

**Annexure B(3)**

**BENEFIT SCHEDULE**

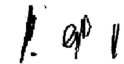
**LA ACTIVE OPTION**  
**(With effect from 1 January 2023)**

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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) 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	R5,598
Per Spouse/Adult Dependand	R3,913
Per Child (to a maximum of three)	R1,129

- (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	R7,632
Per Spouse/Adult Dependand	R5,520
Per Child (to a maximum of three)	R3,156

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



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

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
B.	<b>In Private Hospitals, Unattached Operating Theatres and Day Clinics</b>			
	In-Hospital consultations, surgical and other procedures, including maxillo-facial procedures (Severe infections, jaw-joint replacements, cancer-related and trauma-related surgery, cleft-lip and palate repairs)	100% of Cost up to LAHR	Unlimited	<ol style="list-style-type: none"> <li>1. Subject to pre-authorisation, clinical entry criteria, treatment and guidelines</li> <li>2. Accommodation in a private ward is subject to certification by the attending practitioner as essential for the recovery of the patient.</li> <li>3. Covered from MMB.</li> <li>4. Medicines include the completion of a course of treatment specifically related to the event giving rise to hospitalisation.</li> <li>5. Outpatient/Casualty visits paid from MSA, except in the case of PMB's.</li> </ol>
	<b>Day surgery procedures or treatment</b> Healthcare services reflected in Annexure H in a defined list of preferred facilities	100% of Cost up to LAHR	Unlimited	<ol style="list-style-type: none"> <li>1. Subject to pre-authorisation and clinical criteria.</li> <li>2. A deductible of R6 300 applies per procedure performed outside of a network facility</li> </ol>
	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	<ol style="list-style-type: none"> <li>1. Subject to the use of the services of the Scheme's Network of providers.</li> <li>2. Subject to pre-authorisation, treatment guidelines and clinical criteria.</li> <li>3. Related accounts paid from MMB.</li> <li>4. Out-of-hospital conservative treatment subject to the Scheme's basket of care.</li> </ol>
	Colorectal cancer care and surgery In and out of hospital management of colorectal cancer and related surgery	100% of cost up to LAHR up to 80% of LAHR at non-Network facility	Unlimited	<ol style="list-style-type: none"> <li>1. Subject to the use of the services of the Scheme's Network of providers.</li> <li>2. Subject to pre-authorisation, treatment guidelines and clinical criteria.</li> <li>3. Related accounts paid from MMB.</li> </ol>
	Pre-operative Assessment for the following list of major surgeries: arthroplasty, colorectal surgery, coronary artery bypass graft, radical prostatectomy and mastectomy	100% of Cost up to LAHR	Limited to benefits in basket of care	Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols. Paid once per hospital admission from MMB.

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
C.	<p><b>Investigative procedures In Hospital</b> 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><b>Hospital related costs</b> (e.g., those charged by surgeon, anaesthetist and other related costs)</p> <p><b>Out of Hospital</b> 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 R3,300 of hospital costs covered from MSA and the remainder from MMB. Subject to pre-authorisation. Related accounts paid from MSA/EDB.</p> <p>Covered from MSA and thereafter from EDB.</p> <p>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.</p>
D.	<p><b>Home-based care in lieu of hospitalisation / early discharge from hospital</b> Home-based care for clinically appropriate chronic and acute treatment and conditions that can be treated at home</p> <p>Clinically appropriate home monitoring devices for home monitoring of chronic and acute conditions</p>	<p>100% of cost up to LAHR, subject to PMB</p> <p>100% of the cost up to the LAHR</p>	<p>Unlimited in baskets of care</p> <p>Limited to benefits in basket of care</p>	<p>1. Subject to authorisation / approval and paid from MMB. 2. Subject to treatment guidelines and clinical and benefit criteria and services provided by the Scheme's preferred providers, where applicable, and the treatment meeting clinical and benefit entry criteria. 3. Defined services in the Scheme's baskets of care apply.</p> <p>1. Paid from the Major Medical Benefit, subject to basket of care. 2 Subject to approval, the Scheme's and clinical and benefit entry criteria.</p>
E.	<p><b>Practitioners (Out of Hospital)</b> GP and Specialists visits in doctor's rooms, virtual and tele consultations</p> <p>Virtual Paediatrician Consultations children aged 14 and under from a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation</p> <p>Second-opinion consultation obtained from specialists at the Cleveland Clinic</p> <p>Nurse Practitioners</p> <p>Trauma related casualty visits for children aged 10 and under (includes consultation, facility fee and consumable codes billed) at a hospital in the Scheme's casualty network</p>	<p>100% of cost up to LAHR</p> <p>100% of cost up to LAHR</p> <p>50% of Cost</p> <p>100% of cost up to LAHR</p> <p>100% of Cost up to LAHR</p>	<p>Joint Limit</p> <p>Unlimited</p> <p>Unlimited</p> <p>Unlimited</p> <p>2 visits per child per annum</p>	<p>Covered first from MSA and thereafter from EDB, except for PMB's.</p> <p>Once the MSA/EDB have been depleted, Virtual Paediatrician Consultations paid from MMB per qualifying child.</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. Registered nursing services only. Domestic services excluded.</p> <p>Paid from MMB once MSA and EDB are depleted. Limited to 2 visits per child.</p>


