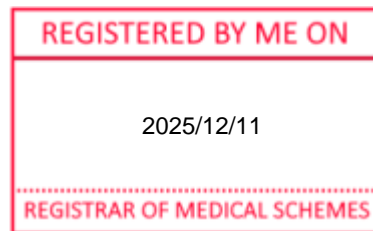


**Annexure B(1)  
BENEFIT SCHEDULE**

**LA COMPREHENSIVE OPTION  
(With effect from 1 January 2026)**



**GENERAL RULES APPLICABLE TO THIS ANNEXURE**

- (1) In this option, the DSP for all elective in-hospital PMB treatment and care is the KeyCare Network of hospitals, subject to Regulation 8 (3)(a) and (b). Where members voluntarily make use of the services of a non-DSP hospital for elective PMB services, a co-payment will apply as per Annexure G of these Rules. Specific treatment and procedures, as per the list provided in Annexure H of these Rules, to be obtained from one of the Scheme's identified Preferred Provider Day Surgery facilities.
- (2) In this option, unless otherwise indicated in this schedule, an out of hospital **NON-PMB** benefit will be financed first from the Medical Savings Account (MSA) accumulating up to an Annual Threshold. Unless stated differently in the tables below, upon depletion of the MSA all **NON-PMB** out of hospital claims must be self-funded by the member. If applicable, the claims will accumulate towards the relevant annual threshold (AT) as specified in the benefit schedule hereunder. Thereafter, benefits so indicated in this schedule, will be paid from the Above Threshold Benefit (ATB) subject to the applicable limits.
- (3) The Medical Savings Account (MSA) and the Annual Threshold Benefit (AT) are compulsory levels of cover, in this option, for the day-to-day **NON-PMB** expenses up to the following annual limits:

	MSA	AT
Per Member	R18,012	R22,200
Per Spouse/Adult Dependant	R 10,452	R15,432
Per Child (to a maximum of three)	R 4,560	R 6,672

- (4) This Option has no overall annual limit for Major Medical Benefit (MMB).

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
1.	<p><b>Statutory Prescribed Minimum Benefits subject to paragraph 1.4 of Annexure B</b> Private Hospital, subject to DSP for elective procedures / treatment</p> <p>Out of Hospital</p> <p>*Including:</p> <ul style="list-style-type: none"> <li>■ Oncology, Chemotherapy, Radiotherapy, Organ Transplants (including Bone Marrow transplants) and Kidney Dialysis.</li> <li>■ Psychological, psychiatric treatment and drug and alcohol rehabilitation.</li> <li>■ Authorised related medicines and TTO.</li> <li>■ Specialist and general practitioners in and out-of-hospital</li> <li>■ Confinements and midwives.</li> </ul>	100% of Cost	Unlimited	<ol style="list-style-type: none"> <li>1. Basis of cover as contained in Annexure G.</li> <li>2. Diagnosis, treatment and care costs subject to pre-authorization and the preamble hereto covered from MMB (including Radiology, Pathology and MRI/CT Scans).</li> <li>3. Accommodation in a private ward is subject to certification by the attending practitioner as essential for the recovery of the patient.</li> <li>4. Limited up to a maximum of 21 Days in respect of Drug and Alcohol Abuse up to a maximum of the rate contracted with SANCA.</li> <li>5. Limited up to a maximum of 3 Days in respect of Detoxification up to a maximum of the rate contracted with SANCA.</li> </ol>
2.	<p><b>In Private Hospitals, Unattached Operating Theatres</b></p> <p>Accommodation in a general ward, high care ward and intensive care unit. Theatre fees. Medicines, materials and hospital equipment. Outpatient services. Confinement and midwives.</p>	100% of Cost up to LAHR	Unlimited	<ol style="list-style-type: none"> <li>1. Subject to pre-authorization.</li> <li>2. Accommodation in a private ward is subject to certification by the attending practitioner as essential for the recovery of the patient.</li> <li>3. Covered from MMB.</li> <li>4. Medicines include the completion of a course of treatment specifically related to the event giving rise to hospitalisation.</li> <li>5. Outpatient/Casualty visits paid from MSA, except in the case of PMB's.</li> </ol>

