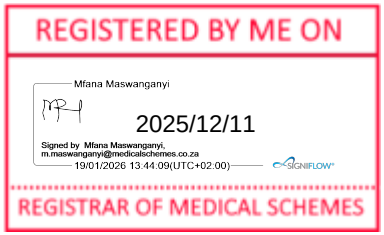
Annexure B(6)

BENEFIT SCHEDULE

LA ENGAGE OPTION
(With effect from 1 January 2026)



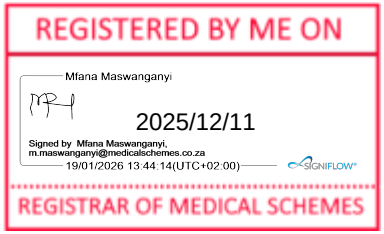
GENERAL RULES APPLICABLE TO THIS ANNEXURE

(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 paid first from the Medical Savings Account (MSA) and thereafter from the Extended Day-to-day Benefit (EDB).

(3) The Extended Day-to-day Benefit (EDB) is a compulsory level of cover, in respect of out of hospital expenses, for GP's, Specialists, Acute Medication, Dentistry, Optical, Radiology and Pathology, up to the following annual joint limits:

Per Member	*R7,291
Per Spouse/Adult Dependent	*R5,096
Per Child (to a maximum of three)	*R1,628



(4) The MSA is a compulsory level of cover, for the NON-PMB day-to-day expenses up to the following annual limits:

Per Member	*R10,200
Per Spouse/Adult Dependent	*R9,828
Per Child (to a maximum of three)	*R4,500

(5) This Option has no overall annual limit.

