

SASOLMED

ANNEXURE B

BENEFITS AND LIMITS

2026

Effective 1 January 2026 unless otherwise stated below

To be read in conjunction with the Main Rules, and Annexures C, D and E

REGISTERED BY ME ON

2025/11/20

REGISTRAR OF MEDICAL SCHEMES

SASOLMED

ANNEXURE B - BENEFITS AND LIMITS

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A. ENTITLEMENT TO BENEFITS

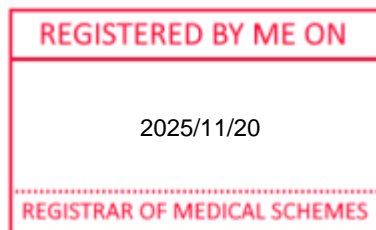
- A1.** The Scheme Tariff is defined as the rate at which health services are reimbursed by the Scheme.
- A2.** Beneficiaries are entitled to benefits as shown in this Annexure B, subject to the monetary limits and implementation restrictions set out herein, to the exclusions referred to in Annexure C of the Rules, to the general limitation and restriction of benefits set out in Annexure D of the Rules and to the procedural and other requirements set out in the Main Rules.

A3. Selection of a Network Option and GPs

Upon joining, and annually prior to 1 January of each year, members must choose between the Comprehensive and Restricted Network Options, such a choice will determine the applicable DSP per Annexure D of the Rules.

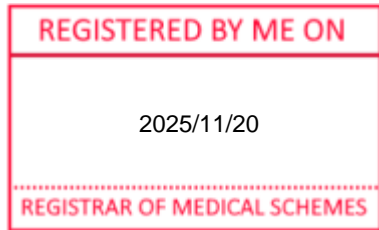
- **Comprehensive Network Option DSPs for**

- Members choosing the Comprehensive Network Option will have access to healthcare provider
- Members are still required to use their nominated Preferred General Practitioner (PGP) for out-of-hospital consultations
See paragraph B7 for information regarding the nomination of a PGP
- The Comprehensive Network Formulary applies to chronic medication
- Members will have access to a restricted network of ophthalmologists
- Additional co-payments may apply for voluntary use of non-formulary medication for a chronic condition, as stated in this Annexure B
- No contribution discount will apply for choosing this network option as per Annexure A



- **Restricted Network Option DSPs**

- Members will have access to a restricted network of contracted GPs and must select a PGP from this network. (Sasolmed Restricted GP Network). See paragraph B7 for information regarding the nomination of a PGP.
- Medicine for chronic conditions via Restricted Network DSPs will be reimbursed at the Restricted Network DSP rate for medication
- The Restricted Network Formulary will apply to chronic medication obtained from DSPs and non-DSPs.
- Additional co-payments may apply for chronic medication voluntarily obtained outside the relevant Chronic Network DSP, or for voluntary use of non-formulary medication for a chronic condition, as stated in this Annexure B
- Members are required to make use of a Sasolmed Restricted Hospital Network where applicable for all non-emergency admissions
- Members must be admitted by a Restricted Network Specialist when being admitted into hospital for all non-emergency admissions
- Members will have access to a restricted network of healthcare providers for dentists, optometrists and ophthalmologists
- Members must make use of a DSP for Renal Dialysis
- A discounted contribution rate will apply for choosing this network as per Annexure A.



The member's choice of either the Comprehensive Network Option or the Restricted Network Option will apply to the member and his/her dependants.

All family members must use DSPs in the member's chosen Network DSP for healthcare services related to PMB and non-PMB conditions, where applicable as per Annexure D.

In the event of a member not selecting a Network Option (either the Comprehensive Network Option or the Restricted Network Option) upon joining the Scheme, he or she will be defaulted to the Comprehensive Network Option and will be afforded an opportunity to select an alternative option with effect from 1 January of the following year.

Members will have the opportunity to review their Network Option annually, with effect from 1 January of the following year, failing which he or she will be defaulted to the same Network Option he/she participated in, in the previous benefit year.

The Scheme Tariff in respect of all healthcare services will be based on the negotiated fee/tariff applicable to the member's chosen Network Option and the member's utilisation of participating network providers, subject to PMB regulations.

B. CHARGING OF BENEFITS, LIMITS INCLUDING ANNUAL LIMITS, MEMBERSHIP CATEGORIES AND PGP

- B1.** Claims for services stated as being subject to payment from the benefits as shown in the column headed “Limits” in the table in paragraph D below are allocated against the benefit limits.
- B2.** When the member’s benefit limits are exhausted no further benefits are available except for Prescribed Minimum Benefits (PMBs) subject to PMB regulations.
- B3.** The column headed “Benefits” shows how the cost of a valid claim shall be determined for the purpose of reimbursing the member or the supplier and the share of such cost that the Scheme will bear before any stated co-payments are imposed. The balance of the share of costs to make up 100% thereof shall be the member’s responsibility, except for Prescribed Minimum Benefits.
- B4.** The column headed “Limits” shows the extent to which the benefit is limited over a period or sub-limited in monetary or other terms.

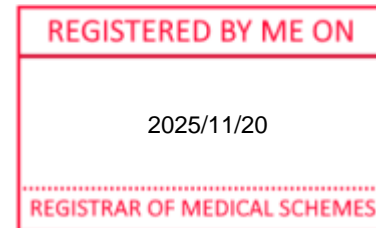
B5. Membership categories:

Principal Member

Adult

Child

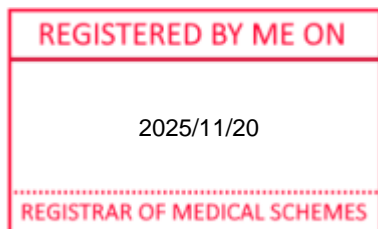
Principal Member	M+0
Principal Member plus 1 dependant	M+1
Principal Member plus 2 dependants	M+2
Principal Member plus 3 or more dependants	M+3+



- B6.** There is no overall annual limit.

B7. GENERAL CONDITIONS FOR THE SELECTION / CHANGE OF A PREFERRED GENERAL PRACTITIONER (PGP)

- B7.1.** The Scheme shall pay for benefits in respect of out-of-hospital consultations by general practitioners subject to the conditions set out in this paragraph, paragraph A3 (for chronic consultations) and D5.1 and its sub-paragraphs.
- B7.2.** Each member, on behalf of himself or herself and his or her registered dependants, shall select a PGP by completing the relevant form or using the Sasolmed app as required by the Scheme. Where a PGP selection has been exercised by the member in respect of himself/herself, but not for the registered dependants, the member's selected PGP will also be regarded as the selected PGP for any dependants in respect of whom no PGP selection was received. Members on the Restricted Network Option are encouraged to select PGPs who form part of the Restricted GP Network (see paragraphs A3 and D5.1).
- B7.3.** It is permissible for dependants to select different PGP's, subject to the following provisions:
- B7.3.1.** Adult dependants (e.g., spouses) may select a PGP of their choice.
- B7.3.2.** For child dependants under the age of 16 years, a PGP will be selected by the parent registered as the principal member of the Scheme.
- B7.3.3.** Child dependants over the age of 16 years may select their own PGP, with the consent of the parent registered as the principal member of the Scheme.
- B7.3.4.** A PGP may be changed at the principal member's discretion once every six (6) months by completing the required form, and/or when a member changes from the Comprehensive Network Option to the Restricted Network Option with effect from 1 January of a given year.
- B7.3.5** Where a PGP is part of a group practice of General Practitioners, members may visit any doctor in the group practice provided that the claim is submitted on the group practice number normally used by the nominated PGP.



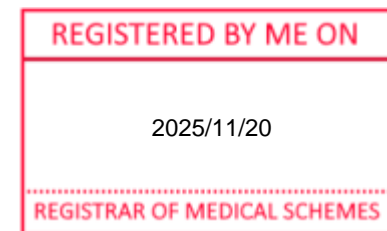
- B7.3.6.** Consultations/visits with a GP who is not the nominated PGP shall incur additional co-payments as stipulated elsewhere in this Annexure B, except for involuntary use of a non-PGP for a PMB emergency medical condition (see B7.3.9).
- B7.3.7.** See B8 and D5.2.2 of this Annexure B for GP referral requirements before consulting a specialist unless the specialist consultation is part of an approved treatment plan.
- B7.3.8.** Additional or 'secondary' PGPs may be selected under specified circumstances as communicated to members from time to time.
- B7.3.9.** In the event of involuntary use of a non-PGP for a PMB emergency medical condition, the rule relating to PGP's will not apply. "Emergency medical condition" means "the sudden, and at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment of bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy".
- B7.3.10.** On the Restricted Network Option, access to out-of-hospital GP healthcare services is enabled on referral by the Sasolmed Online Practice.

B8. GP referral for specialist consultations out of hospital

With due regard to the PMB regulations, a member/beneficiary will be required to be referred by a registered general practitioner prior to consulting a specialist out of hospital.

The following exceptions are applicable:

- Maternity cases;
- Children under the age of one (1) year, for paediatrician visits / consultations;
- One (1) gynaecological consultation / visit per annum for female beneficiaries;
- One (1) urologist consultation / visit per annum for male beneficiaries;
- Involuntary consultation with a specialist without GP referral for an emergency medical condition;
- Specialist consultations that form part of post-surgical care;



- Specialist-to-specialist referral;
- Specialist consultations that form part of an authorised treatment plan issued by the relevant Managed Healthcare Organisation in line with a relevant managed healthcare programme;
- Consultations with dental specialists; and
- Consultations with ophthalmologists.

