

Annexure B(4)

BENEFIT SCHEDULE

LA FOCUS OPTION (With effect from 1 January 2026)

REGISTERED BY ME ON
2025/12/11
REGISTRAR OF MEDICAL SCHEMES

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 from the Medical Savings Account (MSA).
 - Per Member R10,200
 - Per Spouse/Adult Dependant R6,588
 - Per Child (to a maximum of three) R2,988
- (3) This Option has no overall annual limit for Major Medical Benefits (MMB).
- (4) The Scheme's appointed DSP for hospitalisation for this option is the LA Focus Hospital Network.
 This LA Focus Network Hospital consists of:
 - (a) This option provides benefits at 100% of cost up to the LAHR for hospital-related services as indicated in this schedule and rendered within all hospitals located in the provinces:
 - Eastern Cape
 - KwaZulu
 - Natal
 - Northern
 - Cape
 - Western
 - Cape
 - (b) This option provides benefits at 100% of cost up to the LAHR for hospital-related services as indicated in this schedule and rendered in a network of selected private hospitals in the following Provinces:
 - Gauteng
 - North West
 - Limpopo
 - Mpumalanga and
 - Free State
- (5) A 30% deductible will apply to **NON-EMERGENCY** hospitalisation **EXCEPT FOR PMB'S** within all hospitals not in Scheme's Focus Hospital Network for this option
- (6) Refer to Annexure G for benefits in respect of PMB's

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
1.	<p>Statutory Prescribed Minimum Benefits subject to paragraph 1.4 of Annexure B</p> <p>Private Hospital, subject to DSP for elective procedures / treatment</p> <p>Out of Hospital</p> <p>*Including:</p> <ul style="list-style-type: none"> ■ Oncology, Chemotherapy, Radiotherapy, Organ Transplants (including Bone Marrow transplants) and Kidney Dialysis. ■ Psychological, psychiatric treatment and drug and alcohol rehabilitation. ■ Authorised related medicines and TTO. ■ Specialist and general practitioners in and out-of-hospital ■ Confinements and midwives 	100% of Cost	Unlimited	<ul style="list-style-type: none"> 1. Basis of cover as contained in Annexure G. 2. Diagnosis, treatment and care costs subject to pre-authorisation and the preamble hereto covered from MMB (including Radiology, Pathology and MRI/CT scans). 3. Accommodation in a private ward is subject to certification by the attending practitioner as essential for the recovery of the patient. 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. 5. Limited up to a maximum of 3 Days in respect of Detoxification up to a maximum of the rate contracted with SANCA.

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2.	<p>In Private Hospitals, Unattached Operating Theatres (for services not reflected in Annexure H)</p> <p>Accommodation in a general ward, high care ward and intensive care unit</p> <p>Theatre fees, Medicines, material, and hospital equipment and Maxillo-Facial procedures: Severe infections, jaw-joint replacements, cancer-related and trauma-related surgery, cleft-lip, and palate repairs</p> <p>Hospital related costs for: Confinement and midwives In-hospital consultations, procedures</p> <p>Day surgery procedures or treatment Healthcare services reflected in Annexure H in a defined list of preferred facilities</p> <p>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</p> <p>Colorectal cancer care and surgery In and out of hospital management of colorectal cancer and related surgery</p> <p>Pre-operative Assessment for the following list of major surgeries: arthroplasty, colorectal surgery, coronary artery bypass graft, radical prostatectomy and mastectomy</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>100% of Cost up to LAHR</p> <p>100% of cost up to LAHR or up to 80% of LAHR at non-Network facility</p> <p>100% of cost up to LAHR or up to 80% of LAHR at non-Network facility</p> <p>100% of Cost up to LAHR</p>	<p>Unlimited</p> <p>Unlimited</p> <p>Unlimited</p> <p>Unlimited</p> <p>Unlimited</p> <p>Unlimited</p> <p>Limited to benefits in basket of care</p>	<p>1. Subject to pre-authorisation, clinical entry criteria and treatment guidelines.</p> <p>2. Accommodation in a private ward is subject to certification by the attending practitioner as essential for the recovery of the patient.</p> <p>3. Covered from MMB.</p> <p>4. Medicines include the completion of a course of treatment specifically related to the event giving rise to hospitalisation.</p> <p>5. Outpatient/Casualty visits paid from MSA, except in the case of PMB's.</p> <p>1. A deductible of R7,000 applies per procedure performed outside of a network facility</p> <p>2. Subject to pre-authorisation and clinical criteria.</p> <p>3. Covered from MMB.</p> <p>4. Medicines include the completion of a course of treatment specifically related to the event giving rise to hospitalisation.</p> <p>1. Subject to the use of the services of the Scheme's Network of providers.</p> <p>2. Subject to pre-authorisation, treatment guidelines and clinical criteria.</p> <p>3. Related accounts paid from MMB.</p> <p>4. Out-of-hospital conservative treatment subject to the Scheme's basket of care.</p> <p>1. Subject to the use of the services of the Scheme's Network of providers.</p> <p>2. Subject to pre-authorisation, treatment guidelines and clinical criteria.</p> <p>3. Related accounts paid from MMB.</p> <p>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.</p>

