

# FEDHEALTH MEDICAL SCHEME

## MAXIFED RANGE

### MAXIMA PLUS

### MAXIMA EXEC

## 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]

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**FEDHEALTH MEDICAL SCHEME**  
**maxiFED RANGE**  
**ANNEXURE B**  
**BENEFITS AND LIMITS**  
**[Effective 1 January 2026 unless otherwise stated below]**

**A ENTITLEMENT TO BENEFITS**

**A1 "Entitlement to Benefits"** rules specific to these options are listed in the paragraphs to follow to be read in conjunction with Annexure C, D and E for each option.

**A2 Rules applicable to dispensing 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.

**A3 Hospital 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.

**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



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- 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, negotiated rates applicable as follows:**

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

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

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

- 200% of SchemeRate for all on maxiFED Range.

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 GP in Network**

- Funded in full at the negotiated rate for all on maxiFED Range.

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



**A4.4.2 Out of GP Network**

- 100% of SchemeRate 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 GP's) not mentioned in paragraphs A4.1, A4.2 and A4.3:**

- 300% of the Scheme Rate for maxima PLUS
- 100% of the Scheme Rate for maxima EXEC

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

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

All consultations and procedures within the GP Network, appointed as the Scheme's DSP for PMBs, will be charged at the negotiated rate, with no co-payments applicable. A 40% co-payment will apply for PMBs on voluntary use of a non DSP.

**A5.2 Out of GP Network**

- 100% of Scheme Rate for all on maxiFED Range.

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

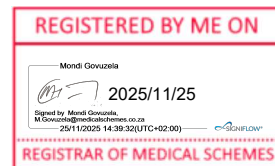
**A5.3 Specialists out of Hospital:**

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

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

- Funded in full at the negotiated rate for all on maxiFED Range.

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



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Where applicable, claims for members **with day to day benefits** (OHEB/ Sav on maxima PLUS and Sav on maxima EXEC) 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** (OHEB/ Sav on maxima PLUS and Sav on maxima EXEC) 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 Out of Specialist Network, rates applicable as follows:

- 100% of SchemeRate for all on maxiFED Range.

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.

Where applicable, claims for members **with day to day benefits** (OHEB/ Sav on maxima PLUS and Sav on maxima EXEC) will be payable at the lesser of cost or up to a maximum of the above rates. Co-payments are applicable for consultations and procedures charges in excess of the above-mentioned rates. Claims will accumulate towards the Safety Net Level at 100% of Scheme Rate.

Where applicable, claims for members without day to day benefits (OHEB/ Sav on maxima PLUS and Sav on maxima EXEC) will be self-funded at cost or up to a maximum of the above rates and accumulate towards the Safety Net Level at 100% of Scheme Rate.

#### 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
- Subject to PMB benefits.

Referral authorisation will be required for such consultations, or a 10% co-payment will apply for non-referral.

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

- 100% of the Scheme Rate for maxima PLUS
- 100% of the Scheme Rate for maxima EXEC

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

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



**B 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) and Out of Hospital Expense Benefit (OHEB)

Claims for services stated as being subject to payment from the Out of Hospital Benefit (OHEB) and/ or 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 and/ or the OHEB benefit limit. Claims in respect of out of hospital expenses will be marked "Yes" against "Sav/OHEB" or "Sav" in the column headed **BENEFITS/ LIMITS**.

**B2.1** Sequence for payment of day to day benefits:**maxima PLUS:**

Claims for out of hospital expenses will be paid from the PMSA. Once the PMSA has been depleted, the relevant claims will be paid from OHEB. Once OHEB has been depleted the relevant claims will be self-funded by the member.

Where a condition is a Prescribed Minimum Benefit and out of hospital expense, funding will be subject to "OHEB" limits with accumulation and once these are exhausted, in-hospital benefits will apply.

**maxima EXEC**

Claims for out of hospital expenses will be paid from the PMSA. Once the PMSA has been depleted, the relevant claims will be self-funded by the member.

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

**B3** Benefits

The column headed **BENEFITS/ LIMITS** reflects the cost at which the scheme will reimburse the member or the supplier in respect of a claim. Any cost in excess of the funding level reflected in this column will be the responsibility of the member, except for Prescribed Minimum Benefits, which will be funded at cost, subject to the utilisation of DSPs and/ or formularies where applicable.

**B4** Limits

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



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- B5** The **Out of Hospital Expenses Benefit (OHEB)** funds certain out of hospital expenses up to the following limits on maxima PLUS only:

<b>maxima PLUS</b>	
Member	R10 630
Add per adult dependant	R7 680
Add per child dependant	R2 370

**B6 Safety Net Benefit**

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

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

The safety net benefit funds out of hospital expenses **unlimited**, with a co-payment of 10% on maxima EXEC and subject to applicable inner limits, unless paragraph A4.1 is applicable, once accumulated costs have exceeded the following cumulative Safety Net levels:

<b>maxima EXEC</b>	
Member	R21 860
Add per adult dependant	R16 080
Add per child dependant	R5 050 up to a maximum of three child dependants
<b>maxima PLUS</b>	
Member	R23 400
Add per adult dependant	R18 250
Add per child dependant	R6 390 up to a maximum of three child dependants



**B7 Safety Net Level/Threshold**

The extent of the Safety Net Level is determined as at 1 January each year, or at the time the member joins the Fund by adding together the Safety Net Levels for the principal member, adult dependants and child dependants to arrive at a total amount per family. This sum (the member's particular Safety Net Level) is prorated for the balance of the year if the member joins after 1 January in any year.

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The Safety Net Level will not be adjusted during a benefit year should any of a member's dependants be withdrawn during such year.

The Safety Net Level and all benefit limits are pro-rated. There is a minimum of three months proration applicable to the Safety Net Level.

- 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.

**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 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 within medicine formularies (as indicated in Annexure D, where applicable).

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

See Annexure D – Paragraph 7, for a full explanation.


**D ANNUAL BENEFIT LIMITS**

See contents of table below.



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

SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS 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 Acupuncture, homeopathy, naturopathy, osteopathy, and phytotherapy consultations and treatment by registered practitioners</b>	100% of the lower of the cost or Scheme Rate, subject to available savings.  Sav = Yes In Hosp = No Acc = No	100% of the lower of the cost or Scheme Rate, subject to available day- to-day benefits.  Sav/OHEB = Yes In Hosp = No Acc = No	
<b>D1.2</b>	<b>Out of Hospital Acupuncture, homeopathy, naturopathy, osteopathy, and phytotherapy prescribed medicines where applicable</b>	100% of the lower of the cost or Scheme Rate, subject to available savings.  Sav = Yes In Hosp = No Acc = No	100% of the lower of cost or Scheme Rate, subject to available day-to-day benefits.  Sav/OHEB = Yes In Hosp = No Acc = No	
<b>D2 AMBULANCE SERVICES</b>				
		100% of the cost if authorised by the preferred provider. Limited to and payable from risk  Only one inter-hospital transfer per event.  Sav = No In Hosp = Yes Acc = No	100% of cost if authorised by the preferred provider. Limited to and payable from risk  Only one inter-hospital transfer per event.  Sav = No In Hosp = Yes Acc = No	Subject to the contracted ambulance services and prior authorisation. Benefits shall apply in respect of services provided within the Republic of South Africa, Namibia, Botswana, Zimbabwe, Lesotho, Swaziland and Mozambique (below the 22 <sup>nd</sup> degree parallel).
<b>D2.1</b>	<b>Evacuation Benefit</b>	R261 000 per event.  Sav = No	R261 000 per event.  Sav = No	Emergency evacuation within Africa after 90 days absence from the Republic of South Africa.

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SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS 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	
<b>D3 APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS</b>				
<b>D3.1</b>	<b>In Hospital</b>	Subject to available savings, unless PMB.  Sav = Yes In Hosp = No Acc = No  <b>PMB:</b> Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk  Sav/OHEB = No In Hosp = Yes Acc = No	For hiring or buying medical or surgical aids as prescribed by a medical practitioner.
<b>D3.1.1</b>	<b>Moon Boots and associated costs</b>	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	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	For hiring or buying medical or surgical aids as prescribed by a medical practitioner.  <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <b>REGISTERED BY ME ON</b>  <div style="display: flex; justify-content: space-between; align-items: center;"> <div>   <small>Signed by Mondli Govuzela M.Govuzela@medicalschemes.co.za</small> </div> <div>2025/11/25</div> </div> <div style="text-align: center; font-size: small;">25/11/2025 14:40:25(UTC+02:00)</div> <div style="display: flex; justify-content: space-between;">   </div> <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
<b>D3.2</b>	<b>Out of Hospital</b>	Subject to available savings, unless PMB.	Limited to R17 840 per family, subject to available day-to-day benefits, before and after threshold.	For hiring or buying medical or surgical aids as prescribed by a medical practitioner.


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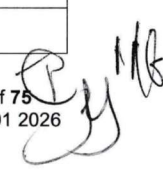
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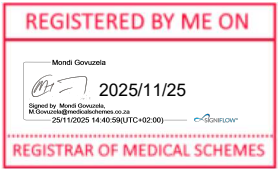
SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		Sav = Yes In Hosp = No Acc = No  <b>Once in Threshold</b> Limited to R17 840 per family per annum.	Sav/OHEB = Yes In Hosp = No Acc = Yes	<div style="border: 1px solid red; padding: 5px;"> <b>REGISTERED BY ME ON</b>   2025/11/25  <small>Signed by Mondl Govuzela, M.Govuzela@medicalschemes.co.za 251110225 14:40:25UTC+02:00</small> </div> <b>REGISTRAR OF MEDICAL SCHEMES</b>
D3.2.1	<b>General medical and surgical appliances (including glucometers)</b>	Limited to and included in the in appliances benefit (D3.2). If PMB, included in the in hospital appliances benefit (D3.2).  <b>Non-PMB</b> Sav = Yes In Hosp = Yes Acc = No  <b>PMB</b> Sav = No In Hosp = Yes Acc = No	Limited to and included in the out of appliance benefit (D3.2.) If PMB, included in the in hospital appliance benefit (D3.2):  <b>Non-PMB</b> Sav/OHEB = Yes In Hosp = No Acc = Yes  <b>PMB</b> OHEB = Yes Sav = No In Hosp = Yes Acc = No	For hiring or buying medical or surgical aids as prescribed by a medical practitioner.  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	<b>Hearing aids and repairs thereof</b>	Limited to and included in the in hospital appliances benefit (D3.2).	Limited to and included in the out of hospital appliance benefit (D3.2).	Refer to the conditions/remark under the out of hospital appliance benefit (D3.2).
D3.2.3	<b>Large orthopaedic orthotics /appliances</b>	Limited to and included in the in hospital appliances benefit (D3.2).	Limited to and included in the out of hospital appliance benefit (D3.2).	Refer to the conditions/remark under the out of hospital appliance benefit (D3.2).