B9. Private wards

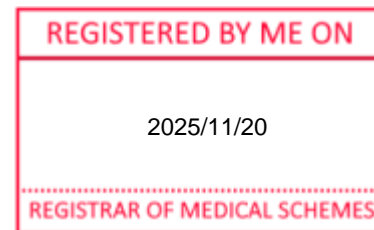
Private ward rates for hospitalisation will only be paid if the stay in a private ward has been authorised by a medical practitioner as essential because the patient poses a risk to other patients and the case has been pre-authorised by the relevant managed healthcare programme. In the absence of such authorisation, general ward rates will apply.

C. PRESCRIBED MINIMUM BENEFITS

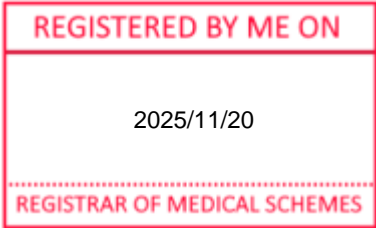
Prescribed Minimum Benefits as shown in Annexure A of the General Regulations, made in terms of the Medical Schemes Act 131 of 1998, override all benefits and limits indicated in this annexure, but accumulate to benefit limits.

The Prescribed Minimum Benefits are available in conjunction with the Scheme's contracted managed healthcare programmes. These include the application of treatment protocols, baskets of care, medicine formularies, medicine reference pricing, Scheme tariffs, pre-authorisation and case management. These measures have been implemented to ensure appropriate and effective delivery of Prescribed Minimum Benefits.

See Annexure D – paragraph 7 for a full explanation.



D. ANNUAL BENEFITS AND LIMITS

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D1. ALLIED HEALTH AND ALTERNATIVE HEALTHCARE SERVICES		Limited to R5 210 per beneficiary, and further limited to R7 820 per family, per annum.	In-hospital services that have been specifically authorised as part of an approved hospital admission do not accumulate towards this limit.
D1.1. Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nurse practitioners out of hospital (other than as an alternative to hospitalisation), speech therapy, physical therapy, chiropractors, biokinetics and social workers	100% of the lower of cost or Scheme Tariff for consultations and treatment. 	Limited to and included in D1. Member responsible for a 20% deductible co-payment on the consultation code.	Additional benefits may be granted, subject to pre-authorisation and/or an authorised treatment plan. Private nursing services as an alternative to hospitalisation are included elsewhere in this Annexure (D7.3.4). Continued benefits for PMBs, subject to PMB regulations. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D1.2. Acupuncture, homeopathy, naturopathy and osteopathy – consultations	100% of the lower of cost or Scheme Tariff for consultations and treatment.	Limited to and included in D1. Member responsible for a 20% deductible co-	Additional benefits may be granted, subject to pre-authorisation and/or an authorised treatment plan.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/20</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>payment on the consultation code.</p>	<p>Private nursing services as an alternative to hospitalisation are included elsewhere in this Annexure (D7.3.4).</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D1.3. Acupuncture, homeopathy, naturopathy and osteopathy – prescribed medicines</p>	<p>See D11.1.</p>	<p>Limited to and included in D11.1.</p> <p>Member responsible for a 20% deductible co-payment on the consultation code.</p>	<p>Homeopathic and Naturopathic medication is only available if prescribed by a registered General and Dental Practitioner, Homeopath, Naturopath or Specialist.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D2. AMBULANCE SERVICES	100% of cost if authorised by the preferred provider otherwise 100% Scheme Tariff. <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2025/11/20</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	Unlimited, subject to the contracted ambulance services. No benefit for services outside the borders of South Africa.	Subject to the contracted ambulance services, and pre-authorisation. Only for medically justified cases. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3. APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS			
D3.1. In-and-out of hospital	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for hiring or buying medical or surgical aids as prescribed by a medical practitioner.	See sub-paragraphs below.	See sub-paragraphs below.
D3.1.1. General medical and surgical appliances including: <ul style="list-style-type: none"> • foot orthotics • glucometers • incontinence products • nebulisers • walking aids 	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for hiring or buying medical or surgical aids as prescribed by a medical practitioner.	Limited to R13 850 per family. The following are included in the above limit: <ul style="list-style-type: none"> • foot orthotics limited to R5 460 	Diabetic strips and needles are payable from the Chronic Illness Benefit (D11.3), subject to pre-authorisation. Insulin pumps, continuous glucose monitoring devices and related

<p>SERVICE Subject to PMB</p>	<p>BENEFITS Subject to PMB</p>	<p>LIMITS Subject to PMB Refer Annexure B Paragraph C</p>	<p>CONDITIONS/ REMARKS Subject to PMB</p>
<ul style="list-style-type: none"> • wheelchairs • contact lenses for keratoconus 	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/20</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>per beneficiary every 36 months</p> <ul style="list-style-type: none"> • nebuliser limited to R1 250 per family every 48 months commencing on 1 January 2025 • walking aids limited to R1 615 per family every 48 months commencing on 1 January 2025 • Wheelchairs limited to 100% of the Scheme rate per family every 36 months • contact lenses for keratoconus limited to R3 200 per beneficiary per lens per annum • CPAP, APAP and BiPAP machines limited to one per beneficiary every 36 months commencing on 1 January 2025. 	<p>consumables are dealt with elsewhere in this Annexure (D3.1.2.9).</p> <p>Hearing aids and hearing aid repairs are dealt with elsewhere in this Annexure (D3.1.2.5 and D3.1.2.6).</p> <p>Keratoconus lenses do not require pre-authorization.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>

REGISTERED BY ME ON

2025/11/20

REGISTRAR OF MEDICAL SCHEMES

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D3.1.1.1. Stoma products	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals as prescribed by a medical practitioner.	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.1.2. CPAP and BiPAP appliances for sleep apnoea	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals as prescribed by a medical practitioner.	Limited to one appliance per beneficiary every 36 months commencing on 1 January 2025 and included in D3.1.1.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.1.3. CPAP Humidifier	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals as prescribed by a medical practitioner.	Limited to one per beneficiary every 36 months commencing on 1 January 2025 and included in D3.1.1.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.1.4. CPAP Mask (replacement)	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals as prescribed by a medical practitioner.	Limited to one per beneficiary every 36 months and included in D3.1.1.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.2. SPECIFIC APPLIANCES AND ACCESSORIES			
D3.1.2.1. Oxygen therapy equipment (not including	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public	Unlimited.	Subject to pre-authorisation and managed healthcare protocols.

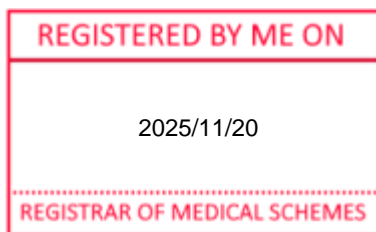
SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
hyperbaric oxygen treatment)	hospitals for hiring or buying medical or surgical aids as prescribed by a medical practitioner.		100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.2.2. Home ventilators	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for hiring or buying medical or surgical aids as prescribed by a medical practitioner.	Unlimited.	Subject to pre-authorization and managed healthcare protocols. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.2.3. Long leg callipers	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for medical or surgical aids as prescribed by a medical practitioner.	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.2.4. Special neck and back braces and any custom-made appliances, home nursing equipment, etc.	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for medical or surgical aids as prescribed by a medical practitioner.	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.2.5. Hearing Aids	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public	Limited to R27 600 per beneficiary every 36 months commencing on 1 January 2025	The limit applies cumulatively within the 36-month cycle, whether the beneficiary obtains single or bilateral hearing aids, or obtains these at

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SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>hospitals for medical or surgical aids.</p>	<p>Member responsible for a R1 000 direct member co-payment per purchase within the 36-month cycle.</p>	<p>different times. The limit does not increase where bilateral hearing aids are obtained.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D3.1.2.6. Hearing Aid repairs and re-programming</p>	<p>100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for medical or surgical aids as prescribed by a medical practitioner.</p>	<p>Limited to R2 760 per beneficiary every 36 months commencing on 1 January 2025.</p>	<p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D3.1.2.7. Cochlear implants, including:</p> <ul style="list-style-type: none"> • Cochlear implant device • Initial speech processor • Cost of implant procedure • Rehabilitation costs 	<p>100% of the lower of cost or Scheme Tariff.</p>	<p>First unilateral implant limited to R310 000 per beneficiary per lifetime.</p> <p>Thereafter see D3.1.2.8.</p>	<p>This includes bone cement, bone graft substitutes and bone anchors. Subject to pre-authorization and managed healthcare protocols.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D3.1.2.8. Upgrade or replacement of speech processors	100% of the lower of cost or Scheme Tariff.	Limited to R214 500 per beneficiary per five-year cycle (unilateral).	Subject to pre-authorisation and managed healthcare protocols. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D3.1.2.9. Insulin pumps, continuous glucose monitoring devices (CGMD), and related consumables	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for medical or surgical aids as prescribed by a medical practitioner.	Unlimited.	Subject to managed healthcare protocols. Continued patient compliance required, as monitored by the programme. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.



SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>D4. BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS</p> <div data-bbox="203 810 577 1034" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals and / or single exit price plus dispensing fee.</p>	<p>Unlimited.</p>	<p>Use of blood equivalents subject to pre-authorisation and managed healthcare protocols.</p> <p>Transportation of blood is included.</p> <p>Authorised Erythropoietin (D22.1) is included in this benefit.</p> <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>

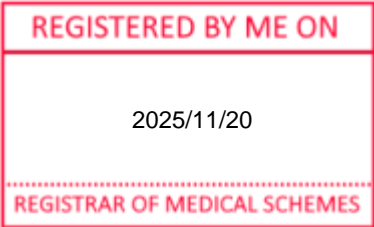
SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>D5. CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS</p>	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/20</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>This benefit excludes the following as they are covered under services as mentioned elsewhere in this Annexure:</p> <ul style="list-style-type: none"> • Alternative healthcare practitioners (D1) • Dental practitioners, technologists and therapists (D6) • Antenatal visits and Consultations (D10) • Psychiatrists, Psychologists and psychometrists (D12) • Oncologists, haematologists and credentialed medical practitioners during active and post-active treatment periods (D14) • Additional medical services (D17) • Physical therapy (D19) • Interventional Radiology (D21) <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D5.1. General practitioners (GPs)</p>	<p>Benefits for GPs as stipulated below.</p>		<p>Members on the Restricted Network Option when utilising GPs who are not part of the Restricted GP Network will not be covered,, and when consulting</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		on the Restricted GP Network will not be covered.	
D5.1.3. Virtual consultations with nurse or GPs	100% of the lower of cost or Scheme Tariff.	20 consultations per family per annum.	
D5.1.4 Virtual urgent care consultations <div data-bbox="293 732 667 962" style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 5px 20px;">2025/11/20</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of the lower of cost or Scheme Tariff.	4 consultations per family per annum.	<p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p> <p>Subject to the Scheme's preferred provider (where applicable) and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols.</p> <p>Consultations in excess of the annual limit or those not meeting the Scheme's clinical entry criteria paid by the member.</p>
D5.2. Medical Specialists			
D5.2.1. Consultations and visits: In hospital for Medical Specialists	150% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals, for medical specialists.	Unlimited.	<p>See D5.</p> <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>D5.2.2. Consultations and visits: Out of hospital for Medical Specialists</p> <div data-bbox="293 1082 667 1310" style="border: 2px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals, for medical specialists.</p>	<p>Unlimited.</p> <p>GP referral required.</p> <p>Member responsible for a 20% deductible co-payment, excluding PMBs. Applicable to consultation code only.</p> <p>Member responsible for an additional 20% deductible co-payment if a specialist is consulted without the required GP referral, unless stated as an exception in the adjacent conditions/remarks.</p> <p>Restricted Network Option only:</p> <ul style="list-style-type: none"> • PGP referral required. If no PGP referral then the consultation and 	<p>See D5. For services rendered at the suppliers' rooms, patient's home or primary healthcare facility.</p> <p>Referral to a specialist must be done by a registered general practitioner; the following exceptions are applicable as per B8:</p> <ul style="list-style-type: none"> • maternity cases • one (1) gynaecological consultation / visit for female beneficiaries • Children under the age of one (1) year, for paediatric visits / consultations • One (1) urologist consultation / visit per annum for male beneficiaries • Involuntary consultation with a specialist without GP referral for an emergency medical condition • Specialist consultations that form part of post-surgical care • Specialist-to-specialist referral • Where the specialist consultation forms part of an authorised treatment plan issued by the relevant Managed Healthcare

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		associated claims are not covered.	Organisation in line with a relevant managed healthcare programme <ul style="list-style-type: none"> • Consultations with dental specialists • Consultations with ophthalmologists 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D5.3. Consultations and Visits – Optometrists			
D5.3.1. In and out of Network <div data-bbox="271 1134 645 1362" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2025/11/20</p> <p style="text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals.	Limited to one optometry consultation per beneficiary per annum.	For the following consultations: <ul style="list-style-type: none"> • General consultations • Contact lens consultations related to Keratoconus • Binocular vision consultations, subject to motivation by practitioner • Low vision consultations, subject to motivation by practitioner Subject to clinical protocols.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			<p>DSPs may apply. Non-use of DSP where applicable will result in no cover.</p> <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
D6. DENTISTRY			
D6.1. BASIC DENTISTRY			
<p>D6.1.1. Dental practitioners</p> <div data-bbox="226 1034 600 1262" style="border: 1px 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;">2025/11/20</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for basic dentistry including minor oral surgery (150% thereof for dental specialists in hospital).</p> <p>Removal of wisdom teeth in the rooms will be covered at 200% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals.</p> <p>Includes removal of teeth and roots, removal of wisdom teeth,</p>	<p>Unlimited.</p> <p>Member responsible for a R2 000 direct member co-payment for procedures done in hospital under the age of 8 years and direct co-payment of R3 500 for those 8 years and older. Co-payment apply to hospital account.</p> <p>Note: The above co-payment may be waived subject to clinical motivation and approval</p>	<p>Subject to managed healthcare protocols.</p> <p>DSP applies. Non-use of DSP where applicable will result in no cover.</p> <p>General anaesthetics, conscious analgo sedation and hospitalisation for dental work will only be granted benefits for beneficiaries:</p> <ul style="list-style-type: none"> • under the age of 8 years; or • bony impaction of the third molars. <p>All general anaesthetics and conscious analgo sedation for</p>

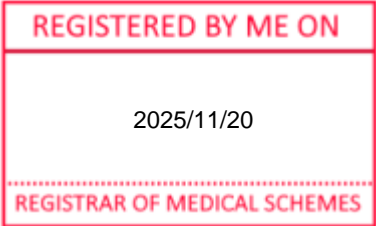
<p>SERVICE Subject to PMB</p>	<p>BENEFITS Subject to PMB</p>	<p>LIMITS Subject to PMB Refer Annexure B Paragraph C</p>	<p>CONDITIONS/ REMARKS Subject to PMB</p>
	<p>exposure of teeth for orthodontic reasons and suturing of traumatic wounds, cone beam computed tomography scans.</p> <p>Oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such dentistry.</p>	<p>by the relevant managed healthcare programme.</p>	<p>dentistry, regardless of where it is performed, must be pre-authorized.</p> <p>Should bony impactions (that would have otherwise been authorised under general anaesthetic) be performed under conscious sedation in rooms, the treating provider will be paid at the lower of cost or 100% of Scheme Tariff including, but not exceeding, an additional 100% of Scheme Tariff, subject to pre-authorization and managed healthcare protocols.</p> <p>Lingual and labial frenectomies under GA granted for beneficiaries under the age of 8 years, subject to pre-authorization and managed healthcare protocols.</p> <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D6.1.2. Dental therapists</p>	<p>100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for basic dentistry performed by a dental therapist.</p>	<p>Unlimited.</p>	<p>Subject to managed healthcare protocols.</p> <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			for a PMB condition/emergency, subject to PMB regulations.
<p>D6.2. ADVANCED DENTISTRY</p> <div data-bbox="257 890 631 1118" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals (150% thereof for dental specialists in hospital).</p> <p>Includes services for inlays, crowns, bridges, mounted study models, metal base partial and complete dentures, the treatment by periodontists, prosthodontists, osseo integrated implants and dental technicians' fees. Excludes hospital and related costs.</p>	<p>Limited to R12 500per beneficiary and further limited to R16 150per family.</p> <p>Member responsible for a 20% deductible co-payment.</p>	<p>Subject to managed healthcare protocols.</p> <p>This benefit excludes oral medical procedures as it is covered under services as mentioned elsewhere in this Annexure. See D6.1.1.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p> <p>For osseo integrated implants the following applies:</p> <p>Subject to pre-authorisation and managed healthcare protocols.</p> <p>This benefit limit includes all stages of treatment required to achieve the result of placing an implant supported tooth or teeth into spaces left by previous removal of natural teeth, the</p>

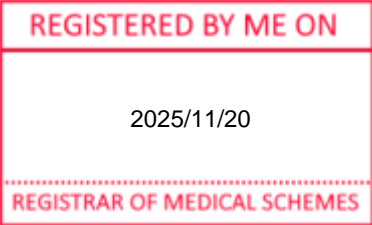
SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>surgical augmentation of jaw and surgical placement, exposure of implant/s and 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.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D6.2.1. Dental technicians (Advanced and Basic dentistry)</p>	<p>See D6.2.</p>	<p>Limited to and included in D6.2.</p>	<p>See D6.2. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D6.2.3. Orthognathic surgery (functional correction of malocclusions)</p>	<p>100% (150% for dental specialists in hospital) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for all services rendered, including the cost of special</p>	<p>Limited to and included in D6.2. Member responsible for a 20% deductible co-payment. Co-payment</p>	<p>Subject to pre-authorisation and managed healthcare protocols. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB</p>

<p>SERVICE Subject to PMB</p>	<p>BENEFITS Subject to PMB</p>	<p>LIMITS Subject to PMB Refer Annexure B Paragraph C</p>	<p>CONDITIONS/ REMARKS Subject to PMB</p>
	<p>investigations, hospitalisation, all general and specialist dental practitioners, their assistants and anaesthetist as well as the cost of materials, plates, screws and bone equivalents.</p>	<p>does not apply to hospital account.</p>	<p>condition/emergency, subject to PMB regulations.</p>
<p>D6.2.4.1. Specific Oral surgery by maxillo-facial specialists: consultations and visits, removal of teeth, para-orthodontic surgical procedures and preparation of jaws for prosthetics</p> <div data-bbox="280 1090 651 1319" style="border: 1px solid red; padding: 5px; margin-top: 20px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <p style="text-align: center; border-top: 1px dashed red; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% (150% in hospital or procedures under conscious sedation in rooms, subject to pre-authorization) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals.</p>	<p>Limited to and included in D6.2 (advanced dentistry limit).</p> <p>Member responsible for a 20% deductible co-payment.</p>	<p>Subject to pre-authorization and managed healthcare protocols.</p> <p>This benefit does not include the following as they are covered under services elsewhere in this Annexure:</p> <ul style="list-style-type: none"> • Osseo-integrated implantation (D6.2.2) • Orthognathic surgery (D6.2.3) • Impacted wisdom teeth (D6.1; basic dentistry) • Maxillo-facial surgery (D6.2.4.2) <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>D6.2.4.2. Maxillo-facial surgery – surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in D6 and its sub-paragraphs.</p> <div data-bbox="150 730 526 959" style="border: 1px 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;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% (150% for specialists in hospital) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals.</p> <p>For the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned elsewhere in D6 and its sub-paragraphs.</p>	<p>Unlimited.</p>	<p>Subject to pre-authorisation and managed healthcare protocols.</p> <p>This benefit excludes the following as they are covered under services as mentioned elsewhere in this Annexure:</p> <ul style="list-style-type: none"> • Osseo-integrated implantations (D6.2.2) • Orthognathic surgery (D6.2.3) • Specific oral surgery by maxillo-facial specialists (D6.2.4.1) • Impacted wisdom teeth (D6.1; basic dentistry) <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D6.2.5. Orthodontic treatment</p>	<p>100% of the lower of cost or Scheme Tariff.</p>	<p>Limited to and included in D6.2.</p> <p>Member responsible for a 20% deductible co-payment.</p>	<p>Orthodontic treatment for dependants 21 years and older are excluded.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D7. HOSPITALISATION			
D7.1. Private hospitals, day clinics and unattached operating theatres			
D7.1.1. Hospitalisation 	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. This benefit excludes hospitalisation for the following as they are covered under services as mentioned elsewhere in this Annexure: <ul style="list-style-type: none"> • Osseo-integrated implants, and orthognathic surgery (D6) • Maternity (D10) • Mental health (D12) • Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) • Refractive surgery (D23) Restricted Network Option only: <ul style="list-style-type: none"> • Non-Emergency Admissions:

<p>SERVICE Subject to PMB</p>	<p>BENEFITS Subject to PMB</p>	<p>LIMITS Subject to PMB Refer Annexure B Paragraph C</p>	<p>CONDITIONS/ REMARKS Subject to PMB</p>
<div data-bbox="309 724 680 954" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/20</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> ○ Members must make use of a Sasolmed Restricted Hospital Network ○ Members will have no cover should a member use a hospital that is not in the Restricted Option Hospital Network then ○ Non-emergency PMB admissions outside of the Restricted Option Hospital Network will be funded at 80% of the Scheme Tariff ● Emergency admissions <ul style="list-style-type: none"> ○ In the event of an emergency admission to a non-DSP hospital the patient will have full cover and be transferred to a network hospital once stabilised, unless otherwise agreed by the Scheme. Subject to PMBs

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			<p>DSPs may apply for the Comprehensive Network Option as communicated from time to time</p> <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
D7.1.1.1. Medicine on discharge from hospital (TTO)	See D11.1.	Limited to and included in D11.1.1.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D7.1.1.2. Casualty/emergency room visits			
D7.1.1.2.1. Facility fee 	100% of the lower of cost or Scheme tariff or Uniform Public Fee Schedule for public hospitals.	Unlimited. Member responsible for a 20% deductible co-payment.	If a retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies, no deductible co-payment will apply. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D7.1.1.2.2. Consultations	See D5.	Limited to and included in D5.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.1.1.2.3. Medicine	See D11.1.	Limited to and included in D11.1. or D11.3.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D7.2. PUBLIC HOSPITALS			
D7.2.1. Hospitalisation <div data-bbox="324 1026 696 1254" style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2025/11/20</p> <hr style="border-top: 1px dashed red; margin: 0;"/> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols: This benefit excludes hospitalisation for the following as they are covered under services as mentioned elsewhere in this Annexure: <ul style="list-style-type: none"> • Osseo-integrated implants, and orthognathic surgery (D6) • Maternity (D10) • Mental health (D12) • Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			<ul style="list-style-type: none"> Refractive surgery (D23) 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.2.2. Medicine on discharge from hospital (TTO)	See D11.1.1.	Limited to and included in D11.1.1.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D7.2.3. Out-patient services			
D7.2.3.1. Facility fee	100% of the lower of cost or Scheme tariff or Uniform Public Fee Schedule for public hospitals.	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.2.3.2. Consultations	See D5.	Limited to and included in D5.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.2.3.3. Medicine	See D11.1.	Limited to and included in D11.1. or D11.3.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a

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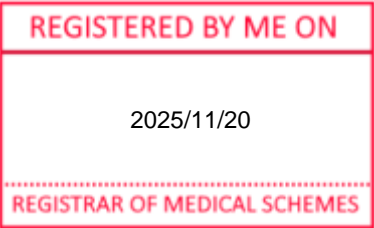
REGISTRAR OF MEDICAL SCHEMES

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			PMB condition/emergency, subject to PMB regulations.
D7.2.4. Casualty/emergency room visits			
D7.2.4.1. Facility fee	100% of the lower of cost or Scheme tariff or Uniform Public Fee Schedule for public hospitals.	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.2.4.2. Consultations	See D5.	Limited to and included in D5.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.2.4.3. Medicines	See D11.1.	Limited to and included in D11.1. or D11.3.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D7.3. ALTERNATIVES TO HOSPITALISATION	100% of the lower of cost or Scheme Tariff.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.

REGISTERED BY ME ON

2025/11/20

REGISTRAR OF MEDICAL SCHEMES

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D7.3.1. Physical rehabilitation hospitals	See D7.3.	Unlimited.	See D7.3. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.3.2. Sub-acute facilities	See D7.3.	Unlimited.	See D7.3. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.3.3. Hospice	See D7.3.	Unlimited.	See D7.3. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.3.4 Home-based healthcare for clinically appropriate chronic and acute treatment and conditions that can be treated at home	100% of the lower of cost or Scheme Tariff. 	Unlimited.	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. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			for a PMB condition/emergency, subject to PMB regulations.
D7.3.5 Advanced Illness Benefit	100% of the lower of cost or Scheme Tariff.	Unlimited.	Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical and benefit entry criteria.
D7.3.6. NURSING SERVICES			
D7.3.6.1. Nursing agencies – as an alternative to hospitalisation	See D7.3.	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D7.3.6.2. Private nurse practitioners – as an alternative to hospitalisation	See D7.3. <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;">REGISTERED BY ME ON 2025/11/20 ----- REGISTRAR OF MEDICAL SCHEMES</div>	Unlimited.	This benefit includes psychiatric nursing but excludes midwifery services as they are covered under services as mentioned elsewhere in this Annexure. Also refer to paragraph D10, D12 and D17.8. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D8. IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals and paragraph 7.2 of Annexure D.	Unlimited. REGISTERED BY ME ON 2025/11/20 REGISTRAR OF MEDICAL SCHEMES	Subject to pre-authorisation and managed healthcare protocols, including medicine formularies and case management. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D8.1. Anti-retroviral medicines	See D11.1.	Limited to and included in D8.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D8.2. Related medicines	See D11.1.	Limited to and included in D8.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D8.3. Related pathology	See D18.1 and D18.2.	Limited to and included in D8.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D8.4. HIV Counselling and Testing (HCT)	See D8.	Limited to and included in D8.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP

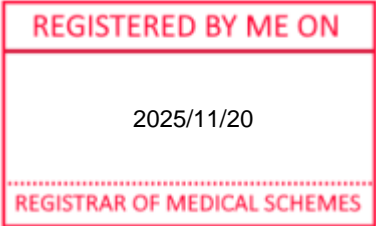
SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			for a PMB condition/emergency, subject to PMB regulations.
D8.5. All other services	See D1 to D7 and D9 to D24.	Limited to and included in D1 to D7 and D9 to D24.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

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<p>D9. INFERTILITY</p> <div style="border: 1px solid red; padding: 10px; margin: 20px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <hr style="border: 0; border-top: 1px dashed red;"/> <p style="text-align: center;">2025/11/20</p> <hr style="border: 0; border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals.</p>	<p>Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.</p>	<p>Subject to pre-authorisation and managed healthcare protocols. This benefit includes the following procedures or interventions:</p> <ul style="list-style-type: none"> • Hysterosalpingogram • The following blood tests: <ul style="list-style-type: none"> ○ Day 3 FSH/LH ○ Oestradiol ○ Thyroid function (TSH) ○ Prolactin ○ Rubella ○ HIV ○ VDRL ○ Chlamydia ○ Day 21 Progesterone • Laparoscopy • Hysteroscopy • Surgery (uterus and tubal) • Manipulation of ovulation defects and deficiencies • Semen analysis (volume; count; mobility; morphology; MAR-test) • Basic counselling and advice on sexual behaviour, temperature charts, etc. • Treatment of local infections <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.</p>
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SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D10. MATERNITY			
D10.1. Confinement in hospital 	100% (150% for specialists and general practitioners in hospital) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals, for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items, for delivery by a specialist or general practitioner.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. Delivery by a general practitioner or medical specialist and the services of the attendant paediatrician and/or anaesthetists are included. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D10.1.1. Medicine on discharge from hospital (TTO)	See D11.1.	Limited to and included in D11.1.1.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D10.2. Confinement in a registered birthing unit by a Midwife	See D10.1.	Unlimited. Includes: 4 x post-natal midwife consultations per event as per D10.3.	Subject to pre-authorisation and managed healthcare protocols. Delivery by a midwife. Not subject to specialist referral. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			for a PMB condition/emergency, subject to PMB regulations.
D10.3. Confinement out of hospital by a Specialist, General Practitioner or Midwife	100% of the Society for Private Nurse Practitioners of South Africa rates, or, in the absence of such fee, 100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for the delivery by a specialist, general practitioner or midwife.	Unlimited. Includes: 4 x post-natal midwife consultations per event as per D10.2.	Subject to registration on the Maternity Management Programme and managed healthcare protocols. Not subject to specialist referral. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D10.3.1. Consumables and pharmaceuticals for Midwives out of hospital	See D.10.1.	Limited to and included in D10.1.	Benefit for registered medicines, dressings and materials supplied by a midwife out of hospital. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D10.4. Antenatal consultations by a Specialist, General Practitioner or Midwife	100% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals.	Limited to 12 consultations per pregnancy. Member responsible for a 20% deductible co-payment, on the consultation code, for	Subject to registration on the Maternity Management Programme and treatment plan. This benefit is not subject to the GP consultation limit provided for in D5.1.2, where beneficiaries have

