

**Annexure B(1)
BENEFIT SCHEDULE**

**LA COMPREHENSIVE OPTION
(With effect from 1 January 2023)**

REGISTERED BY ME ON

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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 | R13,884 | R19,260 |
| Per Spouse/Adult Dependant | R 8,052 | R13,140 |
| Per Child (to a maximum of three) | R 3,516 | R 5,784 |

- (4) This Option has no overall annual limit.

| | SERVICE | % BENEFIT | ANNUAL LIMITS | CONDITIONS/REMARKS |
|----|--|-------------------------|---------------|---|
| A. | <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 | <ol 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. |
| B. | <p>In Private Hospitals, Unattached Operating Theatres and Day Clinics</p> <p>Accommodation in a general ward, high care ward and intensive care unit.</p> <p>Theatre fees.</p> <p>Medicines, materials and hospital equipment.</p> <p>Outpatient services.</p> <p>Confinement and midwives.</p> | 100% of Cost up to LAHR | Unlimited | <ol style="list-style-type: none"> 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. 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. |

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| | SERVICE | % BENEFIT | ANNUAL LIMITS | CONDITIONS/REMARKS |
|----|--|--|---------------------------------------|---|
| | In Private Hospitals, Unattached Operating Theatres and Day Clinics (for services not reflected in Annexure H) 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 guidelines and protocols. 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 at 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 R6 300 applies per procedure performed outside of a network facility |
| | 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 | 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 or 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. |
| C. | Out of Hospital Procedures/Operations | | | |
| | 1. Surgical procedures | 100% of Cost up to LAHR | Unlimited | Subject to pre-authorisation, covered from MMB including the channelling 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 | | | | | | | | | | |
|-------------|---|--|--|---|----------|-----------------------|--------|---------------------|--------|-------------|-----------------------|--------|---------------------|--------|
| D. | <p>Home-based care in lieu of hospitalisation / early discharge from hospital</p> <p>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.</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> | | | | | | | | | | |
| E. | <p>Practitioners (Out of Hospital)</p> <p>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>50% 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>R13,130 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 50% 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.</p> <p>2. Limited to 2 visits per child.</p> <p>3. Member must be in self-payment GAP.</p> <p>4. Does not accumulate to Threshold.</p> | | | | | | | | | | |
| F. | <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> | <p>100% of the cost up to the LAHR</p> | <p>Limited to R61 500 per beneficiary per year</p> | <p>In-Hospital / Day Clinic</p> <p>Paid from the Major Medical Benefit. Subject to pre-authorisation, clinical entry criteria & treatment guidelines</p> <p>1. Deductible payable by the member</p> <table border="1"> <tr> <td rowspan="2">Hospital</td> <td>Younger than 13 years</td> <td>R2,360</td> </tr> <tr> <td>Older than 13 years</td> <td>R5,970</td> </tr> <tr> <td rowspan="2">Day Clinics</td> <td>Younger than 13 years</td> <td>R1,160</td> </tr> <tr> <td>Older than 13 years</td> <td>R3,910</td> </tr> </table> <p>In-or out-of-hospital</p> <p>2. Related accounts (Dentist and others), paid from MMB, subject to joint limit of R61 500 per beneficiary per year.</p> <p>3. Dental appliances and Prostheses, and placement thereof, orthodontics (surgical & non-surgical) paid from MMB, subject to joint limit of R61,500 per beneficiary per year.</p> | Hospital | Younger than 13 years | R2,360 | Older than 13 years | R5,970 | Day Clinics | Younger than 13 years | R1,160 | Older than 13 years | R3,910 |
| Hospital | Younger than 13 years | R2,360 | | | | | | | | | | | | |
| | Older than 13 years | R5,970 | | | | | | | | | | | | |
| Day Clinics | Younger than 13 years | R1,160 | | | | | | | | | | | | |
| | Older than 13 years | R3,910 | | | | | | | | | | | | |