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SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS 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 included in the available OHEB benefit.  <b>With OHEB available:</b> OHEB = Yes Sav = No In Hosp = No Acc = No  <b>OHEB Depleted</b> Limited to and payable from risk Sav = No In Hosp = Yes Acc = No	For hiring or buying medical or surgical aids as prescribed by a medical practitioner.  <div style="border: 1px solid red; padding: 5px; text-align: center;"><b>REGISTERED BY ME ON</b>  Mondi Govuzela 2025/11/25 Signed by: Mondli Govuzela, M.Govuzela@medicineschemes.co.za 25/11/2025 14:40:42(UTC+02:00) <b>REGISTRAR OF MEDICAL SCHEMES</b></div>
D3.2.5	CPAP apparatus for sleep apnoea	Limited to and included in the out of hospital appliances benefit (D3.2).  Sav = Yes In Hosp = No Acc = No	Limited to and included in the out of hospital appliance benefit (D3.2).  Sav/OHEB = Yes In Hosp = No Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation. Refer to the conditions/remark under the out of hospital appliance benefit (D3.2).
D3.2.6	Foot orthotics (including shoes and foot inserts / levellers)	Limited to and included in the out of hospital appliances benefit (D3.2).  Sav = Yes In Hosp = No Acc = No  <b>Once in Threshold</b> Limited to R5 010 per beneficiary per annum, subject to the appliance benefit (D3.2).	Limited to R5 010 per beneficiary per annum, and further limited to the out of hospital appliance benefit (D3.2).  Sav/OHEB = Yes In Hosp = No Acc = Yes	

SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D3.3	Specific appliances, accessories			
D3.3.1	Oxygen Therapy equipment (not including 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/OHEB = 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.  Refer to the conditions/remarks under the in hospital appliance benefit (D3.1)
D3.3.2	Home ventilators  	Limited to and payable from risk, if specifically authorised.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk, if specifically authorised.  Sav/OHEB = 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.  Refer to the conditions/remarks under the in hospital appliance benefit (D3.1)
D3.3.3	Long leg callipers	Limited to and payable from risk, if specifically authorised.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk, if specifically authorised.  Sav/OHEB = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation.  Refer to the conditions/remarks under the in hospital appliance benefit (D3.1)
D4	BLOOD AND BLOOD EQUIVALENTS AND BLOOD PRODUCTS			




SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
 <p>REGISTERED BY ME ON</p> <p>Mondli Govuzela</p> <p>Signed by Mondli Govuzela, M.Govuzela@protonmail.com, SA 25/11/2025 14:40:59(UTC+02:00)</p> <p>REGISTRAR OF MEDICAL SCHEMES</p>		<p>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. Limited to and payable from risk</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 lower of cost or Scheme Rate, or Uniform Patient Fee Schedule for public hospitals. Limited to and payable from risk</p> <p>Sav/OHEB = No In Hosp = Yes Acc = No</p>	<p>Use of blood equivalents is subject to prior authorisation by the relevant managed healthcare programme.</p> <p>Transportation of blood is included. Authorised Erythropoietin is included. See the conditions/remarks under the Renal Dialysis Benefit (D22.1)</p>
<b>D5 CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS</b>				
<b>D5.1</b>	<p><b>In Hospital</b></p> <ul style="list-style-type: none"> <li>General Practitioners</li> <li>Medical Specialists</li> </ul>	<p>100% of the lower of the cost or Scheme Rate.</p> <p>Limited to and payable from risk</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>100% of the lower of cost or Scheme Rate.</p> <p>Limited to and payable from risk</p> <p>Sav/OHEB = No In Hosp = Yes Acc = No</p>	<p>For medical and dental specialists or general practitioners.</p> <p>Paragraph A3 and A4 applicable.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> <li>Alternative healthcare practitioners (D1)</li> <li>Dental practitioners, technologists and Therapists (D6)</li> <li>Ante-natal visits and consultations (D10)</li> <li>Psychiatrists, psychologists, psychometrists and registered counsellors (D12)</li> <li>Oncologists, haematologists and credentialed medical practitioners, during active and post-active</li> </ul>



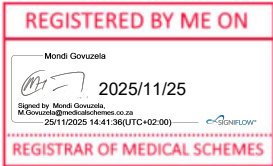
SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				treatment periods (D14) • Additional Medical Services (D17) • Physical Therapy (D19)
D5.2	Out of Hospital			
D5.2.1	GP's In Network	<p>Subject to available savings.</p> <p><b>In Network with benefits:</b> Sav = Yes In Hosp = No Acc = Yes</p> <p><b>In Network without benefits:</b> Limited to and payable from risk In Hosp = Yes Acc = No</p>	<p>Subject to available OHEB.</p> <p><b>In Network within OHEB benefits:</b> OHEB = Yes Sav = No In Hosp = No Acc = Yes</p> <p><b>In Network without OHEB benefits:</b> Limited to and payable from risk In Hosp = Yes Acc = No</p>	<p>Consultations through Network Provider unlimited once benefits are exhausted.</p> <div data-bbox="1190 499 1463 663" data-label="Image"> </div>
D5.2.2	GP's Out of Network	<p>100% of the lower of the cost or Scheme Rate, subject to available day-to-day benefits.</p> <p>Sav = Yes In Hosp = No Acc = No</p>	<p>100% of the lower of cost or Scheme Rate, Subject to available day-to-day benefits.</p> <p>Sav/OHEB = Yes In Hosp = No Acc = Yes</p>	Refer to conditions/remarks under in hospital consultations/visits (D5.1)
D5.2.3	Primary Care Drug Therapy Pharmacists Consultations	<p>Subject to available savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>Subject to available day-to-day benefit.</p> <p>Sav/OHEB = Yes In Hosp = No Acc = Yes</p>	

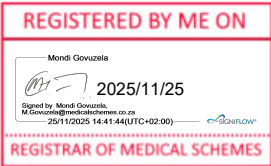



SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		<b>Once in Threshold:</b> Limited to and payable from risk	<b>Once in Threshold:</b> Limited to and payable from risk	
D5.2.4	Specialists In Network	<p>Subject to available savings.</p> <p><b>In Network within benefits:</b> Sav = Yes In Hosp = No Acc = Yes</p> <p><b>In Network without benefits:</b> Sav = No, member to self-fund at negotiated rate. In Hosp = No Acc = Yes</p>	<p>Subject to available day-to-day benefits.</p> <p><b>In Network within benefits:</b> Sav/OHEB = Yes In Hosp = No Acc = Yes</p> <p><b>In Network without benefits:</b> Sav/OHEB = No, member to self-fund at negotiated rate. In Hosp = No Acc = Yes</p>	<p>No co-payment will be applicable if referral is obtained.</p> <p>A 10% co-payment will apply if a specialist referral is not obtained when the following benefit are utilised:</p> <ul style="list-style-type: none"> <li>• Threshold</li> <li>• PMB benefits.</li> </ul>
D5.2.4.1	Paediatric Consultation younger than 2 years old	<p>1 consultation limited to and payable from risk from birth to 24 months per beneficiary.</p> <p>Sav = No In Hosp = Yes Acc = No</p> <p>Once Risk benefit has been utilised payable from available savings</p> <p>Sav = Yes In Hosp = No Acc = Yes</p> <p><b>Savings Depleted:</b></p>	<p>1 consultation limited to and payable from risk from birth to 24 months per beneficiary.</p> <p>Sav = No In Hosp = Yes Acc = No</p> <p>Once Risk benefit has been utilised payable from available savings</p> <p>Sav = Yes In Hosp = No Acc = Yes</p> <p><b>Savings Depleted:</b></p>	<p>No referral is required for infants under the age of 2 years old</p> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <div style="display: flex; align-items: center;"> <div> <p style="font-size: small;">Mondli Govuzela</p> <p style="font-size: small;">Signed by Mondli Govuzela, W.Govuzela@medicalschemes.co.za 25/11/2025 14:41:16(UTC+02:00)</p> </div> <div style="margin-left: 10px;"> <p style="font-size: small;">2025/11/25</p> <p style="font-size: x-small; color: blue;">eScribble</p> </div> </div> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>

SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		Member to self-fund at negotiated rate.  Sav = No In Hosp = No Acc = Yes  <b>Once in Threshold</b> Limited to and included in the Specialists in network benefit (A5.3.1).	Member to self-fund at negotiated rate.  Sav = No In Hosp = No Acc = Yes  <b>Once in Threshold</b> Limited to and included in the Specialists in network benefit (A5.3.1).	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25  <small>Signed by Mondri Govuzela, M.Govuzela@maxifed.co.za 25/11/2025 14:41:26(UTC+02:00)</small>  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
D5.2.5	Specialists Out of Network	Subject to available savings.  Sav = Yes In Hosp = No Acc = No  Once in threshold payable from risk subject to a 10% co-payment at the Scheme Rate	Subject to available day-to-day benefits.  Sav/OHEB = Yes In Hosp = No Acc = Yes  Once in threshold payable from risk at the Scheme Rate	Refer to conditions/remarks under in hospital consultations/visits (D5.1.)  A 10% co-payment will apply if a specialist referral is not obtained when the following benefit are utilised: <ul style="list-style-type: none"><li>• Threshold</li><li>• PMB benefits</li></ul>
<b>D6 DENTISTRY</b>				
D6.1	<b>Basic</b>			
D6.1.1	Dental practitioners	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes  Once in Threshold subject to risk	Subject to available day-to-day benefit.  Sav/OHEB = Yes In Hosp = No Acc = Yes  Once in Threshold subject to risk	Subject to the relevant managed healthcare programme.  Basic dentistry including minor oral surgery. Includes removal of teeth and roots, surgical removal of wisdom teeth, exposure of teeth for


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SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				<p>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 dentistry.</p> <p>General anaesthetics, conscious sedation and hospitalisation for dental work will only be granted benefits for the following beneficiaries:</p> <ul style="list-style-type: none"> <li>• Under the age of 7 years;</li> <li>• Or bony impaction of third molars</li> </ul> <p>Paragraph A5 applicable.</p> <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 programme and its prior authorisation.</p>
D6.1.2	Dental therapists		Limited to and included in the Basic Dentistry Benefit (D6.1.1).	Subject to the relevant managed healthcare programme.


