Benefit and contribution schedule **2026**

OWN YOUR TOMORROW

sasolmed



Administered by Discovery Health

CONTENTS

1	Option selection and Preferred General Practitioner (PGP) nomination for 2026	Page 1
2	Contribution table for 2026	Page 3
3	Summary of Sasolmed benefits for 2026	Page 4

The choice is yours!

Sasolmed offers you flexibility around your choice of providers:

COMPREHENSIVE NETWORK OPTION	RESTRICTED NETWORK OPTION
On the **Comprehensive Network Option**, members can consult a wide range of healthcare providers with limited mandotory use of Designated Service Providers (DSPs). A comprehensive chronic medicine list (formulary) applies.	On the **Restricted Network Option**, members can opt for a discounted contribution and, in turn, agree to a restricted network of healthcare providers.



COMPREHENSIVE NETWORK OPTION

By selecting the Comprehensive Network Option:

- You can nominate any GP as your PGP for yourself and your dependants. You may also use any pharmacy for your healthcare needs. You are however encouraged to nominate a Premier Plus GP that can co-ordinate your chronic care
- A comprehensive medicine formulary (medicine list) will apply in respect of chronic medicine. This formulary covers a more extensive list than the formulary available to members who select the Restricted Network Option
- You can use any healthcare provider including hospitals however, certain benefits will require you to make use of a Designated Service Provider (DSP) even if you select the Comprehensive Network Option
- All other benefits and limits will be the same on the Comprehensive Network Option, as if you were to choose the Restricted Network Option – please check this summary of benefits for GP consultation and chronic medicine benefits for 2026
- Go to **sasolmed.co.za**
  - Select **What we cover**
  - Select **Medicine formulary**
  - Select the **Sasolmed Comprehensive Network Formulary** to view the chronic medicine list

RESTRICTED NETWORK OPTION

By selecting the Restricted Network Option:

- Care is coordinated through geographic hubs anchored by Mediclinic (hospitals) and selected Intercare practices and GPs. Prescribed Minimum Benefits (PMB) care remains fully covered; non-PMB services outside the hubs are not covered on this option. Referral and network rules are strictly applied
- You and your beneficiaries must have access to Digital Tools to avoid shortfalls as clinical pathways are used to access care with healthcare initiated by a virtual consultation with a Sasolmed Online Practice
- Not eligible for Ex Gratia appplications
- You must nominate a Preferred General Practitioner (PGP) to coordinate you and your beneficiaries healthcare. You will first need to consult the Sasol Online Practice (SOP) who will refer you to your PGP. Your PGP must refer you for all healthcare including but not limited to medication, pathology, radiology and specialists
- You agree to use medicine on a RESTRICTED medicine formulary (medicine list) – the Restricted Network Formulary – for you and your beneficiaries chronic medicine needs
- You may incur additional co-payments or shortfalls on claims if you use non-network Designated Service Providers (DSPs) for medicine that is not on the Restricted medicine formulary
- All other benefits and limits will be the same on the Restricted Network Option, as if you were to choose the Comprehensive Network Option
- If you select the Restricted Network Option there are additional restrictions for certain services where Designated Service Providers (DSPs) must be used. These benefits include but are not limited to oncology and renal dialysis

If you are considering selecting the Restricted Network Option, please do the following before choosing this Network Option:

If you or your beneficiaries have chronic conditions:

- Go to **sasolmed.co.za**
  - Select **What we cover**
  - Select **Medicine formulary**
  - Select the **Sasolmed Restricted Network Formulary** to view the chronic medicine list
- Ensure that you and your beneficiaries have access to Digital Tools including Smart Phones that allow virtual consultations
- You live within travelling distance to a PGP and hospital in a hub. The list of GP's and hospitals is included in this guide
- You agree to the use of DSPs for healthcare as specified in this guide
- Decide if it will cover your needs and, if not, consider whether you are in a financial position to cover the shortfalls. If not, we suggest choosing the Comprehensive Network Option instead
- Remember that you will be liable for additional co-payments if you choose this option (and pay the lower contribution) but do not use the respective Designated Service Providers (DSPs) for your healthcare needs

You can also login to **sasolmed.co.za** to view your total contribution, or to use our handy contribution calculator to calculate the impact of adding or removing dependants at any time during the year.

Please remember to nominate a PGP for you and each of your family members, irrespective of which option you choose, as co-payments will apply for consultations with a GP other than your nominated PGP.

Members with chronic conditions are encouraged to select a PGP that is on the Premier Plus Network. Please refer to your Member Guide for additional information on Premier Plus GPs. You will need your preferred GPs name and practice code before logging into the Sasolmed app > Get care > My care team > Preferred GP (nominate).

CONTRIBUTION TABLE FOR OCTOBER 2025 TO SEPTEMBER 2026

This table reflects the contribution payable to the Scheme based on a member's income and the number and type of dependants they have.

Note: The Scheme benefit year runs from January to December, contributions are adjusted from October every year.

	Principal member contribution Contribution payable as a percentage of monthly benefit value/control amount, or pension, subject to a minimum of R8 480 per month and a maximum of R34 155 per month	Spouse/adult dependant contribution relative to principal member's contribution Adult dependant contribution rates are payable for child dependants from the age of 23, unless they are permanently disabled	Child dependant contribution, relative to principal member's contribution Child dependant contribution rates are payable for child dependants until the age of 23 and for permanently disabled children, irrespective of their age
Comprehensive Network as Chronic Network DSP (Any GP/any pharmacy/ wide chronic medicine formulary)	17.85%	80%	20%
Restricted Network as Chronic Network DSP (Limited healthcare provider options/Medipost courier pharmacy/restricted chronic medicine formulary)	16.20%	80%	20%

There is a contribution discount of approximately 10% for choosing the Restricted Network Option; however, please read the information on the previous pages carefully before making a purely financial decision. Make sure that the Restricted Network Option will work for you and your family, as you will only be allowed to choose your option when joining the Scheme, and thereafter again from 01 January each year.

Choosing your benefit option and nominating a PGP:

1. Make sure you have read and understood the important information above.
2. Consider your beneficiaries healthcare needs in terms of choice and access to healthcare providers as well as access to digital tools.
3. Choose the **Comprehensive Network Option** for access to a wide network of GPs, a wide network of healthcare providers and a comprehensive medicine formulary for the treatment of your beneficiaries chronic conditions.

   OR

   Choose the **Restricted Network Option** and agree to use the Restricted Network of healthcare providers, and a restricted medicine formulary for the treatment of your beneficiaries chronic conditions.
4. **If you are a new member joining the Scheme:** Use the Sasolmed application for membership form (available on **sasolmed.co.za**) to exercise your option selection and to nominate your PGP. Promptly return the completed form to the Sasol Contact Centre, Human Resources at **Shared.Services@sasol.com**.
5. **If you are an existing member wanting to change your option or to nominate (or change) your PGP:** You can nominate a PGP by logging into the Sasolmed app > Get care > My care team > Preferred GP (Nominate) and should you wish to change your option you can do so by using Saschat available to you through the website, app or WhatsApp.

   All option changes must be done by **12 December 2025.**

   If you miss this deadline, you will only be able to change your option from 01 January 2027.

Remember to nominate a PGP irrespective of your option choice, as co-payments will apply for consultations with a GP other than your nominated PGP.

Preventative care benefits

These preventative care benefits are provided without depleting other annual benefits available to you, as long as you meet the age, gender and frequency criteria as per the table below.
These screenings, assessments and vaccinations are there to assist you in carefully monitoring your health. The intervals, age, and gender limits have been determined according to clinical guidelines.

In the event that preventative screening results in a diagnosed condition, subsequent testing and treatment for that condition will then be subject to the applicable benefit category, such as radiology, pathology, and authorised chronic medication, and/or may form part of an authorised treatment plan carefully designed to take care of your ongoing needs.