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| SERVICE | % BENEFIT | ANNUAL LIMITS | CONDITIONS/REMARKS | | | | | | | | | | |
|--|-------------------------|---|--|----------|-----------------------|--------|----------------------|--------|-------------|-----------------------|--------|---------------------|--------|
| Dentistry In-Hospital: Specialised dentistry | 100% of cost up to LAHR | In-hospital costs unlimited Related non-hospital accounts limited to R34,830 per beneficiary | Subject to pre-authorisation 1. Deductible payable by the member: <table border="1"> <tr> <td rowspan="2">Hospital</td> <td>Younger than 13 years</td> <td>R2,360</td> </tr> <tr> <td>Older than 13 years</td> <td>R5,970</td> </tr> <tr> <td rowspan="2">Day Clinics</td> <td>Younger than 13 years</td> <td>R1,160</td> </tr> <tr> <td>Older than 13 years</td> <td>R3,910</td> </tr> </table> 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 joint limit of R34,830 per beneficiary for in- and out-of-hospital specialized dentistry. | Hospital | Younger than 13 years | R2,360 | Older than 13 years | R5,970 | Day Clinics | Younger than 13 years | R1,160 | Older than 13 years | R3,910 |
| Hospital | Younger than 13 years | R2,360 | | | | | | | | | | | |
| | Older than 13 years | R5,970 | | | | | | | | | | | |
| Day Clinics | Younger than 13 years | R1,160 | | | | | | | | | | | |
| | Older than 13 years | R3,910 | | | | | | | | | | | |
| Basic dentistry | 100% of cost up to LAHR | Joint limit of R17,990 per beneficiary for basic dentistry in-or-out-of-hospital | Subject to pre-authorisation 1. Deductible payable by the member: <table border="1"> <tr> <td rowspan="2">Hospital</td> <td>Younger than 13 years</td> <td>R2,360</td> </tr> <tr> <td>-Older than 13 years</td> <td>R5,970</td> </tr> <tr> <td rowspan="2">Day Clinics</td> <td>Younger than 13 years</td> <td>R1,160</td> </tr> <tr> <td>Older than 13 years</td> <td>R3,910</td> </tr> </table> 2. Balance of Hospital account (after deductible) paid from MMB. 3. Related non-hospital accounts (for dentists, anaesthetists, etc) paid from MSA/ATB, subject to joint limit of R17,990 per beneficiary per year for in- and out-of-hospital specialized dentistry. | Hospital | Younger than 13 years | R2,360 | -Older than 13 years | R5,970 | Day Clinics | Younger than 13 years | R1,160 | Older than 13 years | R3,910 |
| Hospital | Younger than 13 years | R2,360 | | | | | | | | | | | |
| | -Older than 13 years | R5,970 | | | | | | | | | | | |
| Day Clinics | Younger than 13 years | R1,160 | | | | | | | | | | | |
| | Older than 13 years | R3,910 | | | | | | | | | | | |
| Out-of-Hospital: Specialised dentistry | 100% of cost up to LAHR | Combined overall limit of R34,830 per beneficiary for specialized dentistry in- or out-of-hospital | Paid from and limited to funds in MSA/ATB, subject to joint limit of R34,830 per beneficiary for specialized dentistry performed in- or out-of-hospital. | | | | | | | | | | |
| Basic dentistry | 100% of cost up to LAHR | Combined overall limit of R17,990 per beneficiary for basic dentistry in- or out-of-hospital | Paid from and limited to funds in MSA/ATB, subject to joint limit of R17,990 per beneficiary for basic dentistry performed in-or-out-of-hospital. | | | | | | | | | | |