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3.	<p>Investigative procedures</p> <p>In Hospital Endoscopic procedures, gastroscopy, colonoscopy, sigmoidoscopy, and proctoscopy (Actual hospital costs related to ward and theatre fees, etc where procedure is performed in hospital)</p> <p>Hospital related costs (e.g., those charged by surgeon, anaesthetist and other related costs)</p> <p>Out of Hospital Endoscopic procedures, gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy</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</p> <p>Unlimited</p>	<p>Co-payments do not apply to PMB's.</p> <p>First R3,800 of hospital costs covered from MSA and the remainder from MMB. Subject to pre-authorisation. Related accounts paid from MSA.</p> <p>Covered from MSA.</p> <p>Scope codes only: Covered from MMB. Subject to pre-authorisation. Related accounts paid from and limited to funds in Medical Savings Account.</p>
4.	<p>Home-based care in lieu of hospitalisation / early discharge from hospital 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>Limited to benefits in basket of care</p>	<p>1. Subject to authorisation / approval and paid from MMB.</p> <p>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.</p> <p>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.</p> <p>2. Subject to approval, the Scheme's protocols and clinical and benefit entry criteria.</p>
5.	<p>Practitioners (Out of Hospital) 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>Unlimited</p> <p>Unlimited</p> <p>Unlimited</p> <p>Unlimited</p> <p>2 visits per child per annum</p>	<p>Covered first from MSA, except for PMB's.</p> <p>Once the MSA has been depleted, Virtual Paediatrician consultation paid from MMB per qualifying child.</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. Registered nursing services only. Domestic services excluded.</p> <p>1. Paid from MMB once MSA is depleted.</p> <p>2. Limited to 2 visits per child.</p>

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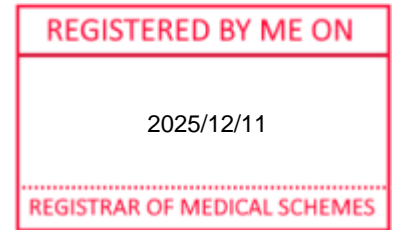
REGISTRAR OF MEDICAL SCHEMES



