



BENEFIT GUIDE 2023

Post Office 
MEDIPOS Medical Scheme
Putting your wellbeing first



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Introduction

Welcome to MEDiPOS Medical Scheme, the closed medical scheme for South African Post Office (SAPO) employees.

This guide has been developed specifically to help you understand the benefit options available to you. It navigates you through the different options and assists you in making the most important decision of choosing an option that best suits you and your family's needs.

Carefully read through each section and follow the route to your destination – 'Choosing your option'.



How to make use of this benefit guide

This guide is divided into four sections, as explained in the diagram below, to help you navigate your way through the information you need to have prior to making your choice of option. Read through each section carefully.



1

Match your profile.



For a closer look at what your medical needs are, ask what the key benefits are that you require and which option compliments your profile.



2

A quick comparison of the MEDiPOS benefits.



For a quick summary of benefits offered on each option. This section assists you in making a quick comparison of all three MEDiPOS options.



3

- Day-to-day benefits and Chronic medication benefits.
- MME benefit



Now that you have an idea of the most suitable option for you and your family, this section provides a comprehensive list of benefits covered under MME, chronic medication and day-to-day benefits with sub-limits.



4

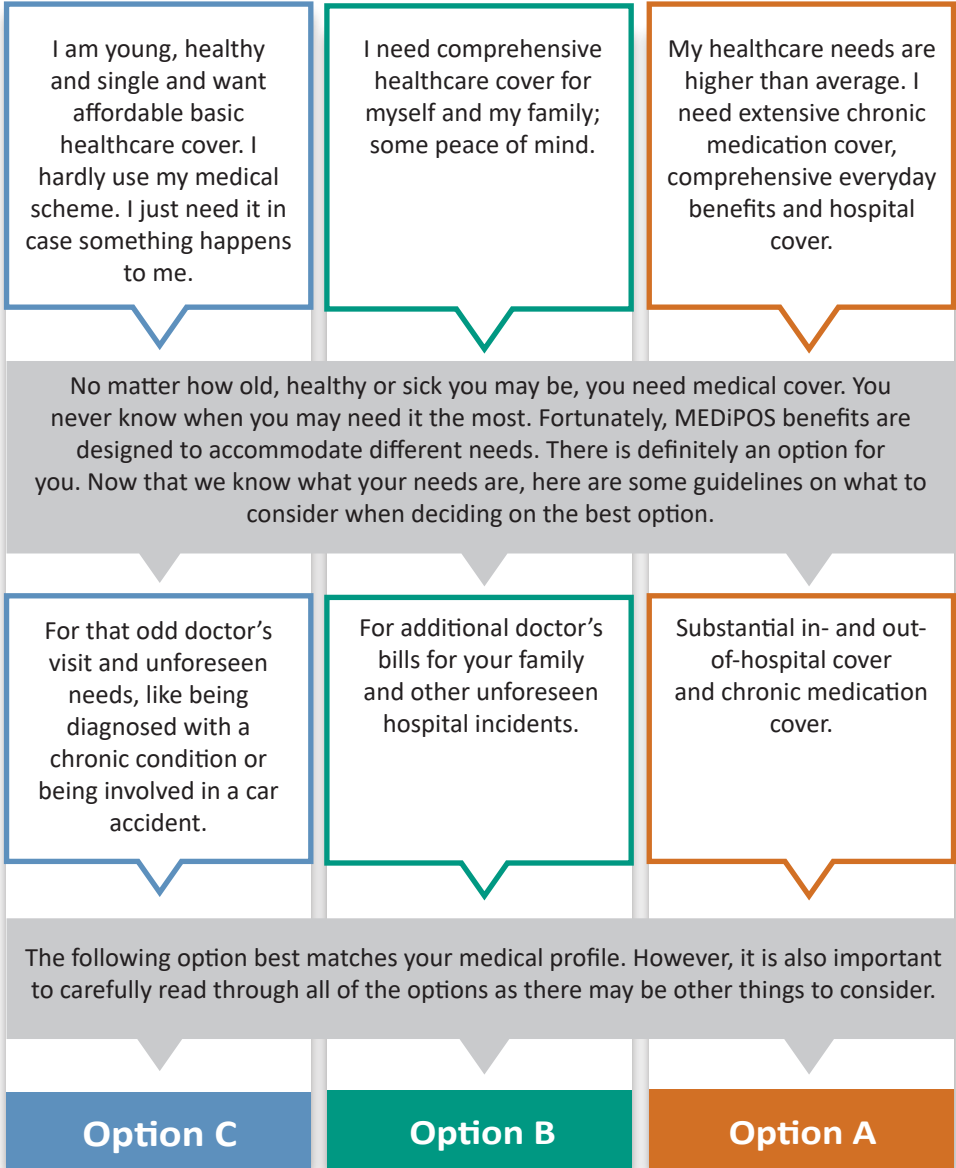
- 2022 contributions.
- What to consider before making a choice.



You know exactly which option you want – now all you need to do is check the monthly contributions on your most suitable option. If you are happy with both the benefits and contributions, you are ready to make your option selection.

Match your profile

MEDIPOS Medical Scheme offers different options to cater for different healthcare needs. We all need medical cover for different reasons, with the same goal of improving our state of health. The diagram below highlights different scenarios and solutions.



Statutory Prescribed Minimum Benefits (PMBs)

What you need to know about PMBs

According to the Medical Schemes Act 131 of 1998 (also referred to as the ACT), all medical schemes must cover the costs of PMBs, as long as members meet the clinical entry criteria, follow the prescribed treatment and use a network provider, referred to as a designated service provider (DSP). PMBs only apply within the borders of South Africa.

What are PMBs?

PMBs are a set of defined benefits that ensure that all members who belong to a medical scheme have access to certain minimum healthcare services, regardless of their benefit option.

Medical schemes have to cover the costs related to the diagnoses, treatment and care of:

- any life-threatening emergency medical condition
- a limited set of 270 medical conditions (defined in the Act)
- 26 chronic conditions (defined in the chronic disease list).

Criteria for full PMB cover

There are three criteria for full cover:

1. Your condition must be listed on the PMB lists.
2. You must use formularies and the treatment provided for in the basket of care. There are limits and conditions that may apply. You must use medication from our medication list to avoid any out-of-pocket expenses.
3. You must use the Scheme's DSPs. DSPs are healthcare professionals that the Scheme enters into an agreement with to charge members preferential rates. You may use a non-DSP, but this may mean that you will be personally liable to pay a portion of the claim.

For PMBs, the DSPs are:

- The Independent Clinical Oncology Network (ICON)
- MEDiPOS General Practitioner Network
- MEDiPOS Pharmacy Network.



A comparison of the MEDiPOS options

| | OPTION C |
|---|--|
| Services paid at 100% of cost or medical scheme rate (MSR), whichever is less | Comprehensive hospital cover, significant chronic medication cover, generous day-to-day cover. |
| How much hospital cover do you need? | |
| Major medical expenses (MME) benefits, all hospital admissions must be pre- authorised by the Scheme | Unlimited MME cover, subject to certain sub-limits. |
| Do you need cover for a chronic condition? | |
| Chronic medication benefits are subject to application and approval; Medication will be subject to generic and/or formulary reference pricing; If a member chooses to purchase a medication that is not in the Scheme's formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service | 100% of medicine price Members are encouraged to use pharmacies that are part of the Scheme's pharmacy network to minimise co- payments |
| Chronic medication | Unlimited cover for PMB conditions, subject to approval via the Medicine Risk Management Programme. |
| What kind of day-to-day cover do you need? | |
| Day-to-day benefits (Out-of-hospital services) | Overall annual day-to-day limit |
| | R3 070 per member R3 070 per adult dependant R800 per child dependant (Subject to sub-limits on page 12) |
| | Optical benefits |
| | Subject to R1 400 per beneficiary every two years, including a frame sub-limit of R690 |
| | Dentistry benefit |
| Basic dentistry R3 600 per family per year | |
| Advanced dentistry Subject to the overall annual day-to-day limit; Dental implants: No benefit | |

| OPTION B | OPTION A |
|---|--|
| Unlimited hospital cover, benefits with significant chronic medication cover, generous day-to-day cover and a personal medical savings account. | Unlimited hospital cover, extensive chronic medication cover and comprehensive day-to-day benefits |
| How much hospital cover do you need? | |
| Unlimited MME cover, subject to certain sub-limits. | Unlimited MME cover, subject to certain sub-limits. |
| Do you need cover for a chronic condition? | |
| 100% of medicine price | |
| Members are encouraged to use pharmacies that are part of the Scheme's pharmacy network to minimise co-payments | |
| Subject to the R8 660 for PMB chronic and non-PMB chronic medication limit; Once this limit is exceeded, you will continue to have unlimited cover for PMB conditions | Subject to R12 840 for PMB chronic and non-PMB chronic medication limit; Once this limit is exceeded, you will continue to have unlimited cover for PMB conditions |
| What kind of day-to-day cover do you need? | |
| OVERALL ANNUAL DAY TO DAY LIMIT | |
| R5 290 per member R5 290 per adult dependant R1 020 per child dependant (Subject to sub-limits on page 16) | R9 000 per member R9 000 per adult dependant R1 730 per child dependant (Subject to sub-limits on page 20) |
| OVERALL OPTICAL BENEFITS | |
| Subject to R3 560 per beneficiary every two years, including a frame sub-limit of R1 900 | Subject to R4 810 per beneficiary every two years, including a frame sub-limit of R2 670 |
| OVERALL DENTISTRY BENEFITS | |
| Basic dentistry R8 520 per family per year | Basic dentistry R10 360 per family per year |
| Advanced dentistry and dental implants R12 790 per family per year | Advanced dentistry and dental implants R19 310 per family per year |

For conditions covered under certain benefits, please refer to:

Annexure A on page 42 for chronic disease lists

Annexure B and C on page 44 and page 46 for benefits under primary care benefits



OPTION C OVERVIEW

Designed for the young, healthy and single and want affordable basic healthcare cover.



If you hardly use my medical scheme and just need it in case something happens to you.



For that odd doctor's visit and unforeseen needs, like being diagnosed with a chronic condition or being involved in a car accident.