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| | SERVICE | % BENEFIT | ANNUAL LIMITS | CONDITIONS/REMARKS |
|----|---|--|--|---|
| G. | Prescribed Pharmaceuticals Including TTO Acute sickness conditions | 100% of LAMR for medicine on preferred list and 90% for medicine not on preferred list | M : R11,720 M1: R14,990 M2: R18,070 M3: R20,840 M4+:R23,710 | Covered from MSA. Once the AT has been reached, covered from ATB. |
| | Specialised Medicine and Technology Benefit (SMTB) | 100% of cost up to the LAHR | Limited to R228,000 per beneficiary per annum | Paid from MMB. Subject to the Stipulations of Annexure E of these Rules. |
| | Over-the-Counter Medication (Schedule 0, 1 and 2, generic or non-generic whether prescribed or not) | 100% of cost | Limited to funds in MSA | 1. Benefit will not accumulate to the AT. 2. A sub-limit of R1,670 per beneficiary per year applies to certain categories of unscheduled supplements, provided as OTC. |
| | PMB Chronic conditions (including but not limited to the appended CDL) | 100% of cost | Unlimited based on Formulary | 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. |
| | Diabetes Care or Cardio Care Disease Management Programmes | 100% of LAHR | Unlimited | Non-PMB GP and other -related services covered in a treatment basket, subject to referral by the Scheme's Network GP and participation on the Chronic Illness Benefit. Paid from MMB. |
| | Continuous blood glucose monitoring | 100% of the LAHR | Limited to R1,660 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 R4,630 per device. 3. Purchase of the sensors subject to an annual co-payment: Adult beneficiary: R1,250; Paediatric beneficiary: R1,660 |
| | <div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p>  <p>Mfana Maswanganyi 2023/01/09 12/01/2023 07:48:57(UTC+02:00) Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za REGISTRAR OF MEDICAL SCHEMES</p> </div> | | | |
| | 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 | Paid up to a monthly Chronic Drug Amount and subject to annual limit | M : R6,260 M1 : R12,600 M2 : R14,585 M3 : R16,585 M4 : R17,965 M5+: R19,750 | 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. |

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| | SERVICE | % BENEFIT | ANNUAL LIMITS | CONDITIONS/REMARKS |
|----|--|---|--|--|
| H. | Radiology 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. |
| I. | Oncology, including Chemotherapy and Radiotherapy Oncology-related PET scans Oncology Innovation Benefit, providing access to cover for a defined list of non-PMB novel and ultra-high-cost treatment | 100% of cost for PMB's at DSP 100% of cost up to the LAHR 75% of the LAMR | Unlimited Unlimited from MMB Unlimited | 1. Non-PMB paid up to LAHR from MMB. All oncology benefits accrue to a threshold of R456,000 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. 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 R456,000. 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. 1. Accumulates to the 12-month Oncology threshold. 2. Paid at 75% of the Scheme Rate below and above the Oncology threshold. 3. Access to the benefit is subject to: 3.1 Meeting clinical criteria as specified or adopted by the Scheme. 3.2 Peer review by a Scheme appointed panel of specialists. |
| J. | Organ Transplants (including Bone Marrow / Stem Cell transplants) and Kidney Dialysis (includes authorised related medicines) | 100% of cost up to LAHR 100% of cost for PMB's at DSP | Unlimited | 1. Subject to pre-authorisation and case management (basis for cover as contained in Annexure E (C) 5.2), covered from MMB. 2. Acute and Chronic Dialysis paid from MMB, at National Renal Care Facilities. Subject to approval of treatment plan. If non-DSP is used voluntarily the claim is paid at the agreed LA Health Rate. 3. Locally sourced Stem Cell Transplant benefit subject to authorisation, clinical criteria and review. |