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		Sav = Yes In Hosp = No Acc = Yes	Sav/OHEB = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under dental practitioners (D6.1.1.)
D6.1.3	Dental technicians	Limited to and included in the Basic Dentistry Benefit (D6.1.1).  Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the Basic Dentistry Benefit (D6.1.1).  Sav/OHEB = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under dental practitioners (D6.1.1).
D6.2	Advanced	Limited to R25 470 per family and R8 530 per beneficiary subject to available savings, before and after threshold  Sav = Yes In Hosp = No Acc = Yes  	Limited to R25 470 per family and R8 530 per beneficiary subject to available day-to-day benefits, before and after threshold  Sav/OHEB = Yes In Hosp = No Acc = Yes	Subject to the relevant managed healthcare programme.  Advanced dentistry including services for inlays, crowns, bridges, mounted study models, metal base partial dentures, the treatment by periodontists, prosthodontists and dental technician's fees for all such dentistry.  This benefit excludes: <ul style="list-style-type: none"><li>• Oral medical procedures (D6.1.1)</li><li>• Metal base for complete dentures (upper, lower and both)</li></ul>
D6.2.1	Dental technicians	Limited to and included in the advanced dentistry benefit (D6.2).  Sav = Yes	Limited to and included in the advanced dentistry benefit (D6.2).  Sav/OHEB = Yes	Refer to the conditions/remarks under the advanced dentistry benefit (D6.2).

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		In Hosp = No Acc = Yes	In Hosp = No Acc = Yes	
D6.2.2	Osseo-integrated Implants and orthognathic surgery (functional correction of malocclusions)	Limited to and included in the advanced dentistry benefit (D6.2).  Sav = Yes In Hosp = No Acc = No  	Limited to and included in the advanced dentistry benefit (D6.2).  Sav/OHEB = Yes In Hosp = No Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation.  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, bone and bone equivalents.  Paragraph A4 applicable.  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).  Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the advanced dentistry benefit (D6.2).  Sav/OHEB = 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

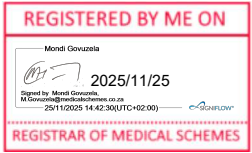


SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				for prosthetics as defined in the dental tariff schedule, performed by maxillo-facial specialists. Paragraph A4 applicable.
D6.2.4	Orthodontic treatment	Limited to and included in the advanced dentistry benefit (D6.2).  Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the advanced dentistry benefit (D6.2).  Sav/OHEB = Yes In Hosp = No Acc = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation.
D6.3	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).
<b>D7 HOSPITALISATION</b>				
D7.1	Private hospitals and unattached operating theatres			
D7.1.1	In Hospital	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No  <div data-bbox="496 823 753 978" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <div style="text-align: center;">   <p>2025/11/25</p> <p><small>Signed by Mond Govuzela M.Govuzela@medicalschemes.co.za 25/11/2025 14:42:00 UTC+02:00</small></p> </div> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	Limited to and payable from risk.  Sav/OHEB = No In Hosp = Yes Acc = No	Subject to the relevant contracted managed healthcare programme(s), which include the application of treatment protocols, formularies, pre-authorisation and case management.  Paragraph A3 applicable.  Co-payments applicable per option, as per Annexure E.  For accommodation, use of operating theatres and hospital




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				<p>equipment, medicine, pharmaceuticals and surgical items. Benefits for the cost of private wards are paid at the same rate as for general wards, unless there is acceptable medical motivation.</p> <p>Includes acute renal dialysis (D22.1.)</p> <p>This benefit excludes Hospitalisation for:</p> <ul style="list-style-type: none"> <li>• Osseo-integrated implants and orthognathic surgery (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> </ul> <p>Refer to the surgical and non-surgical procedures with specific conditions and exclusions benefit (D24.)</p>
D7.1.1.1	Deep Brain Stimulation Implantation (excluding prosthesis)		Limited to R317 650 per family per annum.  Sav = No In Hosp = Yes	<p>Limited to R317 650 per family per annum.</p> <p>Sav/OHEB = No In Hosp = Yes</p> <p>Refer to conditions/remarks under the In hospitalisation benefit (D7.1.1).</p>

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		Acc = No	Acc = No	
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/OHEB = No In Hosp = Yes Acc = No</p>	<p>Except for anti-coagulants 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.</p> <div data-bbox="1193 472 1469 640"> <p>REGISTERED BY ME ON</p> <p>Mondi Govuzela</p> <p>2025/11/25</p> <p>Digitized by Mondli Govuzela M.Govuzela@medicines.co.za 25/11/2025 14:42:21(UTC+02:00)</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D7.1.3	Casualty/ emergency room visits			
D7.1.3.1	Facility fee	<p>Subject to available savings.</p> <p>100% of the negotiated fee or in the absence of such fee, 100% of the lower of the cost of Scheme Rate.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>Subject to available day-to-day benefits.</p> <p>100% of the negotiated fee, or in the absence of such fee, 100% of the lower of cost or Scheme Rate.</p> <p>Sav/OHEB = Yes In Hosp = No Acc = Yes</p>	<p>Refer to surgical and non-surgical procedures benefit (D24) which will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for <i>bona fide</i> emergencies.</p>

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D7.1.3.2	Consultations	Limited to and included in the GP and Specialist out of hospital benefit (D5.2).  Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the GP and Specialists out of hospital benefit (D5.2).  Sav/OHEB = 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/OHEB = 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.  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 OHEB = No In Hosp = No Acc = Yes	Refer to surgical (D24) and non-surgical procedures benefit (D13) which will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme (if medically established).  Confirmed traumatic events and PMB-related cases will be funded from Risk without any co-payment, non-traumatic and non-PMB events may be funded from the member's savings account.
D7.2	Public Hospitals			

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D7.2.1	In Hospital	<p>Limited to and payable from risk</p> <p>Sav = No In Hosp = Yes Acc = No</p> <p>Co-payments applicable as per Annexure E.</p> <div data-bbox="469 562 742 726" data-label="Image"> </div>	<p>Limited to and payable from risk</p> <p>Sav/OHEB = No In Hosp = Yes Acc = No</p> <p>Co-payments applicable as per Annexure E.</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. Paragraph A4 applicable.</p> <p>This benefit excludes Hospitalisation for:</p> <ul style="list-style-type: none"> <li>• Osseo-integrated implants and orthognathic surgery (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>• Renal Dialysis chronic (D22)</li> <li>• Refractive surgery (D23)</li> </ul>
D7.2.2	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/OHEB = No In Hosp = Yes Acc = No</p>	<p>Except for anticoagulants 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.</p>

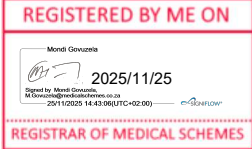
SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.2.3	Casualty/ emergency room visits			
D7.2.3.1	<b>Facility Fee</b>  	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available day-to-day benefits.  Sav/OHEB = Yes In Hosp = No Acc = Yes	Refer to surgical (D24) and non-surgical procedures benefit (D13) 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.
D7.2.3.2	<b>Consultations</b>	Limited to and included in the GP and Specialist out of hospital benefit (D5.2).  Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the GP and Specialists out of hospital benefit (D5.2).  Sav/OHEB = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under GP and Specialists out of hospital benefit (D5.2).
D7.2.3.3	<b>Medicine</b>	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/OHEB = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under the routine medicine benefit (D11.1).
D7.2.4	Outpatient services			
D7.2.4.1	<b>Facility Fee</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available day-to-day benefits.  Sav/OHEB = Yes In Hosp = No Acc = Yes	Refer to surgical (D24) and non-surgical procedures benefit (D13) which will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare





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				programme for <i>bona fide</i> emergencies.
D7.2.4.2	Consultations	Limited to and included in the GP and Specialist out of hospital benefit (D5.2).  Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the GP and Specialists out of hospital benefit (D5.2).  Sav/OHEB = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under GP and Specialists out of hospital benefit (D5.2).
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/OHEB = 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.  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.	Limited to and payable from risk.  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.	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. 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.





SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.3.1	Physical rehabilitation facilities	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav/OHEB = 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 and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav/OHEB = 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 prescribed minimum benefit.  Sav = No In Hosp = Yes Acc = No	Limited to R35 570 per family, unless prescribed minimum benefit.  Sav/OHEB = 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.
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/OHEB = 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 payable from risk.  Sav = No In Hosp = Yes	Limited to and payable from risk  Sav/OHEB = No In Hosp = Yes	Subject to the relevant managed healthcare programme and to its prior authorisation.

SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		Acc = No	Acc = No	This benefit includes psychiatric nursing but excludes midwifery services. Also refer to the conditions and 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.  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>    2025/11/25  <small>Signed by Mondri Govuzela, M.Commerce@medicalschemes.co.za</small>  25/11/2025 14:43:15(UTC+02:00)   <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	100% of the negotiated fee, or in the absence of such fee, 100% of the lower of cost or Scheme Rates.	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 and on the completion of the programme, unless PMB level of care.  Where there is an existing co-payment on spinal surgery, the co-payment will still apply unless the preferred provider for spinal surgery is utilised.
D7.4.	Post hospitalisation	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/OHEB = 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.


SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D7.4.1	Physiotherapy	Limited to and included in the post hospitalisation benefit (D7.4).	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under post hospitalisation benefit (D7.4).
D7.4.2	Occupational therapy	Limited to and included in the post hospitalisation benefit (D7.4).	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under post hospitalisation benefit (D7.4).
D7.4.3	Speech therapy	Limited to and included in the post hospitalisation benefit (D7.4).	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under post hospitalisation benefit (D7.4).
D7.4.4	Pathology	Limited to and included in the post hospitalisation benefit (D7.4).	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under post hospitalisation benefit (D7.4).
D7.4.5	General radiology	Limited to and included in the post hospitalisation benefit (D7.4).	Limited to and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under 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).	Limited to 2 consultations per admission, and included in the post hospitalisation benefit (D7.4).	Refer to the conditions/remarks under post hospitalisation benefit (D7.4).
<b>D8 IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION</b>				
D8.1	Anti-retroviral medicines 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/OHEB = 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



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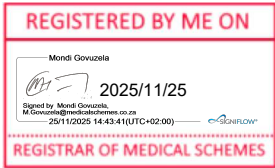


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SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D8.2	Related medicine	Limited to and included in the Immune Deficiency Syndrome (D8.1).	Limited to and included in the Immune Deficiency Syndrome (D8.1).	Refer to the conditions/remarks under the anti-retroviral medicine (D8.1).
D8.3	Related Pathology	Limited to and included in the Immune Deficiency Syndrome (D8.1).	Limited to and included in the Immune Deficiency Syndrome (D8.1).	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.
D8.4	Consultations	Limited to and included in the Immune Deficiency Syndrome (D8.1).	Limited to and included in the Immune Deficiency Syndrome (D8.1).	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.)  Sav = No In Hosp = Yes Acc = No	Limited to and included in all other benefits except for Immune deficiency syndrome benefit (D1 to D7 and D9 to D24.)  Sav/OHEB = No In Hosp = Yes Acc = No	<div style="border: 1px solid red; padding: 5px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <p><small>Mondi Govuzela</small></p>  <p><small>Signed by Mondli Govuzela, M.Govuzela@medicalschemes.co.za 25/11/2025 14:43:32(UTC+02:00)</small></p> </div> <div> <p><b>2025/11/25</b></p> <p><small>eSafescribe</small></p> </div> </div> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
<b>D9 INFERTILITY</b>				
		Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes	Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes	Subject to the relevant managed healthcare programme. Paragraph A4 applicable.





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 <p>REGISTERED BY ME ON</p> <p>Mondi Govuzela</p> <p>2025/11/25</p> <p>Signed by: Mondli Govuzela M.Govuzela@medicalschemes.co.za 25/11/2025 14:43:41(UTC+02:00)</p> <p>REGISTRAR OF MEDICAL SCHEMES</p>		<p>Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.</p> <p>100% of the negotiated fee, or in the absence of such fee, 100% of Uniform Patient Fee Schedule for public hospitals.</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.</p> <p>100% of the negotiated fee, or in the absence of such fee, 100% of Uniform Patient Fee Schedule for public hospitals.</p> <p>Sav/OHEB = No In Hosp = Yes Acc = No</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: <ul style="list-style-type: none"> <li>• Day 3mFSH/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> <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> </li> </ul>
<b>D10 MATERNITY</b>				
<b>D10.1</b>	<b>Confinement in hospital</b>	Limited to and payable from risk.  Sav = No	Limited to and payable from risk.  Sav/OHEB = No	Subject to the Scheme's contracted managed healthcare programme(s) which include the application of




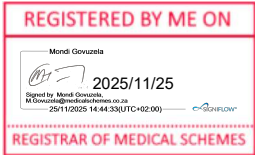
SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		<p>In Hosp = Yes Acc = No</p> <div data-bbox="500 428 773 594" data-label="Image"> </div>	<p>In Hosp = Yes Acc = No</p>	<p>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 of the attendant paediatrician and/or anaesthetists are included.</p> <p>Included in global obstetric fee is post-natal care by a general practitioner and medical specialist up to and including the six week post-natal consultation.</p> <p>Benefits for the cost of private wards (if available) are funded at cost.</p>
D10.1.1	Medicine on discharge from hospital (TTO)	<p>Limited to and payable from risk.</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>Limited to and payable from risk.</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>Up to 7 days' supply, to a maximum of R412 per beneficiary per admission.</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		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		Sav = No In Hosp = Yes Acc = No	Sav/OHEB = No In Hosp = Yes Acc = No	
D10.1.2	Confinement in a registered birthing unit	Limited to and payable from risk.  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 payable from risk.  Sav/OHEB = 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).	For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. 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 payable from risk.  4 x post-natal midwife consultations per pregnancy, in and out of hospital included in the related maternity benefit (D10.4).  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  4 x post-natal midwife consultations per pregnancy, in and out of hospital included in the related maternity benefit (D10.4).  Sav/OHEB = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation.  For the 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/OHEB = No In Hosp = Yes Acc = No	Registered medicines, 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.	2 test and consultations payable from risk, then savings.	Screening should be preformed at 4 – 6 weeks chronological age or 31

SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		Subject to the following scheme protocols: <ul style="list-style-type: none"> <li>Neonates born prior to 32 weeks gestation</li> <li>Preterm neonates weighing &lt; 1500g</li> </ul>	Subject to the following scheme protocols: <ul style="list-style-type: none"> <li>Neonates born prior to 32 weeks gestation</li> <li>Preterm neonates weighing &lt; 1500g</li> </ul>	– 33 weeks post-conceptual age (whichever comes later)
D10.4	Related maternity services	<p>The following benefits are paid for directly from risk per event.</p> <p>Limits apply to the below benefits as follows:</p> <ul style="list-style-type: none"> <li>Consultations with a midwife, Network GP or Gynaecologist limited to 12 x ante and/ or post-natal consultations or a mixture thereof</li> <li>Antenatal classes to the value of R1 200 conducted by Private Nurses;</li> <li>2 x 2D scans;</li> <li>1 x amniocentesis</li> </ul> <p>Sav= No In Hosp = Yes Acc No</p> <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 from OHEB and then from risk per event.</p> <p>Limits apply to the below benefits as follows:</p> <ul style="list-style-type: none"> <li>Consultations with a midwife, Network GP or Gynaecologist limited to 12 x ante and/ or post-natal consultations or a mixture thereof</li> <li>Antenatal classes to the value of R1 200 conducted by Private Nurses;</li> <li>2 x 2D scans;</li> <li>1 x amniocentesis</li> </ul> <p>OHEB = Yes Sav= No In Hosp = Yes Acc No</p> <p>Once Risk benefit has been utilised payable from available savings</p> <p>Sav = Yes In Hosp = No</p>	



SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
			Acc = Yes	
<b>D11 MEDICINE AND INJECTION MATERIAL</b>				
<b>D11.1</b>	<b>Routine (acute) medicine</b>	<p>Limited to R15 160 per family and R8 190 per beneficiary, subject to available day-to-day benefits.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p> 	<p>Limited to R22 690 per family and R11 400 per beneficiary, subject to available day-to-day benefits.</p> <p>Sav/OHEB = 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> <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> <li>• Renal dialysis Chronic (D22)</li> </ul>
<b>D11.2</b>	<b>Medicine on discharge from hospital (TTO)</b>	<p>Limited to and payable from risk. See TTO's in D7.1.2</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>Limited to and payable from risk. See TTO's in D7.1.2</p> <p>Sav/OHEB = No In Hosp = Yes Acc = No</p>	<p>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.</p>

SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D11.3	Pharmacy Advised Therapy Schedules 0,1 and 2 medicine advised and dispensed by a pharmacist	Subject to available savings.  Sav = Yes In Hosp = No Acc = No	Subject to available savings.  OHEB = No Sav = Yes In Hosp = No Acc = No	
D11.4	Chronic medicine  	Limited to R14 950 per family and R8 130 per beneficiary.  Medication for the 70 chronic conditions may be obtained from the preferred provider, subject to a comprehensive formulary, within the annual chronic benefit limit.  Thereafter, 25 PMB's can be obtained from a preferred provider, subject to a comprehensive formulary, unlimited.  40% co-payment for voluntary non-use of formulary medication, not refundable from savings.  Sav = No In Hosp = Yes Acc = No	Limited to R31 960 per family and R17 220 per beneficiary.  Medication for the 83 chronic conditions may be obtained from a preferred provider of choice, within the annual chronic benefit limit and subject to the comprehensive formulary.  Thereafter, 25 PMB's provided for from a preferred provider of choice, subject to a Comprehensive formulary, unlimited.  40% co-payment for voluntary non-use of formulary medication, not refundable from savings.  Sav/OHEB = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation and applicable formularies.  Refer to Annexure D for list of chronic conditions for both options.  Restricted to a maximum of one month's supply, unless specifically pre-authorised.  Includes diabetic disposables such as syringes, needles, strips and lancets.  This benefit excludes: <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 cell (bone marrow) transplantation and immunosuppressive medication (D16)</li><li>• Renal Dialysis Chronic (D22)</li></ul>





SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D11.5	Female Health Benefit			
D11.5.1	<ul style="list-style-type: none"> <li>• Oral Contraceptives</li> <li>• Contraceptive Injections</li> <li>• Contraceptive Patches</li> <li>• Contraceptive Vaginal Rings</li> </ul>	Limited to and payable from risk up to the age of 55 year's old, restricted to a maximum of one month's supply  Sav = No In Hosp – Yes Acc = No	Limited to and payable from risk up to the age of 55 year's old, restricted to a maximum of one month's supply.  Sav/OHEB = No In Hosp – Yes Acc = No	Subject to a list of contraceptives.  Excluding oral contraceptives prescribed for non-contraceptive treatments.  Excluding consultations and procedural costs.
D11.5.2	<ul style="list-style-type: none"> <li>• Contraceptive Implants</li> <li>• Intrauterine Devices</li> </ul>	Limited to 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/OHEB = No In Hosp – Yes Acc = No	Subject to a list of contraceptive devices.  Excluding consultations and procedural costs.
D11.5.3	Emergency Oral Contraceptives	Limited to and payable from risk, 1 every year 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 contraceptive devices.  Excluding consultations and procedural costs.
D11.6	Specialised Drugs Non-Oncology	Combined limit with Specialised Drugs for Oncology (D14.1.3) of R200 630 per family  Sav = No In Hosp = Yes Acc = No	Combined limit with Specialised Drugs for Oncology (D14.1.3) of R402 500 per family.  Sav/OHEB = No In Hosp = Yes Acc = No	The non-oncology specialised drug list is a continuously evolving list of high cost drugs, used for the treatment of chronic conditions.  This list includes but is not limited to biological drugs (biological