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
	<b>In Private Hospitals, Unattached Operating Theatres (continued)(for services not reflected in Annexure H)</b> In-hospital consultations, surgical and other procedures including maxillo-facial procedures (Severe infections, jaw-joint replacements, cancer-related and trauma-related surgery, cleft-lip and palate repairs)	100% of Cost up to LAHR	Unlimited	<ol style="list-style-type: none"> <li>1. Subject to pre-authorisation clinical entry criteria, treatment guidelines and protocols.</li> <li>2. Accommodation in a private ward is subject to certification by the attending practitioner as essential for the recovery of the patient.</li> <li>3. Covered from MMB.</li> <li>4. Medicines include the completion of a course of treatment specifically related to the event giving rise to hospitalisation.</li> <li>5. Outpatient/Casualty visits paid from MSA, except in the case of PMB's.</li> </ol>
	Day surgery procedures or treatment Healthcare services reflected in Annexure H at a defined list of preferred facilities	100% of Cost up to LAHR	Unlimited	<ol style="list-style-type: none"> <li>1. Subject to pre-authorisation and clinical criteria.</li> <li>2. A deductible of R7,000 applies per procedure performed outside of a network facility.</li> <li>3. Covered from MMB.</li> <li>4. Medicines include the completion of a course of treatment specifically related to the event giving rise to hospitalisation.</li> </ol>
	Endoscopic procedures, gastroscopy and colonoscopy	100% of Cost up to LAHR	Unlimited	Covered from MMB. Subject to pre-authorisation.
	Spinal care and surgery In and out of hospital management of spinal care and surgery for a defined list of clinically appropriate procedures, which include Lumbar or Cervical Fusion, Laminectomy or Laminotomy	100% of cost up to LAHR or up to 80% of LAHR at non-Network facility	Unlimited	<ol style="list-style-type: none"> <li>1. Subject to the use of the services of the Scheme's Network of providers.</li> <li>2. Subject to pre-authorisation, treatment guidelines and clinical criteria.</li> <li>3. Related accounts paid from MMB.</li> <li>4. Out-of-hospital conservative treatment subject to the Scheme's basket of care.</li> </ol>
	Colorectal cancer care and surgery In and out of hospital management of colorectal cancer and related surgery	100% of cost up to LAHR or up to 80% of LAHR at non-Network facility	Unlimited	<ol style="list-style-type: none"> <li>1. Subject to the use of the services of the Scheme's Network of providers.</li> <li>2. Subject to pre-authorisation, treatment guidelines and clinical criteria.</li> <li>3. Related accounts paid from MMB.</li> </ol>
	Pre-operative Assessment for the following list of major surgeries: arthroplasty, colorectal surgery, coronary artery bypass graft, radical prostatectomy and mastectomy	100% of Cost up to LAHR	Limited to benefits in basket of care	Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols. Paid once per hospital admission from MMB.
3.	<b>Out of Hospital Procedures/Operations</b>			
	1. Surgical procedures	100% of Cost up to LAHR	Unlimited	Subject to pre-authorisation, covered from MMB including the channeling of a clinical procedure or operation from hospital to the doctor's room.
	2. Endoscopic procedures, laser tonsillectomy, gastroscopy, colonoscopy, 24-hour oesophageal pH studies and oesophageal motility studies	100% of Cost up to LAHR	Unlimited	Covered from MMB. Subject to pre-authorisation.