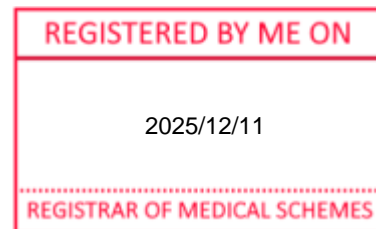
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6.	<p>Dentistry</p> <p>Basic dental trauma procedures (not PMB) for a sudden and unanticipated impact injury because of an accident or injury to teeth and the mouth, resulting in partial or complete loss of one or more teeth that requires urgent care in- or out-of-hospital</p> <div style="border: 2px solid red; padding: 10px; text-align: center; margin: 10px 0;"> <p style="color: red; font-weight: bold; font-size: 1.2em;">REGISTERED BY ME ON</p> <p style="font-size: 1.2em;">2025/12/11</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>Dentistry</p> <p>In-Hospital: Specialised dentistry</p> <p>Basic dentistry</p> <p>Out-of-Hospital: Specialised dentistry</p> <p>Basic dentistry (including 1 set of plastic dentures every four years per beneficiary)</p>	<p>100% of the cost up to the LAHR</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>Limited to R70,910 per beneficiary per year</p> <p>Hospital costs unlimited Related non-hospital accounts limited to R30,400 per annum per beneficiary</p> <p>Hospital costs unlimited</p> <p>Unlimited</p> <p>Unlimited</p>	<p>In-Hospital / Day Clinic Related accounts (Dentist and others), paid from MMB, subject to the annual limit per beneficiary per year t. Subject to pre-authorisation, clinical entry criteria &, 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="width: 20%;">Hospital</td> <td style="width: 60%;">Younger than 13 years</td> <td style="width: 20%; text-align: right;">R2,725</td> </tr> <tr> <td>Older than 13 years</td> <td style="text-align: right;">R6,885</td> </tr> <tr> <td rowspan="2">Day Clinics</td> <td>Younger than 13 years</td> <td style="text-align: right;">R1,331</td> </tr> <tr> <td>Older than 13 years</td> <td style="text-align: right;">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> <p>Subject to pre-authorisation</p> <p>1. Deductible payable by the member:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 20%;">Hospital</td> <td style="width: 60%;">Younger than 13 years</td> <td style="width: 20%; text-align: right;">R2,725</td> </tr> <tr> <td>Older than 13 years</td> <td style="text-align: right;">R6,885</td> </tr> <tr> <td rowspan="2">Day Clinics</td> <td>Younger than 13 years</td> <td style="text-align: right;">R1,331</td> </tr> <tr> <td>Older than 13 years</td> <td style="text-align: right;">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 MMB, subject to limit of R30,400 per beneficiary per year. If member makes use of DSP Network Dentist and obtains basic dental services as part of the Specialised Dentistry event, the codes for these basic services will be paid from MMB, without accumulation to the limit.</p> <p>Subject to pre-authorisation</p> <p>1. Deductible payable by the member:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 20%;">Hospital</td> <td style="width: 60%;">Younger than 13 years</td> <td style="width: 20%; text-align: right;">R2,725</td> </tr> <tr> <td>Older than 13 years</td> <td style="text-align: right;">R6,885</td> </tr> <tr> <td rowspan="2">Day Clinics</td> <td>Younger than 13 years</td> <td style="text-align: right;">R1,331</td> </tr> <tr> <td>Older than 13 years</td> <td style="text-align: right;">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.) limited to funds in MSA. If member makes use of DSP Network Dentist, the basic dentistry services will be paid from MMB.</p> <p>Paid from and limited to funds in MSA. Any basic dentistry services that are included as part of these Specialised Dental services that are provided by a Dentist in the Scheme's DSP network, will be paid from MMB.</p> <p>Paid from MMB for all services obtained from a Dentist in the Scheme's DSP Network. Payable from MSA if member makes use of a non-DSP for these basic dental services.</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	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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7.	<p>Prescribed Pharmaceuticals Including TTO</p> <p>Acute sickness conditions</p> <p>Over-the-Counter Medication (Schedule 0, 1 and 2, and specific other medicine (subject to PMB), generic or non-generic whether prescribed or not)</p> <p>PMB Chronic conditions (including the CDL as per Appendix 1) and other PMB chronic conditions as per DTP pairs</p> <p>Diabetes Care or Cardio Care Disease Management Programmes</p> <p>Programme to manage Cardio Metabolic Risk Syndrome</p> <p>Continuous blood glucose monitoring</p>	<p>100% of LAMR for medicine on preferred list and 90% for medicine not on preferred list</p> <p>100% of cost</p> <p>100% of cost</p> <p>100% of LAHR</p> <p>100% of LAHR</p> <p>100% of the LAHR</p>	<p>Unlimited</p> <p>Limited to: Single member: R3.120; Family: R5,710</p> <p>Unlimited</p> <p>Unlimited</p> <p>Limited to benefits in a basket of care</p> <p>Limited to R1,960 per beneficiary per month for sensors only</p>	<p>Covered from MSA.</p> <p>1. Covered from MSA.</p> <p>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.</p> <p>Non-PMB GP-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.</p> <p>1. Subject to clinical entry criteria treatment guidelines, protocols, and preferred providers (where applicable). 2. Managed by Network GP, supported by Dietitians and health coaches.</p> <p>1. Subject to registration on the Diabetes Management Programme approval, criteria and obtaining sensors from DSP pharmacy. 2. Readers and/or transmitters paid from MSA, limited to R5,350. 3. Purchase of the sensors is subject to the following annual co- payment: Adult beneficiary: R1,000; Paediatric beneficiary: R1,960</p>
8.	<p>Radiology</p> <p>In Hospital (x-rays)</p> <p>Out of Hospital (x-rays)</p> <p>MRI/CT scans on referral by a specialist</p> <p>In hospital</p> <p>Out of Hospital</p> <p>PET scans</p>	<p>100% of cost up to the LAHR</p> <p>100% of cost up to the LAHR</p> <p>100% of cost up to the LAHR</p> <p>100% of cost up to the LAHR</p> <p>100% of cost up to the LAHR</p>	<p>Unlimited</p> <p>Unlimited</p> <p>Unlimited</p> <p>Unlimited</p> <p>Unlimited</p>	<p>Covered from MMB. Subject to pre-authorization.</p> <p>Covered from MSA.</p> <p>Covered from MMB. Subject to pre-authorization.</p> <p>First R3,800 covered from MSA thereafter from MMB.</p> <p>Subject to clinical criteria, motivation, and authorisation. Covered from MMB.</p>