CONTRIBUTIONS FROM 1 JANUARY 2023 TO 31 MARCH 2023

| Income | Member | Adult Dependant | Child Dependant |
|--------------------------|--------|-----------------|-----------------|
| R0 – R8 185 | R1 410 | R1 215 | R375 |
| R8 186 – R11 140 | R1 551 | R1 365 | R462 |
| R11 141 - R14 985 | R1 698 | R1 497 | R507 |
| R14 986+ | R1 752 | R1 530 | R519 |

CONTRIBUTION FROM 1 APRIL 2023

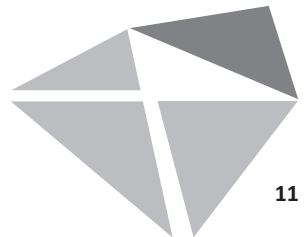
| Income | Member | Adult Dependant | Child Dependant |
|--------------------------|--------|-----------------|-----------------|
| R0 – R8 185 | R1 497 | R1 290 | R399 |
| R8 186 – R11 140 | R1 647 | R1 449 | R492 |
| R11 141 - R14 985 | R1 803 | R1 590 | R537 |
| R14 986+ | R1 860 | R1 626 | R552 |



Prescribed Minimum Benefit (PMB)

Chronic disease list - This is a list of the PMB conditions covered by the Scheme in terms of legislation governing all medical schemes

- Addison's disease
- Asthma
- Bipolar mood disorder
- Bronchiectasis
- Cardiac failure
- Cardiomyopathy disease
- Chronic renal disease
- Chronic obstructive pulmonary disease (emphysema)
- Coronary artery disease (angina pectoris and ischaemic heart disease)
- Crohn's disease
- Diabetes insipidus
- Diabetes mellitus type I and II
- Dysrhythmias
- Epilepsy
- Glaucoma
- Haemophilia
- Hiv/aids
- Hyperlipidaemia
- Hypertension (high blood pressure)
- Hypothyroidism
- Multiple sclerosis
- Parkinson's disease
- Rheumatoid arthritis
- Schizophrenia
- Systemic lupus erythematosus
- Ulcerative colitis



Option C: Day-to-day benefits

The following table reflects the overall annual day-to-day benefits with sub-limits on Option C

| Service | Benefit limit |
|--|---|
| OVERALL DAY-TO-DAY LIMITS | |
| This benefit limit depends on the family size; All sub-limits are subject to the overall annual day-to-day limit | Maximum annual limits: R3 070 per member R3 070 per adult dependant R800 per child dependant |
| Acute medication | |
| Prescribed (acute) medication | Subject to the overall day-to-day limit; 100% of medicine price and limited to: Member: R1 840 Adult dependant: R1 840 Child dependant: 490 |
| Pharmacist-advised therapy (PAT) Medication will be subject to generic and/ or formulary reference pricing; If a member chooses to purchase a medication that is not on the Scheme's formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service | 100% of medicine price and limited to R940 per family per year Members are encouraged to make use of the Scheme's pharmacy network to minimise possible co-payments |
| General practitioners (GPs) | |
| Visits, consultations and outpatient visits | Subject to the overall day-to-day limit |
| Network GP | 100% of negotiated rate |
| Non-Network GP (non-DSP) | 80% of cost or MSR, whichever is less Members are encouraged to make use of the GP network to minimise possible co-payments |
| Specialists | |
| Visits, consultations and outpatient visits | Subject to the overall day-to-day limit Benefits are only covered if: <ul style="list-style-type: none"> • a member was referred by a GP • AND Pre-authorisation was obtained from the Scheme for the first consultation at a given Specialist |
| Preferred specialist | Paid at 100% of cost or of the negotiated rate, whichever is less. Members are encouraged to make use of a preferred specialist provider to minimise possible short payments or co-payments. |
| Non-preferred specialist | Paid at 100% of cost or MSR, whichever is less |

| Service | Benefit limit |
|---|--|
| OVERALL DAY-TO-DAY LIMITS | |
| Auxiliary services | |
| Occupational therapy, speech therapy, physiotherapy, psychology, social workers, audiometry, chiropractors, dieticians | Paid at 100% of cost or MSR, whichever is less and limited to R1 030 per family per year; Subject to the overall day-to-day limit <i>(Service must be obtained by an approved and registered paramedical and auxiliary service provider)</i> |
| No benefit for: Biokineticist, chiropody, orthoptists, orthotic consultations, remedial therapy, reflexology, homeopaths, naturopaths, acupuncturists, osteopaths, phytotherapists, ayurvedic practitioners, aromatherapists, therapeutic massage therapists and Chinese medicine | |
| OVERALL OPTICAL BENEFITS | |
| Overall optical benefits every two years Includes frames, all prescription lenses/add-ons, clear single vision, clear Aquity, flat-top bifocal, clear Aquity multifocal lenses, contact lenses and eye tests | Subject to R1 400 per beneficiary every two years, including a frame sub-limit of R690 |
| OVERALL DENTISTRY BENEFITS | |
| Basic dentistry Includes routine prophylaxis (prevention and treatment), scaling and polishing (cleaning), fluoride application, fillings, non-surgical tooth extraction and root canal treatment All dentistry benefits are subject to the Scheme's managed care protocols and benefits; In-hospital dentistry is subject to prior approval and pre-authorisation; Refer to Annexure E for details of dentistry benefits and exclusions that are applicable | 100% of cost or MSR, whichever is less; Subject to a maximum limit of R3 600 per family per year |
| Advanced dentistry | Paid at 100% of cost or MSR, whichever is less; Subject to the overall annual day-to-day limit All specialised/advanced dentistry procedures (including orthodontic services) are subject to prior approval No benefit for dental implants |
| PRIMARY CARE BENEFIT (PCB) (Out of hospital) | |
| Radiology | Limited to R1 010 per family per year Subject to MME |
| Pathology | Limited to R930 per beneficiary per year Subject to MME |

B



OPTION B OVERVIEW

This option is for you if you need comprehensive healthcare cover for yourself and your family; some peace of mind.



Doctors' bills for the kids, specialist visits for you and your spouse and savings account benefit.



Extended chronic cover and for unforeseen hospital incidents.



| CONTRIBUTIONS FROM 1 JANUARY 2023 TO 31 MARCH 2023 | | | | PMSA (included in contribution) | | |
|--|---------|-----------------|-----------------|---------------------------------|-----------------|-----------------|
| Income | Member | Adult Dependant | Child Dependant | Member | Adult Dependant | Child Dependant |
| R0 – R8 185 | R2 769 | R2 601 | R819 | R125 | R117 | R37 |
| R8 186 – R11 140 | R2 889 | R2 727 | R858 | R130 | R123 | R39 |
| R11 141 - R14 985 | R3 024 | R2 871 | R906 | R136 | R129 | R41 |
| R14 986+ | R 3 102 | R2 946 | R933 | R140 | R133 | R42 |

| CONTRIBUTIONS FROM 1 APRIL 2023 | | | | PMSA (included in contribution) | | |
|---------------------------------|---------|-----------------|-----------------|---------------------------------|-----------------|-----------------|
| Income | Member | Adult Dependant | Child Dependant | Member | Adult Dependant | Child Dependant |
| R0 – R8 185 | R2 949 | R2 769 | R873 | R133 | R125 | R39 |
| R8 186 – R11 140 | R3 078 | R2 904 | R915 | R139 | R131 | R41 |
| R11 141 - R14 985 | R3 222 | R3 057 | R966 | R145 | R138 | R43 |
| R14 986+ | R 3 303 | R3 138 | R993 | R149 | R141 | R45 |



Prescribed Minimum Benefit (PMB)

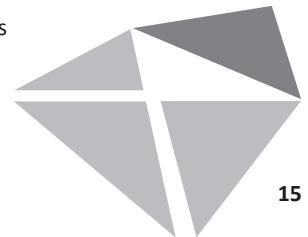
Chronic disease list - This is a list of the PMB conditions covered by the Scheme in terms of legislation governing all medical schemes

- Addison's disease
- Asthma
- Bipolar mood disorder
- Bronchiectasis
- Cardiac failure
- Cardiomyopathy disease
- Chronic renal disease
- Chronic obstructive pulmonary disease (emphysema)
- Coronary artery disease (angina pectoris and ischaemic heart disease)
- Crohn's disease
- Diabetes insipidus
- Diabetes mellitus type I and II
- Dysrhythmias
- Epilepsy
- Glaucoma
- Haemophilia
- Hiv/aids
- Hyperlipidaemia
- Hypertension (high blood pressure)
- Hypothyroidism
- Multiple sclerosis
- Parkinson's disease
- Rheumatoid arthritis
- Schizophrenia
- Systemic lupus erythematosus
- Ulcerative colitis

Extended Chronic Disease List

In addition to the diseases on the PMB list, members will also be covered for the following conditions

- Acne
- Allergic rhinitis
- Atopic dermatitis
- Attention deficit syndrome
- Depression/mood disorder
- Eczema
- Gastro-oesophageal reflux disorder (GORD)
- Gout/hyperuricaemia
- Menopause (hormone replacement therapy)
- Osteoarthritis
- Osteoporosis
- Psoriasis



Option B: Day-to-day benefits

The following table reflects the overall annual day-to-day benefits with sub-limits on Option B

| Service | Benefit limit |
|---|--|
| OVERALL DAY-TO-DAY LIMITS | |
| This benefit limit depends on family size; All sub-limits are subject to the overall annual day-to-day limit | Maximum annual limits: R5 290 per member R5 290 per adult dependant R1 020 per child dependant |
| General Practitioners (GPs) | |
| Visits, consultations and outpatient visits | Subject to the overall annual day-to-day limit |
| Network GP | 100% of negotiated rate |
| Non-network GP (non-DSP) | 80% of cost or MSR, whichever is less Members are encouraged to make use of the GP network to minimise possible co-payments |
| Specialists | |
| Visits, consultations and outpatient visits | Subject to the overall annual day-to-day limit Benefits are only covered if: <ul style="list-style-type: none"> • a member was referred by a GP • AND Pre-authorisation was obtained from the Scheme for the first consultation at a given Specialist |
| Preferred specialist | Paid at 100% of cost or of the negotiated rate, whichever is less. Members are encouraged to make use of a preferred specialist provider to minimise possible short payments or co-payments. |
| Non-preferred specialist | Paid at 100% of cost or MSR, whichever is less |
| Acute medication | |
| Prescribed (acute) medication | Subject to the overall day-to-day limit; 100% of medicine price and limited to: Member: R2 650 Adult dependant: R2 650 Child dependant: R520 |
| Pharmacist-advised therapy (PAT) Medication will be subject to generic and/or formulary reference pricing; If a member chooses to purchase a medication that is not on the Scheme's formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service | 100% of medicine price and limited to R1 210 per family per year Members are encouraged to make use of the Scheme's pharmacy network to minimise possible co-payments |

| Service | Benefit limit |
|--|---|
| Auxiliary services | |
| Occupational therapy, speech therapy, physiotherapy, psychology, social workers, audiometry, chiropractors, dieticians | Paid at 100% of cost or MSR, whichever is less and limited to R1 750 per family per year Subject to the overall day-to-day limit (Service must be obtained by an approved and registered paramedical and auxiliary healthcare provider) |
| No benefit for: Biokineticist, chiropody, orthoptists, orthotic consultations, remedial therapy, reflexology, homeopaths, naturopaths, acupuncturists, osteopaths, phytotherapists, ayurvedic practitioners, aromatherapists, therapeutic massage therapists and Chinese medicine | |
| Palliative Care Programme | |
| Alignd palliative care | Paid at 100% of cost or MSR, whichever is less. Payable from major medical expense benefit subject to the Overall Annual Limit |
| OVERALL OPTICAL BENEFIT | |
| Overall optical benefits every two years Includes frames, all prescription lenses/ add-ons, clear single vision, clear Aquity, flat-top bifocal, clear Aquity multifocal lenses, contact lenses and eye tests | Subject to R3 560 per beneficiary every two years, including a frame sub-limit of R1 900 |

| Service | Benefit limit |
|---|--|
| OVERALL DENTISTRY BENEFITS | |
| <p>Basic dentistry Includes routine prophylaxis (prevention and treatment), scaling and polishing (cleaning), fluoride application, fillings, non-surgical tooth extraction and root canal treatment</p> | <p>100% of cost or MSR, whichever is less; Subject to a maximum limit of R8 520 per family per year</p> |
| <p>Advanced dentistry and dental implants Includes dentures, inlays/onlays, periodontal surgery, crowns and bridges as well as orthodontic treatment and dental implants All dentistry benefits are subject to the Scheme's managed care protocols and benefits; All specialised/ advanced dentistry procedures, including orthodontic services and dental implants, are subject to prior approval, except for plastic dentures. In-hospital dentistry is subject to prior approval and pre-authorisation; Refer to Annexure E for details of dental benefits and exclusions that are applicable</p> | <p>100% of cost or MSR, whichever is less; Subject to a maximum limit of R12 790 per family per year</p> |
| PRIMARY CARE BENEFIT (PCB) (Out of hospital): | |
| <p>Radiology</p> | <p>Limited to R1 710 per family per year; Subject to MME</p> |
| <p>Pathology</p> | <p>Subject to the Overall Day-to-Day Limit</p> |