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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS																														
F	<b>Dentistry</b> <b>Basic dental trauma procedures (not PMB)</b> for a sudden and unanticipated impact injury because of an accident or injury to teeth and the mouth, resulting in partial or complete loss of one or more teeth that requires urgent care in- or out-of-hospital  	100% of the cost up to the LAHR	Limited to R61 500 per beneficiary per year	<b>In-Hospital / Day Clinic</b> Paid from the Major Medical Benefit. Subject to pre-authorization, clinical entry criteria &, treatment guidelines  1. Deductible payable by the member <table border="1" data-bbox="1482 367 2101 494"> <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> <b>In- or out-of-hospital</b> 2. Related accounts (Dentist and others), paid from MMB, subject to joint limit of R61 500 per beneficiary per year.  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  <b>Subject to pre-authorization</b> 1. Deductible payable by the member: <table border="1" data-bbox="1482 762 2110 865"> <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 limit of R26,360 per beneficiary per year.  <b>Subject to pre-authorization</b> 1. Deductible payable by the member: <table border="1" data-bbox="1482 1078 2110 1181"> <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 and limited to funds in MSA/EDB.  Paid from and limited to funds in MSA/EDB.  First R4,275 per family payable from MMB. Thereafter paid from and limited to funds in MSA/EDB.	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	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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	<b>Dentistry</b> <b>In-Hospital:</b> Specialised dentistry	100% of cost up to LAHR	In-hospital costs unlimited Related non-hospital accounts limited to R26,360 per annum per beneficiary																															
	Basic dentistry	100% of cost up to LAHR	Unlimited																															
	<b>Out-of-Hospital:</b> Specialised dentistry	100% of cost up to LAHR	Unlimited																															
	Basic dentistry	100% of cost up to LAHR	Unlimited																															

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
G.	<b>Prescribed Pharmaceuticals Including TTO</b> Acute sickness conditions	100% of LAMR for medicine on preferred list and 90% for medicine not on preferred list	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. A sub-limit of R1,670 per beneficiary per year applies to certain categories of unscheduled supplements, provided as OTC.
	<b>PMB Chronic conditions (including the CDL as per Appendix 1) and other PMB chronic conditions as per DTP pairs</b>	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.
	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 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 R4,630 per device. 3. Purchase of the sensors subject to an annual co-payment: Adult beneficiary: R830; Paediatric beneficiary: R1,660
H.	<b>Radiology</b> 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.
	<b>MRI/CT scans</b> 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 R3,300 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.