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS										
4.	<p><b>Home-based care in lieu of hospitalisation / early discharge from hospital</b> Home-based care for clinically appropriate chronic and acute treatment and conditions that can be treated at home</p> <p>Clinically appropriate home monitoring devices for home monitoring of chronic and acute conditions</p>	<p>100% of cost up to LAHR, subject to PMB</p> <p>100% of the cost up to the LAHR</p>	<p>Unlimited in baskets of care</p> <p>Subject to the Scheme's basket of care</p>	<p>1. Subject to authorisation / approval and paid from MMB. 2. Subject to treatment guidelines and clinical and benefit criteria and services provided by the Scheme's preferred providers, where applicable, and the treatment meeting clinical and benefit entry criteria. 3. Defined services in the Scheme's baskets of care apply.</p> <p>1. Paid from the Major Medical Benefit, subject to basket of care. 2. Subject to approval, the Scheme's protocols, and clinical and benefit entry criteria.</p>										
5.	<p><b>Practitioners (Out of Hospital)</b> GP and Specialists visits in doctor's rooms, virtual and tele consultations</p> <p>Virtual Paediatrician Consultations children aged 14 and under from a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation</p> <p>Second-opinion consultation obtained from specialists at the Cleveland Clinic</p> <p>Nurse Practitioners</p> <p>Trauma related casualty visits for children aged 10 and under (includes consultation, facility fee and consumable codes billed) at a hospital in the Scheme's casualty network</p>	<p>100% of Cost up to LAHR</p> <p>100% of Cost up to LAHR</p> <p>75% of Cost</p> <p>100% of Cost up to LAHR</p> <p>100% of Cost up to LAHR</p>	<p>Limited to funds in MSA/ATB</p> <p>Unlimited</p> <p>Unlimited</p> <p>R15,149 per family</p> <p>2 visits per child per annum</p>	<p>Covered from MSA/ATB except for PMB's.</p> <p>Once the MSA has been depleted and before the Threshold is reached, virtual Paediatrician Consultations paid from MMB per qualifying child. Amounts so paid shall not accumulate to Threshold.</p> <p>Paid from MMB to a maximum of 75% of the cost of the consultation. Subject to pre-authorisation.</p> <p>Covered from MSA. Once the AT has been reached, covered from ATB. Registered nursing services only. Domestic services excluded.</p> <p>1. Paid from MMB once MSA is depleted, but before the annual threshold is reached. 2. Limited to 2 visits per child. 3. Member must be in self-payment GAP. 4. Does not accumulate to Threshold.</p>										
6.	<p><b>Dentistry</b></p> <p><b>Basic dental trauma procedures (not PMB)</b> for a sudden and unanticipated impact injury because of an accident or injury to teeth and the mouth, resulting in partial or complete loss of one or more teeth that requires urgent care in- or out-of-hospital</p> <div style="border: 2px solid red; padding: 10px; margin: 10px 0; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2025/12/11</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>	<p>100% of the cost up to the LAHR</p>	<p>Limited to R70,910 per beneficiary per year</p>	<p><b>In-Hospital / Day Clinic</b> Related accounts (Dentist and others), paid from MMB, subject to the annual limit per beneficiary per year. Subject to pre-authorisation, clinical entry criteria &amp; treatment guidelines</p> <p>1. Deductible payable by the member</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="text-align: center;">Hospital</td> <td style="text-align: center;">Younger than 13 years</td> <td style="text-align: center;">R2,725</td> </tr> <tr> <td style="text-align: center;">Older than 13 years</td> <td style="text-align: center;">R6,885</td> </tr> <tr> <td rowspan="2" style="text-align: center;">Day Clinics</td> <td style="text-align: center;">Younger than 13 years</td> <td style="text-align: center;">R1,331</td> </tr> <tr> <td style="text-align: center;">Older than 13 years</td> <td style="text-align: center;">R4,514</td> </tr> </table> <p>In-or out-of-hospital</p> <p>2. Cover for a basket of care for approved episodes of basic dental trauma, including professional fees and the cost and placement of implants, subject to the annual limit per beneficiary per year, regardless of the setting. Subject to preauthorisation</p>	Hospital	Younger than 13 years	R2,725	Older than 13 years	R6,885	Day Clinics	Younger than 13 years	R1,331	Older than 13 years	R4,514
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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS																				
	<p><b>Dentistry</b></p> <p><b>In-Hospital:</b> Specialised dentistry</p> <div data-bbox="470 337 842 565" 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> <p style="text-align: center;">2025/12/11</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of cost up to LAHR</p>	<p>In-hospital costs unlimited</p> <p>Related non-hospital accounts limited to R40,170 per beneficiary</p>	<p><b>Subject to pre-authorisation</b></p> <p>1. Deductible payable by the member:</p> <table border="1" data-bbox="1367 302 1925 418"> <tr> <td rowspan="2" style="text-align: center;">Hospital</td> <td style="text-align: center;">Younger than 13 years</td> <td style="text-align: center;">R2,725</td> </tr> <tr> <td style="text-align: center;">Older than 13 years</td> <td style="text-align: center;">R6,885</td> </tr> <tr> <td rowspan="2" style="text-align: center;">Day Clinics</td> <td style="text-align: center;">Younger than 13 years</td> <td style="text-align: center;">R1,331</td> </tr> <tr> <td style="text-align: center;">Older than 13 years</td> <td style="text-align: center;">R4,514</td> </tr> </table> <p>2. Balance of Hospital/Day Clinic account (after deductible) paid from MMB.</p> <p>3. Related non-hospital accounts (for dentists, anaesthetists, etc) paid from MMB, subject to joint limit of R40,170 per beneficiary for in- and out-of-hospital specialised dentistry.</p> <p><b>Subject to pre-authorisation</b></p> <p>1. Deductible payable by the member:</p> <table border="1" data-bbox="1367 651 1925 760"> <tr> <td rowspan="2" style="text-align: center;">Hospital</td> <td style="text-align: center;">Younger than 13 years</td> <td style="text-align: center;">R2,725</td> </tr> <tr> <td style="text-align: center;">Older than 13 years</td> <td style="text-align: center;">R6,885</td> </tr> <tr> <td rowspan="2" style="text-align: center;">Day Clinics</td> <td style="text-align: center;">Younger than 13 years</td> <td style="text-align: center;">R1,331</td> </tr> <tr> <td style="text-align: center;">Older than 13 years</td> <td style="text-align: center;">R4,514</td> </tr> </table> <p>2. Balance of Hospital account (after deductible) paid from MMB.</p> <p>3. Related non-hospital accounts (for dentists, anaesthetists, etc) paid from MSA/ATB, subject to joint limit of R20,750 per beneficiary per year for in- and out-of-hospital specialised dentistry.</p> <p>Paid from and limited to funds in MSA/ATB, subject to joint limit of R40,170 per beneficiary for specialised dentistry performed in- or out-of-hospital.</p>	Hospital	Younger than 13 years	R2,725	Older than 13 years	R6,885	Day Clinics	Younger than 13 years	R1,331	Older than 13 years	R4,514	Hospital	Younger than 13 years	R2,725	Older than 13 years	R6,885	Day Clinics	Younger than 13 years	R1,331	Older than 13 years	R4,514
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	<p>Basic dentistry</p>	<p>100% of cost up to LAHR</p>	<p>Joint limit of R20,750 per beneficiary for basic dentistry in- or out-of-Hospital</p>	<p>1. Deductible payable by the member:</p> <table border="1" data-bbox="1367 651 1925 760"> <tr> <td rowspan="2" style="text-align: center;">Hospital</td> <td style="text-align: center;">Younger than 13 years</td> <td style="text-align: center;">R2,725</td> </tr> <tr> <td style="text-align: center;">Older than 13 years</td> <td style="text-align: center;">R6,885</td> </tr> <tr> <td rowspan="2" style="text-align: center;">Day Clinics</td> <td style="text-align: center;">Younger than 13 years</td> <td style="text-align: center;">R1,331</td> </tr> <tr> <td style="text-align: center;">Older than 13 years</td> <td style="text-align: center;">R4,514</td> </tr> </table> <p>2. Balance of Hospital account (after deductible) paid from MMB.</p> <p>3. Related non-hospital accounts (for dentists, anaesthetists, etc) paid from MSA/ATB, subject to joint limit of R20,750 per beneficiary per year for in- and out-of-hospital specialised dentistry.</p> <p>Paid from and limited to funds in MSA/ATB, subject to joint limit of R40,170 per beneficiary for specialised dentistry performed in- or out-of-hospital.</p>	Hospital	Younger than 13 years	R2,725	Older than 13 years	R6,885	Day Clinics	Younger than 13 years	R1,331	Older than 13 years	R4,514										
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	<p><b>Out-of-Hospital:</b> Specialised dentistry</p>	<p>100% of cost up to LAHR</p>	<p>Combined overall limit of R40,170 per beneficiary for specialised dentistry in- or out-of-hospital</p>	<p>Paid from and limited to funds in MSA/ATB, subject to joint limit of R40,170 per beneficiary for specialised dentistry performed in- or out-of-hospital.</p>																				
	<p>Basic dentistry</p>	<p>100% of cost up to LAHR</p>	<p>Combined overall limit of R20,750 per beneficiary for basic dentistry in- or out-of-hospital</p>	<p>Paid from and limited to funds in MSA/ATB, subject to joint limit of R20,750 per beneficiary for basic dentistry performed in- or out-of-hospital.</p>																				