Option B: Personal Medical Savings Account

MEDiPOS Medical Scheme offers an additional personal medical savings account (PMSA) benefit which is only available for Option B members. This benefit can be used for those unexpected medical costs. The benefit is provided to you annually and is available to you on 01 January every year.

| Personal Medical Savings Account (PMSA) | | |
|--|---|--------------------------|
| Your PMSA benefit is available in advance giving an annual upfront credit to be utilised in respect of the following medical services and supplies | | |
| Copayments | Non-, non-DSP hospital, late authorisation copayments and medication reference price | |
| Benefit exceeded | Any benefits where your limits have been exceeded | Advanced Savings |
| Shortfalls | Tariffs above the MEDiPOS Scheme rate | |
| Rejections | Specialist consultation not referred by a GP Benefits and authorisation that have been declined Non-oral contraceptives (patches, injectables, devices) | Positive Savings Balance |
| | Waiting periods and certain exclusions including optical tints and hardening | |

Advanced savings

Total annual savings benefit of 12 months made available to you upfront on 01 January.

Positive savings

The monthly accumulated savings benefit that is carried forward every month.

Negative savings

Should you utilise your advanced savings before the end of the benefit year, you will have a negative savings balance and thus owe the Scheme. As we receive your monthly contributions for the remainder of the year, this will reduce your negative saving balance.

OPTION A OVERVIEW

This option is for you if you need higher than average healthcare needs for your self and your family.



Substantial in and out of hospital for everyday benefits.



Extensive chronic medication cover.



CONTRIBUTIONS FROM 1 JANUARY 2023 TO 31 MARCH 2023

| Income | Member | Adult Dependant | Child Dependant |
|------------|--------|-----------------|-----------------|
| All income | R7 233 | R6 942 | R1 689 |

CONTRIBUTIONS FROM 1 APRIL 2023

| Income | Member | Adult Dependant | Child Dependant |
|------------|--------|-----------------|-----------------|
| All income | R7 704 | R7 392 | R1 800 |



Prescribed Minimum Benefit (PMB)

Chronic disease list - This is a list of the PMB conditions covered by the Scheme in terms of legislation governing all medical schemes

- Addison's disease
- Asthma
- Bipolar mood disorder
- Bronchiectasis
- Cardiac failure
- Cardiomyopathy disease
- Chronic renal disease
- Chronic obstructive pulmonary disease (emphysema)
- Coronary artery disease (angina pectoris and ischaemic heart disease)
- Crohn's disease
- Diabetes insipidus
- Diabetes mellitus type I and II
- Dysrhythmias
- Epilepsy
- Glaucoma
- Haemophilia
- HIV/aids
- Hyperlipidaemia
- Hypertension (high blood pressure)
- Hypothyroidism
- Multiple sclerosis
- Parkinson's disease
- Rheumatoid arthritis
- Schizophrenia
- Systemic lupus erythematosus
- Ulcerative colitis

Extended Chronic Disease List

In addition to the diseases on the PMB list, members will also be covered for the following conditions

- Allergic rhinitis
- Alzheimer's disease
- Ankylosing spondylitis
- Anti-migraine
- Atopic dermatitis
- Attention deficit syndrome
- Benign prostatic hypertrophy (BPH)
- Chronic anaemia
- Chronic urinary tract infection
- Cystic fibrosis
- Deep vein thrombosis
- Depression/mood disorder
- Dry eye syndrome
- Eczema
- Enuresis/incontinence
- Erythematous
- Gastro-oesophageal reflux disorder (GORD)
- Gout/hyperuricaemia
- Hypoparathyroidism
- Meniere's disease (anti-vertigo)
- Menopause (hormone replacement therapy)
- Motor neuron disease
- Myasthenia gravis
- Osteoarthritis
- Osteoporosis
- Paget's disease
- Pancarditis
- Para/quadruplegia
- Pemphigus
- Peptic ulcer
- Peripheral vascular disease
- Pituitary adenomas
- Post-bowel surgery
- Post-stroke treatment
- Psoriasis
- Scleroderma
- Sjogren's syndrome
- Thrombocytopaenia
- Tourette's syndrome
- Zollinger-ellison syndrome

Option A: Day-to-day benefits

The following table reflects the overall annual day-to-day benefits with sub-limits on Option A.

| Service | Benefit limit |
|---|---|
| OVERALL DAY-TO-DAY LIMITS | |
| This benefit limit depends on family size; All sub-limits are subject to the overall annual day-to-day limit | Maximum annual limits: R9 000 per member R9 000 per adult dependant R1 730 per child dependant |
| General practitioners (GPs) | |
| Visits, consultations and outpatient visits | Subject to the overall day-to-day limit |
| Network GP | 100% of negotiated rate |
| Non-network GP (non-DSP) | 80% of cost or MSR, whichever is less Members are encouraged to make use of the GP network to minimise possible co-payments |
| Specialists | |
| Visits, consultations and outpatient visits | Subject to the overall annual day- to-day limit Benefits are only covered if: <ul style="list-style-type: none"> • a member was referred by a GP • AND Pre-authorisation was obtained from the Scheme for the first consultation at a given Specialist |
| Preferred specialist | Paid at 100% of cost or of the negotiated rate, whichever is less. Members are encouraged to make use of a preferred specialist provider to minimise short payments or co-payments. |
| Non-preferred specialist | Paid at 100% of cost or MSR, whichever is less |
| Acute medication | |
| Prescribed (acute) medication | Subject to the overall day-to-day limit; 100% of medicine price and limited to: Member: R4 500 Adult dependant: R4 500 Child dependant: R870 |
| Pharmacist-advised therapy (PAT) Medication will be subject to generic and/ or formulary reference pricing; If a member chooses to purchase a medication that is not on the Scheme's formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service | 100% of medicine price and limited to R1 820 per family per year Members are encouraged to make use of the Scheme's pharmacy network to minimise possible co-payments |

| Service | Benefit limit |
|---|---|
| Auxiliary services | |
| Occupational therapy, speech therapy, physiotherapy, psychology, social workers, audiometry, chiropractors, dieticians | Paid at 100% of cost or MSR, whichever is less and limited to R2 980 per family per year; Subject to the overall day-to-day limit (Service must be obtained by an approved and registered paramedical and auxiliary service provider) |
| No benefit for: Biokineticist, chiropody, orthoptists, orthotic consultations, remedial therapy, reflexology, homeopaths, naturopaths, acupuncturists, osteopaths, phytotherapists, ayurvedic practitioners, aromatherapists, therapeutic massage therapists and Chinese medicine | |
| Palliative Care Programme | |
| Alignd palliative care | Paid at 100% of cost or MSR, whichever is less. Payable from major medical expense benefit subject to the Overall Annual Limit |
| OVERALL OPTICAL BENEFITS | |
| Overall optical benefits every two years Includes frames, all prescription lenses/ add-ons, clear single vision, clear Aquity, flat-top bifocal, clear Aquity multifocal lenses, contact lenses and eye tests | Subject to R4 810 per beneficiary every two years, including a frame sub-limit of R2 670 |

| Service | Benefit limit |
|---|--|
| OVERALL DENTISTRY BENEFITS | |
| <p>Basic dentistry</p> <p>Includes routine prophylaxis (prevention and treatment) scaling and polishing (cleaning), fluoride application, fillings, non-surgical tooth extraction and root canal treatment</p> | <p>100% of cost or MSR, whichever is less; Subject to a maximum limit of R10 360 per family per year</p> |
| <p>Advanced dentistry and dental implants</p> <p>Includes dentures, inlays/onlays, periodontal surgery, crowns and bridges as well as orthodontic treatment and dental implants</p> <p>All dentistry benefits are subject to the Scheme's managed care protocols and benefits; All specialised/advanced dentistry procedures, including orthodontic services and dental implants, are subject to prior approval, except for plastic dentures; In-hospital dentistry is subject to prior approval and pre-authorisation; Refer to Annexure E for details of dental benefits and exclusions that are applicable</p> | <p>100% of cost or MSR, whichever is less; Subject to a maximum limit of R19 310 per family per year</p> |
| PRIMARY CARE BENEFIT (PCB) (Out of hospital) | |
| <p>Radiology</p> | <p>Limited to R2 150 per family per year; Subject to MME</p> |
| <p>Pathology</p> | <p>Subject to the Overall Day-to-Day Limit to</p> |

Services and procedures covered under the major medical expenses (MME) benefits

The following table is a summary of your MME benefits. These benefits are effective from 1 January 2023.

| | Option C | Option B | Option A |
|--|---|------------------|------------------|
| Annual MME benefits limit | Unlimited | Unlimited | Unlimited |
| All sub-limits are subject to the annual MME benefits limit | | | |
| Preventative care benefits | 100% of cost or MSR, whichever is less; Out of hospital accessed through a pharmacy only; Members are encouraged to use pharmacies that are part of the Scheme's pharmacy network to minimise possible co- payments; If these services are accessed through any other provider than a pharmacy, benefits will be paid from the applicable benefit limit; Once the preventative limits have been reached, tests will be paid from the applicable benefit limit | | |
| Blood glucose screening | One test per adult beneficiary per year | | |
| Blood pressure | One test per adult beneficiary per year | | |
| Cholesterol screening | One test per adult beneficiary per year | | |
| Body mass index | One test per adult beneficiary per year | | |
| Flu vaccine | One per beneficiary per year | | |
| Oral contraceptives | R160 per female beneficiary per month | | |
| Prostate testing | 1 test per male beneficiary per annum (over the age of 45) | | |
| Mammograms | 1 test per beneficiary per annum (over the age of 40) | | |
| Pap smear | 1 test per beneficiary per annum (over the age of 15) | | |
| Stool tests for cancer screening | 1 every 2 years (between the ages of 45 and 75) | | |
| Bone density screening | 1 per beneficiary per annum (over the age of 65) | | |
| HPV vaccination | 1 course per female beneficiary per life (between the ages of 9 and 25) | | |
| Vasectomy | 1 per male beneficiary per life | | |
| Vitamins | R320 per beneficiary per year | | |