	Test, procedure or medicine	Age	Benefit	Gender
100% of the lower of cost or Scheme Tariff	Blood glucose (fasting)	All	One per beneficiary per year	All
	Bone density scan - female	55+	One per beneficiary every two years	Female
	Bone density scan - male	70+	One per beneficiary every two years	Male
	Cholesterol (including a lipogram) (fasting)	20+	One per beneficiary per year	All
	COVID-19 vaccination	As per Department of Health guidelines	As per Department of Health guidelines	All
	Faecal-occult blood test (colorectal screening)	50+	One per beneficiary per year	All
	Flu vaccination	6 months +	One per beneficiary per year	All
	GP preventative medical examination	All	One per beneficiary per year	All
	Health risk assessment (body mass index, blood pressure, cholesterol finger-prick test and blood sugar finger-prick test) – administered at any eligible healthcare provider	18+	One per beneficiary per year	All
	HIV screening test	All	One per beneficiary per year	All
	Mammogram	40 - 49	One per beneficiary every two years	Female
	Mammogram	50+	One per beneficiary per year	Female
	Midstream urine dipstick test	All	One per beneficiary per year	All
	Pap smear and liquid-based cytology test	21+	One of each per beneficiary per year	Female
	Pneumococcal vaccination*	18+	One per beneficiary every five years	All
	Prostate-specific antigen (PSA)	40+	One per beneficiary per year	Male

* Pneumococcal vaccinations are recommended for high-risk patients: the elderly, smokers, diabetics, asthmatics, patients with cancer, recurrent lung disease, bronchitis, liver, kidney and heart failure and wasting and debilitating illnesses, every five years.

Childhood immunisations

Age of child	Vaccines
At birth	**BCG** Bacilles Calmette Guerin **OPV (0)** Oral polio vaccine
6 weeks	**OPV (1)** Oral polio vaccine **RV (1)** Rotavirus vaccine* **DTaP–IPV–HiB–HBV (1)** Diptheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine and haemophilus influenza and hepatitis B combined **PCV (1)** Pneumococcal conjugated vaccine
10 weeks	**DTaP–IPV–HiB–HBV (2)** Diptheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine and haemophilus influenza and hepatitis B combined
14 weeks	**DTaP–IPV–HiB–HBV (3)** Diptheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine and haemophilus influenza and hepatitis B combined **RV (2)** Rotavirus vaccine* **PCV (2)** Pneumococcal conjugated vaccine
6 months	**Measles vaccine (1)****
9 months and onwards	**PCV (3)** Pneumococcal conjugated vaccine **Meningitis (1)** **Chicken pox**
12 months	**Measles vaccine (2)****
9-18 months	**MMR** Measle-mumps-rubella **Meningitis (2)**
18 months	**DTaP–IPV–HiB–HBV (4)** Diptheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine and haemophilus influenza and hepatitis B combined **Hepatitis A (1)**
2 years	**Hepatitis A (2)**
6 years	**Td vaccine (1)** Tetanus and reduced strength diptheria vaccine **MMR** Measles-mumps-rubella
9 years onwards	**HPV (1)** Human papillomavirus **HPV (2)** six months later
12 years	**Td vaccine (2)** Tetanus and reduced strength diptheria vaccine **MMR** Measle-mumps-rubella

* Rotavirus vaccine should not be administered after 6 months

** Do not administer with another vaccine



Additional programmes and support

The Sasolmed product offering provides targeted interventions to ensure effective healthcare, which has an impact on members' quality of life. Kindly refer to the Member Guide for more information on the programmes available.

Programme	
Back and Neck Rehabilitation Programme (DBC)	Hospital Benefit and Pre-authorisation Management Programme
CardioCare (Premier Plus Provider)	Maternity Management Programme
Depression Risk Management	Mental Health Programme (Premier Plus Provider)
DiabetesCare (Premier Plus Provider)	Oncology Management Programme
Disease Prevention Programme	Relapse Prevention Programme
HIVCare	Weight Management Programme (BASA registered biokineticist)

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Allied health and alternative healthcare services in and out of hospital			
• Acupuncture, homeopathy, naturopathy and osteopathy – consultations • Audiology • Biokineticists • Chiropractors • Dietitians • Genetic counselling • Hearing aid acoustics • Occupational therapy • Orthotics • Physical therapy • Podiatry • Private nurse practitioners out of hospital (other than as an alternative to hospitalisation) • Social workers • Speech therapy	100% of the lower of cost or Scheme Tariff	Limited to R5 120 per beneficiary per year and further limited to R7 820 per family per year 20% deductible member co-payment In-hospital services authorised as part of an approved hospital admission do not accumulate towards this limit	Limited to R5 120 per beneficiary per year and further limited to R7 820 per family per year 20% deductible member co-payment In-hospital services authorised as part of an approved hospital admission do not accumulate towards this limit
Acupuncture, homeopathy, naturopathy and osteopathy – prescribed medicine	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee Subject to medicine management protocols Exclusions may apply	Subject to Acute Medicine benefit limit 20% deductible member co-payment	Subject to Acute Medicine benefit limit 20% deductible member co-payment

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Ambulance services – contracted provider: ER24			
Emergency medical transportation	100% of cost if preferred provider used, otherwise 100% of Scheme Tariff Only for emergency medical transportation Subject to prior approval from the contracted provider (ER24) Call 084 124 for pre-authorisation or within 24 hours if unable to obtain prior approval due to the nature of the emergency No benefits for ambulance services outside the borders of South Africa, or for repatriation of a beneficiary to South Africa	Unlimited Benefit for medically justified cases only Non-emergency transportation is not covered by the Scheme	Unlimited Benefit for medically justified cases only Non-emergency transportation is not covered by the Scheme
Appliances – in and out of hospital (hiring and purchasing of appliances)			
General medical/surgical appliances, including: • foot orthotics • glucometers • incontinence products • nebulisers • walking aids • wheelchairs • contact lenses for keratoconus • CPAP, APAP and BiPAP appliances for sleep apnoea • CPAP replacement masks • CPAP humidifiers Excluding diabetic accessories and appliances, other than glucometers	100% of the lower of cost or Scheme Tariff Doctor's prescription required Diabetic disposables such as syringes, needles, strips and lancets do not form part of this benefit, and are dealt with under the chronic medicine benefit– see 'Medicines and injection material' on page 16 Insulin pumps, continuous glucose monitoring devices and related consumables do not form part of this benefit, and are dealt with separately on page 8 Hearing aids and hearing aid repairs reprogramming do not form part of this benefit, and are dealt with separately on page 8	Overall limit of R13 850 per family The following sub-limits are included in the overall limit per family: • foot orthotics: R5 460 per beneficiary per year • nebulisers: R1 250 per family every 48 months from 01 January 2025 • walking aids: R1 615 per family every 48 months from 01 January 2025 • contact lenses for keratoconus: R3 200 per lens per beneficiary per year • CPAP, APAP and BiPAP appliances: one per beneficiary every 36 months from 01 January 2025 • CPAP replacement masks: one per beneficiary per year • CPAP humidifier: one per beneficiary every 36 months from 01 January 2025	Overall limit of R13 850 per family The following sub-limits are included in the overall limit per family: • foot orthotics: R5 460 per beneficiary per year • nebulisers: R1 250 per family every 48 months from 01 January 2025 • walking aids: R1 615 per family every 48 months from 01 January 2025 • contact lenses for keratoconus: R3 200 per lens per beneficiary per year • CPAP, APAP and BiPAP appliances: one per beneficiary every 36 months from 01 January 2025 • CPAP replacement masks: one per beneficiary per year • CPAP humidifier: one per beneficiary every 36 months from 01 January 2025
Specific appliances and accessories, including: • oxygen therapy equipment (excluding hyperbaric oxygen treatment) • home ventilators • long-leg calipers • special neck and back braces and any custom-made appliances, home nursing equipment, etc	100% of the lower of cost or Scheme Tariff	Unlimited	Unlimited