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| | SERVICE | % BENEFIT | ANNUAL LIMITS | CONDITIONS/REMARKS |
|----|--|---|---|--|
| K. | <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>100% of cost up to LAHR</p> <p>100% of cost up to LAHR</p> <p>100% of the LAHR</p> | <p>Up to a maximum of 21 Days per beneficiary per annum</p> <p>R22,600 per family</p> <p>Unlimited.</p> | <p>Refer to Annexure G for PMB's</p> <ol style="list-style-type: none"> Covered in full, from MMB at the DSP. If service of non-DSP is used voluntarily, a 20% co-pay applies to the hospital account. Subject to clinical criteria and protocols. 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. 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>Covered from MSA. Once the AT has been reached, thereafter covered from ATB. (The limit includes a sub-limit of R7,500 per beneficiary for alcohol and drug rehabilitation).</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> |
| L. | <p>Physiotherapy 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> |
| M. | Blood Transfusions and Blood Products/Equivalents | 100% of cost up to LAHR | Unlimited | Subject to pre-authorisation, covered from MMB. |
| N. | Ambulance Services | 100% of cost up to LAHR | Unlimited | <ol style="list-style-type: none"> Subject to pre-authorisation, covered from MMB. The services of the Scheme's DSP, must be used. |
| O. | <p>Alternatives to hospitalisation Approved Step-down Nursing Facilities Private Nursing</p> | 100% of cost up to LAHR | Unlimited | <ol style="list-style-type: none"> Subject to pre-authorisation and case management, covered from MMB. Private nursing excludes domestic services. |

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| | SERVICE | % BENEFIT | ANNUAL LIMITS | CONDITIONS/REMARKS |
|-----|--|---------------------------------|---|---|
| P. | 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. |
| P1. | 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 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). |
| Q. | Auxiliary Services Audiology Occupational therapy Speech Therapy Chiropody/Podiatry Dietetics Homeopathy Naturopathy Chiropractics Orthoptics Acupuncture Any other registered auxiliary service | 100% of cost up to LAHR | Unlimited once in ATB. | Covered from MSA. Once the AT has been reached, unlimited from ATB. Providers of service must be registered with the appropriate professional authority. |


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| | SERVICE | % BENEFIT | ANNUAL LIMITS | CONDITIONS/REMARKS |
|----|---|-------------------------|---|---|
| R. | Internal Prostheses | | | |
| | Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants | 100% of cost up to LAHR | Limited to R235,100 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, an annual limit of R52,500 per beneficiary applies, limited to R26,250 per level. 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 preauthorisation, clinical criteria, obtaining the device from a Preferred Provider, and the use of the DSP Hospital for Hip and Knee replacements. | Covered from MMB. Shoulder replacement devices limited to R45,550 per prosthesis per admission if from a non-Preferred Provider. Hip and knee replacements limited to R30,900 per device from a non-Preferred Provider. A 20% co-payment of the hospital cost applies for hip/knee replacements when the service of a non-network hospital is used voluntarily. |
| | Other Internal Prostheses | 100% of cost up to LAHR | Unlimited | Subject to pre-authorisation; clinical entry criteria, covered from MMB. |


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| | SERVICE | % BENEFIT | ANNUAL LIMITS | CONDITIONS/REMARKS |
|----|--|-------------------------|---|---|
| S. | 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 | Unlimited once in ATB. Unlimited once in ATB | Covered from MSA except for PMB's. Once the AT has been reached, unlimited from ATB. |
| | Point of care pathology testing | 100% of cost up to LAHR | | 1. Covered from MSA, except for PMB's. Once the AT has been reached, unlimited from ATB. 2. Subject to meeting the Scheme's treatment guidelines and managed care criteria and the results provided using Scheme accredited devices. |
| T. | 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 and wigs with due regard to the PMB's. | 100% of cost | R32,240 per family | Covered from MSA except for PMB's. Once the AT has been reached, covered from ATB. (Subject to monitoring and a sub-limit of R21,560 per family for hearing aids). |
| | External Medical Items Extender Benefit | 100% of the cost | Unlimited | Covered from MMB. Subject to approval and clinical criteria. |
| | 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. |
| U. | Optical 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 | R5,350 per beneficiary | Covered from MSA. Once the AT has been reached, covered from ATB. |