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SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/20</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>consultations and visits with a non-PGP.</p>	<p>registered on the Maternity Management Programme.</p> <p>GP referral to a specialist is not required for maternity-related consultations, subject to registration on the Maternity Management Programme.</p> <p>Where beneficiaries have not registered on the Maternity Management Programme, benefits will be as for out-of-hospital GP and Specialist consultations (D5), subject to any limits and co-payments that may apply.</p> <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D10.5. Maternity-related scans, non-invasive prenatal testing (NIPT) and amniocentesis</p>	<p>100% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals.</p>	<ul style="list-style-type: none"> - 2 X 2D pregnancy scans per pregnancy, and - One amniocentesis or NIPT per event including related 	<p>Subject to registration on the Maternity Management Programme and managed healthcare protocols.</p> <p>Where beneficiaries have not registered on the Maternity Management Programme, benefits will be as for out-of-hospital radiology and pathology (D21 and D18).</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		pathology and radiology.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D10.6. Antenatal classes – benefit subject to registration on the Maternity Management Programme	100% of the lower of cost or Scheme tariff.	R550 per pregnancy.	Benefits are available via Preferred Provider or own provider, subject to registration on the Maternity Management Programme.
D10.7. Lactation consultations – benefit subject to registration on the Maternity Management Programme	100% of the lower of cost or Scheme tariff.	Combined limit of R730 for initial and follow-up consultation, per pregnancy.	Benefits are available via Preferred Provider or own provider, subject to registration on the Maternity Management Programme.
D10.8. Antenatal vitamin supplements	See D11.1.3.	See D11.1.3.	<div data-bbox="1570 1019 1944 1246" style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/20</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		<p>Member responsible for a 20% deductible co-payment.</p>	<ul style="list-style-type: none"> Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) <p>This benefit includes prescribed medication for Alternative Healthcare i.e homeopathic and natural products (D1.2)</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D11.1.1. Medicine on discharge from hospital (TTO)</p> <div data-bbox="315 1161 689 1390" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>In respect of legally prescribed medicine:</p> <p>100% or the lower of:</p> <p>(i) the cost to the supplier plus the negotiated mark-up, or</p> <p>(ii) the single exit price plus the negotiated dispensing fee.</p>	<p>Limited to R930 per beneficiary per admission.</p> <p>Anticoagulants post-surgery will be subject to the relevant managed healthcare programme. Limited to and included in the annual limit.</p>	<p>Anticoagulants post-surgery will be subject to the relevant managed healthcare programme.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	Both subject to the reimbursement limit, i.e., Generic Price.		
D11.1.2. Contraceptives: <ul style="list-style-type: none"> • Oral Contraceptives • Injectable Contraceptives • Contraceptive Patches • Contraceptive Vaginal Rings • Contraceptive Implants • Intrauterine Devices or Systems (including Mirena device) 	<p>In respect of legally prescribed medicine:</p> <p>100% or the lower of:</p> <p>(i) the cost to the supplier plus the negotiated mark-up, or</p> <p>(ii) the single exit price plus the negotiated dispensing fee.</p> <p>Both subject to the reimbursement limit, i.e., Maximum Generic Price or Formulary Price List; levies and co-payments to apply where relevant.</p>	<p>Limited to and included in D11.1.</p> <div style="border: 2px solid red; padding: 5px; text-align: center; margin: 10px 0;"> <p>REGISTERED BY ME ON</p> <p>2025/11/20</p> <p>-----</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Consultations, procedures, and tests are excluded from the contraceptives benefit as they are covered under services as mentioned elsewhere in this Annexure.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.</p>
D11.1.3. Antenatal vitamin supplements	<p>In respect of legally prescribed medicine:</p> <p>100% of the lower of cost or single exit price plus the negotiated dispensing fee.</p>	<p>Unlimited.</p>	<p>Subject to registration on the Maternity Management Programme, managed healthcare protocols and antenatal supplement formulary.</p> <p>Authorised benefits will be available from the date of enrolment on the programme, for the duration of the</p>

<p>SERVICE Subject to PMB</p>	<p>BENEFITS Subject to PMB</p>	<p>LIMITS Subject to PMB Refer Annexure B Paragraph C</p>	<p>CONDITIONS/ REMARKS Subject to PMB</p>
	<p>An antenatal vitamin formulary and formulary reference pricing will apply.</p> <p>No benefit for Pharmacy Advised Therapy (Over the Counter medicine).</p>		<p>pregnancy plus three months following the birth.</p> <p>Benefits will revert to D11.1 (acute medicine), including deductible member co-payment, where the beneficiary has not registered on the Maternity Management Programme.</p>
<p>D11.2. Chronic medicine for PMB and non-PMB chronic conditions</p> <div data-bbox="353 976 723 1206" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>See D11.3.1 and D11.3.2.</p>	<p>R28 400 per beneficiary for both Prescribed Minimum Benefits and non-Prescribed Minimum Benefits, within the annual chronic benefit limit.</p> <p>Thereafter, continued benefits, unlimited, for 26 Prescribed Minimum Benefit conditions (see D11.3.1 and D11.3.2) and DTP conditions requiring chronic medical management out of hospital.</p>	<p>Subject to the relevant formulary as per the member's chosen Chronic Network (DSP) option, pre-authorisation and managed healthcare protocols.</p> <p>Each repeat restricted to a maximum of one month's supply, unless additional supplies have been authorised by the Scheme.</p> <p>Includes diabetic disposables such as syringes, needles, strips, and lancets. This benefit excludes the following as they are covered under services as mentioned elsewhere in this Annexure:</p> <ul style="list-style-type: none"> • In-hospital medicines (D7) • Anti-retroviral drugs (D8) • Oncology medicine (D14)

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			<ul style="list-style-type: none"> Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive Medication (D16) <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D11.3.1. Chronic Medicine for non-PMB conditions</p> <div data-bbox="436 1061 808 1289" style="border: 2px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of the lower of cost or Scheme's Medicine Reference Price or Formulary Reference Price, plus the negotiated dispensing fee.</p>	<p>Subject to and included in the limit as per D11.3.</p> <p>Member responsible for a 10% deductible co-payment.</p> <p>An additional 20% member deductible co-payment will apply for:</p> <ul style="list-style-type: none"> the use of non-formulary medicine (Comprehensive Network Option and Restricted Network Option) <p>or</p>	<p>Subject to the relevant formulary as per the member's chosen Chronic Network (DSP) option, pre-authorisation and managed healthcare protocols.</p> <p>Members on the Comprehensive Network Option may obtain chronic medicine from any provider.</p> <p>Members on the Restricted Network Option must obtain chronic medicine from the DSP.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		<ul style="list-style-type: none"> - medicine obtained from a provider other than the Chronic Medicine DSP (Restricted Network Option only). 	
D11.3.2. Chronic Medicine for PMB conditions	<p>100% of the lower of cost or Scheme's Medicine Reference Price or Formulary Reference Price, plus the negotiated dispensing fee.</p> <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p>REGISTERED BY ME ON</p> <p>2025/11/20</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Subject to and included in the annual limit as per D11.3.</p> <p>A 20% member deductible co-payment will apply for:</p> <ul style="list-style-type: none"> - the voluntary use of non-formulary medicine (Comprehensive Network Option and Restricted Network Option) <p>or</p> <ul style="list-style-type: none"> - voluntary use of a non-DSP (Restricted Network Option only) 	<p>Subject to the relevant formulary as per member's chosen Chronic Network (DSP) option, pre-authorisation and managed healthcare protocols.</p> <p>Members on the Comprehensive Network Option may obtain chronic medicine from any provider.</p> <p>Members on the Restricted Network Option must obtain chronic medicine from Medipost Courier Pharmacy (DSP)</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>D11.4. Non-Oncology Specialised Drugs in-and-out of hospital</p> <div data-bbox="232 1026 604 1254" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>In respect of legally prescribed medicine:</p> <p>100% or the lower of:</p> <ul style="list-style-type: none"> (i) the cost to the supplier plus the negotiated mark-up, or (ii) the single exit price plus the negotiated dispensing fee. <p>Both subject to the reimbursement limit, i.e., Maximum Generic Price or Formulary Price List; levies and co-payments to apply where relevant.</p>	<p>Limited to R200 000 per family.</p>	<p>Subject to pre-authorisation and managed healthcare protocols.</p> <p>The non-oncology specialised drug list is a continuously evolving list of drugs, used for the treatment of chronic conditions.</p> <p>This list includes, but is not limited to, biological drugs (for example, biological therapy for inflammatory arthritides, inflammatory bowel disease, chronic demyelinating polyneuropathies, chronic hepatitis, botulinum toxin, palivizumab).</p> <p>Unless otherwise stated, for any other diseases where the use of the drug is deemed appropriate by the managed health care organization, drugs will be funded from this benefit.</p> <p>Subject to a published list.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			PMB condition/emergency, subject to PMB regulations.
D11.4.1. Drugs applicable for the treatment of macular degeneration	See D11.4.	Limited to R58 150per family and included in D11.4.	Subject to pre-authorisation and managed healthcare protocols. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D11.5. Oncology Specialised Drugs	See D14.2.3.	Limited to R237 500 and included in D14.2.3.	See D14.2.3. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D11.6. Drugs applicable for the treatment of Multi-Drug Resistant TB (MDR-TB) and Extensive Drug Resistant TB (XDR-TB)	See D11.4.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB

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SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			condition/emergency, subject to PMB regulations.
<p>D12. MENTAL HEALTH (INCLUDING REHABILITATION FOR SUBSTANCE ABUSE)</p> <div data-bbox="528 810 902 1038" style="border: 2px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>Limited to R61 500 per family.</p>	<p>Benefit for psychologists, psychiatrists and other registered mental health practitioners.</p> <p>Hospitalisation and in-hospital benefits subject to pre-authorisation.</p> <p>See D25.4 for additional benefits subject to registration on the Mental Health Programme.</p> <p>Continued benefits for PMBs, subject to registration on the Mental Health Programme and PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D12.1. In hospital (at accredited facility)</p>	<p>100% (150% for specialists in hospital) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical</p>	<p>Limited to a maximum of three days hospitalisation for beneficiaries admitted by a general practitioner or Specialist Physician.</p> <p>Limited to and included in D12.</p>	<p>Subject to pre-authorisation and managed healthcare protocols.</p> <p>Additional hospitalisation to be motivated by the medical practitioner and pre-authorised by the relevant managed healthcare programme.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/20</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>items, in-hospital consultations and procedures performed by general practitioners and psychiatrists or psychologists.</p>		<p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D12.1.1. Medicine on discharge from hospital (TTO)</p>	<p>See D11.1.</p>	<p>Limited to and included in D11.1.1.</p>	<p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D12.2. Related Medicine</p>	<p>See D11.1.</p>	<p>Limited to and included in D11.1 or D11.3.</p>	<p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D12.3. Consultations and visits, procedures, assessments, therapy, treatment and/or counselling (out of hospital)</p>	<p>100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals if performed by psychiatrists, general practitioners, psychologists, psychometrists or registered counsellors at the supplier's rooms or in medical facility, including a registered public</p>	<p>Sub-limit of R21 850 per family included in D12 and subject to the Regulations.</p> <p>Member responsible for a 20% deductible co-payment.</p>	<p>No co-payment will apply if patient is registered on the Mental Health Programme.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	hospital outpatient department, when a patient has not been admitted to a hospital or accredited facility.		
D13 NON-SURGICAL PROCEDURES AND TESTS			
D13.1. Non-surgical procedures: In hospital <div data-bbox="271 994 645 1222" style="border: 2px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% (150% for specialists in hospital) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for hospitals for all non-surgical procedures performed by a general practitioner and medical specialist or clinical technologist.	Unlimited.	Subject to pre-authorization and managed healthcare protocols (in hospital only). This benefit excludes the following as they are covered under services as mentioned elsewhere in this Annexure: <ul style="list-style-type: none"> • Psychiatry and Psychology (D12) • Optometric examinations (D15) • Pathology (D18) • Radiology (D21) 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D13.1.1. Sleep studies for evaluation of central sleep apnoea: Overnight Polysomnogram and CPAP Titration (In-and-out of hospital)	See D13.1.	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D13.2. Non-surgical procedures: Out of hospital	150% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals, for all non-surgical procedures performed by a general practitioner and medical specialist or clinical technologist.	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D13.2.1. Specific non-surgical procedures in practitioner's rooms:	See below:	See below:	See below:
D13.2.1.1. For all procedures below: <ul style="list-style-type: none"> • 24 hr oesophageal PH studies • Breast fine needle biopsy • Cystoscopy • Oesophageal motility 	150% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals, for these non-surgical procedures performed by a general practitioner and medical specialist or clinical technologist in the rooms.	Unlimited.	Includes related consultation, materials, pathology, and radiology if done on the same day. No co-payment applicable. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB

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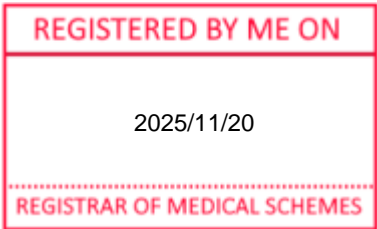
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SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<ul style="list-style-type: none"> Prostate needle biopsy 			condition/emergency, subject to PMB regulations.
D13.2.1.2. For all procedures below: <ul style="list-style-type: none"> Colonoscopy Gastroscopy Sigmoidoscopy Proctoscopy Flexible nasopharyngolaryngoscopy 	200% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals, for these non-surgical procedures performed by a general practitioner and medical specialist in the rooms.	Unlimited.	No co-payment applicable. Subject to pre-authorisation and managed healthcare protocols. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D14. ONCOLOGY		Limited to R625 000per family.	Benefit includes bras and wigs.
D14.1. Pre-active treatment period	100% of the lower of cost or Scheme for oncologists and haematologists consultations, visits, radiology, and pathology.	Limited to and included in D14.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D14.2. Active treatment period <div style="border: 2px solid red; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0;">2025/11/20</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% (150% for specialists in hospital) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologists and credentialed medical	Limited to and included in D14.	Subject to pre-authorisation and managed healthcare protocols. Oncology Medicine and Consumables will be subject to a DSP. Treatment for long-term chronic conditions that may develop as a result of chemotherapy and

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/20</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>practitioners, consultations, visits, treatment and materials used in radiotherapy and chemotherapy.</p>		<p>radiotherapy is not included in this benefit. Paragraphs D1-D13 and D15 - D24 apply.</p> <p>Including Specialised Drugs for Oncology treatment where specific benefits have been included. See D14.2.3.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D14.2.1. Related Medicine</p>	<p>See D11.3.</p>	<p>Limited to and included in D14.</p>	<p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D14.2.2. Related Radiology and pathology</p>	<p>100% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals, for general and specialised radiology and pathology services, performed by pathologists, radiologists</p>	<p>Limited to and included in D14.</p>	<p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	and haematologists, associated with the oncology treatment.		
<p>D14.2.3. Oncology Specialised Drugs in-and-out of hospital (including Non-PMB oncology novelty/innovative medication)</p> <div data-bbox="192 823 566 1050" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	Funded as authorised.:	Sub-limit of R237 500 per family and included in D14.	<p>Subject to pre-authorisation, managed healthcare protocols and the use of a DSP. A co-payment may apply for the use of a non-DSP.</p> <p>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.</p> <p>Subject to a predetermined list and variable co-payment.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D14.2.4. Flushing of J line and/or Port during the active treatment period</p>	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologists and credentialed medical	Limited to and included in D14.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	practitioners, treatment and materials.		
D14.2.5. Brachytherapy materials (including seeds and disposables)	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for radiation oncologists.	Sub-limit of R55 650 per family per annum and included in D14.	Subject to pre-authorization and managed healthcare protocols. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D14.3. Post active treatment period 	100% of the lower of cost or Scheme Tariff or the Uniform Patient Fee Schedule for public hospitals for consultations by oncologists, haematologists and credentialed medical practitioners, general and specialised radiology and pathology services performed by pathologists, radiologists and haematologists during the remission period.	Limited to and included in D14. Prescribed Minimum Benefits related services will be paid in accordance with public sector practice / protocols.	Subject to pre-authorization and managed healthcare protocols. Treatment as specified by the relevant managed healthcare programme. Medicine subject to generic reference pricing. Should the condition go out of remission, the active treatment benefit will become applicable and payable from D14. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
<p>D14.3.1. Flushing of J line and/or Port during the post-active treatment period</p> <div data-bbox="295 759 669 987" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for oncologists, haematologists and credentialed medical practitioners, treatment and materials during the remission period.	Limited to and included in D14.	<p>Treatment as specified by the relevant managed healthcare programme.</p> <p>Should the condition go out of remission, the active treatment benefit will become applicable and payable from D14.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D14.4. PET and PET-CT</p>	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals.	<p>Limited to (2) two per family (restricted to staging of malignant tumours).</p> <p>Limited to and included in D14.</p>	<p>Subject to pre-authorization, preferred provider arrangements and managed healthcare protocols.</p> <p>Specific authorisations are required in addition to any other authorisation that may have been obtained for hospitalisation.</p> <p>Network applies.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	<div style="border: 2px solid red; padding: 5px; margin: 0 auto; width: fit-content;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D15. OPTOMETRY			
D15.1. Consultations and Visits – Optometrists:	See below:	Limited to one optometry consultation per beneficiary per annum.	See D5.3.1.
D15.2. OPTICAL APPLIANCE BENEFIT	See below:	See below:	
D15.2.1. Spectacle lenses, spectacle frames, lens enhancements, tinted lenses for albinism, contact lenses (general) and readers - In and out of Network	100% of the lower of cost or Scheme tariff.	<p>Limited to R5 000 per beneficiary on a 24-month benefit cycle, with effect from 1 January 2025.</p> <p>Frames and lens enhancements sub-limit: R2 290</p> <p>Contact lenses sub-limit: R2 870</p>	<p>Lens enhancements and frames only covered when claimed in conjunction with clinically appropriate spectacle lenses.</p> <p>No benefit for cosmetic enhancements to spectacle lenses and contact lenses.</p> <p>Members on the Restricted Network Option must make use a DSP provider.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		Spectacle lenses sub-limit: 1 pair of lenses to the value of base lenses.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D15.2.2. Diagnostic Procedures	100% of the lower of cost or Scheme tariff.	Limited to and included in D5.3.1.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