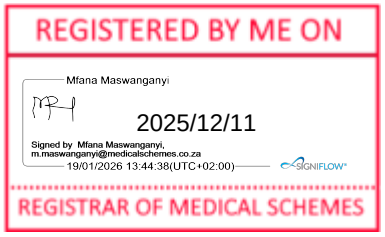
	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
1.	**Statutory Prescribed Minimum Benefits subject to paragraph 1.4 of Annexure B** Private Hospital, subject to DSP for elective procedures / treatment Out of Hospital *Including: ■ Oncology, Chemotherapy, Radiotherapy, Organ Transplants (including 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	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.
2.	**In Private Hospitals, Unattached Operating Theatres** Accommodation in a general ward, high care ward and intensive care unit. Theatre fees. Medicines, materials and hospital equipment. Confinement and midwives.	100% of Cost up to LAHR	Unlimited	1. Subject to pre-authorisation. 2. Accommodation in a private ward is subject to certification by the attending practitioner as essential for the recovery of the patient. 3. Covered from MMB.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
	In Private Hospitals, Unattached Operating Theatres (continued)			
	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	1. Subject to pre-authorisation, clinical entry criteria, treatment and guidelines 2. Accommodation in a private ward is subject to certification by the attending practitioner as essential for the recovery of the patient. 3. Covered from MMB. 4. Medicines include the completion of a course of treatment specifically related to the event giving rise to hospitalisation. 5. Outpatient/Casualty visits paid from MSA, except in the case of PMB's.
	Day surgery procedures or treatment Healthcare services reflected in Annexure H in a defined list of preferred facilities	100% of Cost up to LAHR	Unlimited	1. Subject to pre-authorisation and clinical criteria. 2. A deductible of R7,000 applies per procedure performed outside of a network facility 3. Covered from MMB. 4. Medicines include the completion of a course of treatment specifically related to the event giving rise to hospitalisation
	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 up to 80% of LAHR at non-Network facility	Unlimited	1. Subject to the use of the services of the Scheme's Network of providers. 2. Subject to pre-authorisation, treatment guidelines and clinical criteria. 3. Related accounts paid from MMB. 4. Out-of-hospital conservative treatment subject to the Scheme's basket of care.
	Colorectal cancer care and surgery In and out of hospital management of colorectal cancer and related surgery	100% of cost up to LAHR up to 80% of LAHR at non-Network facility	Unlimited	1. Subject to the use of the services of the Scheme's Network of providers. 2. Subject to pre-authorisation, treatment guidelines and clinical criteria. 3. Related accounts paid from MMB.
	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.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
3.	**Investigative procedures 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)	100% of cost up to LAHR	Unlimited	Co-payments do not apply to PMB's. First R3,800 of hospital costs covered from MSA and the remainder from MMB. Subject to pre-authorisation. Related accounts paid from MSA/EDB.
	Hospital related costs (e.g., those charged by surgeon, anaesthetist and other related costs)	100% of cost up to LAHR	Unlimited	Covered from MSA and thereafter from EDB.
	Out of Hospital Endoscopic procedures, gastroscopy, colonoscopy, sigmoidoscopy, and proctoscopy	100% of cost up to LAHR	Unlimited	Scope codes only: Covered from MMB. Subject to pre-authorisation. Related accounts paid from and limited to funds in Medical Savings Account/Extended Day-to-day Benefit.
4.	**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	100% of cost up to LAHR, subject to PMB	Unlimited in baskets of care	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.
	Clinically appropriate home monitoring devices for home monitoring of chronic and acute conditions	100% of the cost up to the LAHR	Limited to benefits in basket of care	1. Paid from the Major Medical Benefit, subject to basket of care. 2 Subject to approval, and clinical and benefit entry criteria.
5.	**Practitioners (Out of Hospital)** GP and Specialists visits in doctor's rooms, virtual and tele consultations	100% of cost up to LAHR	Joint Limit	Covered first from MSA and thereafter from EDB, except for PMB's.
	Virtual Paediatrician Consultations children aged 14 and under from a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation	100% of cost up to LAHR	Unlimited	Once the MSA/EDB have been depleted, Virtual Paediatrician Consultations paid from MMB per qualifying child.
	Second-opinion consultation obtained from specialists at the Cleveland Clinic	75% of Cost	Unlimited	Paid from MMB to a maximum of 75% of the cost of the consultation. Subject to pre-authorisation.
	Nurse Practitioners	100% of cost up to LAHR	Unlimited	Covered from MSA. Registered nursing services only. Domestic services excluded.
	Trauma-related casualty visits for children aged 10 and under (including consultation, facility fee and consumable codes billed) at a hospital in the Scheme's casualty network	100% of the Cost up to LAHR	2 visits per child per annum	Paid from MMB once MSA and EDB are depleted. Limited to 2 visits per child.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
6	**Dentistry** **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	100% of the cost up to the LAHR	Limited to R70,910 per beneficiary per year	**In-Hospital / Day Clinic** Related accounts (Dentist and others), paid from MMB, subject to the annual limit per beneficiary per year. Subject to pre-authorisation, clinical entry criteria and treatment guidelines 1. Deductible payable by the member 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 In-or out-of-hospital 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.
	Dentistry **In-Hospital:** Specialised dentistry	100% of cost up to LAHR	In-hospital costs unlimited Related non-hospital accounts limited to R30,400 per annum per beneficiary	**Subject to pre-authorisation** 1. Deductible payable by the member: 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 2. Balance of Hospital/Day Clinic account (after deductible) paid from MMB. 3. Related non-hospital accounts (for dentists, anaesthetists, etc) paid from MMB, subject to limit of R30,400 per beneficiary per year.
	Basic dentistry	100% of cost up to LAHR	Unlimited	**Subject to pre-authorisation** 1. Deductible payable by the member: 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 2. Balance of Hospital account (after deductible) paid from MMB. 3. Related non-hospital accounts (for dentists, anaesthetists, etc) paid from and limited to funds in MSA/EDB.
	Out-of-Hospital: Specialised dentistry	100% of cost up to LAHR	Unlimited	Paid from and limited to funds in MSA/EDB.
	Basic dentistry	100% of cost up to LAHR	Unlimited	Paid from and limited to funds in MSA/EDB.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
7.	**Prescribed Pharmaceuticals Including TTO** Acute sickness conditions	100% of LAMR for medicine on preferred list and 90% for medicine not on preferred list	Joint Limit	Covered first from MSA and thereafter from EDB.
	Over-the-Counter Medication (Schedule 0, 1 and 2, generic or non-generic, whether prescribed or not)	100% of cost	Joint Limit	1. Covered first from MSA and thereafter from EDB. 2. The following annual limits apply from R0: Single member: R3,120; Family: R5,710
	PMB Chronic conditions (including the CDL as per Appendix 1) and other PMB chronic conditions as per DTP pairs	100% of cost	Unlimited	1. Subject to pre-authorisation, 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.
	Other chronic conditions (as per appended list) in so far as they don't form part of the PMB's	Paid up to monthly Chronic Drug Amount (CDA) subject to annual limit	Limited to: *M R12 500 *M+ R25 000	1. Subject to pre-authorisation. 2. Covered from MMB. 3. In the case of PMB, Annexure G applies. 4. Costs for completion of chronic application form covered from MMB.
	Diabetes Care or Cardio Care Disease Management Programmes	100% of the LAHR	Unlimited	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 registration on the Scheme's Diabetes Management Programme, approval, criteria and obtaining sensors from DSP pharmacy 2. Readers and/or transmitters paid from MSA, limited to R5,350 per device. 3. Purchase of the sensors, subject to an annual co-payment: Adult beneficiary: R1000; Paediatric beneficiary: R1,960