Services and procedures covered under the major medical expenses (MME) benefits (continued)

| | Option C | Option B | Option A |
|---|--|--|---|
| <p>Hospitalisation (Subject to pre- authorisation) Failure to obtain pre-authorisation prior to admission to hospital will result in a co-payment of R2 500 Includes ward fees, theatre fees, recovery rooms, confinements, specialised intensive care, high care and materials used in hospital</p> | <p>Benefits for PMBs and non-PMBs:</p> <ul style="list-style-type: none"> • 100% of cost at negotiated rate | | |
| Medication dispensed on discharge from hospital (To-take-out [TTO] medication limited to seven days' supply of medication) | 100% of medicine price | | |
| Materials used in hospital | 100% of cost | | |
| <p>Procedures in doctors' rooms (Out of hospital) Refer to Annexure B on pages 44 and 45 for a list of procedures</p> | 100% of cost or MSR, whichever is less; Subject to the list of procedures and approval | | |
| <p>Chronic medication 26 Listed PMB chronic conditions and an extended non-PMB condition list</p> | Limited to PMBs only | Limited to chronic medication limit of R8 660 per family per year for PMB and specified non-PMB chronic conditions | Limited to chronic medication limit of R12 840 per family per year for PMB and specified non-PMB chronic conditions |
| <p>Benefits are subject to prior application and approval; Medication will be subject to generic and/or formulary reference pricing; If a member chooses to purchase a medication that is not in the Scheme's formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service</p> | Unlimited PMBs | Unlimited PMBs Unlimited PMBs once chronic medication limit is exhausted | Unlimited PMBs Unlimited PMBs once chronic medication limit is exhausted |
| | Members are encouraged to use pharmacies that are part of the Scheme's pharmacy network to minimise co-payments | | |

Services and procedures covered under the major medical expenses (MME) benefits (continued)

| | Option C | Option B | Option A |
|---|---|--|--|
| Psychiatric institutions Subject to pre- authorisation and approval by the scheme | Limited to PMBs only | 100% of cost limited to R20 640 and subject to PMB legislative requirements | 100% of cost limited to R44 940 and subject to PMB legislative requirements |
| Substance and alcohol abuse Subject to pre- authorisation and approval by the Scheme | Unlimited | | |
| Rehabilitation centres Subject to pre-authorisation and approval by the Scheme | 100% of cost, unlimited and in lieu of hospitalisation NOTE: This benefit covers beneficiaries who had become temporarily disabled as a result of acute injuries caused by trauma, infection, spinal cord injury, brain injury or bleeding or infarction resulting in a stroke; Available only immediately following such an event; Progressive conditions, such as multiple sclerosis and Parkinson's disease, are not included; Pre-authorisation is required and a medical report must be submitted by the attending physician | | |
| Care in lieu of hospitalisation Subject to pre- authorisation and approval | 100% of cost or MSR, whichever is less This benefit covers the phase after or instead of hospitalisation | | |
| Medical specialists and GPs Surgery and in- hospital procedures, hospital visits, anaesthetics, perfusionist services and clinical technology | Preferred GP and specialist - 100% of cost or the negotiated rate, which ever is lesser. Non-preferred GP and specialist - 100% of cost or MSR, which ever is lesser. | | |
| Radiology and pathology Radiology and pathology while hospitalised (excluding MRI, CT, radioisotope and ultrasound scans) | 100% of cost or MSR, whichever is less; Subject to pre-authorisation and approval | | |
| Advanced radiology (In and out of hospital) MRI, CT, radioisotope and ultrasound scans; Subject to pre- authorisation | Limited to R12 840 per family per year; Paid at 100% of cost or MSR, whichever is less | Limited to R25 700 per family per year; Paid at 100% of cost or MSR, whichever is less | Limited to R36 510 per family per year; Paid at 100% of cost or MSR, whichever is less |
| Circumcision (Out of hospital) | Limited to a global fee of R1 970 per beneficiary per year; Paid at 100% of cost or MSR, whichever is less | | |

Services and procedures covered under the major medical expenses (MME) benefits (continued)

| | Option C | Option B | Option A |
|---|---|--|--|
| Maternity Benefits | | | |
| | Benefits are subject to the MME and payable at 100% of cost or MSR, whichever is less. | | |
| Antenatal classes | Limited to 5 antenatal classes per pregnancy | Limited to 5 antenatal classes per pregnancy | Limited to 5 antenatal classes per pregnancy |
| Antenatal consultations | Limited to 8 consultations per pregnancy | Limited to 9 consultations per pregnancy | Limited to 9 consultations per pregnancy |
| Ultrasound scans for pregnancy | Limited to two 2D scans per pregnancy | Limited to two 2D scans per pregnancy | Limited to two 2D scans per pregnancy |
| Confinement in a registered birthing unit and confinement out of hospital | Paid at 100% of cost or MSR, whichever is less Limited to and included in maternity benefits; four post-natal midwife consultations per event Subject to pre-authorisation and approval | | |
| Additional Maternity benefits | Benefits are payable at 100% of cost or MSR, whichever is less | | |
| Blood grouping test | 1 test | 1 test | 1 test |
| Flu vaccination | 1 vaccine | 1 vaccine | 1 vaccine |
| Haemoglobin measurement test | 2 tests | 2 tests | 2 tests |
| Hearing screening for new-born | 1 test | 1 test | 1 test |
| Mental health visit with psychologist | 2 visits | 2 visits | 2 visits |
| Nutritional assessment with dietician | 1 test | 1 test | 1 test |
| Postnatal mid-wife visits | 6 visits | 6 visits | 6 visits |
| VDRL test | 1 test | 1 test | 1 test |
| Breastfeeding visit with nurse or specialist | 1 test | 1 test | 1 test |
| Congenital hypothyroidism screening | 1 test | 1 test | 1 test |
| Full blood count | 1 test | 1 test | 1 test |
| Urine analysis test | No benefit | 12 tests | 12 tests |
| Vitamins | No benefit | Limited to R120 per pregnancy. | Limited to R120 per pregnancy. |

Services and procedures covered under the major medical expenses (MME) benefits (continued)

| | Option C | Option B | Option A |
|---|---|--|--|
| <p>Oncology (Cancer) Patients are encouraged to enrol on the Oncology Benefit Management Programme</p> <p>Benefit is subject to the submission of a 12-month treatment plan by the treating oncologist and the approval of the treatment plan prior to the commencement of treatment</p> <p>Upon registration on the programme, benefits in respect of cancer-related medication, radiotherapy, chemotherapy, oncologists, pathology, mammograms and X-rays, MRI, CT and radioisotope scans will be paid from the oncology limit</p> | <p>100% of cost if service is obtained from a designated service provider (DSP); 75% of cost or MSR, whichever is less for a non-DSP; ICON - Independent Clinical Oncology Network is the DSP for all oncology services</p> | | |
| | <p>Subject to PMBs only</p> | <p>Limited to R284 070 per beneficiary per year for PMBs and non-PMBs; Thereafter unlimited for PMBs</p> | <p>Limited to R473 440 per beneficiary per year for PMBs and non-PMBs; Thereafter unlimited for PMBs</p> |
| | <p>NOTE: Approved medication for the diagnosed condition must be registered with the Medicines Control Council; This will be paid at 100% of medicine price</p> <p>Medication will be subject to generic and/or formulary reference pricing; If a member chooses to purchase a medication that is not in the Scheme's formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service</p> | | |

Services and procedures covered under the major medical expenses (MME) benefits (continued)

| | Option C | Option B | Option A |
|--|---|---|--|
| Dental implants (Including surgeon's fees) Subject to pre- authorisation and approval by the Scheme | No benefit | 100% of cost or MSR, whichever is less, subject to the dentistry benefit | 100% of cost or MSR, whichever is less, subject to the dentistry benefit |
| Maxillofacial and oral surgery Subject to pre- authorisation and approval by the Scheme | 100% of cost or MSR, whichever is less, subject to a maximum limit of R18 120 per family per year | | |
| Internal prostheses/ devices Subject to application and approval (including all accompanying temporary or permanent devices) | | 100% of cost or MSR, whichever is less, subject to a maximum of RR68 730 per family per year and the following sub-limits: | 100% of cost or MSR, whichever is less, subject to a maximum of R84 000 per family per year and the following sub-limits: |
| Cardiac stents | 100% of cost or MSR, whichever is less, subject to a maximum of R28 8200 per family per year | Subject to a limit of R 27 470 per beneficiary per year; Limited to three stents per beneficiary per year; The following limits are included in the above sub-limit: Drug eluting: R16 790 Bare metal: R9 060 | Subject to a limit of R 28 820 per beneficiary per year; Limited to three stents per beneficiary per year; The following limits are included in the above sub-limit: Drug eluting: R21 370 Bare metal: R12 060 |
| Aorta stent graft | | Subject to a limit of R52 890 per beneficiary per year | Subject to a limit of R62 360 per beneficiary per year |
| Peripheral arterial stent graft | | Subject to a limit of R40 730 per beneficiary per year | Subject to a limit of R47 480 per beneficiary per year |

Services and procedures covered under the major medical expenses (MME) benefits (continued)

| | Option C | Option B | Option A |
|---|---|--|--|
| Internal prostheses/ devices (continued) | | | |
| Cardiac pacemakers | 100% of cost or MSR, whichever is less, subject to a maximum of R28 820 per family per year | Subject to a limit of R68 720 per beneficiary per year | Subject to a limit of R83 990 per beneficiary per year |
| Cardiac valves | | Subject to a limit of R38 940 per valve per year; Limited to two valves per beneficiary per year | Subject to a limit of R43 840 per valve per year; Limited to two valves per beneficiary per year |
| Total hip replacement | | Subject to a limit of R51 410 per hip per beneficiary per year, which includes the cost of cement and antibiotics | Subject to a limit of R70 070 per hip per beneficiary |
| Total knee replacement | | Subject to a limit of R51 800 per knee per beneficiary per year, which includes the cost of cement and antibiotics | Subject to a limit of R64 270 per knee per beneficiary per year, which includes the cost of cement and antibiotics |
| Total shoulder replacement | | Subject to a limit of R49 630 per shoulder per beneficiary per year, which includes the cost of cement and antibiotics | Subject to a limit of R60 200 per shoulder per beneficiary per year, which includes the cost of cement and antibiotics |
| Elbow replacement | | Subject to a limit of R42 620 per beneficiary per year | Subject to a limit of R60 200 per beneficiary per year |

Services and procedures covered under the major medical expenses (MME) benefits (continued)

| | Option C | Option B | Option A |
|--|---|--|--|
| Internal prostheses/ devices (continued) | | | |
| Temporomandibular joint (TMJ) replacement | 100% of cost or MSR, whichever is less, subject to a maximum of R28 820 per family per year | Subject to a limit of R42 620 per beneficiary per year | Subject to a limit of R60 200 per beneficiary per year |
| Ankle replacement | | Subject to a limit of R42 620 per beneficiary per year | Subject to a limit of R60 200 per beneficiary per year |
| Finger replacement | | Subject to a limit of R27 320 per beneficiary per year | Subject to a limit of R39 630 per beneficiary per year |
| Toe (total or partial) replacement | | Subject to a limit of R27 320 per beneficiary per year | Subject to a limit of R39 630 per beneficiary per year |
| Bryan's and other intervertebral disc prostheses | | Subject to a limit of R33 550 per beneficiary per year | Subject to a limit of R48 830 per beneficiary per year |
| Mesh grafts | | Subject to a limit of R6 100 per beneficiary per year | Subject to a limit of R35 040 per beneficiary per year |
| Intra-stromal corneal ring segments | | Subject to a limit of R22 840 per beneficiary per year | Subject to a limit of R33 550 per beneficiary per year |
| Spinal instrumentation | | Subject to a limit of R32 730 per beneficiary per year | Subject to a limit of R58 060 per beneficiary per year |
| Other approved implantable spinal devices and intervertebral discs | | Subject to a limit of R48 830 per beneficiary per year | Subject to a limit of R57 490 per beneficiary per year |
| Bone lengthening devices | | Subject to a limit of R43 950 per beneficiary per year | Subject to a limit of R51 670 per beneficiary per year |