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SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D16. ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNOSUPPRESSIVE MEDICATION	100% (150% for specialists in hospital) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for the harvesting of the organ/s or haemopoietic stem cells (bone marrow) and the transplantation thereof. No cover for storage.	Unlimited, except for bilateral corneal grafts (see D16.5).	Subject to the relevant managed healthcare programme and to its prior authorisation. For the work-up and harvesting of the organ/s or Haemopoietic stem cells (bone marrow) and the transplantation thereof. Organ harvesting is limited to the Republic of South Africa. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.
D16.1. Haemopoietic stem cell (bone marrow) transplantation	See D16. <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>D16.2. Immuno-suppressive medicine</p> <div data-bbox="208 619 582 845" style="border: 1px 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;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>In respect of legally prescribed medicine:100% of the lower of:</p> <p>(iii) the cost to the supplier plus the negotiated mark-up, or</p> <p>(iv) the single exit price plus the negotiated dispensing fee.</p> <p>Both subject to the reimbursement limit, i.e., Maximum Generic Price or Formulary Price List; levies and co-payments to apply where relevant.</p>	<p>Unlimited.</p>	<p>Subject to pre-authorisation and managed healthcare protocols.</p> <p>Generic reference pricing/formularies may apply.</p> <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D16.3. Post transplantation biopsies and scans</p>	<p>See D16.</p>	<p>Unlimited.</p>	<p>Subject to pre-authorisation and managed healthcare protocols.</p> <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D16.4. Related Radiology and pathology</p>	<p>100% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals for specified radiology and pathology services, performed by pathologists,</p>	<p>Unlimited.</p>	<p>Subject to pre-authorisation and managed healthcare protocols.</p> <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP/non-formulary drug for a PMB</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
	radiologists and haematologists, associated with the transplantation treatment.		condition/emergency, subject to PMB regulations.
D16.5. Corneal Grafts <div data-bbox="322 683 694 912" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2025/11/20</p> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	See D16.	Limited to R41 900 per beneficiary per graft.	Subject to pre-authorisation and managed healthcare protocols. Organ harvesting for corneal grafts is not limited to the Republic of South Africa. Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D17. ADDITIONAL MEDICAL SERVICES (IN-AND-OUT OF HOSPITAL)	See D1.1 and D7.3.	See D1.1 and D7.3.	
D18. PATHOLOGY AND MEDICAL TECHNOLOGY			
D18.1. Pathology: In hospital	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public	Unlimited.	100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D19. PHYSICAL THERAPY			
D19.1. In-hospital Physiotherapy, Biokinetics and Chiropractics	100% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals.	Unlimited.	Subject to referral by the treating Healthcare Professional for services rendered whilst in hospital. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D19.2. Post hospitalisation	100% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals.	100% of cost or Scheme Tariff, whichever is the lesser, up to maximum of 10 appointments of treatment within 30 days of discharge from the hospital.	Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D20. PROSTHESES AND DEVICES INTERNAL AND EXTERNAL			
D20.1. Prostheses and devices Internal (surgically implanted)	100% of the lower of cost or Scheme Tariff, including all accompanying temporary, or permanent devices used to	Limited to R68 000 per beneficiary.	Subject to pre-authorisation, managed healthcare protocols and preferred provider agreements.

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<div data-bbox="293 970 665 1197" style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>assist with the guidance, alignment or delivery of these.</p>		<p>Hip and knee: Bilateral prostheses will be reimbursed to the lower of the claimed amount or the maximum of double the value of a single prosthesis.</p> <p>This benefit excludes the following as it is covered under services as mentioned elsewhere in this Annexure:</p> <ul style="list-style-type: none"> • Osseo-integrated implants for the purpose of replacing a missing tooth or teeth (D6) <p>Prostheses and devices internal (surgically implanted), including all temporary prostheses, or/and all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prostheses and devices.</p> <p>This includes bone cement, bone graft substitutes and bone anchors.</p> <p>Benefits for cochlear implants and upgrade or replacement of speech</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			<p>processors are dealt with elsewhere in this Annexure (D3.1.2.7 and D3.1.2.8).</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D20.1.1. Intraocular lenses (specialised and basic lenses)</p>	<p>100% of the lower of cost or Scheme Tariff.</p>	<p>Limited to R3 450 per lens (total of R6 900 for both lenses) per beneficiary, subject to D20.1.</p>	<p>Subject to pre-authorisation and managed healthcare protocols.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D20.1.2. Ocular prostheses</p> <div data-bbox="264 1166 636 1390" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of the lower of cost or Orthotic and Prosthetic Schedule as prescribed by a medical practitioner.</p>	<p>Limited to and included in D20.2.</p>	<p>Subject to pre-authorisation and managed healthcare protocols.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>D20.2. Prostheses (external)</p> <div data-bbox="322 544 696 772" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of the lower of cost or Orthotic and Prosthetic Schedule as prescribed by a medical practitioner.</p>	<p>Limited to R72 500 per beneficiary.</p>	<p>The benefit includes the following:</p> <ul style="list-style-type: none"> • Artificial eyes (Ocular prostheses) • Artificial limbs (arms and legs) • External breast prostheses <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D20.3 Home-monitoring devices for clinically appropriate chronic and acute conditions</p>	<p>Up to a maximum of 100% of the Scheme Tariff.</p>	<p>Up to R4 650 per beneficiary per annum.</p>	<p>The device must be approved by the Scheme, subject to the Scheme's protocols and clinical and benefit entry criteria.</p>
<p>D21. RADIOLOGY (INCLUDING CONSUMABLES)</p>			
<p>D21.1. General radiology In-and-out of hospital</p>			
<p>D21.1.1. General radiology: In hospital</p>	<p>100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for diagnostic</p>	<p>Unlimited.</p>	<p>Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<div data-bbox="237 679 611 906" style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 5px 20px;">2025/11/20</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	radiology tests and ultrasound scans.		<p>Bone density scans are subject to pre-authorisation and managed healthcare protocols, unless provided for as part of the preventative care screening benefit in D24.6.</p> <p>A second bone density scan for a beneficiary within the same benefit year, irrespective of which benefit category applies (D21.1.1 or D21.1.2 or D24.6), will not be covered unless clinically motivated and pre-authorized by the Scheme.</p> <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
D21.1.2. General radiology: Out of Hospital	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for diagnostic radiology tests and ultrasound scans.	Unlimited.	<p>This benefit excludes a specified list of radiology tariff codes included in the following as they are covered under services as mentioned elsewhere in this Annexure:</p> <ul style="list-style-type: none"> • maternity benefit (D10) • oncology benefit during the pre, active and/or post active treatment period (D14)

<p>SERVICE Subject to PMB</p>	<p>BENEFITS Subject to PMB</p>	<p>LIMITS Subject to PMB Refer Annexure B Paragraph C</p>	<p>CONDITIONS/ REMARKS Subject to PMB</p>
<div data-bbox="280 801 651 1029" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/11/20</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> • organ, tissue and haemopoietic stem cell transplantation benefit (D16) • renal dialysis chronic benefit (D22) <p>Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.</p> <p>Bone density scans are subject to pre- authorisation and managed healthcare protocols, unless provided for as part of the preventative care screening benefit in D24.6.</p> <p>A second bone density scan for a beneficiary within the same benefit year, irrespective of which benefit category applies, will not be covered unless clinically motivated and pre- authorised by the Scheme.</p> <p>Network applicable to additional specially qualified radiographers conducting maternity scans.</p> <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			for a PMB condition/emergency, subject to PMB regulations.
<p>D21.2. Specialised radiology In-and-out of hospital</p> <div data-bbox="181 667 555 895" style="border: 1px 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;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals.	Limited to R26 800 per family.	<p>Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following:</p> <ul style="list-style-type: none"> • CT scans • MUGA scans • MRI scans • Radio isotope studies <p>Bone density scans are excluded from the limit in D21.2, as they are dealt with elsewhere in this Annexure (D21.1.1, D21.1.2 and D24.6).</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D21.2.1. CT colonography (virtual colonoscopy)</p>	100% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals.	Limited to one per beneficiary per annum and limited to and included in D21.2.	<p>Subject to pre-authorisation and managed healthcare protocols.</p> <p>Restricted to the evaluation of symptomatic patients only.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
<p>D21.2.2. MDCT Coronary Angiography</p> <div data-bbox="309 762 678 991" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of the lower of cost or Scheme Tariff or Uniform Patient Fee Schedule for public hospitals.	Limited to one per beneficiary per annum and limited to and included in D21.2.	<p>Subject to pre-authorisation and managed healthcare protocols.</p> <p>Restricted to the evaluation of symptomatic patients only.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D21.3. Interventional radiology replacing surgical procedures</p>	150% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals when performed by credentialed radiologists, physicians, and surgeons.	Unlimited.	<p>Subject to pre-authorisation and managed healthcare protocols.</p> <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D22. RENAL DIALYSIS CHRONIC			
D22.1. Haemodialysis and peritoneal dialysis <div data-bbox="120 678 492 906" style="border: 1px 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;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for all services, medicine and materials associated with the cost of renal dialysis.	Unlimited.	Subject to managed healthcare protocols. Authorised Erythropoietin is included in paragraph D4. This benefit excludes the following as it is covered under services as mentioned elsewhere in this Annexure: Acute renal dialysis, included in D7. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D22.2. Related Radiology and pathology	100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for specified radiology and pathology services.	Limited to and included in D22.1.	As specified by the relevant managed healthcare programme. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D23. SURGICAL PROCEDURES			
<p>D23.1. Surgical procedures: In hospitals, day clinics and unattached operating theatres</p> <div data-bbox="293 791 667 1018" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <p style="text-align: center; border-top: 1px dashed red; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% (150% for specialists in hospital) of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for surgical procedures performed by a general or dental practitioner, medical or dental specialist.</p>	<p>Unlimited.</p>	<p>Subject to pre-authorization and managed healthcare protocols.</p> <p>This benefit excludes the following as they are covered under services as mentioned elsewhere in this Annexure:</p> <ul style="list-style-type: none"> • Osseo-integrated implants, orthognathic and oral surgery (D6) • Maternity (D10) • Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16) <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>D23.1.1. Refractive surgery (such as Lasik, Radial Keratotomy and Phakic lens insertion for all services)</p>	<p>100% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for refractive surgery.</p>	<p>Limited to R16 500 per beneficiary per lifetime for both lenses where applicable.</p>	<p>Subject to pre-authorization and managed healthcare protocols.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use</p>