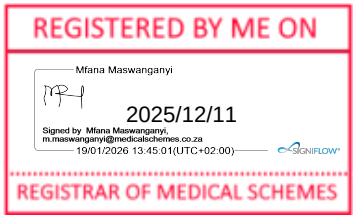


	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
8.	**Radiology** In Hospital (x-rays	100% of cost up to the LAHR	Unlimited	Covered from MMB. Subject to pre-authorisation.
	Out of Hospital (x-rays)	100% of cost up to the LAHR	Joint Limit	Covered first from MSA and thereafter from EDB.
	MRI/CT scans on referral by a specialist In hospital	100% of cost up to the LAHR	Unlimited	Covered from MMB. Subject to pre-authorisation.
	Out of Hospital	100% of cost up to the LAHR	Unlimited	First R3,800 covered from MSA thereafter from MMB.
	PET scans	100% of cost up to the LAHR	Unlimited	Subject to clinical criteria, motivation, and authorisation. Covered from MMB.
9.	**Oncology including Chemotherapy and Radiotherapy**	100% of cost for PMB's at DSP	Unlimited	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	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 Precision Benefit: provides access to cover for a defined list of non-PMB novel and ultra-high cost cancer treatment	50% of the LAHR	Unlimited	1. Paid at 50% of the Scheme Rate before and after the Oncology threshold of R250 000, with no overall limit. 2. Subject to meeting certain clinical criteria and 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	1. Subject to preauthorisation and case management (basis for cover as contained in Annexure E(C)5.2), covered from MMB 2. Subject to clinical entry criteria, protocols, 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	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.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
12.	**Mental Health Benefit** Psychological, Psychiatric treatment and Drug and Alcohol rehabilitation with due regard to the PMB's (paragraph A)			Refer to Annexure G for PMB's
	In- or Out-of-Hospital PMB related care	100% of cost up to LAHR	Up to a maximum of 21 Days per beneficiary per annum	1. Covered in full from MMB at the DSP. 2. If services 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
	Out of Hospital non-PMB mental health benefits (including psychologists, psychiatrists, art therapy and social workers)	100% of cost up to LAHR	Unlimited	Covered from MSA, except for PMB's.
	Disease management for major depression for members registered on the Mental Health Care Programme, including benefits to prevent relapses or recurrence of a major depressive episodes	100% of the LAHR	Unlimited	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.
	Depression Risk Management	100% of the LAHR	Unlimited	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.
13.	**Physiotherapy** In-Hospital	100% of cost up to LAHR	Unlimited	Subject to pre-authorisation and case management, covered from MMB.
	For acute non-hospital related conditions	100% of cost up to LAHR	Unlimited	Covered from MSA.
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	1. Subject to pre-authorisation, covered from MMB. 2. The services of the Scheme's DSP must be used.
16.	**Alternatives to hospitalisation** Approved Step-down Nursing Facilities & Private Nursing	100% of cost up to LAHR	Unlimited	1. Subject to pre-authorisation and case management, covered from MMB. 2. Private nursing excludes domestic services.