Services and procedures covered under the major medical expenses (MME) benefits (continued)

| | Option C | Option B | Option A |
|---|---|--|---|
| Internal prostheses/ devices (continued) | | | |
| Neurostimulation (ablation devices for Parkinson's) | | Subject to a limit of R47 200 per beneficiary per year | Subject to a limit of R55 600 per beneficiary per year |
| Vagal stimulator for intractable epilepsy | | Subject to a limit of R37 610 per beneficiary per year | Subject to a limit of R44 230 per beneficiary per year |
| Detachable platinum coils | | Subject to a limit of R48 970 per beneficiary per year | Subject to a limit of R57 490 per beneficiary per year |
| Embolec protection devices | | Subject to a limit of R48 830 per beneficiary per year | Subject to a limit of R57 350 per beneficiary per year |
| Intraocular lens | 100% of cost or MSR, whichever is less, subject to a maximum of R28 820 per family per year | Subject to a limit of R4 200 per lens per beneficiary per year | Subject to a limit of R5 274 per lens per beneficiary per year |
| Carotid stent | | Subject to a limit of R19 620 per beneficiary per year | Subject to a limit of R23 130 per beneficiary per year |
| Any other internal prostheses | | Subject to a limit of R54 100 per beneficiary per year | Subject to a limit of R60 600 per beneficiary per year |
| General prostheses/ devices benefit | Limited to PMBs only | 100% of cost or MSR, whichever is less; Limited to the internal prostheses/ devices benefit and a sub-limit of R12 060 per beneficiary per year, subject to the following sub- limits: | 100% of cost or MSR, whichever is less; Limited to the internal prostheses/ devices benefit and a sub-limit of R 22 840 per beneficiary per year, subject to the following sub- limits: |

Services and procedures covered under the major medical expenses (MME) benefits (continued)

| | Option C | Option B | Option A |
|--|--|---|----------|
| <p>General prostheses/ devices benefit less, subject to a maximum of less, subject to a maximum of R27 060</p> | <p>100% of cost or MSR, whichever is per family per year</p> | Middle ear bone implants: | |
| | | R12 060 | R22 840 |
| | | Vocal cord prostheses: | |
| | | R12 060 | R22 840 |
| | | Macroplasty injection – urethra: | |
| | | R12 060 | R22 840 |
| | | Penile prostheses: | |
| | | R12 060 | R22 840 |
| | | Vascular/arterial grafts and patches: | |
| | | R12 060 | R22 840 |
| | | Atrium- and ventricular septum patches: | |
| | | R12 060 | R22 840 |
| | | Mammary/breast implants: | |
| | | R4 330 | R8 660 |
| | | TVT sling device: | |
| | | R2 030 | R4 200 |
| | | Procter-Livingstone and Celestin tubes: | |
| | | R4 460 | R8 520 |
| | | Renal artery stent: | |
| | | R6 100 | R15 280 |
| | | Oesophageal stent: | |
| | | R7 580 | R15 280 |
| | | Ureteric stent: | |
| | | R7 580 | R15 280 |
| | | Urethral stent: | |
| | | R7 580 | R15 280 |
| | | Ductus choledochus stent: | |
| | | R7 580 | R15 280 |
| | | Other blood vessels stent: | |
| | | R7 580 | R15 280 |
| Permanent supra-pubic catheters: | | | |
| R2 900 | R6 100 | | |
| Testis prostheses | | | |
| R7 580 | R15 280 | | |
| Gold weight implants upper eyelid: | | | |
| R9 060 | R15 280 | | |
| Anal and other sphincter stimulating device: | | | |
| R7 580 | R15 280 | | |

Services and procedures covered under the major medical expenses (MME) benefits
(continued)

| | Option C | Option B | Option A |
|--|--|--|--|
| <p>External medical appliances, aids and supporting devices Subject to approval</p> | <p>Paid at 100% of cost or MSR, whichever is less and limited to R7 580 per family per year, including the following sub-limit:</p> <p>Orthotic shoe/ inner sole: Limited to R2 430 per family per year and limited to PMBs only</p> | <p>Paid at 100% of cost or MSR, whichever is less and limited to R7 990 per family per year, including the following sub-limit:</p> <p>Orthotic shoe/ inner sole: Limited to R2 430 per family per year and limited to PMBs only</p> | <p>Paid at 100% of cost or MSR, whichever is less and limited to R9 740 per family per year, including the following sub-limit:</p> <p>Orthotic shoe/ inner sole: Limited to R2 430 per family per year and limited to PMBs only</p> |
| <p>Cochlear implants Subject to pre- authorisation and approval by the Scheme</p> | <p>Limited to PMBs only</p> | <p>Limited to R242 710 per family per year with the following sub- limits:</p> | <p>Limited to R303 540 per family per year with the following sub- limits:</p> |
| | | <p>Preoperative evaluation and associated costs: R15 140</p> | <p>Preoperative evaluation and associated costs: R15 150</p> |
| | | <p>Intraoperative audiology testing: R920</p> | <p>Intraoperative audiology testing: R920</p> |
| | | <p>Postoperative rehabilitation: R33 550</p> | <p>Postoperative rehabilitation: R33 550</p> |
| | | <p>Upgrade of sound processor: (80% of cost): R68 720</p> | <p>Upgrade of sound processor: (80% of cost): R68 720</p> |
| | | <p>Repairs outside warranty: Subject to cochlear implant benefit</p> | <p>Repairs outside warranty: Subject to cochlear implant benefit</p> |
| | | <p>Batteries and spares: Subject to external medical appliances benefit</p> | <p>Batteries and spares: Subject to external medical appliances benefit</p> |

Services and procedures covered under the major medical expenses (MME) benefits (continued)

| | Option C | Option B | Option A |
|--|---|---|---|
| Hearing aids (Per two-year cycle) Excludes repairs and batteries | Limited to R14 3200 per beneficiary per cycle; Paid at 100% of cost or MSR, whichever is less, as approved by the Scheme | Limited to R19 350 per beneficiary per cycle; Paid at 100% of cost or MSR, whichever is less, as approved by the Scheme | Limited to R23 100 per beneficiary per cycle; Paid at 100% of cost or MSR, whichever is less, as approved by the Scheme |
| Artificial limbs and eyes (Subject to pre- authorisation and approval) | 100% of cost or MSR, whichever is less, subject to a maximum of R31 110 per family per year and the following sub-limits: | 100% of cost or MSR, whichever is less, subject to a maximum of R60 190 per family per year and the following sub-limits: | 100% of cost or MSR, whichever is less, subject to a maximum of R77 370 per family per year and the following sub-limits: |
| Artificial limbs | R31 110 per artificial leg or arm per family per year | R60 190 per artificial leg or arm per family per year | R77 370 per artificial leg or arm per family per year |
| Artificial eyes | R21 520 per artificial eye per family per year | R25 700 per artificial eye per family per year | R25 700 per eye family per year |
| Radial keratotomy/ excimer laser (Including Holmium procedures, LASIK, Phakic lenses and intrastromal rings) Subject to approval by the Scheme | No benefit | Limited to R7 320 per family per year; Paid at 100% of cost or MSR, whichever is less | Limited to R11 900 per family per year; Paid at 100% of cost or MSR, whichever is less |
| Home oxygen Subject to pre- authorisation and approval by the Scheme and use of preferred provider | Limited to R17 040 per beneficiary per year; Paid at 100% of cost or MSR, whichever is less | | Limited to R18 520 per beneficiary per year; Paid at 100% of cost or MSR, whichever is less |
| Hyperbaric oxygen Subject to pre-authorisation and approval by the Scheme | Limited to R56 950 per registered patient per year; paid at 100% of cost or MSR, whichever is less | | |

Services and procedures covered under the major medical expenses (MME) benefits (continued)

| | Option C | Option B | Option A |
|---|---|--|--|
| Kidney dialysis (Includes the cost of all related, approved medication, provided that authorisation has been obtained via the Medicine Risk Management Programme); Subject to pre- authorisation | Limited to PMBs only; Medication paid at 100% of medicine price | Unlimited | Unlimited |
| | | Medication is subject to kidney dialysis limit and paid at 100% of medicine price Medication will be subject to generic and/or formulary reference pricing; If a member chooses to purchase a medication that is not in the Scheme's formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service | |
| Organ transplants Subject to pre- authorisation and approval by the Scheme Hospital accommodation, surgical-related services and procedures Includes the cost of all related, approved anti-rejection medication, provided authorisation has been obtained via the Medicine Risk Management Programme | Limited to PMBs only | Unlimited benefit subject to 100% of cost or MSR which ever is less. | Unlimited benefit subject to 100% of cost or MSR which ever is less. |
| | | Limited to R 361 970 per family per year; Paid at 100% of medicine price | Limited to R 430 810 per family per year; Paid at 100% of medicine price |
| NOTE: Services rendered to donor, costs related to searching for a donor and transportation of organ are included in this benefit, provided the recipient is a beneficiary of the Scheme Medication will be subject to generic and/or formulary reference pricing; If a member chooses to purchase a medication that is not in the Scheme's formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service | | | |
| Hospice and private nursing At accredited facilities only, subject to treatment offered by a registered nurse | Limited to R9 140 per family per year; Paid at 100% of cost or MSR, whichever is less | Limited to R25 020 per family per year; Paid at 100% of cost or MSR, whichever is less | Limited to R35 820 per family per year; Paid at 100% of cost or MSR, whichever is less |
| | | | |

Services and procedures covered under the major medical expenses (MME) benefits (continued)

| | Option C | Option B | Option A |
|---|--|-----------|-----------|
| <p>HIV/AIDS Patient enrolment on the HIV/AIDS management programme is encouraged</p> <p>HIV resistance testing is subject to pre- authorisation and approval</p> | <p>Unlimited</p> <p>NOTE: This includes medication, doctors’ consultations and the blood tests required for the treatment of the condition, as well as the cost of prophylaxis (action taken) for preventative treatment</p> <p>Medication will be subject to generic and/or formulary reference pricing; If a member chooses to purchase a medication that is not in the Scheme’s formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service</p> | | |
| Ambulance services | Unlimited | Unlimited | Unlimited |
| <p>Other services Blood transfusions</p> <p>Medical auxiliaries (In-hospital psychology, orthotic consultations, occupational therapy, dieticians, physiotherapy, social workers and speech therapy)</p> | <p>100% of cost or MSR, whichever is less</p> <p>100% of cost or MSR, whichever is less</p> | | |

Please note

- All services are paid at 100% of cost or MSR, whichever is less, unless indicated otherwise.
- PMB services are subject to the use of a DSP and protocols.
- The HIV/AIDS management programme is managed by Aid for AIDS Disease Management.