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D23.1.2. Maxillo facial surgery – In and-out of hospital	See D6.2.4.1 and D6.2.4.2.	See D6.2.4.1 and D6.2.4.2.	
D23.2. Surgical procedures: Out of hospital in practitioner’s rooms	150% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for surgical procedures performed by a general practitioner or specialist. <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px 0;">REGISTERED BY ME ON</div> <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px 0;">2025/11/20</div> <div style="border: 1px dashed red; padding: 5px; text-align: center; margin: 10px 0;">REGISTRAR OF MEDICAL SCHEMES</div>	Unlimited.	Subject to pre-authorisation and managed healthcare protocols. Only where a hospital procedure is performed in the practitioner’s rooms and is approved, will it be limited to and included in D7. This benefit excludes the following as they are covered under services as mentioned elsewhere in this Annexure: <ul style="list-style-type: none">• Osseo-integrated implantations (D6)• Orthognathic, maxillo-facial surgery and specific oral surgery (D6)• Maternity (D10)• Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16)

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			<ul style="list-style-type: none"> Specific surgical procedures in practitioners' rooms (D23.3) <p>100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
D23.3. SPECIFIC SURGICAL PROCEDURES IN PRACTITIONERS' ROOMS:			
D23.3.1. The following specified surgical procedures in rooms: <ul style="list-style-type: none"> Circumcision Excision of nail bed Vasectomy 	200% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for these specified surgical procedures in the rooms.	Unlimited. <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/11/20 REGISTRAR OF MEDICAL SCHEMES </div>	Includes related consultation, materials, pathology, and radiology if done on same day. No co-payment applicable. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D23.3.2. The following specified surgical procedures in rooms: <ul style="list-style-type: none"> Laser Tonsillectomy 	150% of the lower of cost or Scheme Tariff, or Uniform Patient Fee Schedule for public hospitals for these specified surgical procedures in the rooms.	Unlimited.	Includes related consultation, materials, pathology, and radiology if done on same day. No co-payment applicable.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D23.4. Hip or knee arthroplasties and/or - replacements	100% of the lower of cost or Scheme Tariff. <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p>2025/11/20</p> <p style="color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	Limited to R32 200 per beneficiary per hospital event. A negotiated global fee is payable to the preferred providers.	Subject to pre-authorization, use of DSP network and managed healthcare protocols. 20% Co-payment applicable for non-use of DSP. Prostheses is included in paragraph D20.1. 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.
D24. PREVENTATIVE CARE BENEFIT	100% of the lower of cost or Scheme tariff for listed procedures and tests. For medicines and injection materials: See D11.	See sub-paragraphs below.	Excludes consultation costs for all procedures and tests after the first visit to a general practitioner within this programme as they are covered under services as mentioned elsewhere in this Annexure.
D24.1. Pap smear and liquid-based cytology test	See D24.	Limited to one pap smear and one liquid-based cytology test per female beneficiary aged 21 years and older per annum.	Additional test is subject to protocols. Where a beneficiary is not eligible for the preventative care benefit as per this D24.1, the pathology benefit in

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
			D18 and/or Prescribed Minimum Benefits will apply.
D24.2. Midstream urine dipstick test	See D24.	Limited to one test per beneficiary per annum.	All further tests revert to the pathology benefit in D18 and Prescribed Minimum Benefits; clinical and funding protocols may apply.
D24.3. Mammogram <div data-bbox="170 751 539 975" style="border: 1px 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;">2025/11/20</p> <p style="text-align: center; border-top: 1px dashed red; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	See D24.	Limited to one mammogram per female beneficiary aged 40 to 49 years every two years or one mammogram per female beneficiary aged 50 years and older per annum.	Where a beneficiary is not eligible for the preventative care benefit as per this D24.3, the radiology benefit in D21 and/or Prescribed Minimum Benefits will apply. Consideration will be given to additional cover for high risk cases, subject to motivation.
D24.4. Cholesterol test, including a lipogram (fasting)	See D24.	Limited to one test per beneficiary aged 20 years and older per annum.	Where a beneficiary is not eligible for the preventative care benefit as per this D24.4, the pathology benefit as per D18 and/or Prescribed Minimum Benefits will apply.
D24.5. Blood glucose test (fasting)	See D24.	Limited to one test per beneficiary per annum.	All further tests revert to the pathology benefit in D18 and Prescribed Minimum Benefits; clinical and funding protocols may apply.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>D24.6. Bone density scan</p> <div data-bbox="226 419 600 647" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	See D24.	Limited to one scan per female beneficiary aged 55 years and older every two years and one scan per male beneficiary aged 70 years and older every two years.	Where a beneficiary is not eligible for the preventative care benefit as per this D24.6, the radiology benefit as per D21.1.1 and/or D21.1.2 and/or Prescribed Minimum Benefits, will apply.
<p>D24.7. Flu vaccination</p>	See D24.	Limited to one vaccination per beneficiary aged 6 months and older per annum.	
<p>D24.8. Pneumococcal vaccination</p>	See D24.	Limited to one vaccination per beneficiary aged 18 years and older every five years.	
<p>D24.9. Preventative Medical examination: General practitioner</p>	See D24.	<p>Limited to one visit per beneficiary per annum.</p> <p>Does not attract a 20% co-payment on consultation code.</p>	<p>The annual preventative medical examination does not form part of the GP consultation limit in D5.1.2.</p> <p>All further consultations revert to the GP consultation benefits in D5.1.</p>
<p>D24.10. HPV Vaccine</p>	See D24.	Limited to one course per lifetime per beneficiary.	

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
D24.11. Faecal Occult Blood Test (Colorectal screening)	See D24.	Limited to one test per beneficiary aged 50 years and older per annum.	All further tests revert to the pathology benefit in D18 and Prescribed Minimum Benefits; clinical and funding protocols may apply.
D24.12. Prostate Specific Antigen test (PSA)	See D24.	Limited to one test per male beneficiary aged 40 years and older per annum.	All further tests revert to the pathology benefit in D18 and Prescribed Minimum Benefits; clinical and funding protocols may apply.
D24.13. Health Risk Assessments – consists of: body mass index, blood pressure, cholesterol (finger-prick test) and blood sugar (finger prick test)	100% of the lower of cost or Scheme tariff.	Benefit limited to beneficiaries aged 18 and above. Limited to one health risk assessment at contracted providers, per beneficiary per annum.	All eligible healthcare providers
D24.14. HIV screening tests	See D24.	Limited to one screening test per beneficiary per annum.	All further tests revert to the Immune Deficiency Syndrome benefit in D8 in line with prescribed minimum benefits and/or to the pathology benefit in D18 as applicable.
D24.15. Child Immunisations	See D24.	Childhood immunisations benefit is subject to the South African Expanded Programme of	Immunisation programme as per the Department of Health Protocol. Excludes consultation costs as they are covered under services as

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REGISTRAR OF MEDICAL SCHEMES

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
		Immunisation and limited to course per lifetime.	mentioned elsewhere in this Annexure.
D24.16. SARS-Cov-2 (COVID -19) vaccinations	100% of cost.	Unlimited.	As per Department of Health protocols.
D25. SPECIAL PROGRAMMES			
D25.1. Back and Neck rehabilitation programme	100% of the lower of cost or Scheme Tariff.	Subject to contract with preferred provider.	Subject pre-authorisation, managed healthcare protocols and preferred provider contract. Spinal surgery, in or out of network, except in the case of an emergency, will not be covered if a beneficiary has not been for a Document Based Care assessment.
<div style="border: 2px solid red; padding: 5px; margin: 0 auto; width: fit-content;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2025/11/20</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		One per beneficiary over a period of 3 months.	Subject to registration by a Biokineticist Association of South Africa (BASA) accredited healthcare provider.
D25.2. Weight Management programme	100% of the lower of cost or Scheme Tariff.	Once the limits in D12 have been reached, an additional amount of	Benefit for psychologists, psychiatrists, and other registered mental health practitioners.

SERVICE Subject to PMB	BENEFITS Subject to PMB	LIMITS Subject to PMB Refer Annexure B Paragraph C	CONDITIONS/ REMARKS Subject to PMB
<p>substance abuse (in and out of hospital)</p> <div data-bbox="264 552 636 778" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/11/20</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>R15 600 will be available per beneficiary per annum registered on the programme.</p>	<p>Subject to registration on the Mental Health Programme, use of a provider on the Premier Plus Network and managed healthcare protocols.</p> <p>No co-payment will apply if a beneficiary is on this programme.</p> <p>Continued benefits for PMBs, subject to PMB regulations; 100% of cost for PMBs at DSPs, and/or involuntary use of a non-DSP for a PMB condition/emergency, subject to PMB regulations.</p>
<p>25.4 Cardiovascular Disease Management for members registered on the Scheme's Disease Management Programme</p>	<p>100% of the lower of cost or Scheme Tariff.</p>	<p>Unlimited.</p>	<p>Subject pre-authorization, managed healthcare protocols and use of a provider on the Premier Plus Network.</p>
<p>25.5 Disease Management for cardio-metabolic risk syndrome for members registered on the Scheme's Disease Management Programme</p>	<p>100% of the lower of cost or Scheme Tariff.</p>	<p>Unlimited.</p>	<p>Subject to registration on the managed healthcare programme and use of a provider on the Premier Plus Network.</p>

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