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Stoma products	100% of the lower of cost or Scheme Tariff Doctor's prescription required	Unlimited	Unlimited
Hearing aids	100% of the lower of cost or Scheme Tariff The limit applies cumulatively whether the beneficiary obtains single or bilateral hearing aids	R27 600 per beneficiary every 36 months from 01 January 2025 Member responsible for a R1 000 direct co-payment per purchase within the 36-month benefit cycle	R27 600 per beneficiary every 36 months from 01 January 2025 Member responsible for a R1 000 direct co-payment per purchase within the 36-month benefit cycle
Hearing aid repairs and re-programming	100% of the lower of cost or Scheme Tariff	R2 760 per beneficiary every 36 months from 01 January 2025	R2 760 per beneficiary every 36 months from 01 January 2025
Cochlear implants, including: • Cochlear implant device • Initial speech processor • Cost of implant procedure • Rehabilitation costs • Bone cement, bone graft substitutes and bone anchors	100% of the lower of cost or Scheme Tariff All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za**	First unilateral implant limited to R310 000 per beneficiary per lifetime	First unilateral implant limited to R310 000 per beneficiary per lifetime
Upgrade or replacement of speech processors	100% of the lower of cost or Scheme Tariff All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za**	R214 500 per beneficiary per five-year cycle (unilateral)	R214 500 per beneficiary per five-year cycle (unilateral)
Insulin pumps, continuous glucose monitoring devices (CGMDs) and related consumables	100% of the lower of cost or Scheme Tariff Continued patient compliance required, as monitored by the relevant managed healthcare programme	Unlimited	Unlimited
Home monitoring devices for clinically appropriate chronic and acute conditions	100% of the Scheme Tariff The device must be approved by the Scheme, subject to the Scheme's protocols and clinical and benefit entry criteria	R4 650 per beneficiary per annum	R4 650per beneficiary per annum
Blood, blood equivalents, blood products and transportation of blood			
Blood, blood equivalents, blood products and transportation of blood (including authorised erythropoietin)	100% of the lower of cost or Scheme Tariff	Unlimited Use of blood equivalents is subject to pre-authorisation and managed healthcare protocols Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Unlimited Use of blood equivalents is subject to pre-authorisation and managed healthcare protocols Call **0860 002 134** or email **authorisations@sasolmed.co.za**

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
CardioCare			
Cardiovascular Disease Management for members registered on the Scheme's Disease Management Programme	100% of the lower of cost or Sasolmed Tariff	Unlimited	Unlimited
Consultations and visits with GPs and specialists			
GP consultations and visits:			
In-hospital	100% of the lower of cost or Scheme Tariff 150% for childbirth in-hospital All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Unlimited	Unlimited
GP consultations and visits:			
Out-of -hospital	100% of the lower of cost or Scheme Tariff for non-contracted GPs Nominating a PGP: Members must nominate a PGP for themselves and each of their dependants Contracted Network GPs for chronic consultations: • Comprehensive Network Option: Any GP • Restricted Network Option: Restricted Network GPs	Limited to 8 consultations per beneficiary per year 20% deductible co-payment for non-PGPs The following GP consultations do not accumulate towards the annual limit: • One annual GP preventative medical examination (see Preventative Care Benefits on page 4); • The 12 antenatal consultations with a GP, for beneficiaries on the Maternity Management Programme (see page 14); and • Mental health consultations, subject to an authorised treatment plan (see Mental health on pages 18 and 19).	Limited to 8 consultations per beneficiary per year subject to referral from the Sasolmed Online Practice No payment for use of a non-PGP, unless PMB All PGP consultations must follow referral from the Sasolmed Online Practice with the exception of PGP consultation for registered chronic conditions where no referral is required The following GP consultations do not accumulate towards the annual limit: • One annual GP preventative medical examination (see Preventative Care Benefits on page 4); • The 12 antenatal consultations with a GP, for beneficiaries on the Maternity Management Programme (see page 14); and • Mental health consultations, subject to an authorised treatment plan (see Mental health on pages 18 and 19)
Virtual GP or nurse based consultations (including Sasolmed Online Practice)	100% of the lower of cost or Scheme Tariff	20 consultations per family per year	20 consultations per family per year
Virtual Urgent Care	100% of the lower of cost or Scheme Tariff	4 consultations per family per year	4 consultations per family per year

Healthcare service	Benefits	Limits - Comprehensive Network Option	Limits - Restricted Network Option
Specialist consultations and visits:			
In-hospital (including dental specialists)	150% of the lower of cost or Scheme Tariff All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place	Unlimited	Unlimited
Out-of-hospital	100% of the lower of cost or Scheme Tariff No pre-authorisation required PGP referral required You can limit or avoid additional co-payments by ensuring that you are referred by your PGP before seeing a specialist	Unlimited 20% deductible member co-payment An additional 20% deductible member co-payment will apply if a patient consults a specialist out-of-hospital without a PGP referral, except for: • an emergency medical condition (motivation may be required) • dental specialists • gynaecologists – maternity consultations • gynaecologists – one visit per female per year for check-up and pap smear • ophthalmologist • paediatricians – visits for children under 12 months • post-surgical care consultations • specialist-to-specialist referrals • specialist consultations that form part of an authorised treatment plan issued by the relevant managed healthcare programme • urologists – one visit per male per year	Unlimited 20% deductible member co-payment If a patient consults a specialist out-of-hospital without a PGP referral, they will have no cover for the consultation except for: • an emergency medical condition (motivation may be required) • dental specialists • gynaecologists – maternity consultations • gynaecologists – one visit per female per year for check-up and pap smear • ophthalmologist • paediatricians – visits for children under 12 months • post-surgical care consultations • specialist-to-specialist referrals • specialist consultations that form part of an authorised treatment plan issued by the relevant managed healthcare programme • urologists – one visit per male per year • Specialist consultation approved as part of the basket of care for registered PMB condition For admissions you must be admitted by a Restricted Network Specialist for the following specialist types: • Obstetrics and Gynaecologists • Paediatricians • Physicians • Surgeons • Ear, Nose and Throat (ENT) Should you require admission by a specialist type that is not listed above then you must ensure that are admitted by a specialist practicing in your allocated Hospital.

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Dentistry – cosmetic procedures are excluded from benefits			
General anaesthesia and conscious sedation for dental procedures:			
In-hospital consultations and oral surgery/procedures	100% of the lower of cost or Scheme Tariff 150% for specialists in hospital Benefits only available for: - children under the age of eight years, and - bony impaction of the third molars All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za** Lingual and labial frenectomies under general anaesthetic granted only for children under the age of eight, subject to pre-authorisation	Unlimited Member responsible for a direct co-payment per admission for dental Procedures done in hospital. The direct co-payment is R2 000 for children under the age of 8 years old and R3 500 for members 8 years and older	Unlimited Member responsible for a direct co-payment per admission for dental Procedures done in hospital. The direct co-payment is R2 000 for children under the age of 8 years old and R3 500 for members 8 years and older
Out-of-hospital	100% of the lower of cost or Scheme Tariff All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Unlimited	Unlimited
Basic dentistry:			
Out-of-hospital consultations and visits, including minor oral surgery and associated treatment, removal of teeth and roots, removal of wisdom teeth, exposure of teeth for orthodontic reasons, suturing of wounds, plastic dentures and dental technician's fees (including oral hygienist and dental therapist consultations)	100% of the lower of cost or Scheme Tariff 200% for removal of wisdom teeth in doctor's rooms and/or for bony impactions in doctor's rooms as an alternative to hospitalization Subject to managed healthcare protocols All general anaesthesia and conscious sedation subject to pre-authorisation	Unlimited Managed by the Dental Risk Company (DRC)	Unlimited Dental Network applies Managed by the Dental Risk Company (DRC) DRC Dental Network applies No cover out of network, unless PMB
In-hospital consultations and oral surgery/procedures	100% of the lower of cost or Scheme Tariff 150% for specialists in hospital All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za** Lingual and labial frenectomies under general anaesthetic granted only for children under the age of eight, subject to pre-authorisation	Unlimited Member responsible for a direct co-payment per admission for dental Procedures done in-hospital. The direct co-payment is R2 000 for children under the age of 8 years old and R3 500 for members 8 years and older	Unlimited Member responsible for a direct co-payment per admission for dental Procedures done in-hospital. The direct co-payment is R2 000 for children under the age of 8 years old and R3 500 for members 8 years and older