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
I.	<p><b>Oncology including Chemotherapy and Radiotherapy</b></p> <p><b>Oncology-related PET scans</b></p>	<p>100% of cost for PMB's at DSP</p> <p>100% of cost up to the LAHR</p>	<p>Unlimited</p> <p>Unlimited from MMB</p>	<p>1. Non-PMB paid up to LAHR from MMB. All oncology benefits accrue to a threshold of R228,000 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)</p> <p>2. Oncology medicine is subject to being obtained from a DSP pharmacy, and the medicine being on the Scheme's list of preferred medicine.</p> <p>1. Services obtained from the Scheme's DSP Network (basis of cover as contained in Annexure E (C) 5.5).</p> <p>2. Accrues to Oncology threshold of R228,000. Once threshold is reached all future claims subject to a 20% co-payment irrespective of DSP or non-DSP.</p> <p>3. Voluntary use of non-DSP providers, paid up to 80% of the LAHR from R1.</p>
J.	<p><b>Organ Transplants (including Bone Marrow / Stem Cell transplants) and Kidney Dialysis</b> (includes authorised related medicines)</p>	<p>100% of cost up to LAHR</p> <p>100% of cost for PMB's at DSP</p>	<p>Unlimited</p>	<p>1. Subject to pre-authorisation and case management (basis for cover as contained in Annexure E (C) 5.2), covered from MMB.</p> <p>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.</p> <p>3. Locally sourced Stem Cell Transplant benefit subject to authorisation, clinical criteria and review.</p>
K.	<p><b>Mental Health Benefit</b></p> <p>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> <div style="border: 2px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p>  <p style="text-align: center;">2023/01/09 12/01/2023 07:55:18 (UTC+02:00) Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <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>Unlimited</p> <p>Unlimited</p>	<p>Refer to Annexure G for PMB's</p> <p>1. Covered in full from MMB at the DSP.</p> <p>2. If services of non-DSP is used voluntarily, a 20% co-pay applies to the hospital account.</p> <p>3. Subject to clinical criteria and protocols.</p> <p>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.</p> <p>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, except for PMB's.</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>

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
L.	<b>Physiotherapy</b> In-Hospital  For acute non-hospital related conditions	100% of cost up to LAHR  100% of cost up to LAHR	Unlimited  Unlimited	Subject to pre-authorization and case management, covered from MMB.  Covered from MSA.
M.	<b>Blood Transfusions and Blood Products/Equivalents</b>	100% of cost up to LAHR	Unlimited	Subject to pre-authorization, covered from MMB.
N.	<b>Ambulance Services</b>	100% of cost up to LAHR	Unlimited	1. Subject to pre-authorization, covered from MMB. 2. The services of the Scheme's DSP, must be used.
O.	<b>Alternatives to hospitalisation</b> Approved Step-down Nursing Facilities & Private Nursing	100% of cost up to LAHR	Unlimited	1. Subject to pre-authorization and case management, covered from MMB. 2. Private nursing excludes domestic services.
P.	<b>Advanced Illness Benefit</b> Out-of-hospital palliative care for members with life limiting conditions, including cancer, subject to PMB.	100% of the cost up to the LAHR	Unlimited, according to the Scheme's basket of care	1. Covered from MMB, subject to authorisation, clinical criteria and treatment guidelines. 2. Basket of care includes cover for services rendered by a multi-disciplinary palliative care team: Hospice care at home and in-patient units, limited nursing care, medical care by palliative care trained doctors, psychosocial support, pain management, supportive medication, oxygen, physiotherapy and limited radiology and pathology.
P1.	<b>Advanced Illness Member Support Programme</b> for members with advanced illnesses, i.e., advanced stages of cancer, or other life-limiting conditions, who require support at a time when they are trying to manage their symptoms and understand their healthcare need.	100% of the cost up to 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.	<b>Auxiliary Services</b> 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	Covered from MSA. Providers of service must be registered with the appropriate professional authority.

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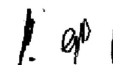
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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
R.	<b>Internal Prostheses</b> Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants  Spinal Prostheses/Devices  Hip, Knee and Shoulder replacement devices  Other Internal Prostheses	100% of cost up to LAHR  100% of cost up to LAHR  100% of cost up to LAHR  100% of cost up to LAHR	Limited to R235,100 per beneficiary per annum  Unlimited  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  Unlimited	Covered from MMB subject to pre- authorisation.  Paid from MMB. Unlimited, subject to obtaining services from Scheme's Network Provider for prosthetic device, screws, cement and other components used in the surgery. If the Network Provider is not used, 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.  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 services of a non-network hospital is used voluntarily.  Subject to pre- authorisation; clinical entry criteria, covered from MMB.
				