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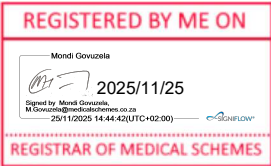
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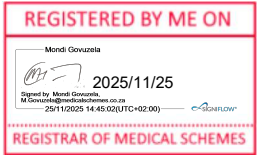
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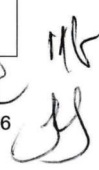
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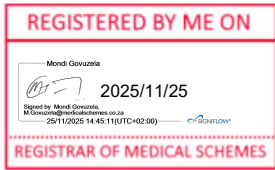
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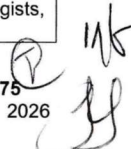
SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				<p>therapy for inflammatory arthritis, inflammatory bowel disease, chronic demyelinating polyneuropathies, chronic hepatitis, botulinum toxin, Palivizumab).</p> <p>Unless otherwise stated, for any other diseases where the use of the drug is deemed appropriate by the managed health care organization, drugs will be funded from this benefit subject to the relevant healthcare programme and its prior authorisation. Subject to a published list.</p> <p>Where a drug is deemed cost-effective versus standard chemotherapy it may be excluded from this benefit limit, subject to the oncology active treatment period (D14.1).</p>
D11.6.1	Biological Drugs applicable to monoclonal antibodies and interleukins	Limited to and included in the specialised drugs non-oncology (D11.6).	Limited to and included in the specialised drugs non-oncology (D11.6).	<p>Subject to the relevant managed healthcare programme and to its prior authorisation for the treatment of:</p> <ul style="list-style-type: none"> <li>• In hospital medicine (D7)</li> <li>• Multiple Sclerosis (as per Prescribed Minimum Benefit Algorithm)</li> <li>• Inflammatory Arthritis</li> <li>• Inflammatory Bowel Disease</li> </ul>

SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				<ul style="list-style-type: none"> <li>Chronic Hepatitis (where interferon is authorised for chronic hepatitis, the associated antiviral ribavirin will be authorised from the chronic benefit).</li> </ul>
D11.6.2	Human Immunoglobins for chronic use	Limited to and included in the specialised drugs non-oncology (D11.6).	Limited to and included in the specialised drugs non-oncology (D11.6).	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.6.3	Iron Chelating Agents for chronic use	Limited to and included in the specialised drugs non-oncology (D11.6).  	Limited to and included in the specialised drugs non-oncology (D11.6).	Subject to the relevant managed healthcare programme and to its prior authorisation, for the use of Iron Chelating Agents for: <ul style="list-style-type: none"> <li>Chronic Iron overload with drugs such as Deferasirox</li> <li>Prevention of RSV with drugs such as Palivizumab (Synagis), limited to D11.6 where clinical criteria are met infection</li> <li>Psoriasis</li> </ul>
D11.6.4	Sevelamer (Renagel®), Lanthanum Fosrenol® and Cinacalcet (Sensipar®)	Limited to and included in the specialised drugs non-oncology (D11.6).	Limited to and included in the specialised drugs non-oncology (D11.6).	Subject to the relevant managed healthcare programme and to its prior authorisation, for the use of non-calcium phosphate binders and calcimimetics for:  Renal osteodystrophy as a result of chronic kidney disease



SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D11.6.5	Botulinum toxin-containing products	Limited to and included in the specialised drugs non-oncology (D11.6).	Limited to and included in the specialised drugs non-oncology (D11.6).	Subject to the relevant managed healthcare programme and to its prior authorisation, for the treatment of dystonia's and spasms.
D11.6.6	Specialised Drugs used in the management of macular degeneration and macular oedema applicable to monoclonal antibodies, Intravitreal implants, photosensitizing agents	Limited to R63 410 per family and included in the specialised drugs non-oncology (D11.6) subject to clinical protocols.	Limited to R63 410 per family and included in the specialised drugs non-oncology (D11.6), subject to clinical protocols.	Subject to the relevant managed healthcare programme and to its prior authorisation for the treatment of Retinal disorders.
D11.7	Specialised drugs for Oncology	Combined limit with Specialised Drugs for Non-Oncology (D11.6) of R200 630 per family  Sav = No In Hosp = Yes Acc = No.	Combined limit with Specialised Drugs for Non-Oncology (D11.6) of R402 500 per family  Sav/OHEB = No In Hosp = Yes Acc = No	Refer to the conditions/remarks under Specialised Drugs for Oncology (D14.1.3.)
D12 MENTAL HEALTH				
D12.1	In Hospital  	Limited to R36 910 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-authorised by the relevant managed healthcare programme.	Limited to R46 500 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-authorised by the relevant managed healthcare programme.	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




SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		Sav = No In Hosp = Yes Acc = No  	Sav/OHEB = No In Hosp = Yes Acc = No	equipment, medicine, pharmaceuticals, surgical items, procedures, consultations/ visits, assessments, therapy, treatment and/ or counselling performed by general practitioners, psychiatrists, psychologists, psychometrists or registered counsellors.  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.
D12.1	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/OHEB = 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	Subject to available savings.  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,	Subject to available day-to-day benefits.  Limited to and included in the Additional Medical Services Benefit (D17), including out of hospital Psychologist and Psychiatrist consultations and excluding GP	Psychologist and Psychiatrist consultations are mutually inclusive of the benefit provided for in Additional Medical Services (D17).  If performed by psychiatrists, general practitioners, psychologists, psychometrists or registered

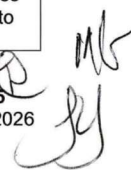





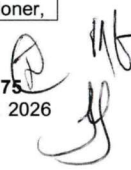
SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		assessments, therapy, treatment and/ or counselling.  Sav = Yes In Hosp = No Acc = Yes	consultations visits, procedures, assessments, therapy, treatment and/ or counselling.  Sav/OHEB = Yes In Hosp = No Acc = Yes	counsellors at the supplier's rooms or in a medical facility, including a registered public hospital out- patient department.
D12.2.1	<b>Non-Prescribed Minimum Benefit Consultations / Visits, Procedures, assessments, therapy, treatment and/ or counselling</b>	Limited to and included in the out of hospital mental health benefit (D12.2.)  <b>GP Benefit:</b> Limited to 2 GP consultations per beneficiary in network from risk (before or after threshold), then payable from savings.  <b>GP consultations out of network subject to savings.</b>  Sav = Yes In Hosp = No Acc = Yes  Procedures, assessments, therapy, treatment and/ or counselling  Sav =Yes In Hosp = No Acc = Yes	Limited to and included in the out of hospital mental health benefit (D12.2.)  <b>GP Benefit:</b> Limited to 2 GP consultations per beneficiary in network from risk (before or after threshold), then payable from savings.  <b>GP consultations out of network subject to savings.</b>  Sav = Yes OHEB = No In Hosp = No Acc = Yes  Procedures, assessments, therapy, treatment and/ or counselling  Sav/OHEB =Yes In Hosp = No Acc = Yes	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.  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><b>REGISTERED BY ME ON</b>  <div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin-right: 5px;"><small>Mond Govuzela</small>  <small>Signed by: Mond Govuzela, M.Govuzela@medicineschemes.co.za 25/11/2025 14:45:19(UTC+02:00)</small></div><div style="text-align: right;"><small>2025/11/25</small> </div></div><b>REGISTRAR OF MEDICAL SCHEMES</b></div>

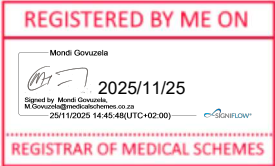



SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D12.2.2	Prescribed Minimum Benefit procedures	Included in the metal health benefit (D12), once limit is depleted then unlimited, subject  Sav = No In Hosp = Yes Acc = No	Included in the metal health benefit (D12), once limit is depleted then unlimited, subject  OHEB = Yes Sav = No In Hosp = Yes Acc = No	See the conditions/remarks under non-prescribed minimum benefit (D12.2.1.)  Paragraph A4 applicable.
D12.2.3	Medicine	Limited to and included in the routine medicine or chronic medication benefit (D11.1) and (D11.4).  Sav = Yes In Hosp = No Acc = Yes	Limited to and included in the routine medicine and chronic medication benefit (D11.1) and (D11.4).  Sav/OHEB = Yes In Hosp = No Acc = Yes	Refer to the conditions/remarks under routine medicine and chronic medicine benefit (D11.1 and D11.4).
D12.3	Rehabilitation for substance abuse  	Limited to and included in the Mental Health Benefit (D12) and PMB procedures benefit (D12.2.2) and the Regulations.  <b>Within limits</b> , 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.  Thereafter PMBs managed according to managed healthcare protocols.  Sav = No In Hosp = Yes Acc = No	Limited to and included in the Mental Health Benefit (D12) and the PMB procedures benefit (D12.2.2) and the Regulations.  <b>Within limits</b> , 100% of the negotiated fee, or in the absence of such fee, 100% of Uniform Patient Fee Schedule for public hospitals.  Thereafter Prescribed Minimum Benefits managed according to managed healthcare protocols.  OHEB/ 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, 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

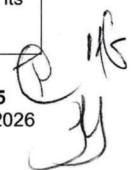


SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		25% co-payment for non-network admissions and voluntary use of a non-DSP hospital  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>    2025/11/25  <small>Signed by Mondri Govuzela M.Govuzela@rehabilitation.co.za 25/11/2025 14:45:38(UTC+02:00)</small>  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	25% co-payment for non-network admissions and voluntary use of a non-DSP hospital	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  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk. See TTO's in D7.1.2  Sav/OHEB = No In Hosp = Yes Acc = No	Except for anti-coagulants 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.
<b>D13 NON-SURGICAL PROCEDURES AND TESTS</b>				
D13.1	In Hospital	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav/OHEB = 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,




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				<p>medical specialist or clinical technologist.</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	<p>Subject to available savings.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>Subject to available day-to-day benefits.</p> <p>Sav/OHEB = Yes In Hosp = No Acc = Yes</p>	For all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist.
D13.2.1	Non-surgical procedures in practitioner's rooms			
D13.2.1.1	<p>Specific non-surgical procedures in practitioner's rooms:</p> <ul style="list-style-type: none"> <li>• Routine diagnostic upper and lower gastro-intestinal fibre optic endoscopy (excluding rigid sigmoidoscopy and anoscopy)</li> <li>• 24HR oesophageal PH studies</li> </ul>	<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/OHEB = No In Hosp = Yes Acc = No</p>	<p>Includes related consultation materials, pathology and radiology if done on the same day.</p> <p>For all non-surgical procedures performed by a general practitioner, medical specialist or clinical technologist. Paragraph A4 applicable.</p> <p>Limited to 2 upper or lower gastrointestinal endoscopies per beneficiary per annum</p>