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Advanced dentistry:			
Benefit for inlays, crowns, bridges, mounted study models, metal-base partial, osseo-integrated implants and complete dentures, treatment by periodontists and prosthodontists, and dental technician's fees for all such dentistry	100% of the lower of cost or Scheme Tariff Subject to managed healthcare protocols	R12 500 per beneficiary per year and further limited to R16 150 per family per year 20% deductible member co-payment on monthly Instalments Managed by the Dental Risk Company (DRC) Pre-authorisation required	R12 500 per beneficiary per year and further limited to R16 150 per family per year 20% deductible member co-payment on monthly Instalments Managed by the Dental Risk Company (DRC) Pre-authorisation required DRC Dental Network applies No cover out of network, unless PMB
Orthodontic treatment	100% of the lower of cost or Scheme Tariff Orthodontic treatment is not covered for members 21 years old and above	Subject to the advanced dentistry benefit limit	Subject to the advanced dentistry benefit limit
Osseo-integrated implants:			
The limit includes the cost of the implant procedure e.g., implant placement and exposure, the cost of materials, all implant components, plates, screws, bone, and bone equivalents. It excludes the hospital cost, cost for special investigations and the implant supported crown which are subject to the advanced dentistry limit	100% of the lower of cost or Scheme Tariff 150% for specialists in-hospital All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Subject to the advanced dentistry benefit limit 20% deductible member co-payment Crowns, bridges and special investigations are subject to the advanced dentistry benefit limit	Subject to the advanced dentistry benefit limit 20% deductible member co-payment Crowns, bridges and special investigations are subject to the advanced dentistry benefit limit
Orthognathic surgery:			
Including hospitalisation, specialist and anaesthetist's fees, special investigations, materials, plates, screws and bone equivalents, and all associated costs	100% of the lower of the cost or Scheme Tariff 150% for specialists in-hospital All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Subject to the advanced dentistry benefit limit 20% deductible member co-payment	Subject to the advanced dentistry benefit limit 20% deductible member co-payment
Maxillo-facial surgery and consultations – in and out of hospital:			
Specific oral surgery by maxillo-facial specialists: Consultations and visits, removal of teeth, para-orthodontic surgical procedures and preparation of jaws for prosthetics	100% of the lower of cost or Scheme Tariff 150% for specialists in-hospital 150% for procedures under conscious sedation in doctor's rooms All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Subject to the advanced dentistry benefit limit 20% deductible member co-payment Osseo-integrated implants, orthognathic surgery, minor oral surgery/procedures and impacted wisdom teeth are dealt with elsewhere in this schedule	Subject to the advanced dentistry benefit limit 20% deductible member co-payment Osseo-integrated implants, orthognathic surgery, minor oral surgery/procedures and impacted wisdom teeth are dealt with elsewhere in this schedule

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Maxillo-facial surgery: Surgical removal of tumors and neoplasms, sepsis, trauma, congenital birth defects and other surgery	100% of the lower of cost or Scheme Tariff 150% for specialists in-hospital All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Unlimited Osseo-integrated implants, orthognathic surgery, specific oral surgery by maxillo-facial specialists, and impacted wisdom teeth are dealt with elsewhere in this schedule	Unlimited Osseo-integrated implants, orthognathic surgery, specific oral surgery by maxillo-facial specialists, and impacted wisdom teeth are dealt with elsewhere in this schedule
Hip and knee arthroplasties and/or replacements			
Hospitalisation and all in-hospital costs, including accommodation, surgeon's fees, consultations, anaesthesia, physiotherapy, medicine and associated post-operative care via the preferred DSP	100% of cost at the negotiated fee for services rendered via the network provider All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Use of network where applicable A 20% direct member co-payment applies out-of-network	Use of network where applicable A 20% direct member co-payment applies out-of-network
Hospitalisation – private and provincial hospitals, day clinics and alternatives to hospitalisation			
In-hospital services:			
Accommodation in a general ward or high-care ward, intensive care unit, theatre fees and theatre medicines, medicines, materials, hospital equipment and blood transfusions	100% of the lower of cost or Scheme Tariff All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Unlimited benefit excludes hospitalisation for orthognathic surgery, maternity, mental health, organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medicine, and refractive surgery – these are dealt with elsewhere in this schedule Hospitalisation for hip and knee arthroplasties and/ or replacements are dealt with elsewhere in this schedule – see 'Hip and knee arthroplasties and/or replacements' above To-take-out (TTO) medicine following a hospital discharge is subject to a limit of R930 per beneficiary per admission Private wards covered for medically justifiable cases only and subject to pre-authorisation	Use of allocated hospital in the Restricted Hospital Network is mandatory for non-emergency admissions Unlimited benefit excludes hospitalisation for osseo-integrated implants, orthognathic surgery, maternity, mental health, organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medicine, and refractive surgery – these are dealt with elsewhere in this schedule Hospitalisation for hip and knee arthroplasties and/ or replacements are dealt with elsewhere in this schedule – see 'Hip and knee arthroplasties and/or replacements' above To-take-out (TTO) medicine following a hospital discharge is subject to a limit of R930 per beneficiary per admission Private wards covered for medically justifiable cases only and subject to pre-authorisation

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Day surgery:			
Admission for a day surgery	You must make use of a Day Surgery Network facility to avoid direct member co-payments for a defined list of procedures Should you use a facility that is not in the Day Surgery Network you may incur a 20% direct member co-payment All day surgery benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za** Refer to the **Member Guide** for additional information	Unlimited A 20% co-payment will apply for voluntary use of a non-DSP Day Surgery Network facility	Unlimited A 20% co-payment will apply for voluntary use of a non-DSP Day Surgery Network facility
Casualty/emergency room consultations with GPs and specialists (outpatient visits):			
If the patient is admitted to hospital	Benefits as for in-hospital GP and specialist consultations	See 'Consultations and visits with GPs and specialists' on pages 9 and 10	See 'Consultations and visits with GPs and specialists' on pages 9 and 10
If the patient is not admitted to hospital	Benefits as for out-of-hospital GP and specialist consultations		
Facility fee for outpatient visits to a hospital's casualty ward/emergency rooms	100% of the lower of cost or Scheme Tariff If a retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies, no deductible co-payment will apply	Unlimited 20% deductible member co-payment	Unlimited 20% deductible member co-payment
Alternatives to hospitalisation:			
Sub-acute facilities, private nurse practitioners, hospice, nursing agencies, registered private nurse practitioners and physical rehabilitation facilities	100% of the lower of cost or Scheme Tariff Subject to pre-authorisation and managed healthcare protocols Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Unlimited	Unlimited
Advanced Illness Benefit	100% of the lower of cost or Scheme Tariff Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical and benefit entry criteria	Unlimited	Unlimited

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Home based healthcare for clinically appropriate chronic and acute treatment and conditions that can be treated at home	Subject to authorisation and/or approval, the Scheme's preferred provider (where applicable) and the treatment meeting the Scheme's treatment guidelines and clinical and benefit entry criteria	Unlimited	Unlimited
Infertility			
Investigations, treatment, blood tests, counselling, procedures and surgery	100% of the lower of cost or Scheme Tariff Subject to pre-authorisation and managed healthcare protocols Call **0860 002 134** or email **authorisations@sasolmed.co.za**	PMBs only	PMBs only
Immunodeficiency syndrome (HIV/AIDS)			
HIV counselling and testing (HCT), antiretroviral and related medicines and related pathology and tests	100% of the lower of cost or Scheme Tariff For medicine: 100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee Subject to registration on the HIV/AIDS Management Programme, and managed healthcare protocols Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Unlimited, subject to PMB regulations	Unlimited, subject to PMB regulations
Maternity – Pregnancy, childbirth and post-natal care			
Antenatal consultations with a GP, specialist or registered midwife	100% of the lower of cost or Scheme Tariff Subject to registration on the MaternityManagement Programme Call **0860 002 134** or email **maternity@sasolmed.co.za** Additional consultations for beneficiaries registered on the Maternity Management Programme only For beneficiaries not registered on the Maternity Management Programme, PGP consultations will be subject to the out-of-hospital PGP consultation limit of eight per beneficiary per year	12 visits per pregnancy 20% deductible member co-payment for PGP consultations with a non-PGP A PGP referral is not required for antenatal consultations with a specialist or midwife	12 visits per pregnancy 20% deductible member co-payment for PGP consultations with a non-PGP A PGP referral is not required for antenatal consultations with a specialist or midwife
Pregnancy scans, tests, amniocentesis and non-invasive prenatal testing	100% of the lower of cost or Scheme Tariff Subject to registration on the Maternity Management Programme Call **0860 002 134** or email **maternity@sasolmed.co.za**	Two 2D-scans per pregnancy One amniocentesis per pregnancy, including related pathology tests	Two 2D-scans per pregnancy One amniocentesis per pregnancy, including related pathology tests