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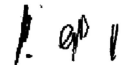
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| | SERVICE | % BENEFIT | ANNUAL LIMITS | CONDITIONS/REMARKS |
|----|--|---|---|---|
| V. | <p>Reproductive Benefits</p> <p>Maternity Maternity Programme Cover during pregnancy: Ante-natal visits, scans and selected blood tests and pre- or post-natal classes</p> <p>Cover for the newborn baby for 2 years after the birth</p> <p>Cover for the mother of the newborn baby for 2 years after the birth</p> <p>Antenatal classes (if not registered on the Maternity Programme)</p> <p>Doulas</p> | <p>100% of LAHR</p> <p>100% of LAHR</p> | <p>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</p> <p>2 visits to GP, paediatrician or ENT</p> <p>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</p> <p>Limited to R1,890 per pregnancy.</p> <p>Unlimited</p> | <p>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.</p> <p>3D scans covered up to the cost of a 2D scan only.</p> <p>Paid from MSA or Above Threshold Benefit.</p> <p>Paid from MSA only.</p> |

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| | SERVICE | % BENEFIT | ANNUAL LIMITS | CONDITIONS/REMARKS |
|----|---|------------------------|---|---|
| | Assisted Reproductive Therapy 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 R122 000 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 |
| W. | HIV/AIDS and related illnesses | 100% of cost | Unlimited | 1. Subject to evidence-based managed care protocols/formularies as provided for in regulation 15 and managed by the Scheme's Management Programme. 2. Covered from MMB. |
| | 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. |

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| | SERVICE | % BENEFIT | ANNUAL LIMITS | CONDITIONS/REMARKS |
|---|---|---|--|--|
| X. | 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 One Flu vaccination | 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 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. |
| | 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/ATB. |
| | 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/ATB. |
| | 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) 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 from MSA/ATB. 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. |
| | 4. Colorectal cancer screenings for persons aged 45 to 75 years | 100% of the LAHR | 1 Faecal occult blood test or 1 faecal immunochemical test every 2 years | 1. A Colonoscopy, subject to clinical criteria and authorisation, for persons identified to be at risk |
| | 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 younger than 65 and one vaccine per person per lifetime, if older than 65 | 1. Paid from MSA / ATB. 1. Subject to clinical entry criteria. Paid from MMB. |
| Genetic testing 1. Whole Exome screening (subject to licensing) 2. Newborn screening | up to 50% of the cost | Unlimited | 1. Must be obtained from Scheme's Preferred Supplier. 2. Up to 50% of the cost paid from MSA, without accumulation to the threshold. 3. Remainder of the account to be paid by the member. 1. Limited to funds available in MSA, without accumulation to the threshold. | |

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| | SERVICE | % BENEFIT | ANNUAL LIMITS | CONDITIONS/REMARKS |
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| Y. | <p>WHO Outbreak Benefit Benefit for out-of-hospital management and appropriate supportive treatment of global World Health Organisation (WHO) recognised disease outbreaks:</p> <ol style="list-style-type: none"> COVID-19 Monkeypox | 100% of cost up to the LAHR, subject to PMB | Limited to a basket of care as set by the Scheme per condition | <ol style="list-style-type: none"> In addition to the cover set out in Annexure G of these Rules Subject to obtaining the services from the Scheme's preferred providers / DSPs, where applicable. Subject to the condition and treatment meeting certain clinical criteria and protocols. |
| Z. | <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>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 = R22,200 M+1 = R30,150 M+2 = R36,750 M3+ = R42,650</p> <p>M = R24,300 M+1 = R29,600 M+2 = R35,650 M3+ = R38,900</p> <p>R43,000</p> <p>R93,550</p> <p>R22,650</p> <p>Limited to 6 sessions per person</p> | <ol style="list-style-type: none"> 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. Benefits will be paid up to the LAHR for day-to-day claims: <ol style="list-style-type: none"> following the traumatic onset of: Paraplegia; Hemiplegia; Quadriplegia and Tetraplegia. for conditions resulting from the following traumatic incidents: Near-drowning; Severe anaphylactic reaction; Poisoning and Crime-related injuries. relating to severe burns. following the traumatic onset of an internal or external head injury. due to loss of limb, or part thereof. Benefits are paid according to the general rules applicable to this Benefit Option in terms of protocols, clinical entry criteria and DSP's. <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> |

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
- 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)

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

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LA Comprehensive Annexure B(1) - January 2023