What else do I need to know about my cover?

In addition to the services and procedures covered by MME and day- to-day benefits, you will also receive assistance, support and education on the following programmes:

- Prescribed Minimum Benefits (PMBs)
- Oncology
- Chronic medication benefits
- HIV/AIDS.

Please refer to your member guide for more details on these programmes.

Contribution tables: How much will it cost?

You have carefully read through the benefits offered on each option and you have already identified an option that matches your needs. The tables below indicate the monthly contributions on each option.

PREMIUMS FROM 1 JANUARY 2023 TO 31 MARCH 2023

Your total monthly contribution to the Scheme is based on the option you have chosen, the number and type of dependants registered on your membership and your income.

| OPTION C | CONTRIBUTIONS FROM 1 JANUARY 2023 TO 31 MARCH 2023 | | |
|-----------------------|---|------------------------|------------------------|
| Monthly income | Principal member | Adult dependant | Child dependant |
| R0 – R8 185 | R1 410 | R1 215 | R375 |
| R8 186 – R11 140 | R1 551 | R1 365 | R462 |
| R11 141 – R14 985 | R1 698 | R1 497 | R507 |
| R14 986 + | R1 752 | R1 530 | R519 |

| OPTION B | CONTRIBUTIONS FROM 1 JANUARY 2023 TO 31 MARCH 2023 | | | PMSA (included in contribution) | | |
|-------------------|---|------------------------|------------------------|--|------------------------|------------------------|
| | Principal member | Adult dependant | Child dependant | Principal member | Adult dependant | Child dependant |
| R0 – R8 185 | R2 769 | R2 601 | R819 | R125 | R117 | R37 |
| R8 186 – R11 140 | R2 889 | R2 727 | R858 | R130 | R123 | R39 |
| R11 141 – R14 985 | R3 024 | R2 871 | R906 | R136 | R129 | R41 |
| R14 986 + | R3 102 | R2 946 | R933 | R140 | R133 | R42 |

| OPTION A | CONTRIBUTIONS FROM 1 JANUARY 2023 TO 31 MARCH 2023 | | |
|-----------------------|---|------------------------|------------------------|
| Monthly income | Principal member | Adult dependant | Child dependant |
| All income levels | R7 233 | R6 942 | R1 689 |

Please note

- Adult dependants include spouses/partners, registered children aged 21 and over (except children who are younger than 25 years of age and who are full-time students at a recognised tertiary institution), parents and siblings dependant on the member.
- Your portion of the contribution will depend on your subsidy.
- If you are unsure of your subsidy, please check with your Human Resources Department.

PREMIUMS FROM 1 APRIL 2023

| OPTION C | CONTRIBUTIONS FROM 1 APRIL 2023 | | |
|-------------------|---------------------------------|-----------------|-----------------|
| Monthly income | Principal member | Adult dependant | Child dependant |
| R0 – R8 185 | R1 497 | R1 290 | R399 |
| R8 186 – R11 140 | R1 647 | R1 449 | R492 |
| R11 141 – R14 985 | R1 803 | R1 590 | R537 |
| R14 986 + | R1 860 | R1 626 | R552 |

| OPTION B | CONTRIBUTIONS FROM 1 APRIL 2023 | | | PMSA (included in contribution) | | |
|-------------------|------------------------------------|-----------------|-----------------|---------------------------------|-----------------|-----------------|
| | Principal member | Adult dependant | Child dependant | Principal member | Adult dependant | Child dependant |
| R0 – R8 185 | R2 949 | R2 769 | R873 | R133 | R125 | R39 |
| R8 186 – R11 140 | R3 078 | R2 904 | R915 | R139 | R131 | R41 |
| R11 141 – R14 985 | R3 222 | R3 057 | R966 | R145 | R138 | R43 |
| R14 986 + | R3 303 | R3 138 | R993 | R149 | R141 | R45 |

| OPTION A | CONTRIBUTIONS FROM 1 APRIL 2023 | | |
|-------------------|---------------------------------|-----------------|-----------------|
| Monthly income | Principal member | Adult dependant | Child dependant |
| All income levels | R7 704 | R7 392 | R1 800 |

Please note

- Adult dependants include spouses/partners, registered children aged 21 and over (except children who are younger than 25 years of age and who are full-time students at a recognised tertiary institution), parents and siblings dependant on the member.
- Your portion of the contribution will depend on your subsidy.
- If you are unsure of your subsidy, please check with your Human Resources Department.

Option selection process

Before you make your choice, please answer the following questions:

| | |
|--|--------------------------|
| Did you carefully read through the benefits offered on each option? | <input type="checkbox"/> |
| Are you comfortable that the option you are about to choose is the most suitable for your medical needs? | <input type="checkbox"/> |
| Are you comfortable with the monthly contributions you will be required to pay for this option? | <input type="checkbox"/> |
| Are you expecting an additional dependant during the course of the benefit year? | <input type="checkbox"/> |
| If you are using chronic medication, is the benefit amount adequate for your needs? | <input type="checkbox"/> |



Help is at hand

When you have carefully read through the guide and you still need clarity on some of the benefits, please contact the Scheme on 0860 100 078 for queries relating to the benefits and contributions.



Are you ready to make your choice?

Please follow the option selection process below:



New member

If you are a new member, you will need to indicate your option choice on the application form for membership

Existing member

Existing members are given the opportunity to change their option annually. A benefit option selection form will be provided, which members will need to complete and return before the deadline

Annexure A

Prescribed minimum benefit (PMB) chronic disease list and extended chronic disease list

Chronic disease list

This is a list of the PMB conditions covered by the Scheme in terms of legislation governing all medical schemes

- Addison's disease
- Asthma
- Bipolar mood disorder
- Bronchiectasis
- Cardiac failure
- Cardiomyopathy disease
- Chronic renal disease
- Chronic obstructive pulmonary disease (emphysema)
- Coronary artery disease (angina pectoris and ischaemic heart disease)
- Crohn's disease
- Diabetes insipidus
- Diabetes mellitus type I and II
- Dysrhythmias
- Epilepsy
- Glaucoma
- Haemophilia
- Hiv/aids
- Hyperlipidaemia
- Hypertension (high blood pressure)
- Hypothyroidism
- Multiple sclerosis
- Parkinson's disease
- Rheumatoid arthritis
- Schizophrenia
- Systemic lupus erythematosus
- Ulcerative colitis

Annexure A

Prescribed minimum benefit (PMB) chronic disease list and extended chronic disease list (continued)

Extended Chronic Disease List

In addition to the diseases on the PMB list, members will also be covered for the following conditions

Option C

- Limited to PMB only

Option B

- Acne
- Allergic rhinitis
- Atopic dermatitis
- Attention deficit syndrome
- Depression/Mood disorder
- Eczema
- Gastro-oesophageal reflux disorder (GORD)
- Gout/hyperuricaemia
- Menopause (hormone replacement therapy)
- Osteoarthritis
- Osteoporosis
- Psoriasis

Option A

- Allergic rhinitis
- Alzheimer's disease
- Ankylosing spondylitis
- Anti-migraine
- Atopic dermatitis
- Attention deficit syndrome
- Benign prostatic hypertrophy (BPH)
- Chronic anaemia
- Chronic urinary tract infection
- Cystic fibrosis
- Deep vein thrombosis
- Depression/Mood disorder
- Dry eye syndrome
- Eczema
- Enuresis/Incontinence
- Erythematousus
- Gastro-oesophageal reflux disorder (GORD)
- Gout/Hyperuricaemia
- Hypoparathyroidism
- Meniere's disease (anti-vertigo)
- Menopause (hormone replacement therapy)
- Motor neuron disease
- Myasthenia gravis
- Osteoarthritis
- Osteoporosis
- Paget's disease
- Pancarditis
- Para/Quadriplegia
- Pemphigus
- Peptic ulcer
- Peripheral vascular disease
- Pituitary adenomas
- Post-bowel surgery
- Post-stroke treatment
- Psoriasis
- Scleroderma
- Sjogren's syndrome
- Thrombocytopaenia
- Tourette's syndrome
- Zollinger-ellison syndrome

Annexure B

Procedures performed in doctors' rooms

| Tariff | Description | Further description code |
|--------|--|--|
| 0201* | Cost of material | |
| 0202* | Setting of sterile tray | |
| 0300 | Suture of laceration | Stitching of an open wound |
| 0301 | Suture add laceration | Further stitches to above |
| 0307 | Excision and repair | Removal of a foreign object from the body (e.g. a piece of glass) |
| 1192 | Peak expiratory flow (PEF) | |
| 1232 | ECG without effort normal conditions | Measurement of heart rate under normal conditions |
| 1233 | ECG with effort exercising | Measurement of heart rate when exercising |
| 1234 | ECG with bike ergometer | Measurement of heart rate while cycling |
| 0311 | Excision of large benign tumour | Removal of tumour from the body |
| 0314 | Repair by large skin graft | Usually for burn victims |
| 0315 | Repair by small skin graft | Usually for burn victims |
| 1545 | Oesophagoscopy with rigid instrument | Examination of oesophagus (gullet) using a scope |
| 1547 | Oesophageal acid perfusion test | Measurement of the level of acidity within the oesophagus |
| 1549 | Oesophagoscopy and dilation of stricture | As per tariff 1545, but with dilation of stricture for further analysis |
| 1550 | Oesophagoscopy and removal of foreign body | As per tariff 1545, but includes removal of foreign body |
| 1557 | Oesophageal dilation | Dilation of oesophagus |
| 1587 | Upper gastrointestinal fiberoptic endoscopy | Examination of the stomach using a fiberoptic device |
| 1588 | Endoscopy plus polypectomy | As per tariff 1587, with removal of bodies (polyps) from the stomach |
| 1591 | Upper gastrointestinal endoscopy and removal of foreign body | As per tariff 1587, but only examination of the upper stomach and oesophageal area |
| 1642 | Gastrointestinal tract imaging, intraluminal: Hire fee | Imaging of the intestines and other gastric areas |

*Where the cost of material (0201) and the setting of a sterile tray (0202) relate to the procedures listed here under Annexure B, the costs will be covered subject to the MME benefits.