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Antenatal vitamin supplements	100% of the formulary reference price plus negotiated dispensing fee Subject to registration on the Maternity Management Programme Call **0860 002 134** or email **maternity@sasolmed.co.za** Beneficiaries enroled on the Maternity Management Programme will have access to a basket of antenatal vitamin supplements as part of their authorised maternity treatment plan, from date of enrolment on the programme, for the balance of the pregnancy, and for another three months after the birth Benefits paid from acute medicine limit and subject to acute medicine co-payments, for beneficiaries not registered on the programme	Unlimited, subject to Scheme's antenatal vitamin formulary, and maternity treatment plan	Unlimited, subject to Scheme's antenatal vitamin formulary, and maternity treatment plan
Antenatal classes	100% of the lower of cost or Scheme Tariff	R550 per pregnancy	R550 per pregnancy
Lactation consultations	100% of the lower of cost or Scheme Tariff Subject to registration on the Maternity Management Programme Call **0860 002 134** or email **maternity@sasolmed.co.za** Preferred Provider: Parent Sense	R730 per pregnancy for initial and follow-up consultation combined	R730 per pregnancy for initial and follow-up consultation combined
Hospitalisation (public or private hospitals):			
Accommodation, theatre fees, labour ward fees, dressings, medicines and materials	100% of the lower of cost or Scheme Tariff Subject to pre-authorisation and managed healthcare protocols Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Unlimited	Unlimited Admission must be in your allocated Restricted Network Hospital and by a Restricted Network Specialist
Registered birthing units	100% of the lower of cost or Scheme Tariff Subject to pre-authorisation and managed healthcare protocols Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Unlimited Hire of water bath and oxygen cylinder allowed from registered practitioners only	Unlimited Hire of water bath and oxygen cylinder allowed from registered practitioners only
Delivery by a GP, specialist or registered midwife:			
Including services by an attending anaesthetist and/or paediatrician	150% of the lower of cost or Scheme Tariff (in-hospital or registered birthing unit) 100% of the lower of cost or Scheme Tariff (out-of-hospital) All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Unlimited Hire of water bath and oxygen cylinder allowed from registered practitioners only	Unlimited Hire of water bath and oxygen cylinder allowed from registered practitioners only Admission must be in your allocated Restricted Network Hospital and by a Restricted Network Specialist

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Registered medicines, dressings and materials supplied by a registered midwife during and after the birth	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	Unlimited	Unlimited
Post-natal consultations with a GP, specialist or midwife	100% of the lower of cost or Scheme Tariff Subject to registration on the Maternity Management Programme Call **0860 002 134** or email **maternity@sasolmed.co.za**	Four post-natal consultations with a midwife per childbirth Post-natal consultations with GPs and specialists within six weeks of the birth are included in the doctor's global obstetric fee and are not chargeable to the member or the Scheme	Four post-natal consultations with a midwife per childbirth Post-natal consultations with GPs and specialists within six weeks of the birth are included in the doctor's global obstetric fee and are not chargeable to the member or the Scheme
Medicines and injection material			
Acute medicines and injections prescribed by a relevant healthcare practitioner Including contraceptives, contraceptive implants/devices and alternative healthcare medicines	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee Subject to medicine management protocols Exclusions may apply	Member only: R5 940 Member +1 dependant: R11 000 Member +2 dependants: R13 800 Member and 3+ dependants: R17 600 Further limited to R5 940 per beneficiary 20% deductible member co-payment	Member only: R5 940 Member +1 dependant: R11 000 Member +2 dependants: R13 800 Member and 3+ dependants: R17 600 Further limited to R5 940 per beneficiary 20% deductible member co-payment
Pharmacy-advised therapy (PAT) (over-the-counter medicine)	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee Subject to medicine management protocols Exclusions may apply Vitamin and mineral supplements are excluded from this benefit, but may be covered from other relevant medicine benefits when prescribed by a doctor for a registered chronic condition	Subject to the acute medicine benefit limit R1 685 for a single member or R2 220 per family, with a maximum of R345 per beneficiary per day	Subject to the acute medicine benefit limit R1 685 for a single member or R2 220 per family, with a maximum of R345 per beneficiary per day
Antenatal vitamin supplements	100% of the formulary reference price plus negotiated dispensing fee Subject to registration on the Maternity Management Programme Call **0860 002 134** or email **maternity@sasolmed.co.za** Beneficiaries enroled on the Maternity Management Programme will have access to a basket of antenatal vitamin supplements as part of their authorised maternity treatment plan, from date of enrolment on the programme, for the balance of the pregnancy, and for another three months after the birth Benefits paid from acute medicine limit and subject to acute medicine co-payments, for beneficiaries not registered on the programme	Unlimited, subject to Scheme's antenatal vitamin formulary, and maternity treatment plan	Unlimited, subject to Scheme's antenatal vitamin formulary, and maternity treatment plan

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
To-take-out (TTO) medicine following a hospital discharge	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee Subject to medicine management protocols Exclusions may apply	R930 per beneficiary per hospital event	R930 per beneficiary per hospital event
Chronic medicines:			
For the 27 PMB CDL* conditions covered by the Scheme Excluding non-oncology specialised medicine, oncology specialised medicine and medicine applicable for the treatment of multi-drug resistant tuberculosis (TB) and extensive drug-resistant TB *PMB CDL = Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL); see the list of 27 CDL conditions at the end of this schedule	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee, for formulary medicine obtained from the member's chosen Chronic Network DSP Subject to pre-authorisation and Chronic Illness Benefit protocols Call **0860 002 134** or email **chronic@sasolmed.co.za** **The following Chronic Network DSPs and chronic medicine formularies apply:** **Comprehensive Network Option:** • any pharmacy • Comprehensive Network Formulary **Restricted Network Option:** • Medipost courier pharmacy • Restricted Network Formulary • Go to **sasolmed.co.za** - Select **What we cover** - Select **Medicine formulary** - Select the **Sasolmed Comprehensive Network Formulary** or the **Restricted Formulary** to view the chronic medicine list for your chosen Chronic Network DSP Each prescription limited to a maximum of one month's supply at a time, unless additional supplies have been specifically authorised	R28 400 combined limit per beneficiary for PMB and non-PMB chronic conditions Thereafter continued benefits (unlimited) for PMB conditions only 20% deductible member co-payment for voluntary use of a non-formulary drug 100% of cost for involuntary use of a non-formulary drug, subject to PMB regulations - motivation required	R28 400 combined limit per beneficiary for PMB and non-PMB chronic conditions Thereafter continued benefits (unlimited) for PMB conditions only 20% deductible member co-payment for voluntary use of a non-formulary drug and voluntary use of a non-DSP 100% of cost for involuntary use of a non-DSP or a non-formulary drug, subject to PMB regulations - motivation required
For non-PMB chronic conditions covered by the Scheme Excluding non-oncology specialised medicine, oncology specialised medicine and medicine applicable for the treatment of multi-drug resistant tuberculosis (TB) and extensive drug-resistant TB See the list of non-PMB chronic conditions covered by Sasolmed, at the end of this schedule		R28 400 combined limit per beneficiary for PMB and non-PMB chronic conditions Thereafter continued benefits (unlimited) for 27 PMB CDL conditions only 10% deductible member co-payment An additional 20% deductible member co-payment will apply for the use of non-formulary medicine	R28 400 combined limit per beneficiary for PMB and non-PMB chronic conditions Thereafter continued benefits (unlimited) for 27 PMB CDL conditions only 10% deductible member co-payment An additional 20% deductible member co-payment will apply for the use of non-formulary medicine or medicine obtained from a non-DSP (Restricted Network Option only)
Non-oncology specialised medicine in- and out-of-hospital:			
Including, but not limited to, biological drug therapy for inflammatory arthritides, inflammatory bowel disease, chronic demyelinating polyneuropathies, chronic hepatitis, botulinum toxins and palivizumab	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee Subject to pre-authorisation and medicine management protocols Call **0860 002 134** or email **chronic@sasolmed.co.za** Formularies and exclusions may apply	R200 000 per family	R200 000 per family