	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
9.	Oncology including Chemotherapy and Radiotherapy	100% of cost up to the LAHR 100% of cost for PMB's at DSP	Unlimited	<ol style="list-style-type: none"> 1. Non-PMB paid up to LAHR from MMB. All oncology benefits accrue to a threshold of R250 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) 2. Oncology medicine is subject to being obtained from a DSP pharmacy, and the medicine being on the Scheme's list of preferred medicine.
	Oncology-related PET scans	100% of cost up to the LAHR	Unlimited from MMB	<ol style="list-style-type: none"> 1. Services obtained from the Scheme's DSP Network (basis of cover as contained in Annexure E (C) 5.5). 2. Accrues to Oncology threshold of R250 000. Once threshold is reached all future claims subject to a 20% co-payment irrespective of DSP or non-DSP. 3. Voluntary use of non-DSP providers, paid up to 80% of the LAHR from R1.
	Oncology Innovation Benefit, providing access to cover for a defined list of non-PMB novel and ultra-high cost treatment	50% of the LAMR	Unlimited	<ol style="list-style-type: none"> 1. Accumulates to the 12-month Oncology threshold. 2. Paid at 50% of the Scheme Rate below and above the Oncology threshold. 3. Access to the benefit is subject to: <ol style="list-style-type: none"> 3.1 Meeting clinical criteria as specified or adopted by the Scheme. 3.2 Peer review by a Scheme appointed panel of specialists.
10.	Organ Transplants (including Bone Marrow / Stem Cell transplants) (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"> 1. Covered from MMB. Subject to pre-authorisation and case management (basis for cover as contained in Annexure E (C) 5.2). 2. Locally sourced Stem Cell Transplant benefit subject to authorisation, clinical criteria and review.
11.	Renal Care Programme	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"> 1. Subject to case management (basis for cover as contained in Annexure E(C) (5.3), covered from MMB. 2. Covered when clinically indicated and prescribed. 3. If a Preferred Provider is not used, the difference between the negotiated rate and the rate charged, to be paid by the member.



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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
12.	<p>Mental Health Benefit 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>Unlimited</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 services of non-DSP are 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.</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>Physiotherapy</p> <p>In-Hospital</p> <p>For acute non-hospital related conditions</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.</p>
14.	Blood Transfusions and Blood Products/Equivalents	100% of cost up to LAHR	Unlimited	Subject to pre-authorisation, covered from MMB.
15.	Ambulance Services	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.	<p>Alternatives to hospitalisation</p> <p>Approved Step-down Nursing Facilities & Private Nursing</p>	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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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
17.	Advanced Illness Benefit 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	<ol style="list-style-type: none"> 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.	Advanced Illness Member Support Programme 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 LAHR	Unlimited, according to the Scheme's basket of care	<ol style="list-style-type: none"> 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.	Auxiliary Services Audiology Occupational therapy Speech Therapy Chiroprody/Podiatry Dietetics Homeopathy Naturopathy Chiropractics Orthoptics Acupuncture Unani-Tibb therapy Any other registered auxiliary service	100% of cost up to LAHR	Unlimited	<p>Covered from MSA. Providers of service must be registered with the appropriate professional authority.</p> <div style="border: 2px solid red; padding: 10px; text-align: center; margin: 10px auto; width: fit-content;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="font-size: 1.2em; margin: 5px 0;">2025/12/11</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
20.	Internal Prostheses 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 R271,2006 per beneficiary per annum Unlimited	<p>Covered from MMB subject to pre-authorisation.</p> <p>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.</p>