	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
7.	<b>Prescribed Pharmaceuticals Including TTO</b> Acute sickness conditions	100% of LAMR for medicine on preferred list and 90% for medicine not on preferred list	M : R13,510 M1: R17,285 M2: R20,835 M3: R24,025 M4+:R27,340	Covered from MSA. Once the AT has been reached, covered from ATB.
	Speciality Medicine and Technology Benefit (SMTB)	100% of cost up to the LAHR	Limited to R262,970 per beneficiary per annum	Paid from MMB. Subject to the Stipulations of Annexure E of these Rules.
	Over-the-Counter Medication (Schedules 0, 1 and 2, and specific other medicine (subject to PMB), generic or non-generic, whether prescribed or not)	100% of cost	Limited to: Single member: R3,120; Family: R5,710	1. Paid from MSA. Benefit will not accumulate to the AT.
	<b>PMB Chronic conditions (including but not limited to the appended CDL)</b>	100% of cost	Unlimited based on Formulary	1. Subject to pre-authorization, and the preamble hereto. 2. Full cover based on a formulary. If non-formulary medicine is used voluntarily the Scheme will pay up to the monthly Chronic Drug Amount (CDA). This is subject to Regulations 15 h (c) and 15 i (c). 3. Covered from MMB. 4. In the case of PMB's Annexure G applies. 5. Costs for completion of chronic application form covered from MMB.
	Diabetes Care or Cardio Care Disease Management Programmes	100% of LAHR	Limited to benefits in a basket of care	Non-PMB GP and other -related services covered in a treatment basket, subject to referral by the Scheme's Network GP and registration on the Chronic Illness Benefit. Paid from MMB.
	Programme to manage Cardio Metabolic Risk Syndrome	100% of the LAHR	Limited to benefits in a basket of care	1. Subject to clinical entry criteria treatment guidelines, protocols, and preferred providers (where applicable) 2. Managed by Network GP, supported by Dieticians and health coaches.
	Continuous blood glucose monitoring	100% of the LAHR	Limited to R1,960 per beneficiary per month for sensors only	1. Subject to the patient being registered on the Scheme's Diabetes Management Programme, approval, criteria and the sensors obtained from a DSP dispensing Pharmacy. 2. Readers and/or transmitters paid from MSA/ATB, subject to the External Medical Items benefit, limited to R5,350 per device. 3. Purchase of the sensors subject to an annual co-payment: Adult beneficiary: R1,420; Paediatric beneficiary: R1,960
	<b>Other chronic conditions (as per appended list) in so far as they don't form part of the PMB's, which will not be subject to the annual limit</b>	Paid up to a monthly Chronic Drug Amount and subject to annual limit	M : R7,215 M1 : R14,530 M2 : R17,471 M3 : R19,130 M4 : R20,710 M5+: R22,775	1. Subject to pre-authorization, and the preamble hereto. 2. Full cover based on a formulary. If non-formulary medicine is used voluntarily the Scheme will pay up to the monthly Chronic Drug Amount (CDA). This is subject to Regulations 15 h (c) and 15 i (c). 3. Covered from MMB. 4. In the case of PMB's Annexure G applies. 5. Costs for completion of chronic application form covered from MMB.