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	<ul style="list-style-type: none"> <li>Breast fine needle biopsy</li> <li>Cystoscopy</li> <li>Oesophageal motility studies</li> <li>Prostate needle biopsy</li> </ul>		<div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   2025/11/25  <small>Signed by Mondli Govuzela M.Govuzela@medicinescheme.co.za 25/11/2025 14:45:59(UTC+02:00)</small>  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	
<b>D13.3</b>	<b>Sleep studies</b>			
<b>D13.3.1</b>	<b>Diagnostic Polysomnograms in and out of hospital</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available day-to-day benefits.  Sav/OHEB = Yes In Hosp = No Acc = Yes	
<b>D13.3.1.2</b>	<b>CPAP Titration – in and out of hospital</b>	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav/OHEB = No In Hosp = Yes Acc = No	<p>If authorised by the relevant managed healthcare programme for patients with obstructive sleep apnoea who meet the criteria for CPAP and where requested by the relevant specialist.</p> <p>Non-authorised claims to be paid from OHEB/ Savings at Scheme Rate.</p>
<b>D14</b>	<b>ONCOLOGY</b>			
<b>D14.1</b>	<b>Active treatment period</b>	Limited R643 340 per family.  Sav = No In Hosp = Yes	Limited to and payable from risk.  Sav/OHEB = No In Hosp = Yes	Subject registration on the oncology management programme and to its prior authorisation, oncology preferred product list and a





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		<p>Acc = No</p> <p>Mid-level (Core) protocols apply.</p> <p><b>Within Benefits</b> Preferred Provider = ICON</p> <p><b>Without Benefits</b> DSP = ICON – 25% co-payment will apply for non DSP.</p> <p>25% co-payment for voluntary use of non-DSP for medication.</p>	<p>Acc = No</p> <p>Enhanced Protocols apply</p> <p>ICON is the Preferred Provider.</p> <p>25% co-payment for voluntary use of non-DSP for medication.</p> <div data-bbox="852 527 1120 693" data-label="Image"> </div>	<p>preferred provider network for the delivery of medicines and consumables. Subject to reference pricing.</p> <p>Paragraph A4 applicable, unless otherwise stated.</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> <p>Paragraphs D1 – D13 and D15 – D24 apply.</p>
D14.1.1	Medicine	Limited to and included in the oncology 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 oncology active treatment period (D14.1.)	Limited to and included in the oncology active treatment period (D14.1.)	<p>Subject to the relevant managed healthcare programme, protocols and to its prior authorisation.</p> <p>For specified radiology and pathology services, performed by pathologists, radiologists and</p>



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				haematologists, associated with oncology treatment. A4 not applicable.
D14.1.2.1	<b>PET and PET-CT</b>  	<p>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.</p> <p>Co payment of R5 670 will apply for use of non PET Network Provider</p> <p>Sav = No In Hosp = Yes Acc = No</p>	<p>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.</p> <p>Co payment of R5 670 will apply for use of non PET Network Provider</p> <p>Sav/OHEB = No In Hosp = Yes Acc = No</p>	<p>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.</p> <p>A4 not applicable.</p> <p>Only in a credentialed specialist practice.</p>
D14.1.3	<b>Specialised Drugs for Oncology</b>	<p>Combined limited with Specialised Drugs for Non-Oncology (D11.6) for R200 630 per family and included in the oncology active treatment period (D14.1.).</p> <p>Sav= No In Hosp = Yes Acc = No</p>	<p>Combined limit with Specialised Drugs for Non-Oncology (D11.6) for R402 500 and included in the oncology active treatment period (D14.1.)</p> <p>Sav/OHEB = No In Hosp = Yes Acc = No</p>	<p>The Oncology Specialised Drug List (SDL) is a continuously evolving list of drugs used for the treatment of cancers and certain haematological conditions.</p> <p>This list includes but is not limited to specialised drugs, for example: biologicals, certain enzyme inhibitors, immunomodulatory antineoplastic agents and other targeted therapies.</p> <p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p>



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				Subject to a published list. Where a drug is deemed cost-effective versus standard chemotherapy it may be excluded from this benefit limit
D14.1.4	Flushing of J line and/or Port	Limited to and included in the oncology 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/OHEB = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme.  For oncologists, haematologists and credentialed medical practitioners, treatment and materials.
D14.1.5	Brachytherapy Materials	Limited to R64 030 per family and included in the oncology active treatment period (D14.1.).	Limited to R64 030 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 (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	Limited to and included in the oncology benefit (D14) for life following the active treatment period.  Sav/OHEB = No In Hosp = Yes Acc = No	For consultations by oncologists, haematologists and credentialed medical practitioners, specified radiology and pathology, performed by pathologists, radiologists and haematologists during the specified remission period.  Pre-active refers to the work-up done to diagnose the cancer (date from 1 <sup>st</sup> investigation e.g., x-ray, CT/MRI scan, pathology, histology)

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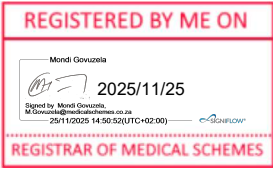
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SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		<div>REGISTERED BY ME ON</div> <div><div><div>Mondl Govuzela</div><div></div><div>2025/11/25</div></div><div><div><small>Signed by Mondl Govuzela M.Govuzela@gmail.com 25/11/2025 14:49:52 (UTC+02:00)</small></div><div></div></div></div> <div>REGISTRAR OF MEDICAL SCHEMES</div>		<p>Post-active refers to the time when member actually had last active treatment (e.g., hormone therapy, chemotherapy radiotherapy).</p> <p>For life means that the member will remain on the oncology programme as long as the cancer goes into remission until it recurs.</p> <p>Should the condition regress, the active treatment benefit (D14.1) will be reinstated.</p>
D15 OPTOMETRY				
	(Unmanaged)	<p>Subject to available savings. Limited to R11 750 per family and R3 860 per beneficiary.</p> <p>Sav = Yes In Hosp = No Acc = Yes</p>	<p>Subject to available day-to-day benefits. Limited to R11 750 per family and R3 860 per beneficiary.</p> <p>Sav/OHEB = Yes In Hosp = No Acc = Yes</p>	Where prescribed by a registered optometrist, ophthalmologist or supplementary optical practitioner.
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			


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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	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)
D15.5	Lens add-ons	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)
D15.6	Contact 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)
D15.7	Low vision appliances	Limited to and included in the out of hospital appliance benefit (D3.2.1.).	Limited to and included in the out of hospital appliance benefit (D3.2.1.)	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, medical practitioner or supplementary optical or medical 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 day-to-day benefits.  Sav/OHEB = Yes In Hosp = No Acc = Yes	<div style="border: 1px solid red; padding: 5px;"> <b>REGISTERED BY ME ON</b>    2025/11/25  <small>Signed by: Mond Govuzela, M. Govuzela@medicines.co.za</small>  25/11/2025 14:50:30(UTC+02:00)   <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>



SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D15.10	Diagnostic procedures	Limited to and included in the optometry benefit (D15).	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</b>				
	 <p>REGISTERED BY ME ON</p> <p>Mendi Govuzela</p> <p>2025/11/25</p> <p>Signed by Mendi Govuzela M.Govuzela@medicineschemes.co.za 25/11/2025 14:50:43(UTC+02:00)</p> <p>REGISTRAR OF MEDICAL SCHEMES</p>	Limited to R643 340 per family.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav/OHEB = 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.  Organ harvesting is limited to the Republic of South Africa.  Paragraph A4 applicable, unless otherwise stated.
D16.1	Corneal Grafts	Limited to R37 430 per beneficiary, subject to the organ transplantation benefit (D16).	Limited to R37 430 per beneficiary, and payable from risk.	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 transplantation benefit (D16).	Limited to and payable from risk.	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.


SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D16.3	Immuno-suppressive medicine	Limited to and included in the organ transplantation benefit (D16).	Limited to and payable from risk.	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 transplantation benefit (D16).	Limited to and payable from risk.	Refer to the conditions/remarks under the organ transplantation benefit (D16.)
D16.5	Radiology and Pathology	Limited to and included in the organ transplantation benefit (D16).	Limited to and payable from risk.	Refer to the conditions/remarks under the organ transplantation benefit (D16.)  For specified radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.  A4 not applicable.
<b>D17 ADDITIONAL MEDICAL SERVICES</b>				
		Subject to available savings benefits, unless PMB.  Sav = Yes In Hosp = No Acc = No  <b>Once in Threshold</b>  Subject to a combined limit with Physical Therapy (D19.2) of R20 000 per family	Subject to available day-to-day benefits subject to a family limit of R20 000 before and after threshold.  OHEB/ Sav = Yes In Hosp = No Acc = Yes	Psychologist and Psychiatrist consultations are mutually inclusive of the benefit provided for in Additional Medical Services.

SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D17.1	Dietetics			
D17.1.1	In Hospital	Limited to and included in the Additional Medical Services Benefit (D17).	Limited to and payable from risk.  Sav/OHEB = No In Hosp = Yes Acc = No	<div><div>REGISTERED BY ME ON</div><div><div>Mondl Govuzela</div><div><div><div><div></div></div></div><div>2025/11/25</div><div><div>Signed by: Mondl Govuzela, M.Govuzela@medicalschemes.co.za</div><div>20/11/2025 14:51:01(UTC+02:00)</div></div></div><div>REGISTRAR OF MEDICAL SCHEMES</div></div></div>
D17.1.2	Out of Hospital	Limited to the Additional Medical Services Benefit (D17).	Limited to the Additional Medical Services Benefit (D17).	
D17.2	Occupational therapy			
D17.2.1	In Hospital	Limited to and included in the Additional Medical Services Benefit (D17).	Limited to and payable from risk.  Sav/OHEB = No In Hosp = Yes Acc = No	
D17.2.2	Out of Hospital	Limited to the Additional Medical Services Benefit (D17).	Limited to the Additional Medical Services Benefit (D17).	
D17.3	Speech therapy			
D17.3.1	In Hospital	Limited to and included in the Additional Medical Services Benefit (D17).	Limited to and payable from risk.  Sav/OHEB = No In Hosp = Yes Acc = No	
D17.3.2	Out of Hospital	Limited to and included in the Additional Medical Services Benefit (D17).	Limited to the Additional Medical Services Benefit (D17).	


SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS 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).	
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).	
D17.6	Private nurse practitioner (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).  	Nursing services are included in the Alternatives to Hospitalisation benefit (D7.3), if pre-authorised by the relevant managed healthcare programme.  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).	
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).	
D17.8.1	Infant hearing screening in and out of hospital	Limited to 1 test (inclusive of a consultation) per new-born beneficiary (up to 8 weeks) payable from risk  100% of the lower of cost or Scheme Rate.	Limited to 1 test (inclusive of a consultation) per new-born beneficiary (up to 8 weeks) payable from risk.  100% of the lower of cost or Scheme Rate.	For all new-borns (up to 8 weeks) that are born into the scheme  Limited to a specified list of tariff codes and tests.