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Medicine applicable for the treatment of macular degeneration	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee Subject to pre-authorisation and medicine management protocols Call **0860 002 134** or email **chronic@sasolmed.co.za** Formularies and exclusions may apply	R58 150 per family, included in the limit of R200 00 per family for non-oncology specialised medicine	R58 150 per family, included in the limit of R200 00 per family for non-oncology specialised medicine
Oncology Specialised Drugs in-and-out of hospital (including Non-PMB oncology novelty/innovative medication)	You have cover for a sub-set of a defined list of innovative cancer medicine subject to the Scheme's clinical entry criteria. Co-payments may apply Subject to pre-authorisation/registration on the Oncology Management Programme and oncology management protocols Call **0860 002 134** or email **oncology@sasolmed.co.za** Formularies and exclusions may apply	R237 500 per family, subject to the overall oncology limit of R625 000 per family See 'Oncology' on page 21	R237 500 per family, subject to the overall oncology limit of R625 000 per family See 'Oncology' on page 21
Medicine applicable for the treatment of multi-drug resistant tuberculosis (TB) and extensive drug-resistant TB	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee Subject to pre-authorisation and medicine management protocols Call **0860 002 134** or email **chronic@sasolmed.co.za** Formularies and exclusions may apply	Unlimited	Unlimited
Mental health (including rehabilitation for alcoholism and drug dependency)			
Overall mental health limit in and out of hospital	100% of the lower of cost or Scheme Tariff 150% for specialists in hospital All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** **In-hospital:** email authorisations@sasolmed.co.za **Out-of-hospital:** email mentalhealth@sasolmed.co.za For drug and alcohol rehabilitation admissions the Designated Service Provider SANCA and other independent facilities (Ramot) must be used	Overall limit of R61 500 per family (excluding acute and chronic medicine and medicine provided on discharge from hospital – see 'Medicines and injection material' on page 16 for medicine benefits). R21 850 per family for out-of-hospital treatment subject to the overall mental health benefit limit An additional R16 250 will be available per beneficiary per year once the above limit has been reached, subject to registration on the Mental Health Programme, use of a Premier Plus Provider, and managed healthcare protocols	Overall limit of R61 500 per family (excluding acute and chronic medicine and medicine provided on discharge from hospital – see 'Medicines and injection material' on page 16 for medicine benefits). R21 850 per family for out-of-hospital treatment subject to the overall mental health benefit limit An additional R16 250 will be available per beneficiary per year once the above limit has been reached, subject to registration on the Mental Health Programme, use of a Premier Plus Provider, and managed healthcare protocols

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Mental health – hospitalisation:			
Accommodation in a general ward, electroconvulsive therapy fees, medicines, materials and hospital equipment	100% of the lower of cost or Scheme Tariff All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Subject to the overall mental health limit of R61 500 per family per year and PMB cover Additional motivation required for hospitalisation in excess of three days	Subject to the overall mental health limit of R61 500 per family per year and PMB cover Additional motivation required for hospitalisation in excess of three days
Mental health – In-hospital consultations, treatment and visits:			
Specialists	150% of the lower of cost or Scheme Tariff All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Subject to the overall mental health limit of R61 500 per family	Subject to the overall mental health limit of R61 500 per family
GPs and other registered mental health practitioners	100% of the lower of cost or Scheme Tariff All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Subject to the overall mental health limit of R61 500 per family	Subject to the overall mental health limit of R61 500 per family
Mental health – Out-of-hospital consultations, treatment and visits:			
Specialists GPs and other registered mental health practitioners	100% of the lower of cost or Scheme Tariff Subject to registration on the Mental Health Programme and managed healthcare protocols Call **0860 002 134** or email **mentalhealth@sasolmed.co.za**	R21 850 per family, further subject to the overall mental health limit of R61 500 per family A 20% deductible member co-payment will apply if patient is not registered on the Mental Health Programme	R21 850 per family, further subject to the overall mental health limit of R61 500 per family A 20% deductible member co-payment will apply if patient is not registered on the Mental Health Programme
Non-surgical procedures and tests by GPs, specialists and clinical technologists			
In-hospital non-surgical procedures and tests, including pre-authorised sleep studies for evaluation of central sleep apnoea (overnight polysomnogram and CPAP titration)	100% of the lower of cost or Scheme Tariff 100% for specialists All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place	Unlimited	Unlimited

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Out-of-hospital non-surgical procedures in doctor's rooms	150% of the lower of cost or Scheme Tariff for: • 24-hour oesophageal pH studies • breast fine-needle biopsy • cystoscopy • prostate-needle biopsy • oesophageal motility 200% of the lower of cost or Scheme Tariff for: • colonoscopy • gastroscopy • sigmoidoscopy • proctoscopy • flexible nasopharyngolaryngoscopy Subject to managed healthcare protocols	Unlimited Deductible member co-payments on out-of-hospital GP and specialist consultations, as stated elsewhere in this schedule, will be waived where these non-surgical procedures and tests are performed in doctor's rooms	Unlimited Deductible member co-payments on out-of-hospital GP and specialist consultations, as stated elsewhere in this schedule, will be waived where these non-surgical procedures and tests are performed in doctor's rooms
Optometry consultations and appliances			
Consultations and visits with optometrists, including diagnostic procedures	100% of the lower of cost or Scheme Tariff All optometric services is managed by Iso Leso Contact **011 340 9200**	One consultation per beneficiary per year	One consultation per beneficiary per year Iso Leso Optical Network applies No cover out of network, unless PMB
Frames and lens enhancements	100% of the lower of cost or Scheme Tariff Lens enhancements and frames are only covered when claimed in conjunction with clinically appropriate spectacle lenses No benefit for cosmetic enhancements to spectacle lenses and contact lenses	R2 290 per beneficiary within a 24-month cycle from 01 January 2025 Subject to overall Optometry limit of R5 000 per beneficiary within a 24-month cycle from 01 January 2025	R2 290 per beneficiary within a 24-month cycle from 01 January 2025 Subject to overall Optometry limit of R5 000 per beneficiary within a 24-month cycle from 01 January 2025 Compulsory use of network
Spectacle lenses	100% of the lower of cost or Scheme Tariff	One pair per beneficiary within a 24-month cycle from 01 January 2025 Subject to overall Optometry limit of R5 000 per beneficiary within a 24-month cycle from 01 January 2025	One pair per beneficiary within a 24-month cycle from 01 January 2025 Subject to overall Optometry limit of R5 000 per beneficiary within a 24-month cycle from 01 January 2025 Compulsory use of network
Contact lenses	100% of the lower of cost or Scheme Tariff	R2 870 per beneficiary within a 24-month cycle from 01 January 2025 Subject to overall optometry limit of R5 000 per beneficiary within a 24-month cycle from 01 January 2025	R2 870 per beneficiary within a 24-month cycle from 01 January 2025 Subject to overall optometry limit of R5 000 per beneficiary within a 24-month cycle from 01 January 2025 Compulsory use of network
Contact lenses for keratoconus	100% of the lower of cost or Scheme Tariff	See 'Appliances' benefits on page 7	See 'Appliances' benefits on page 7 Compulsory use of network

