authorised.
D17.7	Social workers In and Out of Hospital	Subject to activation of B7, unless PMB level of care	
D17.8	Audiology and Hearing Aid Acoustics In and Out of Hospital	Subject to activation of B7, unless PMB level of care	
D17.8.1	Infant hearing screening In and out of hospital	Subject to activation of B7.	For all new-borns (up to 8 weeks) that are born into the scheme. Limited to a specified list of tariff codes and tests.
D17.9	Genetic Counselling In and Out of Hospital	Subject to activation of B7, unless PMB level of care	
<b>D18 PATHOLOGY AND MEDICAL TECHNOLOGY</b>			
D18.1	In hospital	Limited to and payable from risk.  Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers	All pathology investigations will be limited to basic protocols.  Subject to the relevant managed healthcare programme.

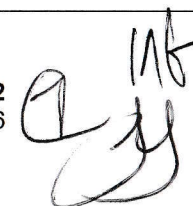
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Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
D18.2	Out of hospital	Subject to activation of B7, unless PMB level of care Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers	Subject to referral by the treating provider. This benefit excludes a specified list of pathology tariff codes included: <ul style="list-style-type: none"> <li>• maternity benefit (D10)</li> <li>• the oncology benefit during the active and/or post active treatment period (D14)</li> <li>• the organ and haemopoietic stem cell transplantation benefit (D16)</li> <li>• the renal dialysis chronic benefit (D22)</li> </ul>
<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>			
<b>D19 PHYSICAL THERAPY</b>			
D19.1	In Hospital	Limited to and payable from risk	Subject to referral by the treating provider.  Subject to the relevant managed healthcare programme and to its prior authorisation before commencement of treatment.
D19.2	Out of hospital	Subject to activation of B7.	
<b>D20 PROSTHESES AND DEVICES INTERNAL AND EXTERNAL</b>			
D20.1	Prostheses and devices internal (surgically implanted) including all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prosthesis	PMBs covered in Designated Service Provider and managed according to managed healthcare protocols.  PMB level of care or activation of B7.	Subject to the relevant managed healthcare programme and to its prior approval.  Subject to preferred supplier agreements

Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
	and devices. This includes bone cement, bone graft substitutes and bone anchors		<div>REGISTERED BY ME ON</div> <div>2025/11/25</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>
<b>D20.1.1</b>	<b>Cardiac system:</b>		
<b>D20.1.1.1</b>	<b>Cardiac Pacemakers</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.1.2</b>	<b>Bi-ventricular pacemakers and Implantable Cardioverter Defibrillators (ICDs)</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.1.3</b>	<b>Cardiac Stents (including the carrier) and drug eluting balloons</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.1.4</b>	<b>Cardiac Valves</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.2</b>	<b>Endovascular devices:</b>		
<b>D20.1.2.1</b>	<b>Aorta stent grafts</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.2.2</b>	<b>Carotid Stents</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.1.2.3</b>	<b>Detachable platinum coils (Cerebral aneurysm coils)</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.

Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
D20.1.2.4	Embolic protection devices	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.2.5	Peripheral arterial stent grafts	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.3	<b>Orthopaedic prosthesis and devices:</b>		
D20.1.3.1	Elbow replacement	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.3.2	Hip replacement	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.3.3	Knee replacement	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.3.4	Shoulder replacement	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.3.5	Bone lengthening devices	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.3.6	Spinal plates and Screws	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.3.7	Other approved spinal Implantable devices and intervertebral discs	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
D20.1.3.8	Total ankle replacement	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.





Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
<b>D20.1.4</b>	<b>Ophthalmic system:</b>		
<b>D20.1.4.1</b>	<b>Intraocular Lens</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval. Cover for PMB level of care is R3 500 per lens
<b>D20.1.5</b>	<b>Unlisted internal prostheses and Devices</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D20.2</b>	<b>Prostheses and devices external</b>	No benefit, unless PMB level of care.	Subject to the relevant managed healthcare programme and to its prior approval.
<b>D21 RADIOLOGY</b>			
<b>D21.1</b>	<b>General radiology</b>		
<b>D21.1.1</b>	<b>In Hospital</b>	Limited to and payable from risk subject for PMB level of care or activation of B7.	Authorisation is not required for MRI scan for peripheral joint examination or dedicated limb units.  All radiology investigations will be limited to basic protocols.
<b>D21.1.2</b>	<b>Out of hospital</b>	Subject to activation of B7.  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	Subject to referral by the treating provider.  This benefit excludes a specified list of radiology tariff codes included in: <ul style="list-style-type: none"> <li>the maternity benefit (D10)</li> <li>the oncology benefit during the active</li> <li>and/or post active treatment period (D14)</li> <li>the organ and haemopoietic stem cell transplantation benefit (D16)</li> <li>the renal dialysis chronic benefit (D22)</li> </ul>

Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
D21.2	Specialised Radiology		
D21.2.1	In Hospital	Unlimited at 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>	Subject to the relevant contracted managed healthcare programme and pre-authorisation.  Oncology requests will be limited and included in the active treatment period (D14.1.2).  Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following: <ul style="list-style-type: none"> <li>• CT scans</li> <li>• MUGA scans</li> <li>• MRI scans</li> <li>• Radio isotope studies</li> </ul> This benefit excludes: <ul style="list-style-type: none"> <li>• CT colonography (virtual colonoscopy) (no benefits)</li> <li>• MDCT Coronary angiography)(no benefits)</li> </ul>
D21.2.2	Out of Hospital	Subject to activation of B7.	
D22	RENAL DIALYSIS CHRONIC		
		100% of the negotiated fee, or, in the absence of such fee, 100% of the lower of the cost or the Scheme Rate, or Uniform Patient Fee Schedule for public hospitals for all services, medicine and materials associated with the cost of renal dialysis.	

Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
		PMB level of care. A 40% co-payment is applicable, for voluntary non-DSP utilisation.	
D22.1	Haemodialysis and peritoneal dialysis	PMB level of care	Subject to the relevant managed healthcare programme and to its prior authorisation. Authorised Erythropoietin is included in Blood and blood products (D4).  This benefit excludes acute renal dialysis and included in the in-hospitalisation benefit (D7).
D22.2	Radiology and pathology	PMB level of care	As specified by the relevant managed healthcare programme. Paragraph A3 not applicable.
<b>D23 SURGICAL PROCEDURES</b>			
D23.1	In Hospital	Limited to and payable from risk, subject to PMB level of care.  <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: 150px;"> <b>REGISTERED BY ME ON</b>   2025/11/25   <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	Subject to the relevant contracted managed healthcare programme(s) which include the application of treatment protocols, formularies pre-authorisation and case management.  This benefit excludes: <ul style="list-style-type: none"> <li>• Osseo-integrated implants (D6)</li> <li>• Orthognathic and oral Surgery (D6)</li> <li>• Advanced dentistry (D6)</li> <li>• Maternity (D10)</li> <li>• Organ Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> </ul>



Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
			Surgical extraction of impacted wisdom teeth is excluded on this option.
D23.1.1	Refractive surgery	No benefit.	
D23.1.2	<b>Maxillo facial surgery</b>  <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>	PMB level of care  Limited to and payable from risk for the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in dentistry benefit (D6).	Subject to the relevant managed healthcare programme and to its prior authorisation.  This benefit excludes: <ul style="list-style-type: none"> <li>• Osseo-integrated</li> <li>• Implantation (D6)</li> <li>• Orthognathic surgery (D6)</li> <li>• Oral surgery (D6)</li> <li>• Impacted wisdom teeth (D6)</li> <li>• Advanced dentistry (D6)</li> </ul>
D23.2	<b>Out of hospital surgical procedures in practitioner's rooms</b>	Limited to and included in the hospital surgical procedures benefit (D23.1).  If the procedure is performed without pre-authorisation, the full amount will be paid from the members day to day (where applicable) or self-funded by the member.	Limited to and included in the alternative hospitalisation benefit (D7.3).  Paragraph A3 applicable.  This benefit excludes: <ul style="list-style-type: none"> <li>• Osseo-integrated implants (D6)</li> <li>• Maternity (D10)</li> <li>• Orthognathic and oral surgery (D6)</li> <li>• Organ and Haemopoietic stem cell(bone marrow) transplantation and immunosuppressive medication (D16)</li> <li>• Advanced dentistry (D6)</li> </ul>

Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
			Includes related consultation, materials, pathology, and radiology if done same day.
D23.2.1	<b>Specific surgical procedures in practitioner's rooms</b> <ul style="list-style-type: none"> <li>Tonsillectomy</li> </ul>	Limited to and included in the out of hospital surgical procedures (D23.2).	
<b>D24 SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS</b>  All conditions and exclusions are included in paragraphs D1 to D23 above. 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 MediVault (where applicable) or self-funded by the member.  Co-payments applicable per option as per Annexure E.  R2 710 co-payment for voluntary use of non-network day surgery network.  Overnight admissions will not be covered except for Prescribed Minimum Benefits.			
<b>D25 WELLNESS BENEFIT</b> <ul style="list-style-type: none"> <li>100% of the lower of the cost or Scheme Rate for listed procedures and tests, limited to and payable from risk</li> <li>Excludes consultations and costs for all procedures within this programme.</li> <li>For medicines and injection materials (D11.1).</li> </ul>			<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25   .....  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
D25.1	<b>Women's Health</b>		
D25.1.1	<b>Cervical Cancer Screening (PAP) Smear</b>	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	<b>HPV PCR Test</b>	1 test every five years for women aged 21 to 65 years old.	

Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
D25.1.3	Cervical Cancer Screening Pharmacy Consultation	1 consultation every three years for women aged 21 to 65 years old.	
D25.2	Geriatric Health		
D25.2.1	Pneumococcal Immunisation	No benefit	
D25.2.2	Osteoporosis Screening: Bone Mineral Density	No benefit	
D25.2.3	Colorectal Cancer Screening (faecal occult blood test)	No benefit	
D25.3	General Wellness		<div>REGISTERED BY ME ON</div> <div>2025/11/25</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>
D25.3.1	Cardiac Health (Cholesterol Screening [Full Lipogram])	No benefit	
D25.3.2	Flu Immunisation and administration	1 every year for all lives.	
D25.3.3	HIV Test (Finger prick)	1 every year for all lives.	
D25.3.4	Breast Cancer Screening / Mammogram	No benefit	
D25.3.5	Child Immunisations	No benefit	
D25.3.6	GoSmokeFree (face to face and virtual excluding patches, medicines etc.)	1 per beneficiary per annum	

REGISTERED BY ME ON  
2025/11/25  
REGISTRAR OF MEDICAL SCHEMES



Service Subject to PMB		flexiFED <sup>Savvy</sup> Benefits/ Limits Subject to PMB Refer Annexure B Paragraph C	Conditions/ Remarks Subject to PMB
D25.3.7	Prostate specific antigen	No benefit	
D25.3.8	Child Optometry Screening	No Benefit	
D25.3.9	Human Papilloma Virus (HPV) vaccine	No Benefit	
<b>D26 HEALTH RISK ASSESSMENTS</b> <ul style="list-style-type: none"> <li>100% of the lower of the cost or Scheme Rate for listed procedures and tests, limited to and payable from risk</li> <li>For medicines and injection materials (D11.1). Excludes consultations and costs for all procedures within this programme.</li> </ul>			
D26.1	<b>Wellness Screening</b> <ul style="list-style-type: none"> <li>Blood pressure.</li> <li>Finger prick cholesterol.</li> <li>Glucose test</li> </ul>	1 test per beneficiary per annum.	
D26.2	<b>Preventative Screening</b> <ul style="list-style-type: none"> <li>Hip to waist ratio.</li> <li>Body fat percentage.</li> <li>Flexibility.</li> <li>Posture; and</li> <li>Fitness</li> </ul>	1 test per beneficiary per annum.	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2025/11/25</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>

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