Annexure B

Procedures performed in doctors' rooms (continued)

| Tariff | Description | Further description code |
|--------|---|---|
| 1643 | Gastrointestinal tract imaging, intraluminal: Doctors' report | As per tariff 1642, with doctor's report on any abnormalities |
| 1653 | Colonoscopy with own equipment | Imaging of the colon to check for abnormalities |
| 1654 | Colonoscopy and removal of polyps | As per tariff 1653, with removal of bodies (polyps) from the stomach |
| 1656 | Left-sided fiberoptic colonoscopy | Colonoscopy of the left part of the colon |
| 1676 | Fiberoptic sigmoidoscopy | Examination of the lower large bowel |
| 1677 | Sigmoidoscopy: First and subsequent | As per tariff 1676, but limited to a certain part of the bowel |
| 1678 | Plus polypectomy, add to 1676 | As per tariff 1676, with removal of any foreign bodies (e.g. polyps from the bowel) |
| 1678 | Fiberoptic sigmoidoscopy and polypectomy | As per tariff 1676, but not with use of fiberoptic equipment |
| 1679 | Sigmoidoscopy and removal of polyps | As per tariff 1676 |
| 1681 | Protoscopy: First time | Examination of the colon with rigid instrument; sigmoid is not examined |
| 1683 | Protoscopy: Subsequent times | As per tariff 1681, performed more than once |
| 1949 | Cystoscopy | Examination of the bladder with a scope |
| 1961 | Removal of foreign body from urethra | |
| 2137 | Circumcision: Surgical excision | |
| 2207 | Vasectomy | |
| 2435 | Hysterosalpingogram | Test for infertility in women by X-ray of the uterus and fallopian tube |
| 2436 | Hysteroscopy | Examination of the uterus |
| 2437 | Hysteroscopy and dilation and curettage | Examination and cleaning of the uterus (e.g. after an abortion) |
| 2438 | Hysteroscopy and removal of septum | As per tariff 2436, with removal of any infection |
| 2440 | Hysteroscopy and Divis-Endomet Bands | Gynaecological procedure |
| 2441 | Hysteroscopy and myomectomy | Surgical removal of abnormal growths in the uterus |
| 3039 | Prophylaxis and treatment | Prevention and treatment |

Annexure C

Essential radiology

| Service | Treatment tariff code | Description |
|---------------------------------|-----------------------|--|
| Skull | | |
| X-ray of skull | 10100 | |
| X-ray of facial bones | 11100 | |
| X-ray of nasal bones | 11120 | |
| X-ray of mandible | 14100 | |
| Skeleton (limbs) | | |
| Hand left | 65100 | |
| Hand right | 65105 | |
| Finger | 65120 | |
| Wrist left | 65130 | |
| Wrist right | 65135 | |
| Scaphoid left | 65140 | X-ray of the small bones in the wrist |
| Scaphoid right | 65145 | |
| Forearm (radius and ulna) left | 64100 | |
| Forearm (radius and ulna) right | 64105 | |
| Elbow left | 63100 | |
| Elbow right | 63105 | |
| Humerus left | 62100 | X-ray of the upper arm |
| Humerus right | 62105 | |
| Shoulder left | 61130 | |
| Shoulder right | 61135 | |
| Acromioclavicular joint left | 61120 | X-ray of the joint that joins the collar bone and the bone at the root of the shoulder |
| Acromioclavicular joint right | 61125 | |
| Clavicle left | 61100 | X-ray of the collar bone |
| Clavicle right | 61105 | |
| Scapula left | 61110 | X-ray of the shoulder blade |
| Scapula right | 61115 | |
| Foot left | 74120 | |
| Foot right | 74125 | |
| Ankle left | 74100 | |
| Ankle right | 74105 | |

Annexure C

Essential radiology (continued)

| Service | Treatment tariff code | Description |
|--|-----------------------|--|
| Skeleton (limbs) ... continued | | |
| Calcaneus left | 74130 | X-ray of the heel bone |
| Calcaneus right | 74135 | |
| Lower leg left | 73100 | |
| Lower leg right | 73105 | |
| Knee left | 72100 | |
| Knee right | 72105 | |
| Patella left | 72140 | X-ray of the kneecap |
| Patella right | 72145 | |
| Femur left | 71100 | X-ray of the thigh bone |
| Femur right | 71105 | |
| Toe | 74145 | |
| Hip left | 56100 | |
| Hip right | 56110 | |
| Spinal column | | |
| Lumbar spine - one or two views | 53110 | |
| Thoracic spine - one or two views | 52100 | |
| Cervical spine - one or two views | 51110 | |
| Chest | | |
| Chest - single view | 30100 | |
| Chest posteroanterior and lateral - two views | 30110 | |
| X-ray of ribs | 30150 | |
| Abdomen | | |
| X-ray of abdomen | 40100 | Describing the position of the patient during the X-ray: Supine - patient lying flat Erect - patient in an upright position Decubitus - patient lying on his/her side |
| Abdomen supine, erect or decubitus | 40105 | |
| General | | |
| A CT scan of paranasal sinuses - limited study contrast material | 00390 | |

Annexure D

Essential pathology

| Service | Treatment tariff code | Description |
|----------------------------------|-----------------------|--|
| Chemistry (blood) | | |
| Amylase | 4006 | |
| ALT (SGPT) (liver) | 4131 | |
| AST (SGOT) | 4130 | |
| Bilirubin (total and neonatal) | 4009 | It is used to diagnose or monitor liver diseases (e.g. cirrhosis, hepatitis, jaundice) |
| Bilirubin (total and conjugated) | 4010 | |
| Creatinine | 4032 | It is used to evaluate kidney functioning and evaluate treatment effectiveness |
| Lipogram | 4025 | |
| Cholesterol (total only) | 4027 | |
| Creatine kinase | 4132 | Used to test for heart attack, severe muscle breakdown and kidney failure |
| Creatine kinase - MB (CK-MB) | 4138 | CK-MB: CK presents creatine kinase while MB represents cardiac muscle |
| Lactate dehydrogenase (LD [LDH]) | 4133 | Used to determine the disease or condition causing cellular damage and to identify organs and tissues involved |
| Potassium | 4113 | |
| Sodium | 4114 | |
| Gamma-glutamyl transferase (GGT) | 4134 | Used to identify abnormality in the liver |
| Urate (uric acid) | 4155 | |
| Urea | 4151 | |
| Calcium | 4016 | |
| Glucose fasting quantitative | 4057 | |
| Glucose tolerance test | 4053 | |
| Glycated haemoglobin (HbA1c) | 4064 | Used to measure how well diabetes is controlled |
| Phosphate | 4109 | |

Annexure D

Essential pathology (continued)

| Service | Treatment tariff code | Description |
|--------------------------------------|-----------------------|--|
| Endocrinology | | Endocrinology is the study of the body's hormone-secreting glands |
| Thyroid-stimulating hormone (TSH) | 4507 | Used to evaluate the function of the thyroid gland |
| Free thyroxine (FT4) | 4482 | Free thyroxine (FT4) is a hormone that regulates the metabolism |
| Blood pregnancy (BHCG) | 4450 | |
| Cytology | | The study of cells |
| Pap smear | 4566 | |
| Haematology | | The study of blood |
| Erythrocyte sedimentation rate (ESR) | 3743 | Measure of the amount of inflammation in the body; Also used for infection and cancer |
| Haemoglobin (Hb) | 3762 | Used to measure the severity of anaemia and polycythemia (too many red blood cells) |
| Platelets | 3797 | A platelet count is done to determine any abnormalities with a patient's blood |
| White blood cell count (WBC) | 3783 | |
| Differential blood count | 3785 | Used to diagnose any immune system abnormalities |
| International normalised ratio (INR) | 3805 | Used to evaluate the ability of blood to clot properly; they can be used to assess both bleeding and clotting tendencies |
| Blood group (antenatal only) | 3764 | Rh (antenatal): This test identifies whether your red blood cells have rhesus (Rh) factor |
| Rh (antenatal only) | 3765 | |
| Malaria concentration and staining | 3786 | |

Annexure D

Essential pathology (continued)

| Service | Treatment tariff code | Description |
|---|-------------------------|---|
| Microscopic | | |
| Blood smear – malaria | 3865 | |
| Concentration malaria | 3883 | |
| Ziehl-Neelsen (ZN) stain (microbiology) | 3881 | The ZN stain is used to test if a patient has TB |
| HIV | | |
| HIV (ELISA) | 3932 | |
| CD4 | 3816 | |
| Viral load (quantitative PCR) | 4429 | |
| Microbiology | | |
| Sputum/urine M, C and S | 3867/3893/ 4650/3887 | |
| Immunology | | The study of all aspects of the immune system; The ferritin test is ordered to see how much iron your body has stored for future use |
| Ferritin | 4528 | |
| Serology | | Serology is a blood test to detect the presence of antibodies against a microorganism |
| C-reactive protein test | 3947 | A C-reactive protein test identifies levels of C-reactive protein in the blood; C-reactive protein is an indicator of inflammation |
| Rapid plasma reagin test | 3951 | To screen for syphilis infection |
| Paul Bunnell | 3956 | Test for a particular herpes virus |

Annexure E

Dental benefit table

Dental benefits are paid at the MEDiPOS Dental Tariff (MDT). Hospitalisation and all specialised dentistry procedures must be pre-authorized. Dental benefits are subject to clinical protocols and managed care interventions that may require treatment plans and/or radiographs prior to application for benefit. Scheme exclusions apply to dental benefits.

In terms of the funding of dental benefits, these will be covered at the MDT, which is equal to the medical scheme rate (MSR) as defined in terms of the Scheme rules.

| | Option C | Option B | Option A |
|--------------------------|--|----------|----------|
| Basic dentistry | | | |
| Consultations | Two annual consultations per beneficiary Benefit is subject to clinical protocols Covered at the MDT and paid from basic dentistry benefit | | |
| X-rays: Intraoral | One per beneficiary in a two-year period Benefit is subject to clinical protocols Covered at the MDT and paid from basic dentistry benefit | | |
| X-rays: Extraoral | One per beneficiary in a two-year period Benefit is subject to clinical protocols Covered at the MDT and paid from basic dentistry benefit Additional benefits may be granted where specialised dental treatment planning/follow-up is required | | |

Annexure E

Dental benefit table (continued)

| | Option C | Option B | Option A |
|---|--|----------|----------|
| Oral hygiene | <p>Two annual scale and polish treatments per beneficiary; Benefit is subject to clinical protocols</p> <p>Benefit for fissure sealants is limited to individuals younger than 16 years of age</p> <p>Oral hygiene instruction will be covered once annually per beneficiary</p> <p>Professionally applied fluoride will be covered for a maximum of two per year</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene evaluation • Dental bleaching <p>Covered at the MDT and paid from basic dentistry benefit</p> | | |
| Fillings | <p>Once per tooth within 12 months; Benefit for retreatment of a tooth is subject to clinical protocols</p> <p>Covered at the MDT and paid from basic dentistry benefit</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy | | |
| Root canal therapy and extractions | <p>Benefit is subject to clinical protocols</p> <p>Covered at the MDT and paid from basic dentistry benefit</p> <p>Scheme exclusion:</p> <ul style="list-style-type: none"> • Direct pulp capping procedures | | |

Annexure E

Dental benefit table (continued)

| | Option C | Option B | Option A |
|---|--|---|----------|
| Plastic dentures and associated laboratory costs | Benefit limited to once per beneficiary per jaw (frame) every 24 months; Benefit is subject to clinical protocols. | | |
| | Benefit is available for denture repairs and denture tooth replacements | | |
| | Covered at the MDT and paid from day-to-day benefit | Covered at the MDT and paid from advanced dentistry benefit | |
| | Scheme exclusions: <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • The cost of gold, precious metal, semi-precious metal and platinum foil • Provisional dentures and associated laboratory costs • Mouthguards • Metal inlays in artificial teeth or attached to metal denture frames and plates | | |
| Partial metal frame dentures and associated laboratory costs | Benefit limited to once per beneficiary per jaw (frame) every 24 months; Benefit is subject to clinical protocols | | |
| | Pre-authorisation required | | |
| | Covered at the MDT and paid from day-to-day benefit | Covered at the MDT and paid from advanced dentistry benefit | |
| | Scheme exclusions: <ul style="list-style-type: none"> • The metal base to full dentures and associated laboratory costs • High-impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Gold plating of metal denture plates and frames • Metal inlays in artificial teeth or attached to metal denture frames and plates | | |