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
8.	<b>Radiology</b> In Hospital (x-rays) Out of Hospital (x-rays) MRI/CT scans (in hospital and out of hospital) PET scans	100% of cost up to the LAHR 100% of cost up to the LAHR 100% of cost up to the LAHR 100% of cost up to the LAHR	Unlimited Unlimited one in ATB Unlimited Unlimited	Covered from MMB. Subject to pre-authorisation. Covered from MSA. Once the AT has been reached, unlimited from ATB. Subject to referral by specialist. Covered from MMB. Subject to pre-authorisation in-hospital. Subject to clinical criteria, motivation, and authorisation. Covered from MMB.
9.	<b>Oncology, including Chemotherapy and Radiotherapy</b> <div style="border: 2px solid red; padding: 5px; margin: 10px 0; text-align: center;">             REGISTERED BY ME ON              2025/12/11              -----              REGISTRAR OF MEDICAL SCHEMES           </div> <b>Oncology-related PET scans</b>  <b>Oncology Innovation Benefit, providing access to cover for a defined list of non-PMB novel and ultra-high-cost treatment</b>	100% of cost for PMB's at DSP  100% of cost up to the LAHR  50% or 75% of the LAMR depending on the medicine used	Unlimited  Unlimited from MMB  Unlimited	<ol style="list-style-type: none"> <li>1. Non-PMB paid up to LAHR from MMB. All oncology benefits accrue to a threshold of R500 000 per beneficiary per 12-month cycle. Once this threshold has been reached member will be liable for 20% co-payment on all further Non-PMB claims. (basis of cover as contained in Annexure E (C) 5.4)</li> <li>2. Oncology medicine is subject to being obtained from a DSP pharmacy, and the medicine being on the Scheme's list of preferred medicine.</li> </ol> <ol style="list-style-type: none"> <li>1. Services obtained from the Scheme's DSP Network (basis of cover as contained in Annexure E (C) 5.5).</li> <li>2. Accrues to Oncology threshold of R500 000. Once threshold is reached all future claims subject to a 20% co-payment, irrespective of DSP or non-DSP.</li> <li>3. Voluntary use of non-DSP providers, paid up to 80% of the LAHR from R1.</li> </ol> <ol style="list-style-type: none"> <li>1. Accumulates to the 12-month Oncology threshold.</li> <li>2. Paid at 50% or 75% of the Scheme Rate, dependent on the medicine used, applies below and above the Oncology threshold.</li> <li>3. Access to the benefit is subject to:               <ol style="list-style-type: none"> <li>a. Meeting clinical criteria as specified or adopted by the Scheme.</li> <li>b. Peer review by a Scheme appointed panel of specialists.</li> </ol> </li> </ol>
10.	<b>Organ Transplants (including Bone Marrow / Stem Cell transplants)</b> (includes authorised related medicines)	100% of cost up to LAHR 100% of cost for PMB's at DSP	Unlimited	<ol style="list-style-type: none"> <li>1. Subject to pre-authorisation and case management (basis for cover as contained in Annexure E (C) 5.2), covered from MMB.</li> <li>2. Locally sourced Stem Cell Transplant benefit subject to authorisation, clinical criteria and review.</li> </ol>
11.	<b>Renal Care Programme</b>	100% of Cost at Preferred Provider / up to the agreed rate if services of preferred provider is not used.	Unlimited	<ol style="list-style-type: none"> <li>1. Subject to case management (basis for cover as contained in Annexure E(C)(5.3), covered from MMB.</li> <li>2. Covered when clinically indicated and prescribed.</li> <li>3. If a Preferred Provider is not used, the difference between the negotiated rate and the rate charged, to be paid by the member.</li> </ol>

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
12.	<p><b>Mental Health Benefit</b> Psychological, Psychiatric treatment and Drug and Alcohol rehabilitation with due regard to the PMB's (paragraph A)</p> <p>In- or Out-of-Hospital PMB related care</p> <p>Out of Hospital non-PMB mental health benefits (including psychologists, psychiatrists, art therapy and social workers)</p> <p>Disease management for major depression for members registered on the Mental Health Care Programme, including benefits to prevent relapse or recurrence of a major depressive episode</p> <p>Out of Hospital: Depression Risk Management Programme</p>	<p>100% of cost up to LAHR</p> <p>100% of cost up to LAHR</p> <p>100% of the LAHR</p> <p>100% of the LAHR</p>	<p>Up to a maximum of 21 Days per beneficiary per annum</p> <p>R26,050 per family with a sub-limit of R8,600 per beneficiary for SUD</p> <p>Unlimited.</p> <p>Unlimited</p>	<p>Refer to Annexure G for PMB's</p> <p>1. Covered in full, from MMB at the DSP. 2. If service of non-DSP is used voluntarily, a 20% co-pay applies to the hospital account. 3. Subject to clinical criteria and protocols. 4. A maximum of 21 Days In-Hospital or 15 days Out-of-hospital psychologist or psychiatrist contacts for PMB related conditions, both accruing to the maximum of 21 treatment days. 5. Further limited to a maximum of 21 days for alcohol or drug abuse-related rehabilitation, or treatment and care in the case of an attempted suicide and 3 days for in-hospital detoxification services.</p> <p>Covered from MSA. Once the AT has been reached, thereafter covered from ATB. (The limit includes a sub-limit of R8,600 per beneficiary for substance use disorder(SUD)).</p> <p>Non-PMB GP-related services covered in the Scheme's basket of care subject to treatment guidelines and managed care criteria, and referral by the Scheme's Network GP. Paid from MMB. Specific limits apply in the basket of care.</p> <p>1. Non-PMB services covered in a basket of care, subject to treatment guidelines and managed care criteria. 2. Members must consult with a Premier Plus Network GP or psychologist on the Mental Health Care Programme Network 3. Eligible members identified via a Mental Wellbeing Assessment.</p>
13.	<p><b>Physiotherapy</b> Pre-Hospital, In-Hospital and Post-Hospital</p> <p>Out of Hospital</p>	<p>100% of cost up to LAHR</p> <p>100% of cost up to LAHR</p>	<p>Unlimited</p> <p>Unlimited</p>	<p>Subject to pre-authorisation and case management, covered from MMB.</p> <p>Covered from MSA. Once the AT has been reached, unlimited from ATB.</p>
14.	<b>Blood Transfusions and Blood Products/Equivalents</b>	100% of cost up to LAHR	Unlimited	Subject to pre-authorisation, covered from MMB.
15.	<b>Ambulance Services</b>	100% of cost up to LAHR	Unlimited	<p>1. Subject to pre-authorisation, covered from MMB.</p> <p>2. The services of the Scheme's DSP, must be used.</p>
16.	<b>Alternatives to hospitalisation</b> Approved Step-down Nursing Facilities Private Nursing	100% of cost up to LAHR	Unlimited	<p>1. Subject to pre-authorisation and case management, covered from MMB.</p> <p>2. Private nursing excludes domestic services.</p>