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Refractive surgery (including lasik, radial keratotomy and phakic lens insertion)			
In and out of hospital: All-inclusive benefit for refractive surgery and all associated services	100% of the lower of cost or Scheme Tariff All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za**	R16 500 per beneficiary per lifetime for both lenses where applicable	R16 500 per beneficiary per lifetime for both lenses where applicable Compulsory use of network
Organ, tissue and haemopoietic stem cell (bone marrow) transplants and related medicine, including corneal grafts			
Transplantation, anti-rejection (immunosuppressive) medicine, related radiology and pathology, corneal grafts and post-transplantation biopsies and scans	100% of the lower of cost or Scheme Tariff 150% for specialists in-hospital All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Unlimited, except for corneal grafts Corneal grafts limited to R41 900 per beneficiary Organ harvesting limited to South Africa, except for the harvesting of corneal grafts, which is not limited to South Africa	Unlimited, except for corneal grafts Corneal grafts limited to R41 900 per beneficiary Organ harvesting limited to South Africa, except for the harvesting of corneal grafts, which is not limited to South Africa
Oncology			
Overall oncology limit: Benefit for consultations, visits, treatment, medicine and materials used in mammograms, chemotherapy, radiotherapy, related radiology, related pathology, and flushing of J lines and/or ports	100% of the lower of cost or Scheme Tariff 150% for specialists in-hospital For medicine: 100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee Subject to pre-authorisation/registration on the Oncology Management Programme and oncology management protocols All in-hospital benefits are subject to an associated hospital pre-authorisation being obtained Call **0860 002 134** or email **authorisations@sasolmed.co.za** Formularies, DSPs and exclusions may apply	R625 000 per family, including a sub-limit of R237 500 per family for oncology specialised medicine	R625 000 per family, including a sub-limit of R237 500 per family for oncology specialised medicine

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Oncology specialised medicine	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee The Oncology Specialised Drug List is a continuously evolving list of drugs This list includes but is not limited to targeted therapies e.g., biologicals, tyrosine kinase inhibitors, and other non-genericised chemotherapeutic agents Subject to a predetermined list and variable co-payment Subject to pre-authorisation/registration on the Oncology Management Programme and oncology management protocols Call **0860 002 134** or email **oncology@sasolmed.co.za** Formularies, DSPs and exclusions may apply	R237 000 per family, subject to the overall oncology limit of R625 000 per family	R237 000 per family, subject to the overall oncology limit of R625 000 per family
Oncology specialised medicine in and out of hospital	100% of the lower of single exit price including dispensing fee Subject to pre-authorisation/registration on the Oncology Management Programme and oncology management protocols Call **0860 002 134** or email **oncology@sasolmed.co.za** Formularies and exclusions may apply	R237 500 per family, subject to the overall oncology limit of R625 000 per family	R237 500 per family, subject to the overall oncology limit of R625 000 per family
Positron-emission tomography (PET) and computer tomography (CT) scan	100% of the lower of cost or Scheme Tariff Subject to pre-authorisation/registration on the Oncology Management Programme and oncology management protocols Call **0860 002 134** or email **oncology@sasolmed.co.za**	Two per family, subject to the overall oncology limit of R625 000 per family	Two per family, subject to the overall oncology limit of R625 000 per family
Brachytherapy materials: Including seeds and disposables	100% of the lower of cost or Scheme Tariff Subject to pre-authorisation/registration on the Oncology Management Programme and oncology management protocols Call **0860 002 134** or email **oncology@sasolmed.co.za**	R55 650 per family, subject to the overall oncology limit of R625 000 per family	R55 650 per family, subject to the overall oncology limit of R625 000 per family
Pathology and medical technology			
In-hospital	100% of the lower of cost or Scheme Tariff All in-hospital benefits are subject to an associated hospital pre-authorisation being in place	Unlimited	Unlimited

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Out-of-hospital	100% of the lower of cost or Scheme Tariff If requested by a GP or medical specialist	R5 750 per beneficiary Pathology and medical technology benefits, associated with maternity, oncology, organ, tissue and haemopoietic stem cell transplantation and chronic renal dialysis, are not included in this limit, and are dealt with elsewhere in this schedule	R5 750 per beneficiary Pathology and medical technology benefits, associated with maternity, oncology, organ, tissue and haemopoietic stem cell transplantation and chronic renal dialysis, are not included in this limit, and are dealt with elsewhere in this schedule
Physical therapy			
In-hospital physiotherapy and biokinetics	100% of the lower of cost or Scheme Tariff All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place	Unlimited	Unlimited
Post-hospitalisation physiotherapy within 30 days of discharge from hospital	100% of the lower of cost or Scheme Tariff Subject to managed healthcare protocols Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Limited to a maximum of 10 treatments within 30 days of discharge from hospital	Limited to a maximum of 10 treatments within 30 days of discharge from hospital
Out-of-hospital physiotherapy, biokinetics and chiropractics	100% of the lower of cost or Scheme Tariff	Subject to overall allied health benefit limit of R7 820 per family and R5 210 per beneficiary 20% deductible member co-payment Benefits for x-rays (radiology) are dealt with under 'Radiology and radiography' on page 23	Subject to overall allied health benefit limit of R7 820 per family and R5 210 per beneficiary 20% deductible member co-payment Benefits for x-rays (radiology) are dealt with under 'Radiology and radiography' on page 23
Prostheses			
Internal prostheses (surgically implanted):			
Including prosthesis for intraocular lenses, hip and knee replacements, all temporary prostheses and implant material	100% of the lower of cost or Scheme Tariff All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Use of networks where applicable Call **0860 002 134** or email **authorisations@sasolmed.co.za**	R68 000 per beneficiary, including: Sub-limit of R3 450 per lens for intraocular lenses (R6 900 for both lenses specialised and basic); included in the above Benefits for osseo-integrated implants are dealt with under 'Dentistry' on page on page 12 Benefits for cochlear implants and the upgrade or replacement of speech processes are dealt with on page 8	R68 000 per beneficiary, including: Sub-limit of R3 450 per lens for intraocular lenses (R6 900 for both lenses specialised and basic); included in the above Benefits for osseo-integrated implants are dealt with under 'Dentistry' on page on page 12 Benefits for cochlear implants and the upgrade or replacement of speech processes are dealt with on page 8
External prostheses:			
Including artificial limbs, artificial eyes and artificial breast prostheses	100% of the lower of cost or Scheme Tariff Subject to managed healthcare protocols Call **0860 002 134** or email **authorisations@sasolmed.co.za**	R72 500 per beneficiary	R72 500 per beneficiary