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
	<p>Internal Prostheses continued</p> <p>Hip, Knee, and Shoulder replacement devices</p> <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 Subject to pre-authorisation, clinical criteria, obtaining the device from a Preferred Provider, and the use of the DSP hospital for Hip and Knee replacements</p> <p>Unlimited if obtained from the Network Provider</p> <p>Unlimited</p>	<p>Covered from MMB. 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. A 20% co-payment applies to the hospital costs for hip/knee replacements when the services 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>Pathology (non-PMB)</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</p> <p>Unlimited</p>	<p>Covered from MMB. Subject to pre-authorisation and DSP for basic pathology.</p> <p>Covered from MSA.</p> <p>1. Covered from MSA except for PMB's. 2. Subject to meeting the Scheme's treatment guidelines and managed care criteria and the results provided using Scheme accredited devices.</p>
22.	<p>External Medical Items</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>Oxygen rental</p> <p>Bluetooth enabled blood glucose monitoring device</p>	<p>100% of cost</p> <p>100% of cost up to LAHR</p> <p>100% of cost up to LAHR</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. 2. Benefits for wigs limited to one wig per beneficiary per year. 3. Wigs for alopecia (not cancer related) as prescribed by a dermatologist.</p> <p>Subject to pre-authorisation, the use of Scheme's DSP and covered from MMB.</p> <p>Covered from MMB subject to: 1. Beneficiary being registered for Diabetes on the Chronic Illness Benefit. 2. Scheme's protocols; clinical entry criteria and DSPs.</p>

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
23.	Optical Optometry Consultations	100% of cost up to LAHR	Unlimited	Covered from MSA.
	Spectacles, frames, contact lenses and refractive eye surgery (e.g. excimer laser)	100% of cost	Unlimited	Covered from MSA.
24.	Maternity 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 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	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/12/11</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
	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	
	Doulas	100% of LAHR	Unlimited	
25.	HIV/AIDS and related illnesses	100% of cost	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.
	HIV prophylaxis (rape and mother-to-child transmission)	100% of cost	Unlimited	1. Subject to pre-authorisation. 2. Covered from MMB.
	HIV/AIDS-related GP consultations	100% of cost	Unlimited	Subject to authorisation and obtaining treatment from DSP. A 20% co-payment applies if non-DSP is used voluntarily.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
26.	<p>Screening Tests <u>Group of tests at a Pharmacy</u> 1. Blood Glucose Test 2. Blood Pressure Test 3. Cholesterol Test 4. Body Mass Index (BMI)</p> <p>OR</p> <p>One Flu vaccination</p> <p>Screening tests for Children between ages 2 and 18 years of age: 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</p> <p>Group of age-appropriate screening tests for beneficiaries who are 65 years or older</p> <p>Additional screening assessment or consultation for at-risk members</p> <p>Other screening tests (subject to PMB) <u>Group of tests at Healthcare Professionals:</u> 1. Mammograms 2. Pap Smears 3. Prostate-Specific Antigen (PSA)</p> <p>4. Colorectal cancer screenings for persons aged 45 to 75 years</p>	<p>100% of the LAHR</p> <p>100% of the LAHR</p> <p>Up to 100% of LAHR</p> <p>up to 100% of LAHR</p> <p>100% of the LAHR for the actual test codes only</p> <p>100% of the LAHR</p>	<p>One or all of the 4 listed screening tests per annum per beneficiary</p> <p>One flu vaccination per beneficiary per year</p> <p>One, or all of the 4 listed screening tests per annum per beneficiary</p> <p>Each of the assessments limited to one per beneficiary per annum</p> <p>1 Consultation per person per annum</p> <p><u>Limit per beneficiary:</u> One Pap Smear/HPV testing every 3 years. One Mammogram every 2 years. One PSA test per annum</p> <p>1 Faecal occult blood test or faecal immunochemical test every 2 years</p>	<p>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. 4. LDL Cholesterol test, subject to clinical criteria. Paid from MMB.</p> <p>1. Paid up to the Scheme Rate for Group of Tests at a Pharmacy only.</p> <p>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.</p> <p>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.</p> <p>1. Subject to clinical criteria and treatment guidelines and the services obtained from the Scheme's accredited Network provider</p> <p>1. The LAHR will be paid from MMB for the actual tests only. Associated consultations and other related procedures will be funded first from MSA. 2. More frequent pap smears and/or mammography, MRI breast scan and once off BRCA testing, subject to clinical criteria and authorisation for at risk members. 3. Self testing kits for cervical cancer paid from MMB.</p> <p>1. A Colonoscopy, subject to clinical criteria and authorisation, for persons identified to be at risk. 2. Self testing kits for colorectal cancer paid from MMB.</p>