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17.	<b>Advanced Illness Benefit</b> Out-of-hospital palliative care for members with life limiting conditions, including cancer, subject to PMB.	100% of the cost up to the LAHR	Unlimited, according to the Scheme's basket of care	1. Covered from MMB, subject to authorisation, clinical criteria and treatment guidelines. 2. Basket of care includes cover for services rendered by a multi-disciplinary palliative care team: Hospice care at home and in-patient units, limited nursing care, medical care by palliative care trained doctors, psychosocial support, pain management, supportive medication, oxygen, physiotherapy and limited radiology and pathology.
18.	<b>Advanced Illness Member Support Programme</b> for members with advanced illnesses, i.e., advanced stages of cancer, or other life-limiting conditions, who require support at a time when they are trying to manage their symptoms and understand their healthcare need.	100% of the cost up to the LAHR	Unlimited, according to the Scheme's basket of care	1. Covered from MMB, subject to authorisation, clinical criteria, and treatment guidelines. 2. Includes cover for a consultation with a provider trained in palliation, counselling sessions with counsellors, social workers or psychologists trained in palliation, advanced care planning and bereavement counselling (within 30 days of the death of a loved one).
19.	<b>Auxiliary Services</b> Audiology Occupational therapy Speech Therapy Chiropody/Podiatry Dietetics Homeopathy Naturopathy Chiropractics Orthoptics Acupuncture Any other registered auxiliary service  Unani-Tibb therapy	100% of cost up to LAHR            100% of cost up to LAHR	Unlimited once in ATB.            Limited to funds in MSA	Covered from MSA. Once the AT has been reached, unlimited from ATB. Providers of service must be registered with the appropriate professional authority.            Paid from MSA with no accumulation to ATB.
20.	<b>Internal Prostheses</b>  Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants  Spinal Prostheses/Devices	100% of cost up to LAHR   100% of cost up to LAHR	Limited to R271,200 per beneficiary per annum   Unlimited	Covered from MMB subject to pre-authorisation.   Paid from MMB. Unlimited, subject to obtaining services from Scheme's Network Provider for prosthetic device, screws, cement, and other components used in the surgery.  If the Network Provider is not used, paid up to the negotiated Network rate per level up to a maximum of two levels per beneficiary per year.. Further limited to two levels per procedure, and one procedure per year.

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
	<p><b>Internal Prostheses</b></p> <p>Hip, Knee and Shoulder replacement devices</p> <div style="border: 2px solid red; padding: 5px; text-align: center; margin: 10px 0;"> <p>REGISTERED BY ME ON</p> <p>2025/12/11</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>Cardiac stents:</p> <p>Other Internal Prostheses</p>	<p>100% of cost up to LAHR</p> <p>100% of cost up to LAHR</p> <p>100% of cost up to LAHR</p>	<p>Unlimited</p> <p>Subject to preauthorisation, clinical criteria, obtaining the device from a Preferred Provider, and the use of the DSP Hospital for Hip and Knee replacements.</p> <p>Unlimited at Scheme's Network provider</p> <p>Unlimited</p>	<p>Covered from MMB.</p> <p>Unlimited, subject to obtaining services from the Scheme's Network Provider. Limited to the applicable negotiated Network rate per device per admission if obtained from a non-Preferred Provider.</p> <p>A 20% co-payment applies to the hospital costs for hip/knee replacements when the service of a non-network hospital is used voluntarily.</p> <p>If the bare metal or drug-eluting stent is not obtained from the Scheme's Network provider, paid up to the negotiated rate, per admission</p> <p>Subject to pre-authorisation; clinical entry criteria, covered from MMB.</p>
21.	<p><b>Pathology (non-PMB)</b></p> <p>In Hospital</p> <p>Out of Hospital</p> <p>Point of care pathology testing</p>	<p>100% of cost up to LAHR</p> <p>100% of cost up to LAHR</p> <p>100% of cost up to LAHR</p>	<p>Unlimited</p> <p>Unlimited once in ATB.</p> <p>Unlimited once in ATB</p>	<p>Covered from MMB. Subject to pre-authorisation and DSP for basic pathology.</p> <p>Covered from MSA except for PMB's. Once the AT has been reached, unlimited from ATB.</p> <p>1. Covered from MSA, except for PMB's. Once the AT has been reached, unlimited from ATB.</p> <p>2. Subject to meeting the Scheme's treatment guidelines and managed care criteria and the results provided using Scheme accredited devices.</p>
22.	<p><b>External Medical Items</b></p> <p>Prosthetic limbs, eyes and other external prostheses, orthopaedic appliances (including wheelchairs and crutches), nebulisers, glucometers, diabetic equipment, diagnostic agents and appliances, stoma bags, bandages, hearing aids, low vision devices and wigs with due regard to the PMB's.</p> <p>External Medical Items Extender Benefit</p> <p>Oxygen rental</p> <p>Bluetooth enabled blood glucose monitoring device</p>	<p>100% of cost</p> <p>100% of the cost</p> <p>100% of cost up to LAHR</p> <p>100% of cost up to LAHR</p>	<p>R37,190 per family</p> <p>Unlimited</p> <p>Unlimited</p> <p>Limited to 1 device per beneficiary per year</p>	<p>1. Covered from MSA except for PMB's. Once the AT has been reached, covered from ATB. (Subject to monitoring and a sub-limit of R24,860 per family for hearing aids).</p> <p>2. Benefits for wigs limited to one wig per beneficiary per year, limited to R5,470 per wig.</p> <p>3. Wigs for alopecia as prescribed by a dermatologist.</p> <p>Covered from MMB. Subject to approval and clinical criteria.</p> <p>Subject to pre-authorisation, the use of Scheme's DSP and covered from MMB.</p> <p>Covered from MMB subject to:</p> <p>1. Beneficiary being registered for Diabetes on the Chronic Illness Benefit.</p> <p>2. Scheme's protocols; clinical entry criteria and DSPs.</p>