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Renal dialysis			
Chronic and acute dialysis, including authorised erythropoietin and related radiology and pathology	100% of the lower of cost or Scheme Tariff Subject to managed healthcare protocols Call **0860 002 134** or email **renal@sasolmed.co.za**	Unlimited	Designated Service Provider (B Braun) must be used. If non-DSP is used cover will be up to 100% of the Scheme Tariff
Radiology and radiography			
General radiology in- and out-of-hospital including consumables	100% of the lower of cost or Scheme Tariff All in-hospital benefits are subject to an associated hospital pre-authorisation being in place	Unlimited	Unlimited
Overall specialised radiology limit in and out of hospital computed tomography (CT) scans, magnetic resonance imaging (MRI) scans, multigated acquisition (MUGA) scans, radio-isotope studies and angiography	100% of the lower of cost or Scheme Tariff Subject to pre-authorisation and managed healthcare protocols Call **0860 002 134** or email **authorisations@sasolmed.co.za**	R26 800 per family Bone density scans are not subject to the overall specialised radiology limit Maternity, oncology, organ transplant and renal dialysis are excluded from this benefit and covered elsewhere in this schedule	R26 800 per family Bone density scans are not subject to the overall specialised radiology limit Maternity, oncology, organ transplant and renal dialysis are excluded from this benefit and covered elsewhere in this schedule
Computed tomography (CT) colonography (virtual colonoscopy)	100% of the lower of cost or Scheme Tariff Subject to pre-authorisation and managed care protocols Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Subject to the overall specialised radiology limit of R26 800 per family and further limited to one virtual colonoscopy per beneficiary per year	Subject to the overall specialised radiology limit of R26 800 per family and further limited to one virtual colonoscopy per beneficiary per year
MDCT coronary angiography	100% of the lower of cost or Scheme Tariff Subject to pre-authorisation and managed care protocols Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Limited to one per beneficiary per annum	Limited to one per beneficiary per annum
Interventional radiology replacing surgical procedures	150% of the lower of cost or Scheme Tariff Subject to pre-authorisation and managed care protocols Call **0860 002 134** or email **authorisations@sasolmed.co.za**	Unlimited	Unlimited
Surgical procedures performed by a general practitioner, a general dental practitioner or a specialist			
In- and out-of-hospital:			
Including day clinics and unattached operating theatres	150% of the lower of cost or Scheme Tariff 100% for specialists in hospital All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place	Unlimited Osseo-integrated implants, orthognathic and oral surgery, maternity, and organ transplants are dealt with elsewhere in this schedule	Unlimited Osseo-integrated implants, orthognathic and oral surgery, maternity, and organ transplants are dealt with elsewhere in this schedule

Healthcare service	Benefits	Limits – Comprehensive Network Option	Limits – Restricted Network Option
Specific surgical procedures in doctor's rooms:			
Laser tonsillectomy	100% of the lower of cost or Scheme Tariff Pre-authorisation not required. Benefit includes related consultation, materials, pathology and radiology if done on the same day as the procedure in doctor's rooms	Unlimited	Unlimited
Circumcision, excision of nail bed, vasectomy	200% of the lower of cost or Scheme Tariff Pre-authorisation not required. Benefit includes related consultation, materials, pathology and radiology if done on the same day as the procedure in doctor's rooms	Unlimited	Unlimited

PRESCRIBED MINIMUM BENEFIT (PMB) CHRONIC DISEASE LIST

1. Addison's disease
2. Asthma
3. Bipolar mood disorder
4. Bronchiectasis
5. Cardiac failure
6. Cardiomyopathy
7. Chronic obstructive pulmonary disease
8. Chronic renal failure
9. Coronary artery disease
10. Crohn's disease
11. Diabetes insipidus
12. Diabetes mellitus type 1 (insulin dependent)
13. Diabetes mellitus type 2 (generally non-insulin dependent)
14. Dysrhythmia
15. Epilepsy
16. Glaucoma
17. Haemophilia
18. HIV/AIDS
19. Hyperlipidaemia
20. Hypertension
21. Hypothyroidism
22. Multiple sclerosis
23. Parkinson's disease
24. Rheumatoid arthritis
25. Schizophrenia
26. Systemic lupus erythematosus
27. Ulcerative colitis



NON-PMB CHRONIC CONDITIONS LIST

The conditions marked with an asterisk (*) are possible PMB conditions. Where a possible PMB condition has been validated and authorised as a PMB condition, the funding of associated claims will be as for the 27 PMB CDL conditions.

1. Acne
2. Allergic dermatitis
3. Allergic rhinitis
4. Alzheimer's disease
5. Anaphylaxis*
6. Angioedema*
7. Ankylosing spondylitis
8. Anorexia nervosa
9. Aplastic anaemia
10. Attention deficit disorder – for children 6 to 18 years, unless clinically motivated
11. Auto-immune disorders*
12. Barrett's oesophagitis
13. Behavioural disorders
14. Benign prostatic hypertrophy*
15. Blood/Haematological disorders (including nutrient-deficiency and chronic anaemia)
16. Bulimia
17. Cerebral palsy
18. Chronic infections (unrelated to HIV infection)
19. Chronic organic pain syndromes
20. Cluster headaches
21. Connective tissue disorders (including Behçet's syndrome)
22. Discoid lupus erythematosus, polychondritis, polymyalgia, rheumatica, polymyositis, systemic sclerosis, Wegener's granulomatosis
23. Cryoglobinaemia
24. Cystic fibrosis
25. Depression
26. Major depression
27. Dermatomyositis
28. Dystonia
29. Eczema
30. Endocarditis*
31. Endocrine disorders (including pituitary, thyroid, parathyroid, ovarian, testicular and adrenal dysfunction, but specifically excluding male menopause)*
32. Endometriosis*
33. Enuresis
34. Essential tremor
35. Gastro-oesophageal reflux disease (complicated)
36. Generalised anxiety disorder
37. Gout/Hyperuricaemia
38. Hepatitis B and C
39. Hirsutism*
40. Huntington's chorea
41. Iron deficiency anaemia*
42. Ischaemic heart disease/Angina*
43. Liver failure*
44. Macular degeneration
45. Meniere's disease
46. Menopause (female)/Hormone replacement therapy*
47. Metabolic disorders*
48. Migraine
49. Motor neuron disease
50. Muscular dystrophy
51. Myasthenia gravis*
52. Narcolepsy
53. Nephrotic syndrome*
54. Neurogenic bladder*
55. Obsessive compulsive disorder
56. Obstructive/Reflux nephropathy
57. Onychomycosis*
58. Ophthalmological disorders (including keratoconjunctivitis sicca, but specifically excluding allergic conjunctivitis)*
59. Osteoarthritis
60. Osteopaenia
61. Osteoporosis
62. Paget's disease
63. Pancreatic disease*
64. Panic disorder
65. Paraplegia/Quadriplegia*
66. Pemphigus*
67. Peptic ulcer disease (including eradication therapy)
68. Peripheral neuropathy
69. Peripheral vascular disease*
70. Phobic disorders
71. Polyarteritis nodosa
72. Polycystic ovarian disease*
73. Post-bowel surgery
74. Post-herpetic neuralgia
75. Post-traumatic stress disorder
76. Psoriasis
77. Psychotic disorders
78. Pulmonary hypertension*
79. Pulmonary interstitial fibrosis
80. Pyelonephritis
81. Raynaud's disease
82. Renal calculi
83. Rickets
84. Scleroderma
85. Seborrheic dermatitis
86. Sinusitis
87. Sjögren's syndrome
88. Spasticity (unrelated to stroke)
89. Stroke*
90. Thromboangiitis obliterans*
91. Thrombocytopaenic purpura*
92. Tic disorder
93. Tourette's syndrome
94. Transient Ischaemic attacks*
95. Trigeminal neuralgia
96. Tuberculosis*
97. Urinary incontinence
98. Urticaria
99. Valvular heart disease*
100. Venous thrombotic disorders*
101. Vitreoretinal disorders*
102. Zollinger-Ellison syndrome

Disclaimer: While every attempt has been made to ensure accuracy of this document, the registered rules will apply in the case of a dispute. Rules are subject to approval by the Council for Medical Schemes.

As per Section 31(2) of the Act, it is essential to note that any amendments, rescissions, or additions to the rules of the medical scheme are only deemed valid once they have been approved by the Registrar. Furthermore, in compliance with Section 29(1)(l), medical schemes are required to provide their members with advanced written notice of any impending alterations to their contributions and benefits. In their communication with members, medical schemes are required to incorporate a disclaimer, specifying that the amendments will only be valid once approved by the Registrar.



sasolmed

CONTACT WITH SASOLMED MADE EASY:

Customer Services

0860 002 134
enquiries@sasolmed.co.za

Visit one of our
walk-in centres

ER24 ambulance service
084124

Ask Sasolmed on WhatsApp

011 292 7306

sasolmed.co.za

Benefit and Contribution Schedule

Member Guide

SasChat

Chat in real-time with an agent

Get your membership certificate

Get your benefit balance

View your membership status



Access the **Sasolmed app** for quick and easy access to your profile and benefits.

https://www.sasolmed.co.za/d2hp

Administered by
Discovery Health