	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	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	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 Chiropody/Podiatry Dietetics Homeopathy Naturopathy Chiropractics Orthoptics Acupuncture Unani-Tibb therapy Any other registered auxiliary service	100% of cost up to LAHR	Unlimited	Covered from MSA. Providers of service must be registered with the appropriate professional authority.
20.	**Internal Prostheses** Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants	100% of cost up to LAHR	Limited to R271,200 per beneficiary per annum	Covered from MMB subject to pre-authorisation.
	Spinal Prostheses/Devices	100% of cost up to LAHR	Unlimited	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.
	Hip, Knee and Shoulder replacement devices	100% of cost up to LAHR	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	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.
	Cardiac stents	100% of cost up to LAHR	Unlimited if obtained from the Network Provider	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.
	Other Internal Prostheses	100% of cost up to LAHR	Unlimited	Subject to pre-authorisation; clinical entry criteria, covered from MMB.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
21.	**Pathology (non-PMB)**			
	In Hospital	100% of cost up to LAHR	Unlimited	Covered from MMB. Subject to pre-authorisation and DSP for basic pathology.
	Out of Hospital	100% of cost up to LAHR	Joint Limit	Covered first from MSA and thereafter from EDB.
	Point of care pathology testing	100% of cost up to LAHR	Joint Limit	1. Covered from MSA/EDB 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.
22.	**External Medical Items**			
	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.	100% of cost	Unlimited	1. Covered from MSA except for PMB's. 2. Benefits for wigs limited to one wig per beneficiary per year. 3. Wigs for alopecia as prescribed by a dermatologist.
	Oxygen rental	100% of cost up to LAHR	Unlimited	Subject to pre-authorisation, the use of Scheme's DSP and covered from MMB.
	Bluetooth enabled blood glucose monitoring device	100% of cost up to LAHR	Limited to 1 device per beneficiary per year	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.
23.	**Optical**			
	Optometry Consultations	100% of cost up to LAHR	Joint Limit	Covered first from MSA and thereafter from EDB.
	Spectacles, frames, contact lenses and refractive eye surgery (e.g., excimer laser)	100% of cost	Joint Limit	Covered first from MSA and thereafter from EDB.
24.	**Reproductive Health**			
	Maternity Programme Cover during pregnancy: Ante-natal visits, scans and selected blood tests and pre- or post- natal classes		8 antenatal consultations with Gyneacologist, 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 EDB if not registered on the Maternity Programme. 3D scans covered up to the cost of a 2D scan only.

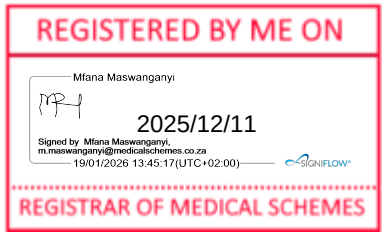


	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
	Maternity Programme continued			
	Cover for the newborn baby for 2 years after birth		2 visits to GP, paediatrician or ENT	
	Cover for the mother of the newborn baby for 2 years after birth		1 consultation at GP or Gynaecologist for post-natal complications. 1 nutritional assessment at a dietician. 2 mental health consultations with a counsellor or psychologist. 1 lactation consultation with a registered nurse or lactation specialist.	
	Antenatal classes (if not registered on the Maternity Programme)	100% of the LAHR	Unlimited	Paid from MSA only.
	Contraceptives	100% of the LAHR	Limited to R2,600 per qualifying female beneficiary per year	Paid from MMB
	Doulas	100% of LAHR	Unlimited	Paid from MSA only.
25.	**HIV/AIDS and related illnesses**	100% of cost	Unlimited	1. Subject to evidence-based managed care protocols/ formularies 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 form DSP. A 20% co-payment applies if non-DSP is used voluntarily.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
26.	**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) OR	100% of the LAHR	One or all of the 4 listed screening tests per annum per beneficiary	1. Payable from MMB only if services were obtained in the Scheme's contracted network of pharmacies. 2. Payable from MSA if a 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.
	One Flu vaccination	100% of the LAHR	One flu vaccination per beneficiary per year	1. Paid up to the Scheme Rate for Group of Tests at a Pharmacy only.
	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	100% of the LAHR	One, or all of the 4 listed screening tests per annum per beneficiary	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.
	Group of age-appropriate screening tests for beneficiaries who are 65 years or older	Up to 100% of LAHR	Each of the assessments limited to one per beneficiary per annum	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.
	Additional screening assessment or consultation for at-risk members	up to 100% of LAHR	1 Consultation per person per annum	1. Subject to clinical criteria and treatment guidelines and the services obtained from the Scheme's accredited Network provider.
	Other screening tests (subject to PMB) <u>Group of tests at Healthcare Professionals:</u> 1. Mammograms 2. Pap Smears 3. Prostate-Specific Antigen (PSA)	100% of the LAHR for the actual test codes only	<u>Limit per beneficiary:</u> One Pap Smear every 3 years. One Mammogram every 2 years. One PSA test per annum	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 and thereafter from EDB. 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.
	4. Colorectal cancer screenings for persons aged 45 to 75 years		1 Faecal occult blood test or faecal immunochemical test every 2 years	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.
	Other Vaccinations 1. Other vaccinations 2. `Pneumococcal vaccinations	100% of the LAHR 100% of the LAHR	Unlimited 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.	1. Paid from MSA. 1. Subject to clinical entry criteria. Paid from MMB.
	3. Childhood immunisations	100% of the LAHR	Unlimited	Paid from MMB in accordance with the Private Vaccination Schedule for children who are up to 12 years old
	4. Other immunisations	100% of the LAHR	Unlimited	Paid from MSA /EDB.