Annexure E

Dental benefit table (continued)

| | Option C | Option B | Option A |
|--|--|---|----------|
| Crowns and bridges and associated laboratory costs, including porcelain/ ceramic inlays/ onlays | Pre-authorisation is required; Limited to once per tooth every 36 months Benefit is subject to clinical protocols | | |
| | Covered at the MDT and paid from day-to-day benefit | Covered at the MDT and paid from advanced dentistry benefit | |
| | Scheme exclusions: <ul style="list-style-type: none"> • Provisional crowns and associated laboratory costs, as per guidelines • Emergency crowns that are not placed as temporary crowns during crown preparation and associated laboratory costs | | |
| Implants and associated laboratory costs | No benefit | Pre-authorisation is required. Limited to one implant per tooth site per lifetime; Benefit is subject to clinical protocols Covered at the MDT and paid from advanced dentistry and dental implant benefit Cost of implant components is limited to R3 500 per implant per five-year period per implant site, inclusive of all components related to the implant and superstructure | |

Annexure E

Dental benefit table (continued)

| | Option C | Option B | Option A |
|--|--|---|----------|
| Orthodontics and associated laboratory costs | Pre-authorisation is required for removable appliance therapy, functional appliance therapy, partial fixed appliance therapy (preliminary treatment) and comprehensive fixed appliance therapy | | |
| | Benefit is subject to clinical protocols | | |
| | Covered at the MDT and paid from day-to-day benefit | Covered at the MDT and paid from advanced dentistry benefit | |
| Applications for pre-authorisation will be clinically assessed using orthodontic indices | | | |
| Previous orthodontic treatment phases carried out by the same provider are to be deducted from the current intended phase (excluding the preceding space maintainers or subsequent retention phase), except where the case involves history of a cleft palate | | | |
| Initial fee of active, fixed or partially fixed orthodontics is limited to approximately 20% of the total cost (excluding the diagnostic and retainer procedures) | | | |
| Scheme exclusions: | | | |
| <ul style="list-style-type: none"> • Orthodontic retreatment and any related laboratory costs • Orthognathic (jaw correction) surgery and any related hospital and laboratory costs, except where related to PMBs • Invisible retainer material • Lingual orthodontics | | | |

Annexure E

Dental benefit table (continued)

| | Option C | Option B | Option A |
|---|---|---|----------|
| Periodontics | Pre-authorisation is required; Benefit is subject to clinical protocols | | |
| | Benefit is limited to conservative, non-surgical therapy only (root planning) and limited to once per site per two-year period | | |
| | Covered at the MDT and paid from day-to-day benefit | Covered at the MDT and paid from advanced dentistry benefit | |
| | Scheme exclusions: <ul style="list-style-type: none"> • Surgical periodontics that includes periodontal flap surgery, tissue grafting and the hemisection of a tooth • Periochip placement | | |
| Maxillofacial surgery and oral pathology (removal of wisdom teeth) | Benefit is subject to clinical protocols | | |
| | Claims for oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours) will only be covered if supported by a laboratory report that confirms the diagnosis | | |
| | Covered at the MDT and paid from maxillofacial and oral surgery benefit | | |
| Scheme exclusions: <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • The closure of an oroantral opening (currently code 8909), when claimed with impacted teeth during the same visit (currently codes 8941, 8943 and 8945), is a Scheme exclusion • The auto-implantation of teeth | | | |

Annexure E

Dental benefit table (continued)

| | Option C | Option B | Option A |
|--|-------------------------------|---|---------------------------|
| Hospitalisation (general anaesthesia) | Pre-authorisation is required | Admission protocols apply | Admission protocols apply |
| | | In-hospital dental admissions will only be considered for the following procedures: | |
| | | <ul style="list-style-type: none"> • Dependants under the age of eight years for multiple procedures • Excision of lesions greater than 1.25 cm in size • Patients with either physical, mental or medically compromising conditions that inhibit dental treatment under local anaesthesia • Patients with learning difficulties or physically impaired patients • Patients with orofacial or dental trauma, including fractures • Management of acute infection • Patients who have a proven allergy to local anaesthesia • Removal or extraction of two or more impacted teeth • Surgical extraction of teeth in more than one quadrant • Full dental clearance/extractions in both jaws • More than one quadrant of periodontal surgery on the same day • Root removal in the maxillary sinus • Surgical exposures of unerupted canines • Stomatoplasty or vestibuloplasty • Removal of exostosis • Placement of more than one endosteal implant • Posterior apicectomies | |

Annexure E

Dental benefit table (continued)

| | Option C | Option B | Option A |
|--|--|----------|----------|
| Hospitalisation (general anaesthesia) continued | Scheme exclusions: <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Where the only reason for the admission request is to access a sterile facility • The cost of dental materials to access procedures performed under general anaesthesia | | |
| Nitrous oxide (laughing gas) in dental rooms | Pre-authorisation required, subject to clinical protocols | | |
| Iv/conscious sedation in rooms | Pre-authorisation required, subject to clinical protocols; All costs for anaesthesia will be paid from the day-to-day benefit for dental procedures performed under conscious sedation | | |

Dentistry exclusions, not payable from positive savings

Basic Dentistry

Filling

- Gold foil restorations
- Ozone therapy

Specialised/Advance Dentistry

Plastic dentures and associated laboratory costs

- Snoring appliances and associated laboratory costs
- The cost of gold, precious metal, semi-precious metal and platinum foil

Partial metal frame dentures and associated laboratory costs

- The cost of gold, precious metal, semi-precious metal and platinum foil
- Gold plating of metal denture plates and frames

Annexure E

Additional Scheme exclusions:

- Any dental procedure deemed to be cosmetic
- Electrognathographic recordings, pantographic recordings and other such electronic analyses, unless payable from positive savings where applicable.
- Nutritional and tobacco counselling
- Caries susceptibility and microbiological tests, unless payable from positive savings where applicable.
- Fissure sealants on patients 16 years and older, unless payable from positive savings where applicable.
- Pulp tests, unless payable from positive savings where applicable.
- Cost of Mineral Trioxide, unless payable from positive savings where applicable.
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments, unless payable from positive savings where applicable.
- Appointment not kept
- Special report, unless payable from positive savings where applicable.
- Dental testimony including Dento-legal fees
- Treatment plan completed (currently code 8120), unless payable from positive savings where applicable.
- Enamel microabrasion, unless payable from positive savings where applicable.
- Behaviour management
- Intramuscular or subcutaneous injection, unless payable from positive savings where applicable.
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures
- Metal or gold restorations on anterior teeth
- Orthodontic treatment for beneficiaries above the age of 21 years, unless payable from positive savings where applicable.

COVID-19 COVER

COVID-19: WHAT IS COVERED BY THE MEDIPOS MEDICAL SCHEME?

WHAT TO DO IF YOU THINK YOU HAVE CORONAVIRUS

Do not panic, if you are experiencing COVID-19 symptoms, you may contact the Hospital Risk Management Department on 0860 100 078, they will give you advice based on the information you provide and do not rush to take a test unless you were advised by the healthcare worker as this might not be necessary and might leave you unnecessarily out of pocket. Please read more about the Scheme benefits, COVID-19 symptoms and what is the clinical criteria you need to meet to receive the COVID-19 benefits available below.

Symptoms COVID-19

- Severe acute respiratory illness
- Fever or history of fever and/or
- A cough and / or
- Sore throat and / or
- Shortness of breath or difficulty breathing

Clinical criteria for probable case

- Referral from a healthcare worker.
- Confirmation from your healthcare worker that you displayed any of the COVID-19 symptoms and is a contact of a probable or confirmed case or linked to a COVID-19 cluster and hotspot area.
- A person having had face to face contact (≤ 1 meter) or having been in a closed space with a confirmed COVID-19 case.

| | Criteria | Benefit allowed | Tariff codes covered | Benefit coverage |
|---|---|--|--|---|
| Confirmed and Unconfirmed COVID-19 diagnosis tests | <ul style="list-style-type: none"> Was screened or referred by a healthcare worker (doctors rooms or nurse at your pharmacy) Displayed any symptoms for COVID-19 Was in contact with a person with the virus | The Scheme will cover you for 4 tests per beneficiary per annum, whether the result is positive or negative. | PCR tests 3974 3979 4434 CO19 Rapid Antigen tests Nappie codes 1076127001 1076127002 1077188001 | Subject to your Major Medical Expense benefit. |
| Further tests required | <ul style="list-style-type: none"> All tests will require a referral from a healthcare worker Displayed any symptoms for COVID-19 | The Scheme will cover you for additional tests subject to clinical criteria. | 1080455001 1081067001 1087189001 1087189002 1087189003 1090193001 1090798001 1091923001 | Clinical criteria met - Subject to your Major Medical Expense benefit. |
| | | | | Clinical criteria not met - Subject to your Day to Day benefit. |
| Out of hospital Treatment | Upon receipt of the confirmed positive diagnosis/result screened/referred by a healthcare worker. | The Scheme will cover for out of hospital consultations, medication and vitamins performed by a healthcare worker. | Subject to the treatment as guided by the healthcare worker. | Subject to your Major Medical Expenses Please note: Only when screened/referred by a healthcare worker. |
| | Upon receipt of the confirmed positive diagnosis/result without being screened/referred by a healthcare worker. | | | Subject to your Day to Day benefits |

| | Criteria | Benefit allowed | Tariff codes covered | Benefit coverage |
|---------------------------------------|---|---|--|--|
| Treatment and care in hospital | Upon receipt of the confirmed positive diagnosis/result. | Hospitalisation will be covered from your Major Medical Expense benefit on receipt of the confirmed diagnosis/ results. A pre-authorisation is requested should you require in hospital treatment. | Subject to the treatment as guided by the healthcare worker. | Subject to your Major Medical Expense benefit. |
| Vaccinations | Must be registered on the South African COVID-19 vaccination program registration https://vaccine.enroll.health.gov.za/#/ | As guided by the Department of Health. | As guided by the Department of Health. | Subject to your Major Medical Expense benefit. |

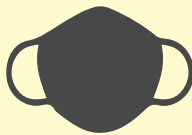
THE SITUATION AROUND COVID-19 IS EVOLVING

To keep yourself informed and up to date, click on the web link or visit the NICD website <http://www.nicd.ac.za/> for up-to-date alerts or call the toll- free number on 0800 029 999.

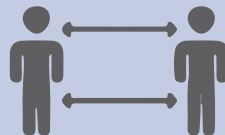
You can also visit the World Health Organization (WHO) website at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>.



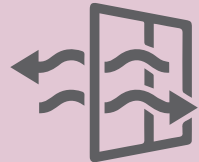
**WASH
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**COVER
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**KEEP
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**OPEN
WINDOWS
FREQUENTLY**



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