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SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS 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).	
<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  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/OHEB = No In Hosp = Yes Acc = No	For all tests performed by a pathologist or medical technologist.
D18.2	Out of hospital  	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  <b>Without benefits</b> , members to self-fund until Safety Net Benefit limit is reached.  Limited to and payable from risk within Safety Net Benefit.	Subject to available day-to-day benefits. Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers  Sav/OHEB = Yes In Hosp = No Acc = Yes  <b>Without benefits</b> , members to self-fund until Safety Net Benefit limit is reached.  Limited to and payable from risk within Safety Net Benefit.	Subject to referral by the treating provider.  For all tests performed by a pathologist or medical technologist and a specified list of pathology tariff codes for general practitioners. This benefit excludes a specified list of pathology tariff codes included in: <ul style="list-style-type: none"><li>the maternity benefit (D10)</li><li>the oncology benefit during the active and/or post active treatment period (D14)</li></ul>






SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers	Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers	<ul style="list-style-type: none"> <li>the organ and haemopoietic stem cell transplantation benefit (D16)</li> <li>the renal dialysis chronic benefit (D22)</li> </ul>
<b>D19 PHYSICAL THERAPY</b>				
<b>D19.1</b>	<b>In Hospital</b> <ul style="list-style-type: none"> <li><b>Physiotherapy</b></li> </ul>	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav/OHEB = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation before commencement of treatment.
<b>D19.2</b>	<b>Out of hospital</b> <ul style="list-style-type: none"> <li><b>Physiotherapy</b></li> <li><b>Biokinetics</b></li> <li><b>Chiropractics</b></li> </ul>	Subject to available savings.  Sav = Yes In Hosp = No Acc = No  <b>Once in Threshold:</b> Subject to a combined limit with Additional Medical Services (D17) of R20 000 per family	Subject to available day-to-day benefits  Sav/OHEB = Yes In Hosp = No Acc = Yes  Without benefits, member to self-fund until Safety Net Benefit limit is reached.  Limited to and payable from risk within Safety Net Benefit.	Subject to referral by the treating provider.  <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">   <small>Signed by Mondli Govuzela M.Govuzela@medicalschemes.co.za 25/11/2025 14:51:30(UTC+02:00)</small> </div> <div style="text-align: right;"> 2025/11/25  <small>REGISTRAR OF MEDICAL SCHEMES</small> </div> </div> </div>
<b>D20 PROSTHESIS AND DEVICES INTERNAL AND EXTERNAL</b>				
<b>D20.1</b>	<b>Prostheses and devices internal (surgically implanted) including all</b>	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		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS 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 prostheses 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  R5 910 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/OHEB = No In Hosp = Yes Acc = No	This benefit excludes osseo-integrated implants for the purpose of replacing a missing tooth or teeth.  Subject to preferred supplier agreements
D20.1.1	Cardiac system:			
D20.1.1.1	Cardiac Pacemakers	R56 190 per family per annum.	R67 530 per family per annum.	
D20.1.1.2	Bi-ventricular pacemakers and Implantable Cardioverter Defibrillators (ICDs)	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).	For ICDs in the setting of <b>primary prevention</b> ;  For ICDs in the setting of <b>secondary prevention</b> ; 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 balloons	R57 840 per family per annum.	R57 840 per family per annum.	<div><div>REGISTERED BY ME ON</div><div><div>Mondli Govuzela</div><div></div><div>Signed by Mondli Govuzela, M.Govuzela@medicalschemes.co.za 25/11/2025 14:51:40(UTC+02:00)</div></div><div>2025/11/25</div><div><div>REGISTRAR OF MEDICAL SCHEMES</div></div></div>
D20.1.1.4	Cardiac Valves	R51 340 per family per annum.	R51 340 per family per annum.	
D20.1.2	Endovascular devices			

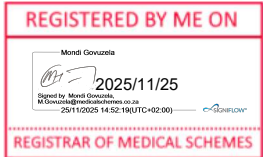


SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D20.1.2.1	Aorta stent grafts	R67 530 per family per annum.	R67 530 per family per annum.	<div><div>REGISTERED BY ME ON</div><div><div>Mondri Govazela</div><div> 2025/11/25</div><div><small>Signed by Mondri Govazela, M.D. govazela@medicalschemes.co.za 25/11/2025 14:51:50(UTC+02:00)</small></div><div>REGISTRAR OF MEDICAL SCHEMES</div></div></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:				
<ul style="list-style-type: none"><li>• If preferred provider is used, negotiated contract applies.</li><li>• Orthotic and Prosthetic Schedule to apply as prescribed by a medical practitioner.</li></ul>				
D20.1.3.1	Elbow replacement	R40 110 per family per annum.	R51 340 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.
D20.1.3.2	Hip replacement	R40 110 per family per annum.	R51 340 per family per annum.	


SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				<p>Subject to the relevant managed healthcare programme and its prior authorisation.</p> <p>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.</p>
D20.1.3.3	Knee replacement	R40 110 per family per annum.	R51 340 per family per annum.	<p>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.</p> <p>Subject to the relevant managed healthcare programme and its prior authorisation.</p> <p>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.</p>
D20.1.3.4	Shoulder replacement	R40 110 per family per annum.	R51 340 per family per annum.	


SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D20.1.3.5	Bone lengthening 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).	<div><div>REGISTERED BY ME ON</div><div><div><div>Mondri Govuzela</div><div> 2025/11/25</div><div><div>Signed by Mondri Govuzela M.Govuzela@medicinescheme.co.za 25/11/2025 14:52:10(UTC+02:00)</div><div></div></div></div><div>REGISTRAR OF MEDICAL SCHEMES</div></div></div>
D20.1.3.6	Spinal plates and screws	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).	
D20.1.3.7	Other approved spinal implantable devices and intervertebral discs	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).	
D20.1.3.8	Total ankle replacement	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).	
D20.1.4	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 or the 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 R33 710 per family.	All unlisted internal prostheses have a combined benefit limit of R41 650 per family.	Subject to preferred supplier agreements




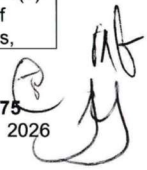
SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
D20.2	<b>Prostheses and devices</b> <ul style="list-style-type: none"> <li><b>External</b></li> </ul>	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.  Limited to R19 900 per family if preferred provider is not used.  Sav = No In Hosp = Yes Acc = No	100% of negotiated fee or in the absence of such fee, 100% of the lower of cost or Orthotic and Prosthetic Schedule as prescribed by a medical practitioner.  Limited to R25 050 per family if preferred provider is not used.  Sav/OHEB = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation.  If preferred provider is used negotiated contract applies.  Orthotic and Prosthetic Schedule to apply as prescribed by a medical practitioner.
<b>D21 RADIOLOGY</b>				
D21.1	<b>General radiology</b>			
D21.1.1	<b>In Hospital</b>  	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk.  Sav/OHEB = No In Hosp = Yes Acc = No	For diagnostic radiology tests and ultrasound scans.  Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.  Bone densitometry scans limited to one per beneficiary per annum either in or out of hospital.
D21.1.2	<b>Out of hospital</b>	Subject to available savings.  Sav = Yes In Hosp = No Acc = Yes	Subject to available day-to-day benefits.  Sav/OHEB = Yes In Hosp = No	This benefit excludes a specified list of radiology tariff codes included in: <ul style="list-style-type: none"> <li>the maternity benefit (D10)</li> </ul>

SERVICE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
	<p><b>REGISTERED BY ME ON</b></p> <p>Mendi Gonzalez</p> <p>2025/11/25</p> <p>Digitized by Mendi Gonzalez M.Gonzalez@maxifed.com.co.za 25/11/2025 14:52:29(UTC+02:00)</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p>	<p>Without benefits, member to self-fund until Safety Net Benefit limit is reached.</p> <p>Limited to and payable from risk within Safety Net Benefit.</p>	<p>Acc = Yes</p> <p>Without benefits, member to self-fund until Safety Net Benefit limit is reached.</p> <p>Limited to and payable from risk within Safety Net Benefit.</p> <ul style="list-style-type: none"> <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> <p>Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.</p> <p>Bone densitometry scans limited to one per beneficiary per annum either in or out of hospital.</p>
<b>D21.2</b>	<p><b>Specialised Radiology – in and out of hospital</b></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>Sav = No In Hosp = Yes Acc = No</p> <p><b>MRIs and CT Scans in and out of Hospital:</b></p> <p>A co-payment of R3 050 is applicable for non-PMBs, subject to pre-authorisation and managed care protocols, except for CT Angiography</p>	<p>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>Sav/OHEB = No In Hosp = Yes Acc = No</p> <p><b>MRIs and CT Scans in and out of Hospital:</b></p> <p>A co-payment of R3 050 is applicable for non-PMBs, subject to pre-authorisation and managed care protocols, except for CT Angiography</p> <p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>Oncology requests will be limited to and included in D14.1.2.</p> <p>Specified authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following:</p> <ul style="list-style-type: none"> <li>CT scans</li> <li>MUGA scans</li> <li>MRI scans</li> </ul>


SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				<ul style="list-style-type: none"> <li>• Radio isotope studies</li> <li>• CT colonography (virtual colonoscopy), limited to one per beneficiary per annum restricted to the evaluation of symptomatic patients only</li> <li>• MDCT Coronary angiography, restricted to the evaluation of symptomatic patients only.</li> </ul>
D21.2.3	PET and PET CT	Limited to and included in the oncology PET/PET CT benefit (D14.1.2.1).	Limited to and included in the oncology PET/PET CT benefit (D14.1.2.1).	Refer to the conditions/remarks under the oncology PET/PET CT benefit (D14.1.2.1).
<b>D22 RENAL DIALYSIS CHRONIC</b>				
D22.1	Haemodialysis and peritoneal dialysis	Limited to R643 340 per family at DSP.  Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk at DSP.  Sav/OHEB = No In Hosp = Yes Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation.  A 40% co-payment is applicable, for voluntary non-DSP utilisation.  For all services, medicine and materials associated with the cost of renal dialysis.  Authorised Erythropoietin is included in Blood and Blood Products (D4).

SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				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 payable from risk.	For specified radiology and pathology services. As specified by the relevant managed healthcare programme.
<b>D23 SURGICAL PROCEDURES</b>				
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/OHEB = 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.  Paragraph A2 applicable.  For surgical procedures performed by a general or dental practitioner, medical or dental specialist.  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> </ul>

SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
				<ul style="list-style-type: none"> <li>Organ Haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> </ul>
D23.1.1	Refractive Surgery	Subject to available savings.  Sav = Yes In Hosp = No Acc = No	Subject to available savings.  Sav = Yes OHEB = No In Hosp = No Acc = No	Subject to the relevant managed healthcare programme and to its prior authorisation.
D23.1.2	Maxillo-facial surgery	Limited to and payable from risk.  Sav = No In Hosp = Yes Acc = No  R5 910 co-payment on surgical removal of impacted wisdom teeth. (See Annexure E).	Limited to and payable from risk.  Sav/OHEB = No In Hosp = Yes Acc = No  	Subject to the relevant managed healthcare programme and to its prior authorisation.  For the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in the dentistry benefit (D6).  This benefit excludes: <ul style="list-style-type: none"> <li>Osseo-integrated implants (D6)</li> <li>Orthognathic (D6)</li> <li>Oral Surgery (D6)</li> <li>Advanced Dentistry (D6)</li> <li>Impacted wisdom teeth (D6)</li> </ul>
D23.1.3	Transcatheter Aortic Valve Implantation and repairs (TAVI)	Limited to and payable from risk.  Valves, including percutaneous valves and repairs thereof, limited to and	Limited to and payable from risk.  Valves, including percutaneous valves and repairs thereof, limited to and	Subject to the Scheme's contracted managed healthcare programme(s) which include the application of treatment protocols, formularies,








SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
		included in the unlisted internal prostheses and devices (D20.1.5).  Sav = No In Hosp = Yes Acc = No	included in the unlisted internal prostheses and devices benefit (D20.1.5).  Sav/OHEB = No In Hosp = Yes Acc = No	pre-authorisation and case management
D23.2	Out of hospital surgical procedures in practitioner's rooms	Limited to and included in 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 payable from risk.  Sav/OHEB = 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. For surgical procedures performed by a general practitioner or specialist.  Only where a hospital procedure is performed in the practitioner's rooms and is approved, will it be limited to and included in the in hospitalisation benefit (D7).  Paragraph A4 applicable.  This benefit excludes: <ul style="list-style-type: none"> <li>• Osseo-integrated implants (D6)</li> <li>• Orthognathic and oral Surgery (6)</li> <li>• Advanced Dentistry (D6)</li> <li>• Maternity (D10)</li> <li>• Organ Haempopietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)</li> </ul>

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D23.2.1	<b>Specific surgical procedures in practitioner's rooms</b> <ul style="list-style-type: none"> <li>• Circumcision</li> <li>• Laser tonsillectomy</li> <li>• Vasectomy</li> </ul>	Limited to and payable from risk from the surgical procedure benefit (D23.1).  Sav = No In Hosp = Yes Acc= No	Limited to and payable from risk from the surgical procedure benefit (D23.1).  Sav/OHEB = No In Hosp = Yes Acc= No	Includes related consultation, materials, pathology and radiology if done on same day.  For all surgical procedures performed by a general practitioner, medical specialist or clinical technologist.
<b>D24 SURGICAL AND NON-SURGICAL PROCEDURES WITH SPECIFIC CONDITIONS AND EXCLUSIONS</b>				
D24.1	<b>Procedures paid from hospital benefit if done in a day clinic, day ward or outpatient section of a hospital</b>  Benefits for these procedures will be granted from the in-hospital benefit, if pre-authorized. If the procedure is performed without pre-authorization, 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-authorization 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 procedures.  Co-payments may be applicable per option as per Annexure E.  Overnight admissions will not be covered except for Prescribed Minimum Benefits. Paragraphs A4 and D5.2.1 applicable			
D24.2	<b>Procedures performed in a doctor's rooms or suitably equipped procedure room</b>  Benefits for these procedures will be granted from the in-hospital benefit, subject to the relevant managed healthcare programme and provided the member has obtained pre-authorization from the scheme's managed care provider.  Where the member fails to obtain pre-authorization, 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).			



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	<p>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 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"> <li>• Gastroscopy (no general anaesthetic will be paid for)</li> <li>• Colonoscopy (no general anaesthetic will be paid for)</li> <li>• Flexible Sigmoidoscopy</li> <li>• Indirect Laryngoscopy</li> <li>• Intravenous administration of bolus injections for medicines that include antimicrobials and Immunoglobulins (payment of immunoglobulins is subject to D11.6)</li> <li>• Removal of impacted wisdom teeth</li> <li>• Fine needle aspiration biopsy</li> <li>• Excision of nailbed</li> <li>• Drainage of abscess or cyst</li> <li>• Injection of varicose veins</li> <li>• Excision of superficial benign tumours</li> <li>• Superficial foreign body removal</li> <li>• Nasal plugging for epistaxis</li> <li>• Cauterisation of warts</li> <li>• Bartholin cyst excision</li> </ul>	<div data-bbox="841 531 1110 695"> <p><b>REGISTERED BY ME ON</b></p> <p>Mondi Govuzela</p> <p> 2025/11/25</p> <p>Signed by Mondli Govuzela M.Govuzela@medicalschemes.co.za 25/11/2025 14:53:31(UTC+02:00)</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>	<p>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 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>
<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>• For medicines and injection materials (D11.1), except for child immunisations (D25.5).</li> <li>• Excludes consultations and costs for all procedures within this programme.</li> </ul>		



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<b>D25.1 WOMEN'S HEALTH</b>				
D25.1.1	Cervical Cancer Screening (PAP) Smear	1 test every three years for women aged 21 to 65 years old per beneficiary.	1 test every three years for women aged 21 to 65 years old per beneficiary.	(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 per beneficiary.	1 test every five years for women aged 21 to 65 years old per beneficiary.	
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.	
<b>D25.2 Geriatric Health</b>				
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	<div style="border: 1px solid red; padding: 5px;"> <b>REGISTERED BY ME ON</b>    2025/11/25  <small>Signed by Mondri Govuzela M.Govuzela@medicalschemes.co.za 25/11/2025 14:53:47(UTC+02:00)</small>    <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
D25.2.2	Osteoporosis Screening: Bone Mineral Density	For woman aged 65 and older, men aged 70 and older per beneficiary every two years	For woman aged 65 and older, men aged 70 and older per beneficiary every two years	
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	General Wellness			
D25.3.1	Cardiac Health (Cholesterol Screening [Full Lipogram])	1 test every 5 years, for all lives aged 20 and older.	1 test every 5 years, for all lives aged 20 and older.	

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D25.3.2	Flu Immunisation and administration*	1 every year for all lives.	1 every year for all lives.	<div style="border: 2px solid red; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>REGISTERED BY ME ON</b></p> <p style="text-align: center; margin: 0;">Mandi Govuzela</p> <p style="text-align: center; margin: 0;">2025/11/25</p> <p style="text-align: center; margin: 0; font-size: small;">Signed by: Mandi Govuzela M.Govuzela@protonmail.com.za 25/11/2025 14:53:56(UTC+02:00)</p> <p style="text-align: center; margin: 0;"><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>
D25.3.3	HIV Test (Finger prick)	1 every year per beneficiary, for all lives.	1 every year per beneficiary, for all lives.	
D25.3.4	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.	
D25.3.5	Child Immunisations and administration*	As per State EPI protocols	As per State EPI protocols	
D25.3.6	GoSmokeFree (face to face and virtual excluding patches, medicines etc.)	1 per beneficiary per annum	1 per beneficiary per annum	
D25.3.7	Prostate specific antigen	1 per male beneficiary aged 45 to 69 years old per annum	1 per male beneficiary aged 45 to 69 years old per annum	
D25.3.8	Child Optometry Screening	1 per lifetime per beneficiary aged between 5 and 8 years old	1 per lifetime per beneficiary aged between 5 and 8 years old	
D25.3.9	Human Papilloma Virus (HPV) vaccine and administration*	2 doses for girl beneficiaries aged 9 to 16 years old per lifetime. Limited to specific HPV vaccines as approved by managed care protocols.	2 doses for girl beneficiaries aged 9 to 16 years old per lifetime. Limited to specific HPV vaccines as approved by managed care protocols.	

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

<b>D26 HEALTH RISK ASSESSMENTS</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).</li> </ul>



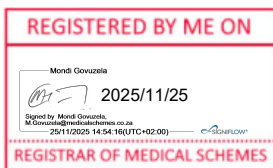
SERVICE SUBJECT TO PMB		MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<ul style="list-style-type: none"> <li>Excludes consultations and costs for all procedures within this programme.</li> </ul>				
D26.1	<b>Wellness Screening</b> <ul style="list-style-type: none"> <li>Blood pressure;</li> <li>Finger prick cholesterol;</li> <li>Glucose test</li> </ul>	1 test per beneficiary per annum.	1 test per beneficiary per annum.	
D26.2	<ul style="list-style-type: none"> <li>Preventative Screening: 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.	1 test per beneficiary per annum.	<div style="border: 1px solid red; padding: 5px;"> <b>REGISTERED BY ME ON</b>    2025/11/25  <small>Signed by: Mondli Govuzela, M.Govuzela@medicalschemes.co.za 25/11/2025 14:54:06(UTC+02:00)</small>    <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
D26.3	<b>Weight Management Programme</b>	Limited to 1 enrolment per beneficiary per annum, subject to qualifying criteria and successful enrolment on the programme.		
D26.3.1	<b>Dietician consult</b>	2 consult per beneficiary per annum.	2 consult per beneficiary per annum.	
D26.3.2	<b>Psychotherapy consult</b>	2 consult per beneficiary per annum	2 consult per beneficiary per annum	
D26.3.3	<b>Biokinetics Assessment</b> (this comprises of an initial assessment, exercise sessions and reassessment sessions)	12 Biokinetics assessments per beneficiary per annum.	12 Biokinetics assessments per beneficiary per annum.	
D26.3.4	<b>General Practitioners Consultation</b>	2 consult per beneficiary per annum.	2 consult per beneficiary per annum.	
D26.3.5	<b>Pathology</b>	1 Insulin fasting test per annum 1 TSH/T4 test per annum 1 Lipogram test per annum	1 Insulin fasting test per annum 1 TSH/T4 test per annum 1 Lipogram test per annum	

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		1 Glucose test per annum 1 Total cholesterol test per annum	1 Glucose test per annum 1 Total cholesterol test per annum	

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