S.	<b>Pathology (non-PMB)</b> In Hospital  Out of Hospital  Point of care pathology testing	100% of cost up to LAHR  100% of cost up to LAHR  100% of cost up to LAHR	Unlimited  Joint Limit  Joint Limit	Covered from MMB. Subject to pre- authorisation and DSP for basic pathology.  Covered first from MSA and thereafter from EDB.  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.
T.	<b>External Medical Items</b> 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.  Oxygen rental  Bluetooth enabled blood glucose monitoring device	100% of cost  100% of cost up to LAHR  100% of cost up to LAHR	Unlimited  Unlimited  Limited to 1 device per beneficiary per year	Covered from MSA except for PMB's.  Subject to pre- authorisation, the use of Scheme's DSP and covered from MMB.  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.





	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
X.	<b>Screening Tests</b> <u>Group of tests at a Pharmacy</u> 1. Blood Glucose Test 2. Blood Pressure Test 3. Cholesterol Test 4. Body Mass Index (BMI)	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. 4. LDL Cholesterol test, subject to clinical criteria. Paid from MMB.
	OR 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.
	<b>Screening tests for children between ages 2 and 18 years of age:</b> 1. Body Mass Index (BMI) and counselling where appropriate 2. Basic Hearing screening 3. Basic Dental screening 4. Milestone tracking for children under the age of 8	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.
	<b>Group of age appropriate screening tests for beneficiaries who are 65 years or older</b>	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.
	<b>Other screening tests (subject to PMB)</b> <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.
	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.
	<b>Other Vaccinations</b> 1. Other vaccinations	100% of the LAHR	Unlimited	1. Paid from MSA.
	2. Pneumococcal vaccinations	100% of the LAHR	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. Subject to clinical entry criteria. Paid from MMB.
	<b>Genetic testing</b> 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.	

REGISTERED BY ME ON

2023/01/09  
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REGISTRAR OF MEDICAL SCHEMES

1. 901

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
Y.	<p><b>WHO Outbreak Benefit</b> 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>	100% of cost up to the LAHR, subject to PMB	Limited to a basket of care as set by the Scheme per condition	<p>1. In addition to the cover set out in <b>Annexure G</b> of these Rules.</p> <p>2. Subject to obtaining the services from the Scheme's preferred providers / DSPs, where applicable.</p> <p>3. Subject to the condition and treatment meeting certain clinical criteria and protocols.</p>
Z.	<p><b>Trauma Recovery Benefit</b> For the patient suffering the trauma:</p> <p>Day-to-day cover for medical expenses related to a traumatic incident for members after suffering a loss of functionality due to a traumatic incident of an acute nature and who are left with a standard level of residual inability after discharge from hospital or rehabilitation facilities.</p> <p>Allied, Therapeutic and Psychological healthcare services (acousticians, biokineticists, chiropractors, counsellors, dieticians, homeopaths, nursing providers, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrists, social workers, speech and hearing therapists)</p> <p>Prescribed Medicine</p> <p>External Medical Appliances</p> <p>Prosthetic Limbs (with no further access to the External Medical Appliances Limit)</p> <p>Hearing Aids</p> <p>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 = R8 800 M+1 = R13 250 M+2 = R16 500 M3+ = R19 850</p> <p>M = R17 150 M+1 = R20 300 M+2 = R24 100 M3+ = R29 300</p> <p>R28 900</p> <p>R93 550</p> <p>R16 100</p> <p>Limited to 6 sessions per person</p>	<p>1. These day-to-day benefits are paid from MMB, per family up to the end of the year following the one in which the traumatic incident occurred.</p> <p>2. Benefits will be paid up to the LAHR for day-to-day claims:</p> <p>i. following the traumatic onset of: Paraplegia; Hemiplegia; Quadriplegia and Tetraplegia.</p> <p>ii. for conditions resulting from the following traumatic incidents: Near-drowning; Severe anaphylactic reaction; Poisoning and Crime-related injuries.</p> <p>iii. relating to severe burns.</p> <p>iv. following the traumatic onset of an internal or external head injury.</p> <p>v. due to loss of limb, or part thereof.</p> <p>3. Benefits are paid according to the general rules applicable to this Benefit Option in terms of protocols, clinical entry criteria and DSP's.</p> <p>1. Paid in respect of each of the beneficiaries registered on the affected membership to the end of the year after the year in which the trauma occurred.</p>

**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)

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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

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