REGISTERED BY ME ON
Mfana Maswanganyi
2025/12/11
Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za
19/01/2026 13:45:12(UTC+02:00)
SIGNIFLOW
REGISTRAR OF MEDICAL SCHEMES

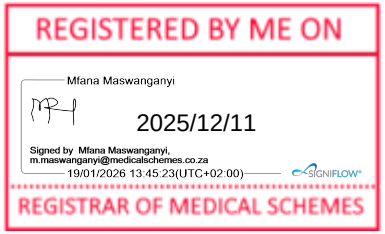
	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
	Genetic testing Whole Exome screening (subject to licensing)	Up to 50% of the cost of the LAHR	Unlimited	1. Must be obtained from Scheme's Preferred Supplier. 2. Up to 50% of the cost paid from MSA. 3. Remainder of the account to be paid by the member.
	Newborn screening	100% of the LAHR	Unlimited	1. Limited to funds available in MSA.
27.	**WHO Outbreak Benefit** Benefit for out-of-hospital management and appropriate supportive treatment of global World Health Organisation (WHO) recognised disease outbreaks: 1. COVID-19 2. Monkeypox	100% of cost up to the LAHR, subject to PMB	Limited to a basket of care as set by the Scheme per condition	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.
28.	**Trauma Recovery Benefit** For the patient suffering the trauma: 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.			
	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)	100% of the LAHR	M = R 25,600 M+1 = R34,700 M+2 = R42,400 M3+ = R49,100	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.
	Prescribed Medicine	100% of the LAHR	M = R28,100 M+1 = R34,200 M+2 = R41,000 M3+ = R44,900	
	External Medical Appliances	100% of the LAHR	R49,600	
	Prosthetic Limbs (with no further access to the External Medical Appliances Limit)	100% of the LAHR	R107,800	
	Hearing Aids	100% of the LAHR	R26,100	
	For other beneficiaries registered on the membership (not the patient suffering the trauma) Counselling sessions with a psychologist or social worker	Up to 100% of the LAHR	Limited to 6 sessions per person	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.
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.



	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
30.	**Sports Injury Benefit**	Up to 100% of LAHR	• Unlimited basic black and white x-rays, • 2 specialists' consultations per person per year, • 4 physiotherapy / bio kineticist / chiropractor or occupational therapist consultations per person per year	1. Paid up to 100% of the Scheme Rate, subject to applicable networks. 2. Benefit must be activated by a Network GP. 3. Once the benefit is active, applicable claims paid from MMB. 4. Once active, the benefit remains open to the end of the current benefit year
31.	**Kid's Benefit**	Up to 100% of LAHR	• One GP visit and cover for basic Radiology, Pathology or medicine that may be required at the time of the GP visit • One basic dental screening per year • One basic optometry screening every two years	1. Benefit is available to children 12 years and younger 2. Paid form MMB

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

ADDITIONAL CHRONIC DISEASE LIST (ADL)
(In so far as these conditions don't form part of the PMB)

Acne
Allergic Rhinitis
Attention Deficit Hyperactivity Disorder (ADHD)
Depression
Dermatitis
Eczema
Endometriosis
Gastro-Oesophageal Reflux Disease (GORD)
Generalised Anxiety Disorder
Gout
Hyperthyroidism
Menopause (subject to PMB)
Migraine
Obsessive Compulsive Disorder
Panic Disorder
Post-traumatic Stress Disorder
Sjogren's Disorder