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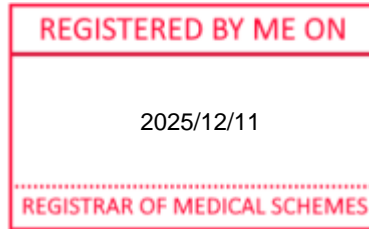
	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
	<p>Other Vaccinations 1. Other vaccinations 2. Pneumococcal vaccinations</p> <p>Immunisations 1. Immunisations</p> <p>Genetic testing Whole Exome screening (subject to licensing)</p> <p>Newborn screening</p>	<p>100% of the LAHR</p> <p>100% of the LAHR</p> <p>100% of the LAHR</p> <p>up to 50% of the cost of the LAHR</p> <p>100% of the LAHR</p>	<p>Unlimited</p> <p>One Pneumococcal vaccine per person every 5 years for persons under the age of 65 and one vaccine per person per lifetime for persons older than 65.</p> <p>Unlimited</p> <p>Limited to 50% of the cost of the screening</p> <p>Unlimited</p>	<p>1. Paid from MSA.</p> <p>1. Subject to clinical entry criteria. Paid from MMB.</p> <p>Paid from MSA</p> <p>1. Must be obtained from Scheme's Preferred Supplier. 2. Paid from MSA. 3. Remainder of the account to be paid by the member.</p> <p>Paid from MSA.</p>
27.	<p>WHO Outbreak Benefit Benefit for out-of-hospital management and appropriate supportive treatment of global World Health Organisation (WHO) recognised disease outbreaks:</p> <p>1. COVID-19 2. Monkeypox</p>	<p>100% of cost up to the LAHR, subject to PMB</p>	<p>Limited to a basket of care as set by the Scheme per condition</p>	<p>1. In addition to the cover set out in Annexure G of these Rules. 2. Subject to obtaining the services from the Scheme's preferred providers / DSPs, where applicable. 3. Subject to the condition and treatment meeting certain clinical criteria and protocols.</p>
28.	<p>Trauma Recovery Benefit 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>For other beneficiaries registered on the membership (not the patient suffering the trauma) Counselling sessions with a psychologist or social worker</p>	<p>100% of the LAHR</p> <p>100% of the LAHR</p> <p>100% of the LAHR</p> <p>100% of the LAHR</p> <p>100% of the LAHR</p> <p>Up to 100% of the LAHR</p>	<p>M = R10,200 M+1 = R15,300 M+2 = R19,000 M3+ = R222,900</p> <p>M = R19,800 M+1 = R23,400 M+2 = R27,700 M3+ = R33,700</p> <p>R33,300</p> <p>R107,800</p> <p>R18,600</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. 2. Benefits will be paid up to the LAHR for day-to-day claims: i. following the traumatic onset of: Paraplegia; Hemiplegia; Quadriplegia and Tetraplegia. ii. for conditions resulting from the following traumatic incidents: Near-drowning; Severe anaphylactic reaction; Poisoning and Crime-related injuries. iii. relating to severe burns. iv. following the traumatic onset of an internal or external head injury. v. due to loss of limb, or part thereof. 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.	Wellth Fund	Up to 100% of LAHR	Once off benefit per beneficiary's membership of the Scheme	Refer to Annexure I of these Rules.
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LEGEND:

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



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

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