	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
23.	<b>Optical</b> Optometry Consultations	100% of cost up to LAHR	Unlimited once in ATB	Covered from MSA. Once the AT has been reached, unlimited from ATB.
	Spectacles, frames, contact lenses and refractive eye surgery (e.g. excimer laser)	100% of cost	R6,170 per beneficiary	Covered from MSA. Once the AT has been reached, covered from ATB.
24.	<b>Reproductive Benefits</b>  <b>Maternity</b> Maternity Programme Cover during pregnancy: Ante-natal visits, scans and selected blood tests and pre- or post-natal classes	100% of LAHR	8 antenatal consultations with Gynaecologist, GP or Midwife. 1 Nuchal translucency or 1 non-invasive prenatal test (NIPT) or 1 T21 Chromosome test. 2 X 2D Ultrasound scans. A defined basket of blood tests. 5 pre- or post-natal classes or consultations with a registered nurse	Paid from MMB when registered on the Maternity Programme. Limited to the applicable benefits in MSA or ATB if not registered on the Maternity Programme.  3D scans covered up to the cost of a 2D scan only.
	Cover for the newborn baby for 2 years after the birth	100% of LAHR	2 visits to GP, paediatrician or ENT	
	Cover for the mother of the newborn baby for 2 years after the birth	100% of LAHR	1 consultation at GP or Gynaecologist for post-natal complications. 1 nutritional assessment at a dietician. 1 lactation consultation with a registered nurse or lactation specialist	
	Pre- or post-natal mental health consultation with a psychologist or counsellor	100% of LAHR	2 mental health consultations	
	Antenatal classes (if not registered on the Maternity Programme)	100% of LAHR	Limited to R2,175 per pregnancy.	Paid from MSA or Above Threshold Benefit.
	Doulas	100% of LAHR	Unlimited	Paid from MSA only.

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	<b>Assisted Reproductive Therapy</b> Healthcare services which include: - consultations - radiology, including ultrasound scans, and pathology - oocyte retrieval - embryo transfer - related admission costs - related laboratory fees - supportive medication - embryo, oocyte and sperm storage - egg donor matching fee	75% of cost up to LAHR	Limited to R140,265 per person per year	1. Subject to PMB 2. Payable from MMB only if services were obtained from the Scheme's contracted DSP (where applicable) 3. Subject to protocols and the condition and treatment meeting the Scheme's entry criteria and guidelines 4. Subject to a basket of care as set by the Scheme. 5. Cryopreservation for up to maximum of 5 years.
25.	<b>HIV/AIDS and related illnesses</b>  <b>HIV prophylaxis (rape and mother-to-child transmission)</b>  <b>HIV/AIDS-related GP consultations</b>	100% of cost  100% of cost  100% of cost	Unlimited  Unlimited  Unlimited	1. Subject to evidence-based managed care protocols/formularies as provided for in regulation 15. 2. Covered from MMB. 3. Access to the HIV Care Programme.  1. Subject to pre-authorisation. 2. Covered from MMB.  Subject to authorisation and obtaining treatment from DSP. A 20% co-payment applies if non-DSP is used voluntarily.
26.	<b>Screening Tests</b> <u>Group of tests at a Pharmacy</u> 1. Blood Glucose Test 2. Blood Pressure Test 3. Cholesterol Test 4. Body Mass Index (BMI)  OR  One Flu vaccination  <b>Screening tests for children between ages 2 and 18 years of age:</b> 1. Body Mass Index (BMI) and counselling where appropriate 2. Basic Hearing screening 3. Basic Dental screening 4. Milestone tracking for children under the age of 8  <b>Group of age-appropriate screening tests for beneficiaries who are 65 years or older</b>  Additional screening assessment or consultation for at-risk members	100% of the LAHR           100% of the LAHR           Up to 100% of LAHR           up to 100% of LAHR	One or all of the 4 listed screening tests per annum per beneficiary           One flu vaccination per beneficiary per year           One, or all of the 4 listed screening tests per annum per beneficiary           Each of the assessments limited to one per beneficiary per annum           1 Consultation per person per annum	1. Payable from MMB only if services were obtained in the Scheme's contracted network of pharmacies. 2. Payable from MSA if member voluntarily makes use of a non-DSP. 3. Once the limit has been reached, tests will be paid for from the MSA/ATB. 4. LDL Cholesterol test, subject to clinical criteria. Paid from MMB.  1. Paid up to the Scheme Rate for Group of Tests at a Pharmacy only.  1. Payable from MMB only if services were obtained from the Scheme's contracted DSP. 2. Once the limit has been reached, or if member uses services of a non-DSP, applicable tests will be paid from MSA/ATB.  1. Subject to clinical criteria and payable from MMB for hearing, vision or frailty and core seniors assessment. 2. Once the limits have been reached, or if non-DSP services are used paid for from the MSA/ATB.  1. Subject to clinical criteria and treatment guidelines and the services obtained from the Scheme's accredited Network provider

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
28.	<p><b>Trauma Recovery Benefit</b> For the patient suffering the trauma:</p> <p>Day-to-day cover for medical expenses related to a traumatic incident for members after suffering a loss of functionality due to a traumatic incident of an acute nature and who are left with a standard level of residual inability after discharge from hospital or rehabilitation facilities.</p> <p>Allied, Therapeutic and Psychological healthcare services (acousticians, biokineticists, chiropractors, counsellors, dieticians, homeopaths, nursing providers, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrists, social workers, speech and hearing therapists)</p> <p>Prescribed Medicine</p> <p>External Medical Appliances</p> <p>Prosthetic Limbs (with no further access to the External Medical Appliances Limit)</p> <p>Hearing Aids</p> <p>Counselling sessions with a psychologist or social worker for registered beneficiaries not directly impacted by the traumatic event</p>	<p>up to 100% of LAHR</p> <p>up to 100% of LAHR</p> <p>up to 100% of LAHR</p> <p>up to 100% of LAHR</p> <p>up to 100% of LAHR</p> <p>up to 100% of LAHR</p> <p>up to 100% of the LAHR</p>	<p>M = R25,600 M+1 = R34,700 M+2 = R42,400 M3+ = R49,100</p> <p>M = R28,100 M+1 = R34,200 M+2 = R41,000 M3+ = R44,900</p> <p>R49,600</p> <p>R107,800</p> <p>R26,100</p> <p>Limited to 6 sessions per person</p>	<p>1. These day-to-day benefits are paid from MMB, per family, up to the end of the year following the one in which the traumatic incident occurred.</p> <p>2. Benefits will be paid up to the LAHR for day-to-day claims:</p> <ol style="list-style-type: none"> <li>following the traumatic onset of: Paraplegia; Hemiplegia; Quadriplegia and Tetraplegia.</li> <li>for conditions resulting from the following traumatic incidents: Near-drowning; Severe anaphylactic reaction; Poisoning and Crime-related injuries.</li> <li>relating to severe burns.</li> <li>following the traumatic onset of an internal or external head injury.</li> <li>due to loss of limb, or part thereof.</li> </ol> <p>3. Benefits are paid according to the general rules applicable to this Benefit Option in terms of protocols, clinical entry criteria and DSP's.</p> <p>1. Paid in respect of each of the beneficiaries registered on the affected membership, to the end of the year after the year in which the trauma occurred</p>
29.	<b>Wealth Fund</b>	Up to 100% of LAHR	Once off benefit per beneficiary's membership of the	Refer to Annexure I of these Rules.

**LEGEND:**

- CDL = Chronic Disease List (as appended)
- DSP = Designated Service Provider
- LAHR = LA Health Rate
- LAMR = LA Medicine Rate
- MMB = Major Medical Benefit
- MSA = Medical Savings Account
- PMB = Prescribed Minimum Benefits
- SUD = Substance Use Disorder
- M = Member
- S = Spouse/Adult
- C = Child (maximum of three)

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**CHRONIC DISEASE LIST: CDL (AS PER REGULATIONS UNDER THE MEDICAL SCHEMES ACT)**

Addison's Disease	Epilepsy
Asthma	Glaucoma
Bipolar Mood Disorder	Haemophilia
Bronchiectasis	HIV/AIDS
Cardiac Failure	Hyperlipidaemia
Cardiomyopathy	Hypertension
Chronic Obstructive Pulmonary Disease	Hypothyroidism
Chronic Renal Disease	Multiple Sclerosis
Coronary Artery Disease	Parkinson's Disease
Crohn's Disease	Rheumatoid Arthritis
Diabetes Insipidus	Schizophrenia
Diabetes Mellitus Types 1 & 2	Systemic Lupus Erythematosus
Dysrhythmias	Ulcerative Colitis

**OTHER CHRONIC CONDITIONS**

(In so far as they don't form part of the PMB which are not subject to the annual limit)

Acne	Major Psychiatric Disorders (motivated by psychiatrist) (PMB)
Allergic Rhinitis	Meniere's Disease
Anticoagulant Therapy (PMB)	Menopause (PMB)
Ankylosing Spondylitis	Migraine (motivated by physician)
Arthritis	Motor Neurone Disease
Attention Deficit Disorder (motivated by specialist)	Myasthenia Gravis
Benign Prostatic Hypertrophy (motivated by urologist)	Narcolepsy (motivated by physician)
Cerebro-vascular Accident (Stroke) (PMB)	Obsessive Compulsive Disorder
Chronic Urticaria (motivated by dermatologist)	Osteoporosis (only if confirmed by industry standard BMD readings)
Cushing's Disease/Syndrome (PMB)	Paget's Disease
Cystic Fibrosis	Panic Disorder
Depression (according to depression rating scale) (PMB)	Pemphigus (motivated by dermatologist) (PMB)
Dermatitis	Post-traumatic Stress Disorder
Eczema (severe, motivated by dermatologist)	Psoriasis (severe, motivated by dermatologist)
Endometriosis	Psoriatic Arthritis
Generalised Anxiety Disorder	Pulmonary Fibrosis
GORD (diagnosis confirmed by Gastroenterologist or surgeon)	Scleroderma and other collagen vascular diseases
Gout (Uric acid levels must be provided, prophylaxis therapy only)	Sjogren's Disease
Haematological disorders e.g. Thalassaemia (PMB)	Trigeminal Neuralgia
Hyperthyroidism (PMB)	Urinary Incontinence
Hypoparathyroidism (PMB)	Zollinger Ellison Syndrome
Lipidoses and other storage disorders (PMB)	

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